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Derrida, Deconstruction and a Dialogue on the Contemporary Nursing Curriculum

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DERRIDA, DECONSTRUCTION AND A DIALOGUE ON THE CONTEMPORARY
NURSING CURRICULUM

by

CATHERINE LOUSIE GILBERT

(Under the Direction of John Weaver)

ABSTRACT

This theoretical inquiry utilizes the philosophy of Jacques Derrida and deconstruction to begin a discourse on the disconnect between student learning and nursing education within the academy. By entering into a thoughtful, reasoned and responsible critique of the nursing curriculum, this journey of discovery examines those constructs integral to nursing education: students, teachers, identity, the art and science of nursing, the curriculum, power and control, and the university, their (dis)connectedness and begins a dialogue that positions nursing education as the legitimate professional nursing curricula for the next millennium. This journey of discovery recognizes an underlying thesis; meaningful learning that facilitates the evolution of caring, competent professional nurses requires an open, ongoing dialogue within the academy that embraces multiple truths, multiple realities and multiple possibilities. Nursing education must be in a constant state of deconstruction dedicated to self-reflection and willing to envelope itself in an aura of authentic anticipation as it works towards the curricula *to come*. As nursing education programs continue the ongoing complicated conversation on curriculum melding the science of nursing with its professional competencies, they must (re)introduce the art of nursing within a post-modern framework that respects the lessons of the past, acknowledges the reality of the present and embraces interpretation and individuation as

they situate nursing curricula within the philosophy of epistemology, ontology and axiology.

INDEX WORDS: Nursing, Education, Curriculum, Deconstruction, Student discontent, Feminism, Caring, Power

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NURSING CURRICULUM

by

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A Dissertation Submitted to the Graduate Faculty of Georgia Southern University in
Partial Fulfillment of the Requirements for the Degree

DOCTOR OF EDUCATION

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DEDICATION

A dissertation is a journey of discovery that one doesn't travel alone. This dissertation is dedicated to my family who has supported my educational endeavours without criticism or complaint.

To my mother, Marion, my departed father John, my brother Michael and my sister Lisa, I dedicate this dissertation to you with love. Without your presence along the route of my discovery, this accomplishment would be meaningless. Although we live so far apart, your love and encouragement were gentle reminders to fulfill my dream.

To Martha, I dedicate this dissertation to you with respect and admiration. Your gentle spirit and enthusiasm for life is a constant inspiration to me and your friendship brightened those occasional difficult days along my doctoral journey.

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Chapter 1

THE CONUNDRUM OF THE NON-PEDAGOGICAL NURSING EDUCATIONAL EXPERIENCE

As each new academic semester starts, it brings with it new opportunities, challenges, experiences and, students. It is a time for renewed anticipation and enthusiasm and an occasion to start anew. Each semester is ripe with possibility; students and faculty can begin a journey of discovery with limitless opportunities.

I remember growing up as a child anticipating every new school year with excitement and enthusiasm. As the summer rolled along I couldn't wait to begin the new year; every school break held the same anticipation as I eagerly awaited my return to the classroom and the endless opportunities waiting for me there. I always felt certain I would be immersed in a learning experience that exposed me to new things, opened me up to new experiences and offered me the opportunity to expand my knowledge in almost infinite ways. Although I worried about my grades and pleasing my teachers, I seemed more concerned with enjoying the experience and the extrinsic rewards of sharing this experience with others. I recall bursting with excitement as I raced home to share my newly acquired knowledge with my parents and siblings and beaming with pride upon hearing their words of praise and encouragement.

As I grew older, my love for learning continued however, I began to see that I played a vital role in shaping my educational experience. For the experience to be enjoyable and meaningful I had to be self-directed and take responsibility for my own learning. Racing home to share my knowledge with my parents was no longer a motivator. Although I enjoyed the praise and admiration of my parents, teachers and

classmates for my academic success I began to recognize that this was not going to sustain my efforts. I needed to become intrinsically motivated to learn and do well. I realized that academic success would be the key to unlocking a prosperous future filled with endless possibilities. Success in life depended on a commitment to learning and using the educational experience to one's advantage.

As a doctoral student, I continued to view each new academic year with excitement and enthusiasm as each year brought me closer to my personal and professional goals. I continued to feel excitement and enthusiasm for the learning experiences and challenges ahead and wondered what new experiences awaited me on my lifelong journey of discovery. I valued the contributions of students, classmates and colleagues to my learning experience and looked forward to sharing those limitless opportunities together. Although the extrinsic rewards inherent in my relationships with teachers, classmates and colleagues contributed to the significance of my learning experience, it was the intrinsic rewards that sustained my efforts and continuously reminded me that this path was essential on my lifelong journey of discovery.

Student discontent: Making the public personal

As a nursing educator, I am privileged to experience the renewed excitement and enthusiasm of learning with each academic year as I anticipate opportunities ripe with possibilities. The beginning of a new semester provides me with opportunities to reflect on the past, build on my previous successes and improve on any learning experiences that proved to be ineffectual. I imagine classrooms full of enthusiastic students eager to embark on a journey of discovery. I envision us learning together in an atmosphere of anticipation, trust and mutual respect. Many of my classes have been filled with

excitement and enthusiasm where meaningful learning has occurred. Many students have been receptive to new learning experiences and participated earnestly in classroom debate and clinical observation. However, I have begun to notice that more and more students do not share my excitement and enthusiasm. Each semester seems to make this painfully obvious; students not attending classes, arriving unprepared for class by failing to read their textbook assignments and voicing numerous complaints surrounding the learning experience contribute to a sense of apathy and indifference. Increasingly, requests for excused absences from the clinical setting, an integral component of the nursing curricula, suggest a disconnect between the desire for learning and the commitment to the learning process. Complaints about academic expectations reflect feelings of disinterest and lack of commitment to meaningful learning; education has become only one obligation on a growing list of responsibilities and, very often, not at the top of the list.

Recently I shared my observations with my classes and asked students to comment. Without hesitation they validated my observations and suggested poor student participation was due to such things as boring material, poor presentation, class held at an inconvenient time, expectations were not realistic given students “other” commitments and, attendance wasn’t mandatory. Many of the responses did not surprise or alarm me; discontent among the student body related to class scheduling, workload and teacher expectations are the bane of the student persona. However, the comments of one student continue to haunt me. In a rather flippant manner he summed up the situation saying, “I never read the books, I don’t even buy them. These classes are a total waste of time” (personal communication, October 15, 2003). What was there about the learning experience that invoked this kind of sentiment? Although verbalized by only one student,

sadly, many have agreed with his interpretation. Most recently I had the opportunity to experience this sentiment through the action of a small group of students; three textbooks were left in the classroom after class a few weeks into a new semester and turned into me to be returned to their rightful owners. The textbooks appeared pristine; no names printed on the inside covers, no notes in the margins and an obvious lack of the ubiquitous fluorescent glow of highlighter pen suggesting that they had not yet been used. However, more alarmingly, the semester ended without one of those students inquiring about their missing textbook.

My initial thought as I reflect on this situation is students attending university are adults who have made personalized choices related to their education. Increasingly, the undergraduate student body demographic has evolved into an eclectic group of learners that include young adults only weeks from their high school graduation to mature adults returning to academia to enhance existing careers or pursue a second one. They have decided which program and which school will meet their personal and professional goals and have invested time and resources to ensure their academic success. Additionally, I assume university students want to learn and will be motivated to seek learning opportunities in every available educational experience. The teacher is responsible for providing a variety of meaningful educational opportunities; students' are responsible to learn from these opportunities. Although these observations may sound trite they beg the question, "why isn't learning occurring?"

Why don't nursing students want to learn? The simple answer is they don't want to. It would be naïve of me to suggest that there is a simple answer. This is a complex question that requires a complex answer. There is extensive literature on this issue. It is

not my intent to review the literature on student motivation; however, while I believe many of the explanations given for lack of motivation, poor participation and academic apathy have merit, my experience as a nurse educator suggests student nurses' lack of engagement and enthusiasm is related to a number of complex, interconnected factors inherent in the nursing educational experience. Viewing the student as blank slate, viewing the teacher as expert and, the lack of a meaningful relationship between student and teacher contributes to a disconnect within the learning environment that devalues the plethora of life experience within the classroom and promotes a pedagogy that discourages participation in the journey of discovery. Additionally, continuing the tradition of nursing as a female dominated profession, shifting the focus from the art of nursing to the science of nursing, moving away from caring as the philosophical foundation of nursing practice and, the continuing struggle of nursing to exert its professional power has a negative impact on the nursing curriculum and meaningful learning.

Nursing education and the kindling of dispassion

Modern nursing is believed to have begun just over a century ago with the work of Florence Nightingale. Nightingale is credited with bringing science into the ancient *art* of nursing; medical and surgical asepsis and an understanding of human physiology in the care of the sick were added to a cadre of caring behaviours employed by individuals providing care to the sick and dying (Stewart & Austin, 1962). Nightingale is also credited with the birth of modern nursing education. She recognized the need to formalize nurses "training" and provide nurses with a solid knowledge base to complement their practical experience (Palmer, 1985). Nightingale's vision of nursing

education included admitting only those students educationally prepared to meet the challenges of an intensive program that integrated theory with practice; the typical student was already educated in the liberal arts with impeccable social and moral standards and the potential for leadership (Stewart & Austin, 1962). Nightingale's tenure as the chief nursing officer during the Crimean War solidified her reputation as a healer and teacher and ensured the endowment of her first nursing education program in 1860.

Nursing education in the United States closely followed the tradition of the Nightingale model. Nursing education began as a combination of scientific theory and practical experience. However, most schools were not endowed and financing was a problem. Affiliations between nursing educators and universities were non-existent; therefore, nursing educators aligned themselves with hospitals in order to provide the necessary finances to operate a school for nursing (Ashley, 1976; Fitzpatrick, 1983). The demand for "nursing" care coupled with schools of nursing alignment with hospitals gave birth to the apprenticeship model of nursing education; classroom instruction combined with skill acquisition in the clinical setting. As the demand for "trained" nurses grew, the philosophy of 'get them in and move them out' evolved. Hospital-based schools of nursing felt compelled to respond to the unique circumstances created by the enormous demand for trained nurses at the bedside; program length, curriculum contents and time spent in classrooms and clinical sites varied depending on the specific need of the affiliated hospital.

Control of the nursing curriculum by hospital administrators combined with financial constraints and the need to educate nurses quickly to become the handmaidens to physicians contributed to the shift away from Nightingale's vision of the ideal nursing

student. High school graduates entering nursing school with no foundation in the liberal arts and no prior health care knowledge afforded nursing schools the opportunity to mold young women into obedient, unquestioning practitioners of caring (Kalisch & Kalisch, 1995). This educational climate championed the reification of student nurse as blank slate.

I remember, with amusement, my fear and trepidation as I began my career in nursing education. While in graduate school an undergraduate professor of mine, whom I greatly admired, asked me to teach mental health nursing to registered nurses pursuing a baccalaureate degree in nursing. Although flattered, I was perplexed as to why she would think I was capable and qualified to teach nursing. As we discussed my feelings and she offered words of encouragement, she concluded by suggesting that I keep the following in mind: a nurse educated at the graduate level is considered the “expert” in nursing knowledge and students were “blank slates” waiting for the teacher to fill them up. As my teaching has progressed over the years, I have questioned the accuracy of these assumptions. However, with no theoretical foundation in education to guide me, I have often fallen back on those assumptions as my framework for nursing education. After all, as many colleagues have suggested, it has worked up to now.

I can recall many incidents of feeling inadequate in the classroom and turning to my nursing faculty colleagues for advice on how to motivate students, innovative ways to present material or, alternatives to criterion-referenced tests as the only method of student evaluation in an effort to promote student success. More often than not they were unable to provide any advice beyond what I had been given initially; “you are the expert” and students are “blank slates.” They too lacked a theoretical foundation in education. Few

were educated beyond the graduate level. Some had doctorates in biology or physiology, a few had a doctorate in nursing, and almost none had a doctorate in education. Like me, most of my colleagues didn't even have a graduate course in education. The prevailing philosophy governing nursing education seemed to be, "if you are an expert clinician then you can teach the art and science of nursing to others." As my teaching career has progressed, I have grown to appreciate that this prevailing philosophy is dangerous. Nursing educators viewed as 'experts' suggest input from others is redundant and unwelcome. This ideology ignores a life time of experiences and renders the experiences of others as insignificant and irrelevant to learning. This lack of appreciation for life experience contributes to the problem of disinterested and amotivated students and is antithetical to life long learning.

Recently, it seems like nursing knowledge has been disconnected from life. Although a nursing tenet is that persons are more than the sum of their parts, in an environment of great scientific and technological advances, we are moving away from appreciating the total experience of the patient and focusing on specific complaints or diseases. We have become disengaged from who the patient is and how they view their health care experience. Nursing has become preoccupied with nursing diagnoses and prescribing the appropriate treatment. My students spend endless hours writing detailed nursing care plans outlining relevant nursing diagnoses and interventions yet rarely identify the need for patients to connect with the nurse and form a relationship with her/him in an effort to help understand the meaning of their experience. Nursing is all about "caring" for people yet our nursing school classrooms are filled with evidence of uncaring: teachers disconnected from students, students disconnected from each other

and, most alarmingly, everyone disconnected from the patient. Jardine so eloquently describes this disconnection, we “not only estranged the subject from life as it is actually lived, but rendered our lives knowable only *through* such disconnectedness” (Jardine, 1998, p. 9). Our current sociopolitical climate prides itself on promoting and protecting anonymity contributing to a limited sense of awareness; we know our patients only through their diagnosis and disease and students through examination and evaluation.

In *Private Readings in Public: Schooling the Literary Imagination*, Sumara (1996) uses the experience of reading in public to illuminate the importance of the interconnectedness of education. He argues that it is the lived experience that brings meaning to learning and the interaction between text, teacher and student that transforms.

For although curriculum is often described as the interaction of various things – teachers, students, texts, activities – I would like to suggest that there is only one thing: the complexity of the lived curriculum that is the result of each student’s and teacher’s efforts to maintain a viable relationship between themselves and everything that is not themselves (Sumara, 1996, p. 5).

I agree with Sumara when he states that “reading, curriculum, and the lives of those who experience them are inextricable from one another” (Sumara, 1996, p. 5). Education is a public experience and as such is a relational one. If, as educators, we attempt to constrict the relationship we have with our students we are constricting the learning experience. Indeed, as Sumara states, “curriculum exists in the embodied relations that human subjects have with one another” (Sumara, 1996, p. 177). To deny the importance of the relationship between student and teacher is to deny the significance of the lived experience of both. Nursing teachers remember the importance relationships with faculty

had on their educational experience and shaping their futures but do not know how to replicate them in their own practice. It is as if students and teachers are living in parallel universes; we have forgotten that genuine education must have engagement. As Marla Morris suggests, curriculum is the complicated relationship between students, teacher and text (Personal communication, September 25, 2003).

In *Privilege in the Medical Academy: A Feminist Examines Gender, Race, & Power* (1997), Wear reminds us that when we “pull back the curtains for us to see and hear the living going on in the lives we never considered” (p. 69), health educators enter into relationship with students that is apriori to learning. Entering into relationship with others and being open to “multiple perspectives” (p. 69) will “unlock what has been muted, repressed, and unheard” (p. 69) and provide an atmosphere of engagement that infuses meaning into the learning experience. Is it any wonder that, without a meaningful relationship with the teacher, students are disinterested, disconnected and discouraged with the educational experience?

While I contend that this combination of factors working simultaneously impacts negatively on student motivation and learning, the list is incomplete without recognizing the unique contribution of the profession of nursing to these impediments to learning. First, nursing has continued to cultivate its image as a female dominated profession continuing the tradition of caring for the sick as an extension of the role of mother.

Caring for the sick started as an extension of the role of mother and was viewed as one of many domestic acts carried out by members of the household. Nursing as a distinct occupation emerged in response to changes in society (Fitzpatrick, 1983). Advances in science and industry gave birth to immigration, industrialization and

urbanization. “The rise of large-scale industry and big business” (Kalisch & Kalisch, 2004, p. 123) changed the United States “from a predominantly rural nation to one that was predominantly urban (Kalisch & Kalisch, 2004, p. 123). Many people left their homes, often leaving their “caretakers” behind. Wars, epidemics and other calamities overwhelmed their communities leaving many of the sick, injured and dying with no one to care for them. Religious orders opened their homes for the care of the sick and dying and started the first “hospitals” in convents and monasteries with deaconesses, nuns, monks and bishops as the first “nurses.” Founded on a tradition of caring, these primitive hospitals provided food and shelter in an effort to comfort the sick and dying (Grippando & Mitchell, 1989). As Christianity spread so did the concept of group responsibility for the individual (Deloughery, 1977).

Industrialization and the advances in science contributed to unprecedented growth. Lost productivity to injury and illness was unacceptable. Diagnostic aids such as the thermometer and hypodermic needle and treatment modalities such as blood transfusions and anesthesia revolutionized medicine and nursing care (Kalisch & Kalisch, 2004). Patients recovered from their injuries and illnesses; the focus of medical and nursing services evolved from palliative care to restorative care. Disability and dying were no longer the only options for patients reaping the benefits of urbanization and industrialization. Religious “hospitals” could not meet the need for care of the sick and injured. As a result, almshouses and hospitals began to develop to address this issue (Dietz & Lehozky, 1967). The few Catholic Sisters providing nursing care, assisted by a variety of untrained aides, proved inadequate (Dietz & Lehozky, 1967; Stewart & Austin, 1962). It had become blatantly obvious that “nursing” needed to open itself up to the

laity and develop a systematic way of preparing individuals for this increasingly complex and demanding task.

Society had come to accept nursing as a vocation and was accustomed to nursing “Sisters” from religious communities caring for the sick and dying. This recognition coupled with the fact that education for women was becoming the norm made it acceptable and respectable for women to participate in nursing education (Fitzpatrick, 1983).

The evolution of the profession of nursing helps to illuminate the image of nursing as women’s work, a woman’s profession (Dombeck, 2003; Muldoon & Reilly, 2003). Nursing is viewed as an extension of the female role and the profession has generally accepted the “feminine professional image of nursing” (Dombeck, 2003, p. 357). Society has come to believe that women are inherently suited to this type of work.

“. . . It is impossible to speak of “woman” without also noting her socioeconomic status, her race, her sexual orientation, and where she calls home in the larger world. Those who do not make such distinctions, who continue to speak of “woman” as a universal category, are charged with essentialism, an error in thought that ascribes innate qualities to a group based on biology, race, ethnicity, or other common characteristics, and that is quite a serious intellectual failing” (Wear, 1997, p. 34).

Essentializing the concept ‘woman’ limits women’s possibilities and devalues women’s complexities and uniqueness while keeping the image of women deeply entrenched in stereotypical roles. Although university students voluntarily participate in their education, the “feminization” of nursing coupled with the devaluation of “women’s

work” contributes to the disconnect between the desire for learning, the commitment to the learning process and an excitement and enthusiasm for professional nursing practice.

The second unique contribution of professional nursing education to impediments to learning is the shift in focus from the ‘art’ of nursing to the ‘science’ of nursing. The philosophy of caring has taken a back seat to the scientific method.

Nursing knowledge has rapidly evolved over the past century. Advances in science, medicine and technology have taken “nursing” out of the home and moved it into highly complex and specialized treatment centers. Patients are exposed to treatments and procedures once confined to the annals of science fiction. Nursing education, like medical and other health care provider education has struggled to keep pace with these innovations.

My experience has been that nursing educators believe that nursing knowledge is concrete, identifiable and uncompromising. Nursing, like other health care disciplines, has returned to science to assist with the assimilation of this new knowledge into practice. The adoption of the medical model to understanding the human condition reduces the body to its parts and processes and fosters the image of body as machine. This is particularly true in the practical realm where the belief is that there is only one way to understand a problem and one way to address it. Specific nursing skills such as catheterization, sterile dressings and bed making address specific parts and processes however, they have remained unchanged for decades. The equipment may change but the process remains the same. Is the emphasis away from the ‘art’ of nursing contributing to the lack of engagement in the classroom and clinical area? Is the

disconnect between the art and science of nursing fostering a lack of interest and motivation in a profession whose role is steeped in the tradition of caring?

This disconnect between the art and science of nursing leads to the third impediment to the learning process, the shift away from caring as the philosophical foundation of nursing practice. It is difficult to define caring in operational terms; what does it mean to “do” caring, to “be” caring, to “experience” caring? Watson (2003) states, “by attending to, honoring, entering into, connecting with our deep humanity, we find the ethic and artistry of being, loving and caring” (p. 199). Scotto (2003) suggests caring is the “offering of self” (p. 290). Johns (2001) suggests “caring can never be adequately known” (p. 241). However, caring can be defined in soulful terms; what does it mean to “live” caring?

In *The Power of the Soul: Living the Twelve Virtues* (2002), Sardello makes the distinction between living a virtue and being virtuous. He suggests that being virtuous is connected with religiosity; it is “being pious” (p. ix); zealousness in fulfilling one’s obligations, often out of a sense of duty or loyalty. Living a virtue is about “locating the essence of our soul, and coming to have an inner sense of how soul wants to function in the world to bring about the good” (p. ix); doing good as part of the substance of who one is rather than because it is perceived to be the right thing to do. Similarly, in *Of Spirit: Heidegger and the question* (1989), Derrida suggests that soul is spirit and spirit cannot be defined in religious terms because it is our very existence. “Spirit is what inflames” (p. 84) and encourages the authentic self to “responsibility” (p. 67).

Nursing is steeped in the tradition of living the ethic of caring; women lovingly, freely and genuinely caring for their families, answering the ‘call’ to care for others

through a life of religious devotion, leaving the comforts of home to care for the wounded during times of war and other calamities.

The ethic of love and caring, become first principles for facing and sustaining the infinity of our profession. If we follow this ethical demand nursing has a critical role in moving humanity toward the omega point, ever closer to God and the mysterious sacred circle of living, trusting, loving, being, and dying (Watson, 2003, p. 202).

Caring within the professional nursing relationship is 'living' the virtue of caring.

Nursing knowledge has rapidly evolved over the past century. As discussed previously, advances in science, medicine and technology have taken "nursing" out of the home and moved it into highly complex and specialized treatment centers. While wanting to focus on science is not a bad thing, this myopia has contributed to nursing losing its 'soul'.

As Nightingale reminds us, the art of nursing involves a devotion to caring for the body and spirit of another. Sardello (2002) describes living devotion as "the ability to be completely and wholly engaged with someone in a manner in which wholehearted attention is given to that person at all levels of their being" (p. 23). Nursing professionals are not living caring they are being caring; as my students and colleagues so poignantly suggest, nursing is currently about doing caring because it is expected not living caring, devoted to caring, because it is part of who we are. ". . . the soul of the healer is understood as central and essential to the work: (p. xiii). We are limiting ourselves; learning through connection with another is devalued and is missing from the curriculum.

Finally, the continued struggle the profession has to achieve and exert its power contributes to an underlying belief that the current nursing curriculum is old fashioned and out of date. As one of my students suggested during a lecture on the role of professional nursing in the health care system of the 21st century “this stuff is irrelevant, this isn’t what it’s like out there” (personal communication, October 15, 2003). In the ensuing discussion, a number of students suggested the role of the professional nurse and nursing education had changed little since the inception of modern nursing. The students suggested that most nurses continue to fill “traditional” roles in health care. Nurses are undervalued members of the health care team fulfilling the historical role of physicians’ handmaidens in assisting patients in their recovery from injury and illness.

As discussed previously, complaints related to the relevance of education is a common mantra of the contemporary student; therefore, it is appropriate for teachers to approach curriculum change based on student input with cautious skepticism. How can student nurses “know” what it is like for practicing professional nurses? Although many nursing students have no “nursing” experience, increasingly, more students are entering nursing school following careers as emergency medical technicians, paramedics, and nurses aides. Although not “expert” in professional nursing roles, these students bring to the classroom experiences involving the interface of nursing with the multidisciplinary treatment team. Additionally, the portrayal of nurses and nursing in popular media reminds us of the power imbalance within the health care system. Television shows like *ER* and *Scrubs*, movies like *Meet the Parents* and *Nurse Betty* and, commercials like Proctor and Gamble’s for *Clairol hair shampoo* and Gillette for *TAG body spray* continue

to show nurses in unequal, non-professional and subservient roles, rarely portraying nurses as intelligent and highly skilled independent practitioners.

My brief history of nursing helps to illustrate the struggle the profession has to achieve and exert its power. Who, ultimately, is in control? Much has been written about gender and the evolution of male superiority in society. It is not the intention of this dissertation to debate this issue but, to help put the lack of nursing ‘power’ in context. The history of the development of nursing illuminates the role of patriarchy in silencing the voice of female nurses; men, most often physicians, knew what was best for women and for the nursing profession. This paternalistic concept, together with the devaluing of “women’s work” and nurses as handmaidens to physicians, contributed to the lack of power among nurses within the health care community.

Similarly, the influence of men on nursing education illustrates the relative powerlessness in the nursing profession. Men responsible for all facets of nursing education, design, direction, discharge and discipline, set the precedent for devaluing the contribution of women in health care and ensuring that they were viewed as the appropriate voice of medicine [nursing]. Power within the health care system rested comfortably on the shoulders of men, mostly physicians.

Is the current nursing curriculum old fashioned and out of date? Does the current curriculum perpetuate the education of students who maintain the status quo of professional power and recognition? Is this perception of the nursing curriculum impeding students’ desire for learning and their commitment to the learning process?

A discussion on the lack of excitement and enthusiasm of nursing students for nursing education and a lack of engagement in the learning process cannot occur without

placing the discussion within the context of the academy. Historically, nursing has continued to struggle for a place within the academy to provide students with a solid scientific knowledge base to complement their practical experience. The debate about the appropriate institution for the educational preparation for nurses began as early as 1911. Nursing leaders recognized that advances in science, medicine and technology coupled with the changing sociopolitical landscape of the country, was having a profound impact on the practice of nursing. It was no longer acceptable to “care” for patients; nurses were required to understand the complexity of diseases, evaluate the outcomes of treatments and provide a growing multidisciplinary health care team with clinical information that would contribute to the diagnostic and treatment decisions for each patient under their “care.” Nurses required adequate educational preparation in order to meet the evolving needs of a changing society. Additionally, nurses required the professional status and recognition associated with higher education to fulfill their roles as competent, contributing members of the multidisciplinary treatment team. Universities were deemed the appropriate institution to provide this education (Grippando & Mitchell, 1989).

Concomitantly, the academy has been engaged in a dialogue debating the merits of providing curricula focused on professional competencies. In *The Creation of the Future: The Role of the American University* (2001), Rhodes reminds us that professional education has always been part of the contemporary American university with law, medicine and engineering anchoring a movement towards “intellectual inclusiveness” (p. 8). These higher faculties (Kant, 1798/1979) pursued truth through nature following a course of study in the liberal arts. There was limited debate regarding the truthfulness of

the knowledge of the higher faculties because it was “derived from a science of nature” (p. 41) and given legitimacy by decree; “the government reserves the right itself to *sanction* the teachings of the higher faculties” (p. 27) effectively limiting public debate on sciences truthfulness. However, unlike these disciplines, “nursing has attempted to include both the cognates (prerequisites and liberal arts) and the professional courses in a 4-year baccalaureate program” (Bevis, 2000, p. 23) further distancing nursing education from the academy.

It is absolutely essential that the learned community at the university also contain a faculty that is independent of the government’s command with regard to its teachings, one that having no commands to give, is free to evaluate everything, and concerns itself with the interests of science, that is, with truth: one in which reason is authorized to speak out publicly (Kant, 1798/1979, p. 29).

The commingling of science and liberal arts leaves nursing knowledge open to debate by the lower faculty of philosophy, “whose function is only to look after the interests of science” (Kant, 1798/1979, p. 25), and expose it to public scrutiny. Has this public debate about appropriate educational preparation for nurses contributed to the devaluing of nursing education and the learning process among nursing students?

Jardine (1998) reminds us that “truly *human* understanding must have a certain *humility*, a certain aspect of not being the center of everything and the only voice worth heeding” (p. 28). My experiences have contributed to my interpretation of student indifference and lack of engagement in the learning process; however, I will be the first to acknowledge that the list is incomplete. I recognize that I am not the only voice crying in the wilderness for nursing education reform; other nursing scholars may be able

to add reasons and rationale to my list from their interpretation of nursing phenomenon. Also, I am not suggesting that my voice is the only voice worth heeding but it is intended to begin a discourse on the disconnect between student learning and nursing education from a different perspective.

Critique as a conduit to colloquy

This complexity of interconnected issues suggests the application of an equally complex philosophical framework to nursing education is appropriate to understanding and examining the constructs of nursing education. During my doctoral education, I have had many opportunities to reflect on nursing education as part of the discourse on education in general and curriculum theory in particular. I have had the pleasure of reading the work of many scholars and recognizing their contribution to understanding education. I feel the philosophy of Jacques Derrida and deconstruction can offer the best insight into these and other issues currently impacting the state of nursing education.

Jacques Derrida (1979, 1988, 1995, 1997, 1997b, 2001, 2002, 2002 b, 2004), the late French philosopher, has spent most of his intellectual life examining the ethico-political structures governing humanity and offering a way of critiquing these constructs that is thoughtful, reasoned and responsible. Deconstruction is a journey of discovery; deconstruction is about critique and transformation, about respecting the past and being open to the possibilities of the future while living in the present.

Deconstruction – or at least what I have proposed under this name, which indeed is as good as another, but no better – has therefore in principle always concerned the apparatus and function of teaching in general, the apparatus and function of philosophy in particular and par excellence. Without reducing its specificity, I

will say that what is underway now is but a stage to be crossed in a systematic journey (Derrida, 2002, p. 73).

Deconstruction is about entering into a journey called discourse that “opens the door to the impossible possibility of what comes about in its taking place” (Derrida, 1979, p. 103); entering into, what Pinar (2004) describes as, a complicated conversation that helps one understand the present through an examination of the past and a hope for the future.

What is deconstruction and how can it help us understand the current state of nursing education? “What is hastily called Deconstruction is never a technical set of discursive procedures, still less a new hermeneutic method working on archives or utterances in the shelter of a given and stable institution” (Derrida, 2004, p. 102).

“Deconstruction is not a method or some tool that you apply to something from the outside” (Derrida, 1997, p. 9). “Deconstruction is not – we will repeat this again and again – a destruction or demolition” (Caputo, 1997, p. 57). “There is in effect no philosophy and no philosophy of philosophy which would be called deconstruction” (Derrida, 2001, p. 73).

Deconstruction is not a “set of guidelines, rules, or prescriptions” (Eg ea-Kuehne & Biesta, 2001, p. 4) but an opportunity to move beyond the obvious to a new dimension where one reflects on the inherent social, economic, political, and ethical elements surrounding the phenomenon of interest. “Deconstruction can engage a thoughtful Derrida reader in some powerful rethinking of education” (Eg ea-Kuehne & Biesta, 2001, p. 4), Derrida has examined education, worked in education and campaigned to improve education. His thoughts, particularly those on deconstruction, have a lot to offer educators interested in understanding the complexity of academia.

The profession of nursing combines science with art; nurses understanding of the physiology contributing to human suffering combined with their appreciation for the need of patients to be nurtured and cared for is the foundation of professional nursing care. Historically, nursing education and practice is steeped in the philosophies of realism and essentialism. Scientific inquiry is the preferred method of discovery and empirical evidence is essential to uncovering truths about health and illness. Reality is revealed through scientific discovery and evidence can be uncovered to support truth. Educational preparation combines science with skills ensuring nurses have a solid theoretical foundation and are proficient practitioners. The capacity to care and nurture patients is viewed as an extension of an innate desire to assist others (Stewart & Austin, 1962).

Nursing education in the United States, in many ways, parallels the growth of public education in America. In the latter part of the 19th century, many felt it inappropriate for women to obtain education or work outside the home (Spring, 2001). Society had come to accept nursing as a vocation for religious “Sisters” whose calling was service to God and Church through nursing of the sick and dying. Secular hospitals employed a few “trained” nurses to oversee the care of the sick by untrained caregivers, mostly male attendants and poor women working out of necessity at one of the few jobs deemed appropriate for women; after all, nursing was an extension of the role of mother (Aiken & Fagin, 1992).

The immigration, urbanization and industrialization of the 20th century combined with the emergence of the United States as a world power and war to necessitate a more educated citizenry (Spring, 2001). These changes, together with growth in science, industry, and advances in medicine created an additional burden on the health care

system requiring more nurses. Religious communities could no longer meet the need for skilled nursing care of the sick and injured. This changing environment coupled with the fact that education for women was becoming the norm made it acceptable and respectable for women to participate in nursing education (Fitzpatrick, 1983).

Historically, nursing knowledge has evolved using an eclectic framework. Nursing has drawn heavily on the theoretical principles and scientific knowledge of such male dominated disciplines as science and medicine. Although a female dominated profession, until recently, the female voice was largely absent in the development of nursing knowledge.

Florence Nightingale, historically recognized as responsible for the development of modern nursing education, is credited with recognizing the need to formalize nurses “training” and provide nurses with a solid knowledge base to complement their practical experience (Palmer, 1985). Nightingale felt it was imperative for nursing students to be able to correlate practice with theory and to be educated by women (Grippando & Mitchell, 1989). Although nursing education in the United States closely followed the tradition of the Nightingale model, beliefs about the education of women coupled with limited financial resources, restricted the impact women would have on the development of nursing education (Ashley, 1976; Fitzpatrick, 1983). Early nursing education was designed, governed, managed and funded by hospital administrations, usually men and frequently physicians.

As this brief history of nursing education suggests, nursing education has been influenced and, at times, controlled by non-nurses. From the religious influence of the 17th century to the apprenticeship model of the 20th century, men, and very often

physicians have dominated the predominantly female profession. Additionally, nursing has had to fight fiercely for recognition of nursing as a profession and for legitimate professional education. The growth of hospitals, advances in science, medicine and technology, and, the increasing need for public health nursing, equal rights for women and the proliferation of colleges and universities after World War II, contributed to the awareness by nurse leaders that nursing required the professional status and recognition accompanying a university education. However, with very few nurses educated beyond the associate degree level and a belief that nursing education provided “training” in skills rather than “education” in principles and theory, universities did not encourage the shift to university based baccalaureate nursing education (Grippando & Mitchell, 1989). As a result, nursing education has evolved into an insulated entity protecting itself against the threat of interference from those whose motivation is self-serving.

Nursing academia has become an institution operating inside a nutshell. In an effort to protect the institution from self-serving predators, nursing education has been closed to “new” ideas related to education and limited its capacity to improve from the advances in other educational arenas. Unlike the traditional professions such as law and medicine, nursing continues to meld a liberal arts foundation with professional competencies into a four year curriculum (Bevis, 2000). Continuing to overload the curriculum and maintain the status quo does an injustice to both faculties. My program of study as a student in a diploma program thirty years ago and my baccalaureate degree in nursing twenty years ago differs little from the program of study in the baccalaureate program I teach in today. Although the curriculum has evolved to reflect the changing role of the professional nurse, the core curriculum remains the same. However, what is

more disquieting is the continued application of the same teaching methodologies in perpetuating the same pedagogy. Can the nursing student of the 21st century be educated to care for health care consumers in a rapidly changing health care environment using teaching methodologies introduced in the 19th century? Are the current teaching methodologies preparing students to problem solve complex health care issues in an environment of managed care where management of profit flows is disguised as caring? Can we expect our students to be enthusiastic about learning and eager to participate in a program of study that seems unable to respond to the challenges of professional nursing?; providing caring, competent nursing services in a health care climate increasingly dependent on the insurance industry for policies and protocols. Can the graduate nurses of today fulfill complex roles such as nurse navigator and case manager in a professionally ethical, fiscally responsible and patient-centered way if we are not open to new methodologies? If nursing education is to emerge from its protective nutshell and remain the appropriate academic preparation for professional nurses who will care for the patients for the next millenium, it must participate in its own reconceptualization – nursing curricula must be open to multiple truths, multiple realities and multiple possibilities and recognize the curriculum as social, economic, political, scientific, theological and gender text.

I believe that deconstruction can help the nursing profession examine its constructs and improve nursing education. As Derrida (1997) states:

Because, however affirmative deconstruction is, it is affirmative in a way that is not simply positive, not simply conservative, not simply a way of repeating the given institution. I think that the life of an institution implies that we are able to

criticize, to transform, and to open the institution to its own future. The paradox in the instituting moment of an institution is that, at the same time that it starts opening something new, it also continues something, is true to the memory of the past, to a heritage, to something we receive from the past, from our predecessors, from the culture. If an institution is to be an institution, it must to some extent break with the past, keep the memory of the past, while inaugurating something absolutely new (p. 5-6).

Deconstruction does not mean destroying the old or building something completely new but offers nursing an opportunity to be open to something different that builds on the best of the old yet is open to evolving with the new. Nursing education can respond to the challenges of the 21st century without feeling compelled to create “clones” of the so called “experts” and encourage the educators and practitioners of tomorrow to forge their own identity and place in the world. Deconstruction is a journey of discovery that respects the past and welcomes the preservation of traditions that participates in transforming nursing education into a program ripe with possibility.

Deconstruction moves the whole cluster of questions about education, about teaching, about the teaching of philosophy, and about philosophical teaching, from the plane of techniques and methods to a level which is deeply concerned with the ethical, the political, and, ultimately, with the destination of life, history, and humanity (Eg a-Kuehne & Biesta, 2001, p. 5).

Education and practice harmoniously working together to care for the sick and dying in a world full of meaning.

The goal of my dissertation is to begin a discourse that “opens the door to the impossible possibility of what comes about in its taking place” (Derrida, 1979, p. 103); to begin a discourse that ensures nursing education remains in a state of becoming, open to possibility and willing to embrace its place in the community of higher learning as it provides an educational environment ripe with meaningful opportunities for learning and instills excitement and enthusiasm in students eager to embrace the ideal of professional nursing. The purpose of my dissertation is to examine those constructs integral to nursing education: students, teachers, identity, the art and science of nursing, the curriculum, power and control, and the university, their (dis)connectedness and begin a dialogue that positions nursing education as the legitimate professional nursing curricula for meeting the needs of health care consumers in the 21st century.

Both professional nursing and nursing education are dynamic and complex institutions; this dissertation is not intended to present an exhaustive list of problems facing nursing education but to begin a dialogue that helps to illuminate some of the problems created by the interrelationship between them. This dialogue cannot begin without first placing nursing education in context.

Chapter two of my dissertation places the critique of nursing education within the framework of the university. I will explore issues surrounding the academy; history of the academy, the impact of globalization on the academy, academic capitalism and, nursing education's place within the academy. A thoughtful synopsis on the development of the contemporary American university combined with a historical synopsis of professional nursing provides the context for deconstruction of the contemporary nursing curriculum.

Chapter three will provide a synoptic history of professional nursing and nursing education to include the debate surrounding baccalaureate education as the appropriate curricula for entry to practice. The discussion will include an exploration of the nursing curriculum, the influence of technology on nursing – practice, identity and nursing science, as well as an exploration of the movement away from the art of nursing toward the science of nursing. Additionally, I will examine the issue of nursing identity and the connection between identities, caring and, power and control.

Chapter four will focus on providing a comprehensive exploration of nursing education within the context of deconstruction and will set the stage for the concluding chapter that begins the discourse that is the *new* nursing curriculum. Deconstruction is not something *applied* to a critique but *is* the critique; therefore, deconstruction provides the framework throughout this dissertation and weaves its way in and out of each construct examined.

The goal of my dissertation is to begin a discourse that ensures nursing education remains in a state of becoming, open to possibility and willing to embrace its place in the community of higher learning. Chapter five, the concluding chapter, will situate that discourse within the university *to come*; this chapter will focus on coalescing the deconstructed constructs and position nursing education within an academy that embraces duality. Derrida (2004) suggests that by acknowledging the existence and relevance of two ‘truths’, the university can, in essence, serve two masters. The university can, simultaneously, embrace the knowledge of philosophy (the art of nursing) and the quest for truth (the science of nursing) within a capitalistic climate that calls for action (professional competencies).

The nursing curriculum can reflect the art and science of nursing; professional competencies can be combined with the philosophy of reason, the philosophy of epistemology, ontology and axiology. The nursing curriculum can embrace the philosophy of caring contained within the “art” of nursing with the utility contained within the “science” of nursing to educate nurses to meet the challenges of nursing in the twenty-first century. The concluding chapter will articulate this new perspective, new theoretical position on nursing education.

Chapter 2

A SYNOPTIC EXPLORATION OF THE AMERICAN UNIVERSITY

The art of nursing is as old as humankind; however, the science of nursing is barely out of its infancy. Modern nursing is believed to have begun just over a century ago with the work of Florence Nightingale. Nightingale is credited with bringing science into the art of nursing. In the late 19th century Nightingale, during her tenure as chief nursing officer during the Crimean War introduced medical and surgical asepsis and the necessity of understanding human physiology in the care of the sick and remained diligent in ensuring good nursing care based on sound scientific principles.

Nightingale is also credited with the birth of modern nursing education. She developed the first nursing education program in 1860 combining practical experience with a substantial body of knowledge. Although Nightingale received the best liberal arts education available to women at the time, she did not include this as part of her vision for nursing education (Palmer, 1985). This unfortunate lack of insight, coupled with many sociopolitical and economic influences facing American education, and nursing education in particular, contributed to the paucity of nursing education programs within the academy. A critique of the nursing curriculum must begin by placing nursing education within the context of the academy. A discussion of the academy cannot begin without a cursory introduction to the contemporary American university. It is not my intent to suggest a superficial exploration into the history of the American university is the appropriate context to appreciate the current state of nursing education; however, although this history of the academy will not be exhaustive, it is intended to be a thoughtful synopsis.

In *The University in Ruins* (1996), Bill Readings suggests “the university is becoming a different kind of institution” (p. 3) and argues that the university has devolved from cultural institutions whose mission was to uncover truth through research and teaching to corporate institutions whose mission is to ensure the economic supremacy of the nation-state. Is this an accurate description of the contemporary university? How has the university (d)evolved from centers of learning on a quest for the truth to, what Readings describes as, centers of excellence on a quest to build intellectual capital and further the economic supremacy of the nation state? How has the evolution of the contemporary university contributed to the (ex)inclusion of nursing within the academy? What is the current state of the university? Perhaps the answer to these and other questions facing the contemporary university can be found in the philosophy of Jacques Derrida and deconstruction. However, before we can begin to deconstruct the current state of the university, a brief history of the evolution of American education and the university is in order.

The genesis of the American university

In *Curriculum and the Holocaust* (2001), Morris reminds us of the ambiguity of history, “whatever history is, it is ultimately ambiguous” (p. 91). Whatever the form, spoken, written or in pictures, history is someone else’s memory that “occupies this middle position between construction and reconstruction” (p. 93), what Morris refers to as translation. The individual is inextricably intertwined with the event and their memory of that event colours “what has actually happened in the past and our present interpretation of that event” (p. 93). Memory, our recollection of the past, is influenced by our collective experiences called living and is filtered through our psyche where

“understanding suffers most interference . . . Some amount of repression remains, no matter how aware or how conscious one becomes of one’s inner psychic workings” (p. 7). Historian’s recollection of the past is “an approximation of the truth about the events of the past” (p. 162) and is open to their interpretation and to the interpretation of those henceforth. It is within this context of recorded memory that I examine the history of education and the university in America.

All versions of educational history acknowledge the impact of religious, social, political, scientific, and economic forces on the evolution of the educational system and the development of school curricula (Spring, 2001). Public education has been sculpted by the evolution of humankind and changes within society.

Although it is imperative to understand each perspective in context and to appreciate the specific historical issues and events that influenced the mission and vision of education, that is beyond the scope of this dissertation. However, it is difficult to discuss the American university and its impact on nursing education without an elementary understanding of the evolution of education up to that point in educational history.

Brief history of education.

In the 17th and 18th centuries, people were taught to read and write so they could obey the laws of church and state. Many of the early educators believed in education as a way to civilize an uncivilized people. The early teachers were representatives of the church (Spring, 2001). The predominant goal of public education was education in the service of God and state with a curriculum designed to “end crime, eliminate poverty,

provide equality of opportunity, improve the economy, train workers, and create social and political stability” (Spring, 2001, p. 9).

Social and political forces greatly influenced public education in the 19th century. The type of education available and who could participate in it was dependent on social class and political influence. Public schools were often reserved for those of a lower class where the primary purpose was to provide them with the basics of reading, writing and mathematics so they could participate in the industrialization of America. The purpose of the curriculum was meeting the needs of an industrialized society; the focus was on mental discipline and social efficiency (Kliebard, 1995). Private schools or academies were reserved for the rich and powerful with a mandate to educate the leaders of tomorrow. Although education was moving towards a standardized and nationalized curriculum, whether in the public or private system, boys and girls, blacks and whites, Catholic and Protestant students received different instruction (Kliebard, 1995; Spring, 2001). Education was focused on assimilation into the dominant culture to ensure social control and economic superiority (Kliebard, 1995).

Economics has played a significant role in the development of public education. The growth of industry and the advances in science and technology in the 20th century demanded a work force of appropriately educated citizens. Early public schools were developed in communities that were economically advantaged; public schools sprang up in middle-class and upper-class communities. Public schools began to design curricula to ensure students received the appropriate education and training (Kliebard, 1995; Spring, 2001). Schools continued to focus on reading, writing and mathematics but incorporated new knowledge into their curricula. Students were inundated with options with such

classes as computer technology, ecology, advanced mathematics, drama, and business added to their core curriculum. Also, subjects such as mathematics, chemistry and physics were constantly evolving to keep up with advances in their fields. Although curricula attempted to remain sensitive to the moral and philosophical development of the child, the focus was on adapting curricula to the developmental capabilities of the student in furthering the cause of social efficiency (Kliebard, 1995).

As we prepared to enter the 21st century, public education continued to feel the influences of a rapidly changing world; religious, social, political, scientific, and economic force continued to have a profound impact on the educational process. Public education continued to struggle with its purpose; should public schools expose students to all the knowledge they require to become healthy, happy contributing members of society or only the necessary knowledge to enter the work force and contribute, in a specific way, to the economy of the country? Should all children, regardless of socioeconomic status, race, ethnicity, religion or disability, be exposed to the same curriculum? What should the curriculum look like?

Historically, education has attempted to respond to the changing needs of society and provide a curriculum designed to assist students in adapting and acclimating to those changing needs. These issues, evident in academia throughout history, were in the forefront of discussions on education in the 1960's and 1970's; this discourse ignited the debate that initiated what is known as the reconceptualization of the curriculum field.

Deconstruction is a journey of discovery; deconstruction is about critique and transformation, about respecting the past and being open to the possibilities of the future while living in the present. Deconstruction is about entering into a discourse that “opens

the door to the impossible possibility of what comes about in its taking place” (Derrida, 1979, p. 103); entering into, what Pinar (2004) describes as, a complicated conversation that helps one understand the present through an examination of the past and a hope for the future. Similarly, the reconceptualization of the curriculum field was a complicated conversation; academia’s, specifically curriculum theorists and scholars, response to the quagmire that was public education.

Prior to the era in education known as the reconceptualization (Pinar, Reynolds, Slattery & Taubman, 2000), the primary focus of curriculum scholars was on “the development of curriculum” (p. 187). With immigration, industrialization and urbanization, the American educational system concentrated on cultural and economic supremacy (Spring, 2001). The unprecedented growth coupled with an emerging globalism ensured the efforts of curriculum scholars were focused on development; a constantly changing society with constantly changing needs required a constantly changing curriculum. Curricula were in a constant state of flux in an effort to adapt to a rapidly changing society and to meet the needs of a country emerging as a social, economic and political world power (Spring, 2001). As noted previously, emphasis was on productivity and efficiency; the education system needed to prepare a large workforce that could contribute to the economic viability of the nation-state in an efficient and cost-effective manner. This emphasis on cultural and economic supremacy contributed to an educational system preoccupied with measurement; curriculum scholars were focused on selecting learning objectives and learning experiences that could be objectively evaluated to ensure the efficaciousness of the curriculum in meeting the needs of students and society (Pinar, et al., 2000; Pinar, 2004; Kliebard, 2000). Additionally, the educational

community was responding to the contributions behavioural psychologists such as Edward L. Thorndike and John B. Watson were making to the science of human development; knowledge about childhood physical, emotional and cognitive development influenced the teaching – learning process (Pinar, et al.). Curriculum was changing in an effort to integrate behavioural psychology into learning objectives.

Although the social efficiency movement was strong within the field of curriculum in the early part of the 20th century (Pinar, et al., 2000), partly due to the work of scholars such as Franklin Bobbitt, W.W. Charters and Ralph W. Tyler, it was not without its challenges. Curriculum scholars such as John Dewey and George Counts countered with a progressive movement towards curriculum that was more child-centered and less task oriented (Pinar, et. al). Progressivists saw the child and curriculum as inextricably linked and the experience of learning as meaningful to the child as the content being taught. Additionally, the educational community was responding to the contributions humanistic psychologists such as Abraham Maslow, Erik Erikson and Carl Rogers were making to the science of human development and understanding; knowledge about the childhood experience and the importance of human connectedness influenced the teaching – learning process (Pinar, et al.). As a result, the curriculum was constantly evolving to create pedagogy that would be sensitive to the needs of students within the context of community yet capable of producing individuals appropriately educated and trained to meet the evolving demands of the marketplace. Although the emphasis had shifted from outcome to process, the objective remained the same; the primary purpose of education was to equip students with skills necessary to compete in the global marketplace and ensure the economic viability and supremacy of the nation-state.

Advances in science, technology and communication compounded the problems of a rapidly changing society. The boundaries that once so effectively delineated the economic, political and intellectual commodities of countries throughout the world have slowly disappeared over time. Globalization makes the sharing of capital, including intellectual capital of thoughts and ideas possible. “The qualities and characteristics of immaterial production are tending to transform the other forms of labor and indeed society as a whole” (Hardt & Negri, 2004). Major social, economic and political events contributed to the waxing and waning of curriculum theory. Issues such as immigration and urbanization fueled the debate over the importance of experience and the child on the curriculum and the relevance of progressivism. Concomitantly, events like World War II, the launch of Sputnik, the introduction of the textbook and the Cold War fueled the debate over the necessity for outcomes and measurement and the relevance of social efficiency (Pinar et al., 2000). The synoptic textbook promised a comprehensive review of a field of study that helped to illuminate what was important within the field providing students a path to knowledge and teachers some reassurance that learning was occurring. American society demanded a work force of appropriately educated citizens that could compete with other industrialized societies across the world. The impact of globalization and the increasing involvement of corporate and industrial America on the educational system continued the trend of a curriculum in a constant state of development.

The decades leading up to the reconceptualization of curriculum were tumultuous. The rapidity with which society was evolving was unprecedented. The social efficiency and progressive movements within the field of education were in an ongoing struggle to emerge as the appropriate paradigm for curriculum theory and development. However,

it was becoming increasingly evident that neither movement was creating a pedagogy that was facilitating meaningful learning.

The pervasive culture in America began to change dramatically in the 1960's and 1970's. Globalization opened the American psyche to new and different experiences and heightened the awareness of the racial, cultural and ethnic differences among its own people (Pinar, et al., 2000). Humanism was experiencing a renaissance as society recognized the importance of the lived experience and individual interpretation in the development of healthy, contributing members of society (Pinar, et al.). The feminist movement forced educators to recognize the inequalities in education and to examine the ways curriculum perpetuated stereotypes and limited opportunities for women and other disenfranchised minorities.

Historically, scientific inquiry has been the preferred method of discovery and empirical evidence essential to uncovering truths. Reality is uncovered through scientific discovery and evidence can be exposed to support "truth." Uncovering "truth" through scientific inquiry has been the bailiwick of men. Men were believed to be both physically and intellectually superior to women and deemed the most appropriate group to uncover knowledge and truth. Women were to be concerned with affairs of the home and family and avoid participating in the evolution of society. "Representation of the world, like the world itself, is the work of men; they describe it from their own point of view, which they confuse with absolute truth" (de Beauvoir, 1957, p. 143). The early 1960's sparked renewed interest in the plight of women that continues today and has come to be recognized as the contemporary women's movement. An economic boom, a sexual revolution, anti-war sentiment and the strength of the civil rights movement

combined to bring enough women together who were developing a special awareness of the inequalities facing women to renew the national women's movement (Pinar, et al., 2000).

A common theme in the history of feminism is equality for women in all social structures; a woman's right to quality education equal to that of their male counterparts has been an issue at the forefront of feminist discourse. As noted previously, the social circumstances of the 1960's sparked an intense examination of the social, economic and political landscape of the country and renewed enthusiasm for women's rights. These same circumstances provoked a similar examination within the field of education and sparked its reconceptualization.

The reconceptualization movement welcomed the examination of curriculum by feminist scholars. The women's movement was examining women's oppression in an effort to understand and transform prevailing social conditions (Pinar, et al., 2000). Like curriculum theorists within the reconceptualization movement, feminist scholars were examining the lived experience and the importance of self and working towards equality in all social structures, including education. "Feminist theory became integral to the reconceptualized curriculum field in the United States by the mid-1980's" (Pinar, et al., p. 364). As curriculum scholars began to deconstruct education and the curriculum they recognized that the discourse on education had been informed by gender (Pinar, et al.). Understanding curriculum involved analyzing the presence and impact of sexism and gender stereotyping within the educational system.

Feminism is not only about including the voice of women in all religious, social, scientific, economic, educational, and, political structures within society; it is about

including the voice of all disenfranchised people. The work that was begun by early feminist scholars paved the way for reconceptualizing the curriculum that included the concept of inclusivity and embracing the ‘other.’ Feminist inquiry opened a new line of questioning in the discourse on curriculum that included the experience of the previously silenced ‘other’; scholars began to examine the curriculum in the context of the experience of gays and lesbians, Latinos, the handicapped, the poor and other minorities. Educators recognized the importance of “ethical, social, intellectual, and aesthetic values” (Pinar, et al., 2000, p. 173); the acquisition of skills was no longer the only measurement for academic success or a guarantee of competent, contributing members of society.

Although the history of nursing recognizes the professions tradition of equanimity for all in caring for the sick and dying, the patriarchal tradition of society has diminished the impact of feminist theology on nursing and nursing education. Early nursing education programs were administered by the patriarchy of hospitals; the program of study was the purview of hospital administration, almost exclusively male and usually physicians. As nursing education transitioned into colleges and universities they traded the patriarchy of hospitals for that of higher education. The sexism inherent in the male tradition that contributed to the devaluing of the women’s role in society continued the tradition of the nurse as handmaiden to physicians and effectively limited the impact of feminist scholars on the education of nurses. “Feminists have openly ridiculed nurses and nursing” (Muff, 1982, p. 182) for their inability to address sexism within the professional health care community and free themselves from the quagmire of oppression. However, nursing leaders and scholars increasingly are adopting feminist

theory and feminist inquiry as a philosophical and theoretical framework that recognizes the female voice and uncovers the patriarchal influences that have shaped nursing education to date. “Raising consciousness and agonizing about problems, about sexism, and about oppression of women and nurses are healthy beginnings of activism” (Heide, 1982, p. 260) and will continue to transition leadership of nursing education away from the inequities of sexism to the equality of professional nursing.

Deconstruction is about respect for the ‘other’ as we attempt to understand our world and create new possibilities for living, learning and working. Derrida (1997) reminds us that the other is more and means more than just those persons, who are not me, those persons outside of me. The other suggests being aware of the individuality of the other person and what that person represents. It is about respect for differences and embracing that which is different as an opportunity for growth, for a new understanding. It is about the potential of being open to different interpretations. It is about possibility; possibilities within the other and possibilities of what can become as a result of a relationship with the other. Similarly, the reconceptualization called for recognition of the other and the realization that curriculum was open to multiple interpretations and multiple truths. “. . . It is *between* different things that one can think difference” (Derrida, 1997b, p. 223). Meaningful learning depended on a curriculum of possibility.

Additionally, the anti-war and civil rights movement of the 1960’s sparked a profound era of introspection (Pinar, et al., 2000). All conventional ideas, including curriculum theory, were subject to scrutiny and challenge. Social efficiency and, specifically, the Tyler Rationale had “reached the end of its utility” (p. 187). Curriculum scholars such as Dwayne Huebner, James B. MacDonald, Eliot W. Eisner, Charles

Silberman, and Joseph J. Schwab opened the discourse on education and curriculum to the possibility of irrelevance; the emphasis on measurement and outcome was misplaced. These early ‘reconceptualists’ suggested the development of self-awareness and personal growth was as important to educational and occupational success as the “structure-of-the-disciplines approach” (p. 189). Schwab’s declaration in 1969 that the curriculum field was moribund (Pinar, et al.) was the definitive statement in the discourse on education that signaled the reconceptualization.

Although the rapid changes in society continued to challenge curriculum scholars to develop curricula sensitive to the needs of students and society, “the field [curriculum] would shift from a primary and practical interest in the *development* of curriculum to a theoretical and practical interest in *understanding* curriculum” (Pinar, et al., 2000, p. 187). The field was in crisis. The traditional emphasis on memorization and recitation was no longer adequate to producing students that could contribute to an increasingly diverse and complex society; emphasis shifted from developing curriculum to understanding how curriculum contributed to individual and societal goals and objectives and why traditional pedagogy was no longer meeting students and society’s needs. Curriculum scholars recognized that human experience was integral in the process of learning and to develop curriculum without recognizing the “fundamental interconnectedness” (Pinar, et al., p. 223) of curriculum to the historical, social, economic and political theoretical interests of society was limiting the potential of the curriculum to become meaningful. Students and scholars alike were awakening to the fundamental sentiment of the reconceptualization.

Curriculum is an extraordinary complicated conversation. . . . The point of school curriculum is to goad us into caring for ourselves and our fellow human beings, to help us think and act with intelligence, sensitivity, and courage in both the public sphere – as citizens aspiring to establish a democratic society – and in the private sphere, as individuals committed to other individuals” (Pinar, et al., p. 848).

The curriculum field had made the shift from a preoccupation with development of curriculum to a focus on understanding curriculum.

Although reconceptualization sparked the complicated conversation that is curriculum, it would be naive to suggest that it ushered in an era of sustained cohesiveness and univocity. As Pinar et al. (2000) remind us the movement “had succeeded in delegitimizing the ahistorical, atheoretical field of the pre-1970 period” (p. 238); however “its success was its demise as a movement” (p. 238) and curriculum scholars moved on to expanding scholarship in other domains within curriculum theory. Simultaneously, changes within the American sociopolitical landscape ushered in a “back to basics” (p. 238) philosophy focused on competency based education and preparing students to fill vacancies within corporate America that remains today.

As Pinar (2004) so eloquently reminds us, the education system is a nightmare; “the school has become a skill-and-knowledge factory” (p. 3) whose mission is to “prepare all citizens for jobs in an industrial – now largely postindustrial – economy” (p. 17). He reminds us that education has become politicized and educators have lost control of the curriculum; students, teachers and teachers of teachers are expected to participate in a pedagogical experience defined and designed by ‘politicians’. Curriculum, regardless of how one defines the concept, is no longer the purview of ‘educators.’

Similarly, Reynolds (2003) discusses the quagmire that is education. “Cynicism lurks at every twist and turn. The cause appears somewhat lost, the way mired with the corporatization of academe” (p. 71). He reminds us that education is now about outcomes instead of experiences and educators as technicians instead of facilitators; the teacher has become “nothing more than a lone worker carrying out a set of pre-planned instruction” (p. 9). Reynolds suggests that the language of learning has moved away from philosophy and critique to the language of science and technology losing its humanity in the process. Education is no longer about a journey of discovery and the role of the teacher in facilitating meaning from experience but about the most efficient and expeditious way to ensure conformity and measure performance. This is the “abysmal state of the public schools” (p. 87).

Alas, all is not lost. Pinar (2004) remains hopeful that educators can regain control of the curriculum and public education in America. He reminds us to re-enter into that “complicated conversation” (p. xiii) whereby educators must “slow down, to remember even re-enter the past, and to meditatively imagine the future” (p. 4).

Similarly, Reynolds (2003) suggests examining the past and creating a future that embraces multiple perspectives and works toward enriching the curriculum by having educators recognize their “common ground” (p. 87) and being open to the possibilities of ‘the other’.

Derrida, deconstruction and currere

Pinar (2000) reminds us that the word curriculum carries many meanings. Curriculum often refers to a course of study, the process of developing materials and instructional strategies to relay information to students, the materials or artifacts used in a

course of study, instruction and evaluation, and specific learning outcomes. For many, curriculum has become synonymous with education itself. However, these definitions appear to suggest a disconnect between learning and the learner. What about the meaning of the experiences of learning for the learner and the connection between these experiences, knowledge and the odyssey of learning? Pinar (2000) addresses this disconnect by suggesting another meaning stemming from the Latin, *currere*, which suggests a relationship between the learner and the learning; a journey of discovery.

The study of *currere*, as the Latin infinitive suggests, involves the investigation of the nature of the individual experience of the public: of artifacts, actors, operations, of the educational journey or pilgrimage. So understood, the field is not only an environment-producing discipline, involving the formulation of objectives, design, even criticism, as it is understood presently. It is a knowledge-producing discipline, with its own method of inquiry and its own area of investigation. *Currere*, historically rooted in the field of curriculum, in existentialism, phenomenology, and psychoanalysis, is the study of educational experience (p. 400).

Pinar (2004) suggests *currere* involves a “complicated conversation” (p. 37); there must be an ongoing dialogue between students, parents, teachers, administrators and politicians to ensure that education is about the lived experience of learning. Additionally, educators must engage in educational scholarship that promotes a discourse open to “the individual’s lived experience as it is socially located, politically positioned, and discursively formed, while working to succumb to none of these structurings” (Pinar, et. al., 2000, p. 416). The philosophy of Jacques Derrida and deconstruction is useful in

helping educators to understand a post-modern curriculum that fosters this journey of discovery, *currere*.

Eg a-Kuehne and Biesta (2001) reminds us that “what Derrida’s texts have to offer is not a set of guidelines, rules, or prescriptions which can be applied to education to fix whatever ails it” (p. 4) but

deconstruction moves the whole cluster of questions about education, about teaching, about the teaching of philosophy, and about philosophical teaching, from the plane of techniques and methods to a level which is deeply concerned with the ethical, the political, and, ultimately, with the destination of life, history, and humanity (p. 5).

So, how does deconstruction do this? A discussion of some of Derrida’s major themes will help discover the transformative power of *currere*.

Can one begin a discussion on the journey that is education, *currere*, without recognizing the power of language? Derrida (2002) reminds us of the power of language in his discussion on the theme of ‘title’. “A title authorizes, legitimates, gives value, and brings together” (p. 4). We are reminded that words can carry many meanings and the semantics of language is as much a part of who names what as is the denoted meaning. “Privilege is always guaranteed by conventions that regulate the use of titles, whether the titles of works or social titles, in our society” (p. 1). Additionally, titles and those who confer them denote power. “Questions of title will always be questions of authority, of reserve and right, of *rights reserved*, of hierarchy or hegemony” (p. 1) The power of language is not only in the signifier (the word) or in the signified (the concept or meaning

of the word) but in the connotated meaning given to the word(s) by the person holding the title.

How does title, as described by Derrida, relate to curriculum and the journey of discovery or currere? First, who has the right to create, critique and control curriculum; students, parents, teachers, administration or politicians? Unfortunately, as Pinar (2004) reminds us, schools have become a business and teachers have been reduced to factory workers; teachers are no longer facilitators but trainers. Educational policy is largely determined by corporate America; society has come to believe that the educational goals of modernity are still relevant if not more so. This change in title from teacher to trainer has limited the power of teachers to control their work environment and diminished their reputations as scholars. As a result, teachers have lost the right to control the curriculum. The power in the title 'capitalism' is more privileged than is the title 'teacher'; therefore, educational institutions are married to the concept of "academic vocationalism" (Pinar, 2004, p. 17) and the curriculum is not about the experience of learning but the acquisition of skills.

Second, what of the title 'student'; what does the word student represent? How do we view the student? How does society's understanding of this concept contribute to the difficulties facing education? The question of student capacity did not arise with the advent of education for the masses in the United States. Plato, considered by many to be the originator of educational philosophy, contemplated this question around 380 B.C. (Power, 1996). ". . . Education is not what the professions of certain men assert it to be. They presumably assert that they put into the soul knowledge that isn't in it, as though they were putting sight into blind eyes" (Plato, n.d./1991, p. 197). However, historically,

the title 'student' has often conjured up the image of student as blank slate, *tabula rasa*. As a result, curriculum reflected this fundamental tenet; curriculum 'specialists' determined the appropriate classroom content and 'expert' teachers interpreted this knowledge for the student. The same information interpreted for the students in the same way and shared with students using the same methodology denies the rich assortment of life experiences students and teachers bring to the learning experience and deny students their right to their own interpretation of what this knowledge means for them. The title, 'student', connotes a dependency and passivity that diminishes the potential of the learning experience to be meaningful to the student.

Similarly, what about the power of language used throughout the curriculum? Derrida (1979) suggests that words are open to interpretation; what do the words, the 'text', mean to those who hear and read them? Pinar et al. (2000) suggest "to understand curriculum – within which teaching is subsumed – implies the study of curriculum as text" (p. 49). The word 'text' implies so much; text includes the human experience, history, the institution, politics, discourse and, "most simply but profoundly, as words and ideas" (p. 7). As educators, we must be cognizant of the words we use, the textbooks we employ and the ideas we share; can the language we use be interpreted as racist or sexist, disrespectful or demeaning? Is the language we are using in the classroom, in textbooks and in academia open and inviting or closed and exclusionary?

Is the language we are using open and inviting or closed and exclusionary? And, to whom? The obvious answer to this question is students; students are 'the other', that which is not me, the teacher. However, Derrida (1997) reminds us that the other is more and means more than just those persons, who are not me, those persons outside of me. "I

can address the Other only to the extent that there is a separation, a dissociation, so that I cannot replace the other and vice versa” (Derrida, 1997, p. 14).

The other suggests being aware of the individuality of the other person and what that person represents. It is about respect for differences and embracing that which is different as an opportunity for growth, for a new understanding. It is about the potential of being open to different interpretations. It is about possibility; possibilities within the other and possibilities of what can become as a result of a relationship with the other. The other is hope for the future and the possibilities not yet imagined.

Reynolds (2003) reminds us that the contemporary school has evolved into a homogenous entity focused on “teacher manuals, trendy programs, and mandatory test criteria” (p. 1) where teachers are “deskilled laborers using pre-packaged kits for a competency-based education” (p. 1). Individuality, interpretation and experience as core concepts within an “emancipatory” (p. 12) pedagogy have been substituted with collectivity, explicitness and vicarious learning. Teachers have lost control of the curriculum. “Teachers are immersed in a non-democratic milieu in which following the dictates of outside agencies with little or no representation is the status quo” (p. 23).

Derrida (2004) describes this erosion of control as censorship. Whether through policies and procedures, rules and regulations or lesson plans and core competencies, schools and their curricula are controlled by forces outside the classroom that disregard the other. When the curriculum, teaching and learning methodologies and the expected learning outcomes are the same for every student, teacher and school, the learning experience is closed to possibilities; there is only one interpretation, one truth. When the educational process disregards the other it disregards difference and closes the door to

multiple realities. The hope for the future is gone; there is no future, there is only the present. The curriculum is stagnant; it is not open to new possibilities.

Derrida (1997) is not arguing for a complete disregard for sameness or like-mindedness; he recognizes that unity can be appropriate in certain instances, for example, national identity. However, Derrida reminds us that this concept of unity remains open to difference and to the other. Likewise, sameness or unity within the curriculum is not necessarily a bad thing; a core curriculum can provide direction for educators and offer clear learning objectives for students. However, rigid adherence to any curriculum risks being closed to new possibilities and different interpretations and, ultimately, a curriculum that is closed to the other. For education to be beneficial and meaningful it must embrace the concept of the other; it must not be fixed, either or but flexible and open to multiple realities, multiple methodologies. “Pure unity or pure multiplicity – when there is only totality or unity and when there is only multiplicity or dissociation – is a synonym of death” (p. 13).

Being open to interpretation and to possibilities is a familiar theme in the philosophy of Derrida and deconstruction. As discussed previously, the power of language, title and the other contain within their meanings a willingness to look beyond the obvious to the ambiguous, the vague, and the obscure. Additionally, Derrida suggests we go beyond the reality, in-between the intended and inferred to what Derrida (1979; 1988; 1997) calls *différance*. *Différance* is the abyss between realities where the possible is produced. *Différance* is “beyond identity and difference” (Derrida, 1979, p. 136). It is more than just the difference between the signifier and the signified; *différance* is where “we rediscover *absence*” (Derrida, 1988, p. 6).

Embracing *différance* is imperative to the journey of discovery, to *currere*. If students are not encouraged to go beyond the obvious and dwell in the absence, they risk missing opportunities for meaningful learning. Dwelling in the reality of an(other) (teacher, textbook, standardized testing) suggests one interpretation, one truth and stifles opportunities for self-exploration, creativity and productivity. Instead of students being open to new possibilities, new interpretations, and new realities impacting the reality of an(other), what could be called iterative learning; students are at risk for mimetic learning where what they produce is just an imitation of an(other)s reality. *Différance* is the receptacle of all possibilities, “beyond identity and difference” (Derrida, 1979, p. 136), where students, teachers, the curriculum and the institution can be more than they are and more than intended to be.

The idea of openness to possibilities emerges in Derrida’s (2001) discussion on democracy. “At the core of the idea of democracy there is a promise, there is some openness to the future” (p. 180); he refers to this democracy, the democracy of today as *democracy to come*. This democracy to come involves embracing the past, appreciating history with all of our mistakes and being open to possibilities for a different future as the lived experience of democracy. It involves making philosophy available to everyone so they can understand the decisions of the state and participate in the life of their communities. “Philosophy must be everywhere, is everywhere – not only in the university but on the radio, within the speeches of the politicians, and so on and so forth” (Eg a-Kuehne, 2004, p. 28). Democracy to come suggests an openness to critique and welcomes questions that “open democracy to its own promise” (Caputo, 1997, p. 44). Derrida suggests that democracy is not something we have but something we are

constantly working at achieving; it is always evolving and open to interpretation. Democracy is alive with possibilities.

Similarly, *currere* is not something we have but a journey of discovery that has no final destination; it is always in a state of evolution changing direction in response to new information, multiple experiences and different interpretations. *Currere*, like democracy, is something that educators must be constantly working at for meaningful learning to occur. Students must be involved in the philosophy of meaning; critiquing and questioning in an effort to uncover knowledge that opens them to possibilities and to their own promise. *Currere*, like democracy, is a living process and involves a constantly evolving, never stagnant curriculum, a curriculum *to come*.

As discussed, *currere* is a living process that suggests a relationship between the student and the journey of discovery. Although education is often a collective experience, its meaning is individualized. Every learning experience is open to interpretation and each student determines the meaning, the significance and the usefulness of the experience for themselves. Similarly, the knowledge students are exposed to is filtered through individual thought and experience and open to interpretation. This individualized experience of learning parallels the individuality in what Derrida (1995) calls the gift of death.

“Death is very much that which nobody else can undergo or confront in my place. My irreplaceability is therefore conferred, delivered, “given,” one can say, by death” (Derrida, 1995, p. 41). Death cannot be given nor taken away by another; death is an ordeal that can only be experienced by the person doing the dying. “Dying can never be

taken, borrowed, transferred, delivered, promised, or transmitted. And just as it can't be given to me, so it can't be taken away from me" (p. 44).

Education, the process of learning, is very much like death; learning is an individualized activity. Learning cannot be taken, borrowed, transferred, delivered, promised, or transmitted from one to another; like dying, learning is the responsibility of the individual to execute. As Derrida (1995) reminds us, as much as one would like to assume the responsibility of dying for another, even die in their stead, it isn't possible. Similarly, as much as students, parents, administrators and politicians would like teachers to assume the responsibility for student learning, it is impossible. By nature, learning denotes "singularity" (p. 41) and it is from this singularity that one assumes responsibility for themselves; the teacher is, at best, a facilitator in this process.

Derrida (1995) also suggests that life is like keeping a "vigil" (p. 15) over death; not knowing when and how death will occur suggests that we are "beings-towards-death" (p. 16) making choices that impacts our life in the present and to come. "This concern for death, this awakening that keeps vigil over death, this conscience that looks death in the face is another name for freedom" (p. 15). Similarly, learning signifies a type of freedom; students may be forced to attend school and participate in various educational experiences but, the student has the freedom to turn these experiences into learning. And, like death, looking the possibility of failure (in school and in life) in the face may be another name for freedom within the academy; the gift of *currere*.

Derrida, deconstruction and the modern university.

Derrida (2004) reminds the reader that the modern university had its birth in Germany. The German concept of higher education stressed the importance of science

and research and “the pursuit of truth for its own sake” (Spring, 2001, p. 306) allowing the professoriate total academic freedom to pursue any line of inquiry that would contribute to this quest for truth.

But Derrida (2002) asks,

who has the right to philosophy today, in our society? To which philosophy? Under what conditions? In which private or public space? Which places of teaching, research, publication, reading, discussion? Through which instances and filterings of the media? To have the “right to philosophy” is to have a legitimate or legal access to something whose singularity, identity, and generality remain as problematic as what is called philosophy? Who, then, can lay claim *legitimately to philosophy*? To think, say, discuss, learn, teach, expose, present or represent *philosophy*? (p. 3).

Derrida states, “The university is philosophy” (Derrida, 2002, p. 73). The university has been given the “right to” teach philosophy – the philosophy of arts, sciences and research - by the state and, with this (en)titlement “authorizes, legitimates, gives value, and brings together” (Derrida, 2002, p. 4) the privilege of higher learning.

However, Derrida (2004) suggests that with the movement away from private institutions of higher learning to state supported institutions, the power of universities to “control” their destiny has been eroded. The academic freedom introduced into the university system in the 20th century is now limited; academicians are now torn between two authorities, pursuit of the truth and mission and values of the state. Academicians have become “civil servants” (p. 43). Derrida (2004) describes this erosion of academic control as censorship. Whether through policies and procedures, rules and regulations or

funding by grant or appropriation, universities have become less accountable to the truth and more accountable to the state.

The loss of autonomy and erosion of power within the university system has infiltrated the curriculum. As Derrida (2002) argues, the curriculum of the contemporary university has (d)evolved from a program whose deontological mission is to provide learners with experiences that promote understanding and a desire to work towards the discovery of truth to a program whose mission is to prepare citizens to ensure the social, political, and economic strength of the nation-state. Derrida (2002) suggests that the academy is faced with two problems: the difficulty in defining, recognizing and articulating philosophy in the global marketplace; the disappearance of philosophical teaching in all levels of educational institutions.

Derrida (2002) recognizes globalization as contributing to the crisis in philosophy; the fluid boundaries of nation-states expose the academy to a heterogeneous philosophy that reflects the socio-political influences of many nations – a crisis of what to teach.

There could therefore never be *one* teaching body or *one* body of teaching . . . one homogeneous, self-identical body suspending within it the oppositions (for example, the politics) that take place outside it, and sometimes defending PHILOSOPHY IN GENERAL against aggression of the nonphilosophical from the outside (p. 79-80).

The contemporary American university is not only influenced by the philosophy of other nation-states but is expected to reflect the globalization of intellectual capital.

Similarly, this globalization contributes to the decline in philosophical teaching, what Derrida (2002) calls the “unprofitability of philosophy in this industrial society” (p. 109). Philosophical pedagogy is pushed aside to make way for an industrial pedagogy – human, economic, and social science. The focus has shifted from knowledge for knowledge sake – the philosophy of epistemology, ontology and axiology – to knowledge that promotes a grandeur nation-state – the philosophy of capitalism.

The philosophy of capitalism is often articulated in the language of business. As discussed earlier, language is power.

Once you have appropriated the language of power, for reasons of rhetorical and political persuasion, once you master it well enough to try to convince or to defeat someone, you are in turn defeated in advance and convinced of being wrong. ... By speaking to him in his language, you acknowledge his law and authority; you prove him right; you countersign the act that proves him right over you. (Derrida, 2004, p. 12).

The contemporary university has lost the argument; teaching philosophy has taken a back seat to teaching the economic and political leaders of tomorrow. The language of learning has shifted away from the humanities to the language of business. The power has shifted from those who have the knowledge to those who pay for it.

The power of the global marketplace on educational institutions is joined by unprecedented technical innovation to create a synergistic force that has transformed the essential mission of the university from a journey of discovery to producing professional competencies (Derrida, 2004). “One can no longer distinguish between the technological on the one hand and the theoretical, the scientific, and the rational on the

other” (Derrida, 2004, p. 142). As discussed earlier, today’s contemporary university has shifted priorities; the primary goal of the university is to “train” professionals who will become economic and political leaders. If the university, serendipitously, produces a “philosopher”, the system can embrace the accomplishment without jeopardizing its reputation as a socially, politically and economically vital organization.

Derrida and deconstruction has reminded us of what the university has become; the contemporary university is a multinational corporation as interested in producing economic and business leaders as they are in facilitating the learners’ journey of discovery and truth.

Although the current state of the university would suggest an institution that has moved away from the ideal of discourse and debate as a means of discovering the truth to one of training and technology, Derrida (1997) reminds us that,

The life of an institution implies that we are able to criticize, to transform, to open the institution to its own future. . . . at the same time that it starts something new, it also continues something, is true to the memory of the past, to a heritage, to something we receive from the past, from our predecessors, from the culture. If an institution is to be an institution, it must to some extent break with the past, keep the memory of the past, while inaugurating something absolutely new (p. 6).

What hope does Derrida offer us for the ‘new’ university, the university *to come*?

Derrida suggests that *to come* is to be in the present while respecting the past and being open to the future; the university *to come* is not static, not stagnant but is always in a state of becoming. This state of becoming begins with the university embracing “traditional responsibility” (Derrida, 2004, p. 91). This responsibility involves limiting

corporate control of the institution, re-examining who the institution must, ultimately, answer to and, embrace tradition.

The academic field is a differentiated field. Everyone can find his or her way and make choices. A program, of course, can become specialized, but this does not mean that there cannot be other programs with no exclusivity which would specialize in other fields. . . . At least as regards deconstruction, it is interested in what is considered the great canon – the study of great Western works – and open at the same time to new works, new objects, new fields, new cultures, new languages, and I see no reason why we should choose between the two (Derrida, 1997, p. 11).

The faculties of reason must be recognized alongside the faculties of utility for a balance of power that allows truth to be manifest. “Without a philosophy department in a university, there is no university (Derrida, 2004, p. 105).

The institution must reaffirm its autonomy, although limited and conferred by the state, whereby “scholars alone can judge other scholars” (Derrida, 2004, p. 85) and the knowledge of professors, are, once again, legitimized. The responsibility of creating, critiquing and controlling the curriculum must rest with the scholars. The tradition of philosophical inquiry must not be dissociated from teaching.

Brief history of the American university

Like public education, American college education has been sculpted by the evolution of humankind and changes within society. Religious, social, political, scientific, and, economic forces have impacted the mission and curriculum of the university.

In the 17th and 18th centuries, the predominant goal of higher education was education in the service of God and state. Colleges and universities viewed their mandate as educating clergy and public leaders. The curriculum focused on the traditional canons of Latin and Greek with either a theological or social foundation (Spring, 2001).

Social, scientific and, political forces greatly influenced college education in America in the 19th century. The influence of European, particularly German, educational institutions and their emphasis on science, research and the humanities sparked a change in the American curriculum emphasizing “a general background of knowledge and an exercise of mental powers so that the individual would be able to participate in a wide range of intellectual activities” (Spring, 2001, p. 77). The college curriculum combined liberal education with preparation in the sciences and research with a focus on the pursuit of knowledge and truth; the “first revolution” (Etzkowitz & Webster, 1998, p. 21) in academic development married a theoretical foundation in the liberal arts with the acquisition of scientific knowledge through research. Although education in the sciences became part of the evolving curriculum and broadened the theoretical foundation of the curriculum, the burgeoning growth in the academy remained philosophically and financially rooted in sectarian interests. “The university in America became a unique institution devoted to a concept of service” (Spring, 2001, p. 303).

Advances in science, technology and communication impacted the college of the 20th century. The boundaries that once so effectively delineated the economic, political and intellectual commodities of countries throughout the world have slowly disappeared over time. Globalization makes the sharing of capital, including intellectual capital of thoughts and ideas possible. “The qualities and characteristics of immaterial production

are tending to transform the other forms of labor and indeed society as a whole” (Hardt & Negri, 2004). As a result, American society demanded a work force of appropriately educated citizens that could compete with other industrialized societies across the world. In an effort to address these demands, many colleges and universities entered into relationships with corporate and industrial America that combined the needs of the industrial system with the goals of institutions of higher learning; “the role of higher education had shifted dramatically to that of serving the needs of the corporate state” (Spring, 2001, p. 304). Additionally, the federal government supported the inclusion of social responsibility into the mandate of colleges and universities. The “new universities” (Spring, 2001, p. 307) emerged; the mission of colleges and universities combined liberal arts education with professional training; “education was being used to shape the moral character of the individual for social purposes” (Spring, 2001, p. 78). This evolution combined with the growing invasion of popular culture into the classroom mobilized academia to defend itself against anti-intellectualism; “the more things change in the intellectual culture of academia, the more they stay the same” (Graff, 2003, p. 21).

The relationship between corporate America and the university fostered the “second revolution” (Etzkowitz & Webster, 1998, p. 21) in academia commercializing intellectual property. The university-industry relationship challenged the authority of academics to control their academic capital and transformed the social contract between society and universities; exploiting intellectual capital to further the economic viability of both parties is as acceptable as educating the future leaders of tomorrow. However, as with any revolution, the emerging relationships create new and unfamiliar problems.

The creation of intermediary offices, spinoff firms, science parks, and other

interface mechanisms has raised a new set of issues about the role of academia in society, beyond traditional concerns about community service, on the one hand, and academic freedom, on the other (Etzkowitz, Webster & Healey, 1998, p. xii).

The increased role of industry in the development of academic capital shifts the control to who pays for it opening the possibility for “what is collaboration for some may ultimately end up as “exploitation” for others” (Webster & Etzkowitz, 1998, p. 68).

The current staffing crisis in nursing illuminates the complexity of the university-industry relationship. To address the shortage of professional nurses, many hospitals have entered into relationships with schools of nursing to educate more nurses quickly. By providing financial aid to schools, additional faculty can be hired, more students can be admitted to nursing programs and, ultimately, more graduates can enter professional nursing practice. Does this financial arrangement provide hospitals with input into program and curriculum development that would otherwise be advisory? Is the driving force behind nursing curriculum revision needs of hospitals or emerging needs of a rapidly changing health care system? Like other university departments engaged in the development of academic capital, nursing schools “have broadened their activities from education and research for its own sake to meeting specific research needs of industry” (Etzkowitz, Webster & Healey, 1998, p. 8).

Although the professoriate served two masters, the complex economic and political climate of the first half of the 20th century coupled with their quest for meritocracy combined to ensure the viability of a curriculum steeped in the liberal arts tradition, strong in the sciences and sensitive to the needs of corporate and industrial

America. This “ideology of meritocracy” (Spring, 2001, p. 312) continues into the 21st century.

Derrida, deconstruction and the contemporary university

What is deconstruction and how can it help us understand the current state of the university? “What is hastily called Deconstruction is never a technical set of discursive procedures, still less a new hermeneutic method working on archives or utterances in the shelter of a given and stable institution” (Derrida, 2004, p. 102). “Deconstruction is not a method or some tool that you apply to something from the outside” (Derrida, 1997, p. 9). “Deconstruction is not – we will repeat this again and again – a destruction or demolition” (Caputo, 1997, p. 57). “There is in effect no philosophy and no philosophy of philosophy which would be called deconstruction” (Derrida, 2001, p. 73).

Deconstruction is a journey of discovery; deconstruction is about critique and transformation, about respecting the past and being open to the possibilities of the future while living in the present.

Deconstruction – or at least what I have proposed under this name, which indeed is as good as another, but no better – has therefore in principle always concerned the apparatus and function of teaching in general, the apparatus and function of philosophy in particular and par excellence. Without reducing its specificity, I will say that what is underway now is but a stage to be crossed in a systematic journey (Derrida, 2002, p. 73).

Deconstruction is about entering into a discourse that “opens the door to the impossible possibility of what comes about in its taking place” (Derrida, 1979, p. 103); entering into,

what Pinar (2004) describes as, a complicated conversation that helps one understand the present through an examination of the past and a hope for the future.

In *Eyes of the University* (2004), Derrida reminds the reader that the modern university had its birth in Germany. The German concept of higher education stressed the importance of science and research and “the pursuit of truth for its own sake” (Spring, 2001, p. 306) allowing the professoriate total academic freedom to pursue any line of inquiry that would contribute to this quest for truth. The German professoriate had the freedom to engage in whatever research they wanted and the prerogative to teach whatever they wanted. Although there was a process in place for censorship, it was “applied very mildly in scholarly affairs” (Gregor, 1979, p. ix). Along with this academic freedom came the right to “persuade students to accept their personal opinions and interpretations of a field of knowledge” (Spring, 2001, p. 307). Unlike the German tradition however, the American professoriate developed a tradition that retained the right to engage in independent research while “objectively presenting a variety of points of view on a controversial topic and refraining from commenting on issues outside the professor’s area of expertise” (Spring, 2001, p. 307) while in the classroom. However, the changing nature of the contemporary university “was often in conflict with demands for research to produce useful products” (p. 306). The academic freedom enjoyed by the professoriate eroded under the economic and political influence of corporate America.

In *Who’s Afraid of Philosophy?* (2002), Derrida asks,
 who has the right to philosophy today, in our society? To which philosophy?
 Under what conditions? In which private or public space? Which places of
 teaching, research, publication, reading, discussion? Through which instances and

filterings of the media? To have the “right to philosophy” is to have a legitimate or legal access to something whose singularity, identity, and generality remain as problematic as what is called philosophy? Who, then, can lay claim *legitimately to philosophy*? To think, say, discuss, learn, teach, expose, present or represent *philosophy*? (p. 3).

Although Derrida is discussing the issue of philosophy in the context of the French educational system, he states, “the university is philosophy” (Derrida, 2002, p. 73). The university has been given the “right to” teach philosophy – the philosophy of arts, sciences and research - by the state and, with this (en)titlement “authorizes, legitimates, gives value, and brings together” (Derrida, 2002, p. 4) the privilege of higher learning.

Derrida reminds us of the power of language; how words are used is as important as what words are used. Words that are used to signify title are particularly powerful as they represent privilege and raise “questions of authority, of reserve and right, of *rights reserved*, of hierarchy or hegemony” (Derrida, 2002, p. 1). This ability to evoke such impressive meaning, often with a single word or phrase, often comes with requisite legal and authorized power. For example, the word university suggests a power structure that allows the institution sovereignty to control access to its traditions; academic freedom to control the curriculum and confer degrees is the bailiwick of the university.

However, Derrida (2004) suggests that with the movement away from private institutions of higher learning to state supported institutions, the power of universities to “control” their destiny has been eroded. The passage of the Morrill Land Grant in 1862 heralded the federal government’s involvement in higher education and their “right” to participate in the philosophical direction of the academy (Spring, 2001). Public funding

ushered in a “new kind of university” (Rhodes, 2001, p. 5) whose mission was to educate the masses in the liberal arts and practical education that would prepare them to participate more fully in life. The pursuit of science shifted toward the needs of business and industry and “more practical forms of higher education” (Spring, 2001, p. 305). Although many universities continued a research rich tradition, “the growth of professionalism and science has lessened the role of the liberal arts in undergraduate education” (Rhodes, 2001, p. 24) solidifying the shift in mandate from research and the “pursuit of truth for its own sake (Spring, 2001, p. 306) towards an education that “provides a foundation for personal growth, professional training, and social mobility” (Rhodes, 2001, 9). With this shift, the traditional humanistic disciplines that had been central to the life of the university were no longer assured (Reading, 1996).

Once the door of academia was opened to corporate America, business and industry solidified their influence by “underwriting the new American universities” (Spring, 2001, p. 307). During the latter part of the 19th century, “industrial barons” provided the revenue to underwrite universities such as Cornell, Johns Hopkins, Stanford, Carnegie Mellon, and the University of Chicago. In *Academic Capitalism: Politics, Policies, and the Entrepreneurial University* (1997), Slaughter and Leslie remind us that increased costs coupled with decreased government funding combined with rapid growth in intellectual capital have forged “liaisons with business and industry, through partnerships focused on innovative product development, and through the marketing of educational and business services” (p. 1) prevalent in academia today. Corporate America continues to invest its financial resources in the academy today and has strengthened its philosophical influences with participation on university board of

trustees. “In short, the University is becoming a different kind of institution, one that is no longer linked to the destiny of the nation-state by virtue of its role as producer, protector, and inculcator of an idea of national culture” (Readings, 1996, p. 3). Although the contemporary university continued to nurture the conscious of the sociopolitical graduate who could participate in the life of the community and assure the viability of the nation-state, the focus shifted to producing graduates able to meet the needs of the corporate customer. The academic freedom introduced into the university system in the 20th century is now limited; academicians are now torn between two authorities, pursuit of the truth and mission and values of the state. Academicians have become “civil servants” (p. 43).

Derrida (2004) describes this erosion of academic control as censorship. Whether through policies and procedures, rules and regulations or funding by grant or appropriation, universities have become less accountable to the truth and more accountable to the state. Although academics are not prohibited from discussing, teaching or publishing papers by government decree, Derrida reminds us that

There are things that cannot be uttered within the university – or outside of the university. There are certain ways of saying certain things that are neither legitimate nor authorized. There are, quite simply, “objects” that one cannot study, analyze, and work on in certain university departments. Moreover, censorship does not consist in reducing something to absolute silence. It is enough for it to limit the range of the addresses, or of the exchanges in general. Censorship exists as soon as certain forces (linked to powers of evaluation and symbolic structures) simply limit the extent of a field of study, the resonance or

the propagation of a discourse. . . . Through a highly differentiated, indeed contradictory network, censorship weighs on the university or proceeds from it (for the university is always censored *and* censoring) (p. 46).

Increasingly, funding for research is tied to the interests of the funding body and predicated on the researcher meeting specific criteria and following specific protocols. Contributing to a specific body of knowledge is a commendable quality; however, just as attractive is the goal of furthering the agenda of the funding body.

Universities are a source that corporations and governments look to for discovery that will yield intellectual property. . . . Leaders of corporations, government, and tertiary institutions increasingly see faculty work as possible intellectual property, more valuable in global markets as product or commodity than as unremunerated contribution to an international community of scholars (Slaughter & Leslie, 1997, p. 39).

The loss of autonomy and erosion of power within the university system has infiltrated the curriculum. Decisions about the curricula no longer remain under the exclusive purview of faculty but a consortium of interested parties with vested interests in the outcome of academic capital (Slaughter & Leslie, 1997). As Derrida (2002) argues, the curriculum of the contemporary university has (d)evolved from a program whose deontological mission is to provide learners with experiences that promote understanding and a desire to work towards the discovery of truth to a program whose mission is to prepare citizens to ensure the social, political, and economic strength of the nation-state. Derrida (2002) suggests that the academy is faced with two problems: the difficulty in

defining, recognizing and articulating philosophy in the global marketplace; the disappearance of philosophical teaching in all levels of educational institutions.

In *Empire*, (2000) Hardt and Negri illustrate how the boundaries that once so effectively delineated the balance of power throughout the world have slowly disappeared over time and we are left with an “empire” that has the ability to exert its power across nations. Additionally, the authors suggest that “globalization” has contributed to the disintegration of imperialism and the power of many. The globalization of capitalism is not limited to goods and services. Intellectual commodities are valuable assets that know no boundaries. Globalization makes the sharing of capital, including the intellectual capital of thoughts and ideas possible. Derrida (2002) recognizes this globalization as contributing to the crisis in philosophy; the fluid boundaries of nation-states expose the academy to a heterogeneous philosophy that reflects the socio-political influences of many nations – a crisis of what to teach.

There could therefore never be *one* teaching body or *one* body of teaching . . . one homogeneous, self-identical body suspending within it the oppositions (for example, the politics) that take place outside it, and sometimes defending PHILOSOPHY IN GENERAL against aggression of the nonphilosophical from the outside (Derrida, 2002, p. 79-80).

The contemporary American university is not only influenced by the philosophy of other nation-states but is expected to reflect the globalization of intellectual capital.

Similarly, this globalization contributes to the decline in philosophical teaching, what Derrida (2002) calls the “unprofitability of philosophy in this industrial society” (p. 109). Philosophical pedagogy is pushed aside to make way for an industrial pedagogy –

human, economic, and social science. The focus has shifted from knowledge for knowledge sake – the philosophy of epistemology, ontology and axiology – to knowledge that promotes a grandeur nation-state – the philosophy of capitalism.

The philosophy of capitalism is often articulated in the language of business. As discussed earlier, language is power. As colleges and universities compete for scarce resources to ensure their economic viability “through liaisons with business and industry, through partnerships focused on innovative product development, and through marketing of educational and business services” (Slaughter & Leslie, 1997, p. 1), cooptation of the language of business is an inevitable by product.

Once you have appropriated the language of power, for reasons of rhetorical and political persuasion, once you master it well enough to try to convince or to defeat someone, you are in turn defeated in advance and convinced of being wrong. . . . By speaking to him in his language, you acknowledge his law and authority; you prove him right; you countersign the act that proves him right over you. (Derrida, 2004, p. 12).

It does not matter that the language of business is a poor fit for academia; if academics want to continue their tradition of scientific inquiry and scholarship they must “get with the program.” The contemporary university has lost the argument; teaching philosophy has taken a back seat to teaching the economic and political leaders of tomorrow. The language of learning has shifted away from the humanities to the language of business. “The worst is that resistance might make progressive scholars, and their research and scholarship, even more marginal and isolated, and lead to a further decline in their

influence” (Weaver, Carlson & Dimitriadis, 2006, p.3). The power has shifted from those who have the knowledge to those who pay for it.

The power of the global marketplace on educational institutions is joined by unprecedented technical innovation to create a synergistic force that has transformed the essential mission of the university from a journey of discovery to producing professional competencies (Derrida, 2004). “One can no longer distinguish between the technological on the one hand and the theoretical, the scientific, and the rational on the other” (Derrida, 2004, p. 142). As discussed earlier, today’s contemporary university has shifted priorities; the primary goal of the university is to “train” professionals who will become economic and political leaders. If the university, serendipitously, produces a “philosopher”, the system can embrace the accomplishment without jeopardizing its reputation as a socially, politically and economically vital organization. Derrida and deconstruction has reminded us of what the university has become; the contemporary university is a multinational corporation as interested in producing economic and business leaders as they are in facilitating the learners’ journey of discovery and truth.

The contemporary university described by Derrida is reflected in the work of other contemporary curriculum theorists. Miyoshi (1998), Pinar (2004), Readings (1996) and Reynolds (2003) acknowledge the corporatization of the university and the effect this business model has on the curriculum.

Miyoshi (1998) suggests that “the appropriation of the university by industry is now complete” (p. 265) and that curriculum are, increasingly, under the control of corporate interests. “The university classroom as a talk show that promises to entertain rather than discuss... has little to offer except for licensing and professionalism” (p. 267).

Like Derrida, Miyoshi recognizes the decline of discourse and the philosophy of reason as the primary mission of the university in favour of preparing students to perform in the global economy.

Pinar (2004) reminds us that “school is no longer a school, but a business” (p. 27). Although reflecting on the public school system, Pinar’s call for the movement away from corporate goals to educational goals that further intellectual curiosity and reason is similar to Derrida’s call for a return to traditional responsibility. “*What* we teach is at least as important, if not more important, than *how* we teach it” (p. 175). Education is about the journey of discovery and the “lived experience” (p. 208) of learning; like Derrida, Pinar reminds us of the importance of the philosophy of epistemology, ontology and axiology.

In discussing the impact of globalization on the evolution of the contemporary university into a bureaucratic corporation, Readings (1996) suggests that universities are on a quest to become centers of excellence with a mission to meld research, teaching and professional training. The philosophy of reason is secondary to the “production, distribution, and consumption of knowledge” (p. 163) whereby the education of the professional who will participate in the global marketplace takes precedence over the academic in search of knowledge. Readings suggests that the emphasis has shifted from process to outcomes and, like Derrida, recognizes that the judges of what is relevant, quality and scholarship is now corporate America. This power is channeled through university administration and is called accountability.

Reynolds (2003) echoes the sentiments of Derrida. Reynolds recognizes the “corporatization of academe” (p. 71) and the emphasis on the performative. Reynolds

reminds us that “the language of philosophy and critique is far removed from the student’s everyday language, of course, but it is also removed from their perception of academic language” (p. 14). Reynolds goes on to say, “Students in a technologically orientated university are generally most comfortable with the language of science, technology, and instrumentalism” (p. 14-15). In other words, universities are institutions focused on the acquisition and application of knowledge and not on the experience of learning and the philosophy of reason.

Although the current state of the university would suggest an institution that has moved away from the ideal of discourse and debate as a means of discovering the truth to one of training and technology, Derrida (1997) reminds us that,

... The life of an institution implies that we are able to criticize, to transform, and to open the institution to its own future. ... at the same time that it starts something new, it also continues something, is true to the memory of the past, to a heritage, to something we receive from the past, from our predecessors, from the culture. If an institution is to be an institution, it must to some extent break with the past, keep the memory of the past, while inaugurating something absolutely new (p. 6).

What hope does Derrida offer us for the ‘new’ university, the university *to come*?

Derrida (2004) suggests that *to come* is to be in the present while respecting the past and being open to the future; the university *to come* is not static, not stagnant but is always in a state of becoming.

Derrida, deconstruction and the postmodern university.

Derrida suggests that *to come* is to be in the present while respecting the past and being open to the future; the university *to come* is not static, not stagnant but is always in a state of becoming. This state of becoming begins with the university embracing “traditional responsibility” (Derrida, 2004, p. 91). This responsibility involves limiting corporate control of the institution, re-examining who the institution must, ultimately, answer to, and, embrace tradition.

For the university to realize its possibilities, it first must limit the political and economic impact of corporate and industrial America on the curriculum. Derrida (2004) suggests that by acknowledging the existence and relevance of two ‘truths’, the university can, in essence, serve two masters. The university can, simultaneously, embrace the knowledge of philosophy and the quest for truth and the knowledge of business and the quest for action.

The academic field is a differentiated field. Everyone can find his or her way and make choices. A program, of course, can become specialized, but this does not mean that there cannot be other programs with no exclusivity which would specialize in other fields. ... At least as regards deconstruction, it is interested in what is considered the great canon – the study of great Western works – and open at the same time to new works, new objects, new fields, new cultures, new languages, and I see no reason why we should choose between the two (Derrida, 1997, p. 11).

Additionally, the university must share academic power between the higher faculties of theology, law and medicine with the lower faculties of philosophy (Derrida, 2004). The

faculties of reason must be recognized alongside the faculties of utility for a balance of power that allows truth to be manifest. “Without a philosophy department in a university, there is no university (Derrida, 2004, p. 105).

Although Derrida recognizes the role of the state in ensuring the viability of higher education, he reminds us that “the university is there to *tell the truth*, to judge, to criticize in the most rigorous sense of the term, namely to discern and decide between the true and the false” (Derrida, 2004, p. 97). The institution must reaffirm its autonomy, although limited and conferred by the state, whereby “scholars alone can judge other scholars” (Derrida, 2004, p. 85) and the knowledge of professors is, once again, legitimized. The responsibility of creating, critiquing and controlling the curriculum must rest with the scholars.

Finally, traditional responsibility requires embracing tradition. The focus of higher learning must be on philosophy and the theoretical language of the university (Derrida, 2004).

“To learn and teach, does it suffice to know how to unveil differences?

. . . But to know how to learn, and learn how to know, sight, intelligence, and memory are not enough. We must also know how to hear, and to listen” (p. 131).

The tradition of philosophical inquiry must not be dissociated from teaching.

Derrida (2004) asks, “does the university, today, have what is called a *raison d’être*? . . . To have a *raison d’être*, a reason for being, is to have a justification for existence, to have a meaning, a purpose [*finalité*], a destination” (p. 129) and to ensure that society recognizes this *raison d’être*. In the university to come, Derrida describes

this *raison d'être* as the ability of the university to meld the principle of reason with the technology of modernity;

the affirmative thinking that, while neither techno-scientific nor cultural, nor even philosophical, which it works – in every sense of the word – in its discourse as well as in its institutional, pedagogical, political, etc., structures. This “thinking” can find itself at work in all disciplines, in the sciences and in philosophy, in history, literature, the arts, a certain manner of writing, of practicing or studying languages, without the obsession of techno-economic performativity (p. 162).

All teaching would incorporate the philosophy of reason, what Derrida (2004) refers to as the opportunity for “critical reflection” (p. 259). This effort to link philosophy to all fields of knowledge ensures students are provided with the opportunity to maximize the learning experience and appreciate how their specific ‘science’ facilitates the journey of discovery.

Chapter 3

AN EXPLORATION OF THE METAMORPHOSIS OF PROFESSIONAL NURSING
AND NURSING EDUCATION

The institution that is professional nursing education, although relatively new, has evolved very rapidly over the past century. We cannot begin to understand the present and begin the discourse that will be the future without appreciating the past. The journey of discovery that is deconstruction of nursing education must begin with an exploration of the metamorphosis of professional nursing and nursing education. As Derrida (1997) reminds us, “if an institution is to be an institution, it must to some extent break with the past, keep the memory of the past, while inaugurating something absolutely new” (Derrida, 1997, p. 6). Volumes have been written on the history of nursing and nursing education; it is not my intent to reproduce a comprehensive nursing history here but, to provide an historical synopsis on the evolution of professional nursing that will facilitate my discourse on nursing education within the context of today’s professional nursing.

Brief history of nursing

The word “nursing” is derived from the Latin *nutrio* meaning to nourish and has its origin in the mother-care of infants (Stewart & Austin, 1962). Care of the sick started as an extension of the role of mother and was considered to be one of many domestic acts carried out by members of the household. Every family was responsible for caring for their own sick members and doing whatever was necessary to provide for their needs. Individuals, usually women, acquired many skills in caring for the sick that were passed from one generation to the next. There was no distinction between “medicine” and “nursing”, mothers, grandmothers, sisters and nieces within the family unit provided total

care for the sick. The concept of nurse and nursing as we have come to understand it did not exist. Illness, dying and death were private matters.

Nursing as a distinct occupation emerged as changes in society invaded homes and impacted the lives of every individual within them (Fitzpatrick, 1983). Nursing is interwoven with the general history of humankind; as society evolved so did nursing (Dietz & Lehozky, 1967). Advances in science and industry stimulated growth in immigration, industrialization and urbanization encouraging many people to leave their homes, towns and villages with the promise of a different, more prosperous way of life. However, this migration often meant that their “caretakers” were left behind. Wars, epidemics and other calamities not only overwhelmed families but their communities as well. Many of the sick, injured and dying had no homes to go to or family members to care for them.

The spread of Christianity and its tenet to not only love and care for the church but the poor and infirm also gave rise to the movement of caring for the sick and dying outside of the home and family. Religious orders opened their homes for the care of the sick and dying and started the first “hospitals” in convents and monasteries with deaconesses, nuns, monks and bishops as the first “nurses.” Founded on a tradition of caring, these primitive hospitals provided food and shelter in an effort to comfort the sick and dying (Grippando & Mitchell, 1989). As Christianity spread so did the concept of group responsibility for the individual (Deloughery, 1977).

Industrialization and the advances in science contributed to unprecedented growth. Society could barely keep up with the demand for skilled workers. Lost productivity to injury or illness was unacceptable. The quicker the sick and injured were

treated and recovered from their maladies, the sooner they would be back at work. As a result, almshouses and hospitals began to develop to address this issue (Dietz & Lehozky, 1967). The complexity of many of the ailments and the large numbers of the sick and injured created an enormous demand for “nursing” care. The few Catholic Sisters providing nursing care, assisted by a variety of untrained aides, proved inadequate (Dietz & Lehozky, 1967; Stewart & Austin, 1962). It had become blatantly obvious that “nursing” needed to open itself up to the laity and develop a systematic way of preparing individuals for this increasingly complex and demanding task.

The art of nursing is as old as humankind; however, the science of nursing is barely out of its infancy. Modern nursing is believed to have begun just over a century ago with the work of Florence Nightingale. Nightingale is credited with bringing science into the art of nursing. Nightingale is also credited with the birth of modern nursing education. She developed the first nursing education program in 1860 combining practical experience with a substantial body of knowledge.

Brief history of nursing education

Along with her reputation as the mother of modern nursing, Florence Nightingale is also recognized historically as responsible for the development of nursing education. Prior to Nightingale’s influences on nursing in the late 19th century, the nursing “curriculum” consisted of a course of study prescribed by the religious Sisters responsible for providing care and comfort to the sick and dying. Instruction involved teaching practical skills, providing supervision in the field and indoctrinating “students” in the catechism of appropriate Christian behaviour. The addition of protestant denominations

in the care of the sick and dying expanded the curriculum to include lectures on the tenets underlying practice and broadened the code of conduct (Bevis, 2000).

Historically, Nightingale is credited with recognizing the exigency to formalize nurses “training” and provide nurses with a solid theoretical foundation to complement their practical experience (Palmer, 1985). Her vision included the concept of keeping education separate from employment and ensuring that every student had the opportunity to achieve academic success independent of their ability to practice the “skills” of nursing. Nightingale felt it was imperative for nursing students to be able to correlate practice with theory and treat the whole person rather than just the disease entity (Grippando & Mitchell, 1989).

Nightingale’s first school, incorporated in 1860, had the mandate of educating nurses to go into the hospitals and care for the sick as well as teach and train other personnel in the care of the sick. Her students’ success completely revolutionized the care of the sick in hospitals and sparked the proliferation of nursing schools throughout Great Britain and Europe. Independent of hospitals and privately funded, administration of these early schools was by female nurses. Women ran the schools, taught the students and provided any necessary discipline should problems arise. It became evident very early on that the typical student attracted to nursing was older (usually 25 or older), already well educated in the liberal arts (many were university graduates) and from prominent and well-to-do families. This was the type of student envisioned by Nightingale; applicants with superior education, impeccable social and moral standards and with the potential for leadership. Within twenty-five years of the first Nightingale school the old system of poorly paid, uneducated, often criminal caregivers was almost

completely eradicated (Stewart & Austin, 1962). However, as innovative as Nightingale's model of nursing education was, she was not an iconoclast; the nursing curriculum remained steeped in the practical emphasizing skill acquisition and mastery.

During the latter part of the 19th century in the United States, many felt it was inappropriate for women to obtain education or work outside the home (Spring, 2001). Society had come to accept "Sisters" from religious communities fulfilling their "call" to a vocation of service providing nursing care of the sick and dying (Aiken & Fagin, 1992). However, changes in society influenced education and nursing.

As the 20th century approached, immigration, urbanization, industrialization, the emergence of the United States as a world power and war required a more educated citizenry (Spring, 2001). These changes combined with continued growth in science, industry, and advances in medicine created an additional burden on the health care system requiring more nurses. Religious communities could no longer meet the need. War played a significant role in changing the perception of women as society began to recognize the contribution women made during these times. The contribution of "nurses" in the care of the wounded during the Civil War did not go unnoticed. This recognition coupled with the fact that education for women was becoming the norm and not the exception made it acceptable and respectable for women to participate in nursing education (Fitzpatrick, 1983).

Nursing education in the United States, like that of its European counterparts, adopted the model of instruction developed by Florence Nightingale. The nursing curriculum relied on the natural sciences as the model for nursing science and the medical model for nursing practice creating a program of study melding scientific theory with

practical experience. The empiricist – behaviourist scientific tradition became the guiding paradigm for curriculum development. However, the Nightingale influence deteriorated once exported to the United States (Bevis, 2000). Unlike the Nightingale schools, most American schools were not endowed and struggled for financial viability. Affiliations between nursing schools and universities did not exist; therefore, nursing educators were obliged to align themselves with hospitals to provide the necessary funds to operate a school for nursing (Ashley, 1976; Fitzpatrick, 1983). With the continued growth in science, industry, immigration and urbanization coupled with advances in medicine, the need for nursing care was enormous.

Growing side by side, the social and ideological forces serving to shape the formation of modern hospitals also serve to shape the development of the nursing profession. Therefore, any understanding of nursing must be viewed in the context of hospital development and its influence on education and practice in those institutions and in communities around the country (Ashley, 1976).

By 1930 there were approximately 7000 hospitals throughout the United States. The rapid proliferation contributed to a shortage of trained nursing personnel. This growth coupled with the inability of early nursing education advocates to obtain financing for independent schools led to the “American” modern nursing school movement; the apprenticeship model of nursing education where inadequate education was traded for cheap labour at the bedside (Ashley, 1976).

The demand for “trained” nurses was enormous and hospitals responded by having every hospital develop its own school of nursing with its own curriculum often without regard for quality. This demand created an atmosphere of urgency that fostered

the philosophy of ‘get them in and move them out’ as quickly and efficiently as possible. As a result, program length, curriculum content, classroom and clinical hours varied by site. “The availability and persistence of exploitative student labour, a system created and sustained by the problems of under financed hospitals, corrupted the education of nurses” (Aiken & Fagin, 1992, p. 438). This arrangement gave birth to the concept of nursing as a “trade” and nursing education as “training.” The idea of a standardized curriculum did not emerge until 1917 and then only as a guide (Dietz & Lehozhy, 1967; Fitzpatrick, 1983; Bevis, 2000).

With the rising cost of hospital care, many small hospitals could not afford to operate their schools of nursing and had to close them. With the birth of program accreditation by state and national nursing organizations came the adoption of the Tyler Model as the theoretical framework guiding curriculum development further reinforcing the standardized nursing curriculum (Bevis, 2000). Many hospital-based schools could not meet the new standards for nursing schools and curriculum and, under increasing pressure to change, closed. Perhaps the most significant impact on nursing schools was the nursing shortage during World War II. It became apparent that large numbers of nurses needed to be trained quickly.

Government leaders, hospital administrators, physicians, educators and nursing leaders were examining the idea of introducing a two-year nursing program. Dr. Mildred Montag of Columbia University School of Nursing had proposed such a program in her doctoral dissertation and was therefore asked to develop a proposal that envisioned educating nursing students in two years. Additionally, it was suggested that community colleges would be the ideal institutions to pilot this study (Haase, 1990).

Not only were community colleges becoming important institutions in higher education, it appeared to be a way to bring nursing education into the realm of higher education in America (Haase, 1990). The two-year associate degree in nursing had its birth in 1955. The popularity of this program was a surprise, not only to government leaders, educators and community college administrators but also to nursing leaders (Waters, 1978). Students found quality education close to home, relatively inexpensively, with no residency requirements and, the Associate Degree in Nursing combined nursing education with a liberal arts education that could be built upon if students wanted to pursue higher education (Haase, 1990).

However, this move to community colleges fueled a national debate that, until the advent of the Associate Degree in Nursing, was generally limited to those in academia: is nursing a professional occupation or a technical one and where should nursing education for the beginning practitioner take place (Fagin & Lynaugh, 1992; Grippando & Mitchell, 1989). This debate rages on today.

The debate about educational preparation for nurses began as early as 1911. The growth of hospitals, advances in science, medicine and technology, the increasing need for public health nursing, equal rights for women and the proliferation of colleges and universities, contributed to the awareness by nurse leaders that nursing required professional status and recognition. It was no longer acceptable to “care” for patients; nurses were required to understand the complexity of diseases, evaluate the outcomes of treatments and provide a growing multidisciplinary health care team with clinical information that would contribute to the diagnostic and treatment decisions for each patient under their “care.” Nurses required adequate educational preparation in order to

meet the evolving needs of a changing society (Grippando & Mitchell, 1989). Additionally, professional nursing began investigating nursing phenomenon and recognized the need to shift its philosophical, research and practice base away from empiricism and quantitative inquiry (Bevis, 2000). Universities were deemed the appropriate institution to provide this education; a solid liberal arts foundation coupled with the art and science of nursing.

Contributing to the problem of where nurses should be taught was the lack of educated, qualified teachers. The availability of baccalaureate education was limited, graduate programs in nursing were few and doctoral education in nursing was non-existent until the latter part of the 20th century. Nurses seeking higher education turned to graduate degrees in other disciplines such as education, sociology and physiology (Bevis, 2000). With few nurses educated in nursing beyond the associate degree level, options were limited.

Nursing education at the university level was fashioned after engineering, education, and the sciences instead of practice professions such as law, medicine, dentistry and veterinary medicine. As a result, few nurses had the educational credentials to teach in a university program (Aiken & Fagin, 1992). Consequently, universities were not encouraging of nursing programs as they felt that nursing was inappropriate for that venue because nurses performed skills and were not educated in principles and theory (Grippando & Mitchell, 1989). Although the American Nurses Association, whose mandate includes promoting the professional and educational advancement of nurses and the National League for Nursing, whose purpose is to improve education for nurses,

support the position that all nurses must be educated at the baccalaureate level, bringing this change into fruition has proven daunting (Compendium, 1995; Fondiller, 1983).

Although hospital affiliated schools of nursing are almost non-existent in the United States, students continue to choose Associate Degree Nursing programs over university based baccalaureate programs. The debate as to what type of nursing education is optimal for preparing practitioners to meet the challenges of nursing in the 21st century continues to rage on. “Reducing arguments for appropriate and adequate education in nursing to social conditions provides the impetus for that education to be determined and imposed by governments, health and/or education administrators, as well as an array of professionals educated in other disciplines” (Northrup, Tschanz, Olynyk, Makaroff, Szabo & Biasio, 2004, p. 56).

Baccalaureate as entry to practice nursing

Although nursing is as old as humankind is, efforts to educate nurses in the United States date back to the latter part of the 19th century. As discussed earlier, nursing education grew out of a need to train large numbers of nurses to minister to the sick and dying in the rapidly growing number of hospitals. This, coupled with no independent means of financial support, ensured that the development of nursing schools would be under the financial and administrative control of hospitals. “The availability and persistence of exploitative student labour, a system created and sustained by the problems of under financed hospitals, corrupted the education of nurses” (Aiken & Fagin, 1992, p.438). These problems were compounded by similar changes that prompted nursing education in the first place; immigration, industrialization, a changing work force, limited financial resources for health care, pressures for cost containment, demands for

innovation, and, advances in science, medicine and technology (Aiken & Fagin, 1992; Deloughery, 1977; Kalisch & Kalisch, 1995).

During the early part of the 20th century physicians managed hospitals.

Physicians were on the Boards of Directors, became the administrators and had relatively unchallenged control over all of the hospitals' affairs; patient care, acquisition of equipment, the salary of employees and, the school of nursing to name a few (Ashley, 1976). Nursing was viewed as an adjunct to the medical profession therefore, who better qualified to plan, design and implement a school for nursing (Dietz & Lehozky, 1967). As noted previously, prior to accreditation of nursing schools and standardization of the nursing curriculum, the program of study was under the purview of physicians. Nursing did not have a distinct body of knowledge; nursing knowledge, like medicine, was rooted in the natural sciences such as biology, chemistry and physiology and borrowed from a variety of disciplines like psychology, sociology and theology. Additionally, nurses' naiveté and faith in doctors and hospital leaders to make decisions regarding nursing practice and education in the best interests of the profession contributed to nurses' repression and lack of progress towards independence and the ability to educate their own (Ashley, 1976). This situation contributed to the concept of nurses requiring "training" as opposed to "education" and the idea that nursing was a vocation and not a profession.

The debate about educational preparation for nurses began as early as 1911. The growth of hospitals, advances in science, medicine and technology, the increasing need for public health nursing, equal rights for women, lack of power and control by nursing over its practice and education, and the proliferation of colleges and universities, contributed to the awareness by nurse leaders that nursing required professional status

and recognition. Additionally, nursing leaders recognized that nurses required adequate educational preparation in order to meet the evolving health care needs of a changing society (Grippando & Mitchell, 1989). The advent of antibiotics changed the practice of medicine. Patients were surviving illness and living longer. The demand for nursing to keep pace with these changes was inevitable. It was no longer acceptable to “care” for patients; nurses were required to understand the complexity of diseases, evaluate the outcomes of treatments and provide a growing multidisciplinary health care team with clinical information that would contribute to the diagnostic and treatment decisions for each patient under their “care.”

As discussed earlier, the problem of where nurses should be taught was compounded by the lack of educated, qualified teachers. Few nurses were educated beyond the associate degree level. As a result, very few nurses had the educational credentials to teach in a university program. Also, baccalaureate programs of the 1950’s did not appear any different than the diploma schools in curriculum or student capabilities, the only difference seemed to be the cost (Kalisch & Kalisch, 1995). Many were standard diploma programs offered in the university setting; the core nursing curriculum remained intact with a few courses from liberal arts added to the program of study (Kalisch & Kalisch, 2004). Consequently, universities felt nursing education was inappropriate for that academic setting. Although enrolment decreased in hospital affiliated nursing schools they did not increase in university programs but in associate degree programs offered at two year community colleges.

The American Nurses Association (ANA) whose purpose is twofold, to promote the professional and educational advancement of nurses and to elevate the standard of

nursing education declared the baccalaureate as the appropriate degree for entry to practice in 1965 (Compendium, 1995). In endorsing baccalaureate preparation, the ANA declared that “general education should assume its full responsibility for the preparation of nursing as it does for the preparation of other professionals” (Compendium, 1995, p. 5). Additionally, the ANA believed that baccalaureate education would “assure the youth of nursing the kind of education that can be equated academically with that of others” (Compendium, 1995, p. 5). The National League for Nursing (NLN) whose purpose is to improve education for nurses, although stopping short of declaring the baccalaureate degree as policy, endorsed the ANA position in 1982 (Fondiller, 1983). However, bringing this change to fruition has proven to be a daunting task.

Other influential health professions organizations were vocal in their opposition to university education for nurses. The American Medical Association (AMA) and the American Hospital Association (AHA) campaigned publicly against this movement. Additionally, they contributed to the divisiveness amongst nurses by lauding the contributions diploma and associate degree nurses made at the bedside and suggesting that university-educated nurses did not receive adequate clinical preparation to provide the same level of care (Ashley, 1976; Fitzpatrick, 1983; Grippando & Mitchell, 1989; Miller, 1985).

The appropriateness of baccalaureate nursing education received a boost with the growing demand for public health nursing. With advances in science and medicine, society was becoming interested in preventing illness and disease and conserving health. The university was deemed the appropriate place to provide this comprehensive education (Ashley, 1976; Brand, 1981). As independent practitioners in the community,

public health nurses would benefit from a nursing program that included courses on research, health teaching and leadership as well as a program enriched by liberal arts (Aiken & Fagin, 1992). The purpose of baccalaureate education in nursing is to prepare professional nurse general practitioners that are competent to practice in a wider variety of settings with highly diverse populations (Aiken & Fagin, 1992).

Forty-one years after passing the ANA resolution, there are still three kinds of educational preparation for nurses today that lead to entry to practice and designation as a professional nurse, the diploma, the associate degree and the baccalaureate degree.

“Failure to mandate a basic academic qualification for entry into nursing opens the door for differing educational institutions to offer diverse qualifications . . . compounding the struggle of eliminating multiple levels of entry into nursing” (Northrup et al., 2004, p. 56)

The nursing identity

The image of the modern nurse has evolved through time and has often depended on what role nurses fulfilled in society. During the 19th century, nurses were viewed as “angels of mercy”, in the 1920’s as the “girl Friday”, during the 1930’s and 1940’s as the “heroine”, postwar until about 1965 as the “wife and mother”, and, from the mid-1960’s to the present, as the “sex object” (Kalisch & Kalisch, 1987). Have these negative images contributed to the inability of nursing to determine what educational preparation is appropriate for entry to practice? Do they fuel the argument that nursing is not a professional occupation but a technical one? “When nurses are constantly portrayed in negatively stereotypical ways, these images affect their lives and their aspirations, and limit the scope of their work” (Kalisch & Kalisch, 1987, p.183).

As the evolution of professional nursing and nursing education helps to illuminate, the image of nursing is one of women's work, a woman's profession (Dombeck, 2003; Muldoon & Reilly, 2003) and contributes to a distorted image of nursing. Nursing is viewed as an extension of the female role and the profession has generally accepted the "feminine professional image of nursing" (Dombeck, 2003, p. 357). Society has come to believe that women are inherently suited to this type of work.

“. . . It is impossible to speak of "woman" without also noting her socioeconomic status, her race, her sexual orientation, and where she calls home in the larger world. Those who do not make such distinctions, who continue to speak of "woman" as a universal category, are charged with essentialism, an error in thought that ascribes innate qualities to a group based on biology, race, ethnicity, or other common characteristics, and that is quite a serious intellectual failing" (Wear, 1997, p. 34).

The philosophical framework of professional nursing practice and nursing education emanates from essentialism and the modernist tradition and contributes to this view of nursing. The essentialist tradition subscribes to a "deterministic account of gender" (Alcoff, 2000, p. 313) that recognizes the practice of nursing as women's work as part of the female destiny. Not only does essentializing the concept 'woman' limit women's possibilities and devalue women's complexities and uniqueness, it also does the same for the 'other'; men.

Society has acknowledged that nursing is an acceptable career option for young women wishing to fulfill a role outside of the 'norm' of wife and mother. This 'feminization' of nursing has sent a clear message to men that they are somehow

inadequate or incapable of fulfilling this role. And, consequently, men who have entered the nursing profession have had their masculinity questioned and frequently have had to prove their maleness in order to avoid being stereotyped as effeminate and, all too often, gay (Dombeck, 2003; Muldoon & Reilly, 2003). “Men nurses, by virtue of their participation in ‘woman’s work’, may also not measure up to the hegemonic standard as evidenced by the stigma of homosexuality that surrounds them” (Evans, 2002, p. 442).

The poor image of nursing by society in general and men in particular has contributed to the devaluing of the nursing role in society. This poor image, coupled with the predominance of men in designing, governing and managing nursing schools and hospitals contributes to a pervasive lack of respect for nurses and nursing. Nursing was viewed as an adjunct to the medical profession; handmaidens to physicians and, one of only two acceptable careers for women until the birth of feminism and equality in education of the 1960’s (Aiken & Fagin, 1992; Fitzpatrick, 1983). This patriarchal paradigm perpetuated the notion that women were inferior to men and to be subservient in their demeanor. Identifying as a nurse implies a relationship with patients, colleagues and other health care professionals (Dombeck, 2003) and, intimates that one accepts the roles, responsibilities and relationships in nursing when one says, “I am a nurse.” Historically, society has been acculturated to accept this paradigm and resist making choices that put them in inferior, subservient and “female” roles.

“From the first days of training, medical students find themselves in a rigid hierarchy, a caste system of power and authority with the physician at the top (and, as we have seen, those particular physicians are almost all men) and medical students near the bottom. Only those most directly responsible for patients’

physical care – overwhelmingly women, that is the RNs . . . are at the bottom of the heap in terms of professional authority, prestige, and financial rewards”

(Wear, 1997, p. 41).

As Wear suggests, in medicine, nurses, predominantly women, have the poorest image and garner the least respect.

Finally, the influence of Florence Nightingale on nursing education and practice helped to solidify the image of nursing as a female only profession. Although we must recognize the historical context of Florence Nightingale’s contribution to nursing, her vision of the ideal nursing student contributed to the limited image of nursing as women’s work. Men were not acceptable candidates for her nursing school; “. . . true to her Victorian background, Nightingale established schools of nursing that did not mix male and female students” (O’Lynn, 2004, p. 230). Nightingale believed that only women deemed of good moral character and from the best families should be admitted to nurses training. She felt that these women were the only candidates morally and intellectually strong enough to appreciate their role and resist crumbling under the demands of their jobs (Stewart & Austin, 1962; Dietz & Lehozky, 1967, Deloughery, 1977). In other words, only women who knew their place in society were suitable for nursing.

Nursing education, like higher education, was reserved for those individuals deemed capable of providing a significant contribution to society through service and leadership. Although it can be argued that this standard improved the image of nursing and contributed to the birth of its professionalization, it created a barrier of access for many, including men that continued well in to the 20th century (O’Lynn, 2004) and continued the tradition of viewing nursing as “women’s work.”

When I entered nursing school in 1976, the admission of the first male nursing student into our school of nursing that year was viewed as ground breaking by some and revolutionary by others. I don't profess to be the voice of that student; however, my memory of his acclimation into nursing resembles the problems that have historically plagued men in nursing, much time was devoted to speculating about his sexuality, his reasons for choosing nursing as a career and "helping" him to assume the traditional role of nurse. The class of 1979 looked very much like the class of 1879; single white middle-class females choosing a career in the service of others.

A survey of my classrooms today yields a simulacrum of Nightingale's classroom; young, white, middle-class females choosing a career in the service of others expecting to fulfill positions of leadership following graduation. As a result, generations of the "other" have grown up without this option as part of their consciousness and, only recently, have begun to explore nursing as a viable educational and career option.

The art and science of nursing

Nursing knowledge has rapidly evolved since the birth of modern nursing just over a century ago. From medicinal herbal preparations and purifying baths and diets to antibiotics and anesthesia, nursing knowledge has transitioned from the "cherishing, fostering, tender caring" (Fitzpatrick, 1983, p. 2) discipline of nursing to "application of technological and scientific advances" (p. 38) of the science of nursing. Advances in science, medicine and technology have taken "nursing" out of the home and moved it into highly complex and specialized treatment centers. Patients are exposed to treatments and procedures once confined to the annals of science fiction.

Nursing education, like medical and other health care provider education has struggled to keep pace with these innovations. Jardine notes that “the tendency in some areas of educational theory and practice has been towards specification, univocity, clarification, and, essentially, the overcoming of ambiguity” (Jardine, 1998, p. 10). Evolved from the natural sciences, nursing science has prided itself on using the empirical paradigm to understand nursing phenomenon and develop its own unique body of knowledge. Frequently, applying the medical model of human understanding to health and illness, nursing science has relied on the reduction of the human condition to distinct parts, processes and disease entities in order to formulate plans of care. This uncompromising way of practicing nursing may have worked well in the past but, the invasion of rapidly developing and changing technology has shaken nursing’s theoretical foundation. Advances in science and technology make the reduction of humankind into distinct parts and processes obsolete; truth is open to interpretation. As Morris (2001) reminds us, “truth is not absolute. Nowhere do absolute truths exist.” (p. 165). I agree with Morris (2001) when she declares that educators must become more critical of utopian thinking. Professional nursing today is not the nursing of one hundred years ago. Advances in science and technology make health care information accessible to anyone who can connect to the internet creating an informed citizenry that requires nurses to be critical thinkers open to new and innovative solutions to health problems. While wanting to focus on science is not a bad thing, this myopia has contributed to the belief that nursing knowledge is concrete and uncompromising, teachers are experts and students are blank slates. Has this rigidity contributed to the problems facing nursing

education? Is the tension between the care and the caregiver, between the science and the art of nursing eroding the students' excitement and enthusiasm for nursing education?

Although brief, this history of professional nursing positions the discourse on deconstruction of nursing education within a respectful framework that “opens the door to the impossible possibility of what comes about in its taking place” (Derrida, 1979, p. 103).

Chapter 4

DECONSTRUCTION AND NURSING EDUCATION

The opportunity to participate in nursing education is an invigorating and rewarding experience; many days are filled with enthusiastic students and exciting learning opportunities and I feel privileged to be a part of preparing the nurses of tomorrow. Rapid growth in the science of nursing, medicine and technology promotes an atmosphere of anticipation as the professional nurse participates in the evolution of health care. The rapidly changing health care system coupled with the burgeoning need for nurses almost certainly guarantees an endless array of practice possibilities for the graduating professional nurse. Graduates of professional nursing education programs are no longer relegated to subservient positions at the bedside as professional knowledge, skill and responsibility continue to evolve expanding the role of the nurse at the bedside and offering a variety of opportunities within the health care community. However, the anticipation and excitement of health care *to come* does not seem to be infiltrating nursing education.

Being open to possibility and willing to risk the illusory comfort of the present is health care to come. Although the possibility of a different health care future provokes anxiety in its uncertainty, the professional nurse should be “anxious, and sometimes scared” (Derrida, 2001, p. 180) of the unknown in order to fully participate in today and realize the possibilities of the future. Failing to appreciate the opportunities of the lived experience not only limits the possibilities of the present but limits the potential for fully appreciating and participating in the possibilities of the future, health care to come.

However, the opportunity to participate in a constantly evolving, never stagnant health care system ripe with promise and possibility does not spark student interest and initiative. Increasingly, more days in academia are filled with apathetic and uninterested students whose educational experience appears burdensome and unfulfilling. Students view the experiences of the past as incurious and irrelevant and fail to link the journey of professional nursing to their experiences of today. Students find the lived experience of the present oppressive and out of their control; family, friends, teachers and employers compete for students' time and talents reducing them to feeling like puppets on a string. Students view the possibilities of the future as incomprehensible and inconsequential; the future will take care of itself. The student persona appears enveloped in a shroud of academic indifference translating into feelings of disinterest and lack of commitment to meaningful learning.

Professional nursing education is a complex living process always in a state of evolution in response to new information, multiple experiences and different interpretations. Students and faculty are inextricably linked as they share a common path but different destinations along a mutual journey of discovery. An ever increasing cadre of stakeholders lays claim to curricular influence; almost anyone with an investment in health care including medicine, industry, government and consumer insists their participation in nursing education is imperative to currere that is meaningful and open to possibilities.

In the opening chapter of my dissertation I introduced a number of complex, interconnected factors inherent in the nursing educational experience that I felt contributed to student nurses' lack of engagement and enthusiasm in the educational

experience. Viewing the student as blank slate, viewing the teacher as expert and the lack of a meaningful relationship between student and teacher permeates the pedagogical experience and contributes to a learning environment that diminishes the significance of currere. The continuing tradition of viewing nursing as a female dominated profession, shifting the focus in education and practice away from the art of nursing to the science of nursing, moving away from caring as the philosophical foundation of nursing practice, and, the continuing struggle of nursing to exert its professional power has a negative impact on the nursing curriculum and meaningful learning. As we attempt to reconcile the disconnect between the traditional nursing persona and the rapidly evolving professional persona of the 21st century, we are living a curriculum filled with variance and vapidty. This chapter will continue a deconstruction of these constructs and begin a new discourse on nursing education and the impact of the curriculum on the disinterest and discontent within the nursing academy.

Students as blank slates: Is anybody home in there?

In *To Dwell with a Boundless Heart* (1998), Jardine discusses the hermeneutical experience that is education and reminds us that education is a lived experience requiring the participation of both student and teacher to ensure the life of learning. When a teacher “enters a classroom, he or she can no longer do so with the assurance of exemption, domination, and authority: something is *already* at play, and the living character of this setting is not waiting upon the inquirer for some beneficent bestowal of meaning. It is *already* meaningful” (Jardine, 1998, p. 23). While it is true that many of the students entering nursing school have no prior knowledge of the science of nursing,

all students bring a rich assortment of life experiences that contributes to their understanding of the world.

Understanding erupts out of life itself and not simply as a response to our concerted acts of teaching and, therefore, that teaching must first and foremost attune itself to what is *already at work* in our lives and the lives of the children we teach (Jardine, 1998, p.60).

Students are not tabula rasa; every student should be encouraged to intermingle their life experience with the experience of learning as they discover their own interpretation of knowledge. “The process of interpretation is not the simple accumulation of new objective information. It is, rather, the transformation of self-understanding” (Jardine, 1998, p. 49). Personal growth does not occur in a vacuum. Disregarding who the student was prior to entering the classroom delimits who they are in the present and encourages disinterest and disengagement in a process dedicated to who they will become in the future.

Similarly, as educators, we bring more into the classroom than just the “knowledge” of the particular topic on which we intend to lecture. As my teaching career has evolved, I have come to appreciate how my life experience contributes to my ability to illuminate nursing concepts for students. I would never have believed that my years of riding streetcars in Toronto would contribute as much to lectures on mental health as my days spent relating to mental health patients at the hospital. Hardly a trip went by without at least one patron displaying obvious psychosis or entertaining me with bizarre tales of special powers or secret missions. Similarly, I bring my collective experience of previous classrooms to each new semester with the hope of improving the quality of the

educational experience and providing opportunities for meaningful learning. How arrogant of us as educators not to recognize the same potential in the life experience of our students.

The question of student capacity did not arise with the advent of education for the masses in the United States. Plato, considered by many to be the originator of educational philosophy, contemplated this question around 380 B.C. (Power, 1996). “Education is not what the professions of certain men assert it to be. They presumably assert that they put into the soul knowledge that isn’t in it, as though they were putting sight into blind eyes.” (Plato, n.d./1991, p. 197). It is in Plato’s discussion on the role of nature in shaping humanity that he builds his argument that students are not blank slates but persons with an innate capacity to learn.

Like students arriving in a nursing classroom on the first day, Plato appreciates that children arriving at the academy (school) come with knowledge gathered through various experiences they have encountered and lessons taught by parents and others important in their lives. “For sound rearing and education, when they are preserved, produce good natures; and sound natures, in their turn receiving such an education, grow up still better than those before them...” (Plato, n.d./1991, p. 101). Life experience coupled with new knowledge and experience is the combination that enriches the learning experience and creates students who are more than the mere sum of their parts.

Nursing classrooms are being transformed before our very eyes. Our student body includes students from many cultures, age groups and with previous life and educational experience. Students are influenced by the knowledge available through film, television and popular music. More than one student has asked me why the nursing

life I expose them to is not more like that of Nurse Hathaway on the television show ‘*ER*’ or disconcertingly, similar to Nurse Ratchet in *One Flew Over the Cuckoos Nest*. Many of my students are beginning second and third careers following successful careers of teaching, fire-fighting, and accounting to name a few. Increasingly, more and more students are leaving careers as paramedics, emergency medical technicians and phlebotomists to pursue nursing degrees; nursing students may be clean slates but definitely not “blank slates”.

By approaching nursing students as blank slates, nursing educators rob students of the opportunity to use their accumulated knowledge to become “better than those before them” and to contribute to health care in a unique and meaningful way. Clearly, denying students this opportunity stifles their desire for capital “T” truth and justice and replaces it with the small “t” truth fashioned by the teacher. This type of education is requesting only that students “imitate” the teacher and model themselves after another. “Imitation is surely far from the truth” (Plato, n.d./1991, p. 281).

Similarly, the concept of *tabula rasa* robs students of opportunities for creativity. Believing that students start with nothing and must be “filled up” with information, impressions and interpretations, suggests to faculty that only they have the expertise necessary to create something from nothing and leaves students feeling inadequate and unable to chart their own path to discovery having to rely solely on the expertise of teachers to legitimize learning. The concept of blank slate denies the “fold between the *already* and the *not yet*” (Derrida, 2002, p.35) suggesting that the mind of students is nothing “already” and learning through imitation is what creates the “not yet.” While

students are working to perfect imitation, they are missing opportunities for creative learning that “produces an event” (Derrida, 2002b, p. 41) called meaningful education.

Believing oneself to be an “expert” and restraining students from inquiring and having them believe that they are “blank slates” may be good for the teacher but stifles student creativity and learning. Additionally, it fosters the idea that it is better to “imitate” others rather than develop a self that contributes to society in a unique way. Plato (n.d.) noted that “it is easier to ask than to answer” (p.13) and suggests that through student inquiry teachers continue on their journey towards truth and justice. I believe Plato suggests that it is not being the “expert” that is important but the journey of trying to become one that truly opens one up to the possibilities of learning and fulfilling one’s role in society. Similarly, Doll (2000) reminds us that it is the journey of education, the “running” of the course or “currere” as it is lived by the student and teacher that is important; the magic of learning isn’t in what is being taught but in the odyssey of the developing mind.

Teacher as expert: It sounded like a good idea at the time!

Patricia Benner, a renowned nursing scholar, has written a book entitled “*From Novice to Expert: Excellence and Power in Clinical Nursing Practice*” (2001) which outlines the process (steps) to becoming an expert in nursing. The beginning practitioner starts her/his career as a novice and, through experience, moves along the continuum to expert. “The expert nurse, with an enormous background of experience, now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions” (p. 32).

When does someone become an “expert”? Is every teacher, by nature of his or her position, an “expert”? If I know more about a particular subject than my students, am I an “expert”? How much experience is enough experience to move the professional nurse from novice to expert? After twenty-seven years of nursing experience, sixteen of those in education, I am considered by the nursing community to be an expert yet I do not feel like one. When did it happen? How did it happen?

Plato reserves the title of “expert” for philosophers; “. . . philosophers must be established as the most precise guardians” (Plato, n.d./1991, p. 183). Learning is a life-long endeavour and the search for truth and justice is ongoing. Plato acknowledges that certain segments of society are “born” to be guardians however; one does not reach the title of guardian until a certain level of education (expertise) has been achieved. Similarly, not all teachers can be considered “experts” however, those who continue to strive for capital “T” truth and justice coupled with a desire to have students think critically and ask questions in an effort to formulate their own truth are moving towards expertise. This enlightened teacher knows that, assuming they are the “expert” charged with “filling the soul” in whatever means necessary (lectures, recitation, memorization) does not ensure success. “No forced study abides in a soul.” (Plato, n.d./1991, p.216). Pedagogy without cooperation and collaboration contributes to an atmosphere of forced learning effectively quelling the desire to participate in meaningful educational experiences.

It is not the privilege of teaching that defines expertise. It is participation in the quest for “T” truth, openness to possibility and a commitment to the journey of discovery that is the “right of all men and women” (Derrida, 2002b, p. 11) that moves one toward

expertise. Like learning, expertise is not static or stationary but a process of evolution constantly unfolding to limitless possibilities. And, like philosophy, expertise “is everywhere. It is everywhere in the academy” (p. 28); students and faculty bringing their lived experiences together to create an environment of possibility that promotes personal growth through collective and collaborative expertise.

Similarly, Derrida (2002) reminds us that expertise is not a concept exclusive to those in academia. Expertise emanates from the process of life long learning, not from the place called university; “even people who have never been there” participate in meaningful learning in search for (T)ruth and understanding. However, Derrida suggests that life long learning is an intentional act that requires a commitment to recognizing philosophy wherever it reveals itself. “Philosophy must be everywhere, is everywhere – not only in the university, but on the radio, within the speeches of the politicians, and so on and so forth” (Derrida, 2002b, p. 28). The process of life long learning cannot be measured solely through participation in formalized education but the willingness to melding new knowledge with existing knowledge in the hope of creating not-yet knowledge.

In *I'm Only Bleeding: Education as the Practice of Social Violence Against Children* (2001), Block makes a convincing argument for the “good enough” teacher. Education is about the process and not the product. “All the teacher’s knowledge is only potential knowledge: it is only an object that must be used by the student to generate knowledge in him / herself” (Block, 2001, p.70). My experience in the classroom and in the clinical area with students corroborates Block’s assessment of knowledge. Unless I can encourage students to take the knowledge in and make it their own, learning has not

occurred and the knowledge is meaningless. Students must learn the value of the contributions of non-experts, including teachers and classmates to their learning experience and realize their role in bringing meaningful learning to fruition. The good enough teacher creates an environment that encourages imagination, creativity, critical thinking and, credits the process with growth, not the product.

In *Like Letters in Running Water: A Mythopoetics of Curriculum*, Doll (2002) discusses the dangers of what she describes as “literal seeing.” To experience this is to become rigid in thought and action where feelings are frozen and ideas can turn into stone. She describes this phenomenon as “blockheadedness”. Doll’s words can equally apply to nursing education’s reliance on the construct of teacher as expert. By allowing ourselves to dwell in the illusion of expertise, nursing educators have become rigid in their thinking, closing the door on the promise of possibility and permitting antiquated and ineffective teaching methodologies to become frozen in time. This rigidity translates the “time of teaching as time of training” (Derrida, 2002, p. 35) where meaningful learning is secondary to professional competencies and theory is separated from practice. Being technically proficient is equated with meaningful learning limiting opportunities for innovation that perpetuates a rigid approach to nursing education.

My experience has been that it is difficult to permeate the “blockheads” with ideas of innovation, experimentation and “going with the flow.” However, I agree with Doll when she states,

If, as I propose, teaching is more than instructing, more than training, more than method and more, much more than instrumentation, then what is it? The “it”

teaching is the third thing, neither this nor that. It is to encourage being “like” letters in running water (Doll, 2002, p. 146).

Teaching must be fluid with opportunities for newness and growth. Methodology cannot become carved in stone but must be open to using “this or that” depending on the uniqueness of the students, subject matter and circumstances. The fluidity of the educational experience promotes excitement and engagement in the learning process and fends off the threat of mediocrity.

Miller (1992) suggests that our evolving culture demands that we “break down the assumption that there is an agreed-upon canon of works that ought to be the center of humanistic studies” (p. 14). Miller suggests that educators must be open to a multicultural experience that provides an eclectic body of knowledge and offers students and teachers many ways to interpret the knowledge. Additionally, our changing and evolving culture makes it impossible for anyone to become an “expert” because each person interprets and understands knowledge through her/his own cultural filter. Becoming an expert is not the most important goal but being open to different interpretation and understanding is. Just as Miller (1992) suggests that each person viewing a piece of art or reading a work of literature will formulate her/his own understanding and interpretation of the material, each nursing educator (and student) will understand and interpret nursing knowledge differently. Although there may be a common core of information, how the information is viewed will be different. I may agree with my colleagues on the technique of bed making but each of us will interpret its significance and understand its importance differently. Similarly, I may share my

enthusiasm and excitement for nursing theory with students but the degree to which they will feel the same is dependent on their explication and experience.

I think the tale of Mary Shelley's *Frankenstein* (1818/1999) illustrates the dangers of believing one's self to be an expert and adhering to the concept of humans, particularly students as blank slates. Frankenstein prided himself on being an expert and believed his expertise could best be exhibited by creating a sentient being from a collection of discarded human parts. However, Frankenstein underestimated the impact life experience and free will has on humanity. Although, as creators (educators) we can control the information we share with our creations (students), we have no control over what they do with this information once they are no longer under our tutelage.

I was now about to form another being, of whose dispositions I was alike ignorant; she might become ten thousand times more malignant than her mate, and delight, for its own sake, in murder and wretchedness. . . . and she, who in all probability was to become a thinking and reasoning animal, might refuse to comply with a compact made before her creation. They might even hate each other" (Shelley, 1818/1999, p. 221).

Additionally, *Frankenstein* clearly shows us that we have no control over the knowledge our creations receive from life experiences and others that shape who they become once they are "complete." Once we "create" our "students" they are free to become whomever they wish; skilled practitioners, caring caretakers or poor clinicians, uncaring, even hateful, custodians. Frankenstein laments this conundrum.

When I reflected on the work I had completed, no less a one than the creation of a sensitive and rational animal, I could not rank myself with the herd of common

projectors. But this thought, which supported me in the commencement of my career, now serves only to plunge me lower in the dust. All my speculations and hopes are as nothing; and, like the archangel who aspired to omnipotence, I am chained in an eternal hell. My imagination was vivid, yet my powers of analysis and application were intense; by the union of these qualities I conceived the idea and executed the creation of a man. Even now I cannot recollect without passion my reveries while the work was incomplete. I trod heaven in my thoughts, now exulting in my powers, now burning with the idea of their effects. From my infancy I was imbued with high hopes and a lofty ambition; but how am I sunk! Oh! my friend, if you had known me as I once was you would not recognise [*sic*] me in this state of degradation. Despondency rarely visited my heart; a high destiny seemed to bear me on until I fell, never, never again to rise” (Shelley, 1818/1999, p. 286-287).

Nurse educators have a responsibility to society, the profession and students to ensure that we do not emulate Frankenstein. “I felt what the duties of a creator towards his creature were, and that I ought to render him happy before I complained of his wickedness” (Shelly, 1818/1999, p. 130). Will our creations (students) become monsters or will they, as Derrida (1997) suggests, while searching for their own identity be open to another identity? As educators, we must facilitate the process of becoming; we must guard against students becoming clones of ourselves. We must resist the urge to view imitation as successful education and remind students to be open to the possibility of becoming their own creation. Education is about students creating a “self-differentiating identity” (Derrida, 1997, p. 14) whereby they are open to identities different from the

teacher and different from each other. It is the plurality of the learning environment that fosters opportunity for personal growth by allowing students to recognize their own individuality and the possibilities generated through relationship with the uniqueness of the other.

Can nurse educators let go of the concept of teacher as expert? Can nurse educators view students as anything but blank slates and learn to use students' previously acquired knowledge to assist students with becoming more than the sum of their parts? Will nurse educators help students become happy, fulfilled, intelligent beings or just label them lazy, uninterested, ungrateful miscreants?

I, teacher, take you students: Relationships are the key

The history of nursing suggests that caring is a priori to nursing practice. Watson (1999) reminds us that “the purpose of our ‘being’, our so-called ‘calling’ (p. 7) is to engage in “caring-healing work” (p. 7); without caring there is no nursing. Regardless of the particular nursing role, professional nursing has caring as the theoretical foundation guiding practice. Professional nursing is all about “caring” for others yet our nursing school classrooms are filled with evidence of uncaring, teachers disconnected from students, students disconnected from each other and, most alarmingly, everyone disconnected from the patient.

Students complain that faculty know little about them and have no appreciation for the complexity of their lives. Sadly, they believe faculty has no genuine desire to get to know them or recognize that they are also mothers, fathers, spouses, employees, etc. with roles and responsibilities in addition to those associated with the persona of student. Students remind faculty of the reality of higher education in the 21st century and see the

call to reduce personal demands as illogical and insensitive. Students view many of the academic demands as unrealistic and suggest they are examples of insensitive and uncaring faculty disconnected from the student – teacher dyad. Many students have claimed that nursing faculty is the antithesis of caring and are charged with making matriculation as difficult as possible.

Similarly, students appear disconnected from each other. The nursing classroom of the 21st century is evolving to reflect the changing socioeconomic landscape of the country. Nursing education is attracting more non-traditional college students interested in pursuing a nursing degree; the recent high school graduate is joined by mature students returning to school to complete a degree, students beginning a second career after successful careers outside the health care system and other health care providers wanting to change their roles within the health care system. The demands of school, home and work monopolize their time and minimize opportunities for meaningful relationships with classmates. A recent interaction illustrates the disconnect among peers; a student had not been to class for two weeks and when I inquired about her whereabouts, I was met with blank stares, a collective shrug and mumblings of “I don’t know who she is.”

Jardine so eloquently describes this disconnection, we “not only estranged the subject from life as it is actually lived, but rendered our lives knowable only *through* such disconnectedness” (Jardine, 1998, p. 9). As faculty, we don’t really *know* our students. Our *knowing* is limited to who they come to represent in the educational experience; we recognize the student as the one who is always late, failed a test or completed an exceptionally good assignment and not the single mother juggling school, work and family or the accountant struggling to help his family adapt to a new lifestyle as he

answers the “call” to nursing. It appears that nursing faculty is moving away from providing a nurturing, caring environment that facilitates learning and prepares graduates to carry on the tradition of professional caring through connectedness to a new diaspora.

As Britzman (2003) suggests in *After Education*, convincing others to change their ways is difficult. However, like the relationship between the analyst and the analysand, there is room for negotiation. The teacher can be the perfect transitional object that moves the student through the educational experience. This relationship suggests a reciprocal interdependence that creates an optimal educational environment whereby it is acceptable for students to take risks and participate in learning experiences with the hope of self-discovery and meaningful learning. Being sensitive to the changing educational environment and the unique contribution of each student to the learning experience promotes an atmosphere of enthusiasm and engagement in the learning process.

In *Private Readings in Public: Schooling the Literary Imagination*, Sumara (1996) uses the experience of reading in public to illuminate the importance of the interconnectedness of education. He argues that it is the lived experience that brings meaning to learning and the interaction between text, teacher and student that transforms.

For although curriculum is often described as the interaction of various things – teachers, students, texts, activities – I would like to suggest that there is only one thing: the complexity of the lived curriculum that is the result of each student’s and teacher’s efforts to maintain a viable relationship between themselves and everything that is not themselves (Sumara, 1996, p. 5).

I agree with Sumara when he states that “reading, curriculum, and the lives of those who experience them are inextricable from one another” (Sumara, 1996, p. 5). Education is a public experience and as such is a relational one. If, as educators, we attempt to constrict the relationship we have with our students we are constricting the learning experience. Indeed, as Sumara states, “curriculum exists in the embodied relations that human subjects have with one another” (Sumara, 1996, p. 177). To deny the importance of the relationship between student and teacher is to deny the significance of the lived experience of both. Embracing and nurturing this relationship can only enhance the quality of the learning experience.

Like Sumara, Atwell-Vasey (1998) discusses the importance of bringing private reading into the public classroom. Interestingly, she points out that many teachers do not know how to transform the private experience into a meaningful public one.

The teachers recognize a sad irony in that they remember how important books have been in helping them imagine their futures, but they do not know how to bridge the gap between students’ private reading and the public classroom” (Atwell-Vasey, 1998, p. 35).

I think this experience is a good analogy for the experience of relatedness between student and teacher. Nursing teachers remember the importance relationships with faculty had on their educational experience and shaping their futures but do not know how to replicate them in their own practice. The pressure of the contemporary classroom for objective measurement of outcomes distracts faculty from their responsibility to bring their lived experience into the experience of learning. And, the emphasis on objective measurement as the epitome of educational value effectively limits opportunities for

reminiscing and replication and faculty lose the vision of higher learning with, as Derrida (2002) suggests, a deontological mission to provide learning experiences that promote understanding through the hermeneutical experience of relationship.

However, as Atwell-Vasey (1998) reminds us, the challenge for us as teachers is to both show our students our involvement in and excitement for the world beyond the classroom, and to still remain close and responsive to students' needs. Nurses have been educated to be responsive to patients' needs; I suggest we approach relationships with students with the same skill and tenacity in an effort to be responsive to their needs. Pinar (1994) reminds us in *The Method of Currere*, "if you are a teacher, focus on your teaching, on your relationships to students and to colleagues, especially on the emotional content of these, as well as the intellectual content" (p.25). The emotional cannot be separated from the intellectual if learning is to occur and student participation is to be meaningful. Educators must connect with students on an emotional level; develop a "relationship" if the process is to be as important as the product. Similarly, Phenix (2000) suggests in *Transcendence and the Curriculum* "no teaching can occur without a predisposition toward relation on the part of the teacher who seeks to shape the life of the student" (p. 330). As Phenix's statement suggests, no relationship, no teaching; taken a step further, no teaching, no learning. If there is neither teaching nor learning occurring, why then would students attend class? The promise of a relationship that promotes meaningful learning lures students to the classroom because "the university is analogous to society, to the social system it represents as one of its parts; and the teaching body represents, in one form or another, the goal and function of the social body" (Derrida, 2004, p. 85); students desire connectedness on their journey of discovery.

However, I posit that both Pinar and Phenix suggest that there needs to be more than an implied promise that learning will occur; students must experience the commitment through a meaningful connection to the teacher. We are a species of relatedness. Removing relatedness from the classroom creates an unnatural condition and interferes with our basic need of affiliation. Learning cannot occur if our basic needs are not met whether it is our need for air, food, water and safety or, relatedness. David Geoffrey Smith (1999) sums it up this way, “good teaching requires getting to know one’s students personally, uniquely, individually, so that a genuine conversation can exist between you, and knowledge is mediated in a way that has a human soul” (p.9).

Can nurse educators let go of the concept of teacher as expert? Can nurse educators view students as anything but blank slates and learn to use students’ previously acquired knowledge to assist students with becoming more than the sum of their parts? Will nurse educators help students become happy, fulfilled, intelligent beings or just label them as lazy, unmotivated and ungrateful? Can nursing educators embrace the relationship between students and teacher as the foundation for meaningful learning?

As the brief history of nursing education in chapter three suggests, nursing education has been influenced and, at times, controlled by entities outside the profession and has had to fight fiercely for recognition as a profession and for legitimate professional education. As a result, nursing education has evolved into an insulated entity protecting itself against the threat of interference from those whose motivation is self-serving. Nursing academia has become an institution operating inside a “nutshell”. Like the nutshell, nursing academia has been impervious to the world outside its protective shell. However protective, this shell has helped to perpetuate the beliefs of

student as blank slate, teacher as expert and, the need for emotional distance between students and teachers. In an effort to protect the institution from self-serving predators, nursing education has been closed to “new” ideas related to education and limited its capacity to improve from the advances in other educational arenas. Nursing leaders, including educators have drawn away from developing relationships outside of professional nursing in an effort to avoid mistakes of the past. As nursing educators have distanced themselves from non-nurses, they have become comfortable with disconnection. Unfortunately, this pervasive lack of trust and fear of engagement has permeated the student – teacher relationship. If nursing education is to emerge from its protective “nutshell” it must begin the process of deconstruction. As Caputo (1997) points out:

Nutshells enclose and encapsulate, shelter and protect, reduce and simplify, while everything in deconstruction is turned toward opening, exposure, expansion, and complexification, toward releasing unheard-of, undreamt-of possibilities *to come*, toward cracking nutshells wherever they appear (p. 31).

Deconstruction does not mean destroying the old or building something completely new but offers nursing an opportunity to be open to something different that builds on the best of the old yet is open to evolving with the new. “To ‘deconstruct’ does not mean – how often do we have to say this? – to flatten out or destroy but to loosen up, to open something up so that it is flexible, internally amendable, and revisable” (Caputo, 1997, p. 130). What a breath of fresh air – nursing can loosen up, be flexible and revise its notion of education without losing its identity and becoming something envisioned by others. Nursing can respond to the health care challenges of the

21st century without feeling compelled to create “clones” of the so called “experts” and encourage the practitioners of tomorrow to forge their own identity and place in the world. Nursing educators can mentor students and encourage the development of healthy relationships that foster growth and the love of learning and still respect the boundaries that must delineate student from teacher.

“...Deconstruction turns on *faith*” (Caputo, 1997. P. 165) and nursing education must have faith if it is to meet the needs of students and consumers in the 21st century. The promise of something new, evolving and open to continuous growth is exciting. An unconventional atmosphere of openness, connectedness and hospitality encourages an atmosphere of interest and engagement and promotes meaningful learning. That is nursing education in a nutshell.

Feminism and a female dominated profession

The profession of nursing combines science with art; nurses understanding of the physiology contributing to human suffering combined with their appreciation for the need of patients to be nurtured and cared for is the foundation of professional nursing care.

Scientific inquiry is the preferred method of discovery and empirical evidence is essential to uncovering truths about health and illness and both are cornerstones to formulating care. Reality is uncovered through scientific discovery and evidence can be uncovered to support “truth.” Historically, uncovering “truth” through scientific inquiry was the bailiwick of men. Men were believed to be both physically and intellectually superior to women and deemed the most appropriate group to uncover knowledge and truth. Women were to be concerned with affairs of the home and family and avoid participating in the evolution of society. “Representation of the world, like the world

itself, is the work of men; they describe it from their own point of view, which they confuse with absolute truth” (de Beauvoir, 1957, p.143).

Historically, nursing knowledge has evolved using an eclectic framework. Nursing has drawn heavily on the theoretical principles and scientific knowledge of such male dominated disciplines as science and medicine. Although a female dominated profession, until recently, the female voice was largely absent in the development of nursing knowledge. The patriarchy of the health care system perpetuated the belief in male dominance and superiority in the acquisition of medical knowledge.

Although, at first glance, the combination of science and art seems appropriate, understanding the pathophysiology of disease and knowing that there is one “true” way of treating and caring for a particular patient or diagnosis is no longer adequate. What about the unique experience of the patient? How does the life experiences of the caregiver affect their ability to care and nurture patients? Is the relationship between the patient and the nurse not integral to the patient’s experience of illness and their journey towards wellness? What about the importance of one’s personal journey in uncovering truth through experience? What about the voices of minorities, the disenfranchised and women in the development of knowledge and discovery of truth? How does this tradition of masculine superiority impact nursing education and the learning experience within a female dominated profession?

It has been generally agreed that the implicit point of reference for all subsequent philosophy in the western world, and feminist thought is no exception, is the classical Greek and Roman philosophy (Lovibond, 2000). Plato recognized women as a distinct group that could do more than give birth. However, Plato’s “feminism” was superficial.

Aristotle valued the contribution women made to the viability of the species. However, both philosophers viewed women through a reproductive lens and believed men to be superior in most things. Both Plato and Aristotle advocated a gendered social structure where women participated in the ethics of care and scientific inquiry was reserved for the male elite.

This gendered social structure continued to evolve as society struggled with social stability and defining “traditional” roles for men and women. Femaleness was equated with procreation while maleness was equated with science. Clearly, scientific inquiry was the domain of men. Although there was an effort to rethink the rationalist ethical and political tradition for the benefit of women in the 18th century, the roles and rights for women remained restricted. Again, there was renewed interest in the plight of women in the early 20th century; however, the patriarchal tradition of society in general and the “androcentric medical model” (Kane & Thomas, 2000, p. 17) in medicine in particular diminished the impact of feminist theology on nursing and nursing education.

The sexism inherent in the male tradition that contributed to the devaluing of the women’s role in society perpetuated the tradition of male superiority and female subservience. The male and masculinity were more valued than the female and femininity. The patriarchy of the health care system perpetuated the tradition of medical superiority and a paternal relationship with nursing. Feminine characteristics like nurturing, gentility and servility contributed to the image of nurse as handmaiden, further segregating women from medicine, positions of leadership and roles within higher education. “Society has denied women the authority, the recognition and reward in the public sphere and rewarded her respect only when confined to the private sphere and

performing actions associated with her biological ability to bear children” (Allan, 1993, p. 1547). Nurses were being educated to be feminine not feminists.

Although the history of nursing recognizes the contributions of women, “sexism in health care in general and in nursing in particular is an especially virulent pathology” (Heide, 1982, p. 255). Society in general and nurses in particular have come to believe that the tenets of feminism are antithetical to nursing. “Nursing is bound in an ideology based on women’s duty (not on women’s rights)” (Kane & Thomas, 2000, p. 17) and has come to accept the patriarchal tradition of male superiority. In spite of the fact that professional nursing has a strong history of equanimity for all in caring for the sick and dying, equanimity in positions of power such as administration and education have been seen to require characteristics antithetical to the female nursing persona contributing to “the inability or unwillingness of most nurses and nursing leaders until recently to identify with feminist imperatives” (Heide, 1982, p. 259). Nursing and the nurse has become synonymous with the feminine ideal further entrenching the profession in stereotypical roles and minimizing the impact of the feminist consciousness.

The masculine within the feminine.

Although historically the profession of nursing has been a white female dominated profession, there has been an ongoing effort to recruit minorities, including men into its ranks (Dombeck, 2003). Although my classes continue to be dominated by white female students, over the past fifteen years I have witnessed an increasing number of students of colour; African American, Latino and Asian students comprise nearly half of my classes. However, male students continue to be underrepresented. Historically, men have always been a small percentage of the nursing population with the numbers

changing little from decade to decade. In 2000, approximately 5.4% of registered nurses were male, up from 2.7% in 1980 (Meyers, 2003).

A recent campaign in Savannah to recruit men into nursing proudly adopted the slogan “Are you man enough to be a nurse?” Although interest by men in the nursing program in which I teach increased, the number of men entering the program continues to reflect the national trend. As I reflect on this campaign and the others that have gone before, I am left to wonder where are the men, why are they not choosing nursing as a career and why does nursing remain a female dominated profession.

As discussed in chapter three, the evolution of nursing education and the profession of nursing help to illuminate the image of nursing as women’s “work.” “Every woman, or at least almost every woman . . . has, at one time or another of her life, charge of the personal health of somebody, whether child or invalid, - in other words, every woman is a nurse” (Nightingale, 1859/ 2003, p. xv). Nursing history contributes to this image and to the negative image men have of nursing. Ultimately, this contributes to the low number of men choosing nursing as a viable career option in a number of ways.

Nursing is viewed as an extension of the female role and the profession has generally accepted the “feminine professional image of nursing” (Dombeck, 2003, p. 357). Society has come to believe that women are inherently suited to this type of work.

“... It is impossible to speak of “woman” without also noting her socioeconomic status, her race, her sexual orientation, and where she calls home in the larger world. Those who do not make such distinctions, who continue to speak of “woman” as a universal category, are charged with essentialism, an error in thought that ascribes innate qualities to a group based on biology, race, ethnicity,

or other common characteristics, and that is quite a serious intellectual failing”
(Wear, 1997, p. 34).

Not only does essentializing the concept ‘woman’ limit women’s possibilities and devalue women’s complexities and uniqueness, it also does the same for the ‘other’; men. Society has acknowledged that nursing is an acceptable career option for young women wishing to fulfill a role outside of the ‘norm’ of wife and mother. This ‘feminization’ of nursing has sent a clear message to men that they are somehow inadequate or incapable of fulfilling this role.

Men have been acculturated to accept this paradigm and resist making choices that put them in inferior, subservient and female roles such as homemaker, primary school teacher and nurse.

“From the first days of training, medical students find themselves in a rigid hierarchy, a caste system of power and authority with the physician at the top (and, as we have seen, those particular physicians are almost all men) and medical students near the bottom. Only those most directly responsible for patients’ physical care – overwhelmingly women, that is the RNs... are at the bottom of the heap in terms of professional authority, prestige, and financial rewards” (Wear, 1997, p. 41).

Consequently, men who have entered the nursing profession have had their masculinity questioned and frequently have had to prove their maleness in order to avoid being stereotyped as effeminate and, all too often, gay (Dombeck, 2003; Muldoon & Reilly, 2003). “Men nurses, by virtue of their participation in ‘woman’s work’, may also not

measure up to the hegemonic standard as evidenced by the stigma of homosexuality that surrounds them” (Evans, 2002, p. 442).

The poor image of nursing by society in general and men in particular has contributed to the devaluing of the nursing role in society. The image of the modern nurse has evolved through time and has often depended on what role nurses fulfilled in society. During the 19th century, nurses were viewed as “angels of mercy”, in the 1920’s as the “girl Friday”, during the 1930’s and 1940’s as the “heroine”, postwar until about 1965 as the “wife and mother”, and, from the mid-1960’s to the present, as the “sex object” (Kalisch & Kalisch, 1987). “When nurses are constantly portrayed in negatively stereotypical ways, these images affect their lives and their aspirations, and limit the scope of their work” (Kalisch & Kalisch, 1987, p. 183). This poor image coupled with the role expectations of society contribute to the ‘face’ of nursing; white, middle class women caring for the sick as an extension of the role of wife and mother. How does a male nurse overcome this portrayal to successfully assimilate in to the profession of nursing and the medical environment in which he will practice his craft? This stereotypical portrayal of the nurse contributes to an educational atmosphere that perpetuates the sexism and racism of society and drains the learning experience of enthusiasm and excitement.

The influence of Florence Nightingale on nursing education and practice helped to solidify the image of nursing as a female only profession. As previously discussed, men were not permitted to enter her schools. Her privileged upbringing coupled with her Victorian sensibility dictated that only women be admitted to her schools creating a barrier of access for men that continued well in to the twentieth century (O’Lynn, 2004).

Even if men had been interested in pursuing nursing as a career option they were denied access to nursing schools. As a result, generations of young men have grown up without this option as part of their consciousness and, only recently, have begun to explore nursing as a viable educational and career option.

As I reflect on the history of nursing and the persuasive argument made by others on the impact tradition has on the evolution of the profession I am struck by the common thread that seems to weave its way into the (de)evolution of nursing; nursing is 'woman's work'. However, I cannot help feeling there is more to the ex(in)clusion of men in nursing than the view that it is a profession for women. As compelling an argument as this is for the lack of men in nursing, and it has, no doubt, contributed to this problem, I suggest an equally compelling explanation; men do not have a self-identified professional community to belong to that helps them to identify as a nurse and to fulfill their role as male caregiver. With so few men in nursing, there is no identifiable group, 'clique' or community to belong to that can assist them in acclimating to the role of 'male' nurse. "Modern nursing does not have successful experience in recruiting men into the profession. In fact, nursing has a strong history of discouraging men from pursuing nursing as a career" (O'Lynn, 2004, p. 229).

In *Community Involvement and Disadvantaged Students: A Review* (1991) Nettles discusses the importance of community on the success of students who face multiple impediments to success in schools. Nettles define those students who face such obstacles as the "educationally disadvantaged" (p. 379). Men choosing to enter nursing education programs are 'educationally disadvantaged'; as noted, men in nursing must overcome

stereotyping, lack of respect for their work and a female dominated profession that does not provide a recognized community.

Much has been written about the formation of identity and its relationship to others. Derrida (1997) reminds us that individuality and identity cannot be completely revealed without an awareness of the individuality of the other and what that other represents. Opportunity for personal growth and development emerges when we embrace the differences of the other as we create new awareness and understanding of the possibility within ourselves. Our relationship with the other brings us into community that offers hope for the future and possibilities not yet imagined.

Pinar (2004) discusses the formation of identity in *What is Curriculum Theory?* and reminds us that we are part of a collective that works with us to mold us in to the people we become.

“The study of identity enables us to portray how the politics we had thought were located “out there,” in society, are lived through “in here,” in our bodies, our minds, our everyday speech and conduct. The political status quo is not simply “reproduced”, of course. Even when we resist social trends and political directives, we are reconstructing ourselves in terms of those trends and debates and our resistance to them. In studying the politics of identity, we find that who we are is invariably related to who others are, as well as to who we have been and want to become (p. 30).

As Pinar suggests, who we become is influenced by the relationships we have with others in our lives and how they view the social structures of our world. Similarly, Nettles suggests that community “refers both to locales, such as neighbourhoods, and to social

interactions . . . that can occur within or transcend local boundaries” (Nettles, 1991, p. 380). If others’ vision of the nursing community does not include the “male” nurse then we (males) are unlikely to want to become one. As Adam, a subject in Dombeck’s study, *Work Narratives: Gender and Race in Professional Personhood* (2003) so eloquently puts it, “men are like foreigners” (p. 356) in their own ‘community’ with few role models to emulate.

Steinberg and Kincheloe (1997) discuss the formation of identity in *Kinderculture* and remind us that identity is influenced early in one’s life by the stereotypes depicted in popular culture. I would suggest that this formation of identity along stereotypical lines contributes to the difficulty men have in pursuing careers stereotypically identified as female. “There exists a dominant construction of masculinity in the press and media, representing men as tough, strong, aggressive, independent, brave, sexually active, intelligent” (Christian-Smith & Erdman, 1997, p. 132). How can men who have come to identify with this representation of themselves choose a career that depicts its professionals as “passive and decorative? . . . incidental to health care situations” (Dombeck, 2003, p. 351).

“The significance of identity depends partly on the fact that goods and resources are still distributed according to identity categories. Who we are – that is, who we perceive ourselves or are perceived by others to be – will significantly affect our life chances: where we can live, whom we will marry (or whether we can marry), and what kinds of educational and employment opportunities will be available to us” (Moya, 2000, p. 8).

In a society ripe with sexism and married to socially constructed stereotypes, is it any wonder men choose careers that provide an opportunity for them to 'belong' to a professional community that rewards them for being masculine and fulfilling a recognized and acceptable role within that society. Historically, nursing has not been that professional community.

In *Failure to hold: The politics of school violence* (2003) Webber discusses the development of school violence and highlights the dramatic (violent) effect exclusion has on individuals. Although Webber is examining identity, ex(in)clusivity and violence in, primarily, adolescent males her overall thesis applies to older men in society as well. "The disappointment that comes from failing to reproduce (ideas, grades, behaviours, styles, the exact model of citizenship, or the law-abiding subject) may be increasingly interpreted as the worst crime in American society" (p. 28). Choosing to 'go against the grain' leaves one open for ridicule, contempt and others hostility. If one doesn't have a support system comprised of role models, mentors and individuals who are living the same experience to help them 'weather the storm' of abuse, they are likely to make choices that do not place them in the line of fire.

The same can be said for males in nursing education. Men must learn to overcome the barriers, accept the inequities and stereotypes, adapt to the reality or, withdraw from the program. Although Wear, in *Privilege in the Medical Academy: A Feminist Examines Gender, Race, and Power* (1997) is discussing the impact of sexism on women in medicine, the premise is equally relevant for men in nursing. As she so eloquently points out, "the price of admission to the club of science is clearly assimilation" (p. 1) or, one's options are limited.

“With a lack of men in the profession and nursing academia, nursing curricula developed in a fashion that preferenced women. The result has been a feminization of nursing curricula and the nursing profession, so much so that barriers now exist for men (O’Lynn, 2004, p. 231).

Similarly, the same could be said for any members of a profession. If men cannot find their place within the nursing community then they must choose other options. If nursing does not promote the evolution of the male identity in meaningful ways “men of diverse backgrounds may find the realities of practice in the nursing profession and the ambiguities of the nursing role and image too complex, unattractive, or difficult to embrace (Dombrek, 2003, p. 352). Or, as Webber (2003) suggests, “one either conforms to the herd mentality cultivated and reproduced in schools and in the society, or one . . . *has* to allow oneself to be targeted as a scapegoat for the voyeuristic enjoyment and vented frustration of the rest” (p. 118).

In *Friendship, Cliques, and Gangs: Young Black Men Coming of Age in Urban America* (2003), Dimitriadis discusses the formation of identity and the important role friendship (especially from members of a group, clique or gang) has on the development of the individual. Along with one’s identity, a sense of belonging contributes to the choices one makes related to school, family, play and work. This sense of belonging or inclusion is important to assisting one in making (un)healthy choices. I suggest that this lack of friendship and camaraderie, potentially absent for men within the nursing community, is another factor in men’s decisions not to pursue nursing as a career. Who would befriend them, support them and assist them in making relevant life choices?

In *“Rough Edges and Boggy Patches”*: *Pathways in the Post-modern Forest* (2003), Reynolds discusses the importance of interconnectedness to life.

“Interconnectedness is knowing that we are, indeed, part of the web of all life” (p. 58). It is through interconnectedness that we come to forge a meaningful life for ourselves that is full of hope, possibility and contentment. How can one develop this kind of life if they cannot feel connected to those whom they share their life with? Men do not choose nursing because they do not identify with others to whom they can be connected.

Choosing to enter a profession that is an unwelcome host at best will only contribute to making one feel alienated and alone in a world that supports interrelationships and interconnectedness. As Reynolds reminds us, “when one human being is suffering, we are all suffering” (p. 50). Again, choosing nursing as a career reminds men that they will not be connected to others in the nursing community and will not experience the type of collegiality that promotes a sense of belonging and well-being unless they are willing to relinquish their male identity.

The science of nursing versus the art of nursing: Why can't we just get along?

Nursing knowledge has rapidly evolved over the past century. Advances in science, medicine and biotechnology have taken “nursing” out of the home and moved it into highly complex and specialized treatment centers where patients are exposed to a variety of treatment options. Traditional therapies are often augmented with elaborate, sophisticated treatments using complex technology; like the mercury thermometer, many traditional tools of the trade have been upgraded to offer patients the latest in science and technology to improve diagnosis, treatment and outcome. Nursing education, like medical and other health care provider education, has struggled to keep pace with these

innovations. Jardine notes that “the tendency in some areas of educational theory and practice has been towards specification, univocity, clarification, and, essentially, the overcoming of ambiguity” (Jardine, 1998, p. 10). I believe nursing science has the same tendencies.

My experience has been that nursing educators believe that nursing knowledge is concrete, identifiable and uncompromising. Relying on the “biological science foundation” (Watson, 1999, p. 8), we have come to believe that there is only one way to understand a problem and one way to address it where specific nursing skills such as medication administration and bed making have remained unchanged for decades. Although the equipment may change, the process remains the same. The old adage of “why fix it if it isn’t broke” seems to permeate the collective psyche resisting change and being closed to new epistemologies.

Although a nursing tenet is that persons are more than the sum of their parts, in an environment of great scientific and technological advances, we are moving away from appreciating the total experience of the patient and focusing on specific complaints or diseases. We have become disengaged from who the patient is and how they view their health care experience. The language of nursing is the “masculine archetype of modern medicine” (Watson, 1999, p. 14); nursing science has become preoccupied with nursing diagnoses and prescribing the appropriate treatment. My students spend endless hours writing detailed nursing care plans outlining relevant nursing diagnoses and interventions yet rarely identify the need for patients to connect with the nurse and form a relationship with her/him in an effort to help understand the meaning of their experience. Nursing practice has misplaced the therapeutic nurse – patient relationship as a priori to nursing

care with the scientism of modern medicine. “Nursing has yet to actualize itself in a paradigm that goes beyond the deeply masculine archetype of modern medicine” (Watson, 1999, p. xiii).

It is not nursing theory that creates problems but the language of nursing theory that alienates nurses from their patients and other health care practitioners. How we use words is as important as the words we use (Derrida, 2002); the cooption of medical terminology to describe the science of nursing legitimizes the superiority of medicine and the masculine over nursing and the feminine. Words that are used to signify title are particularly powerful as they represent privilege and raise “questions of authority, of reserve and right, of *rights reserved*, of hierarchy or hegemony” (p. 1). The power of language is not only in the signifier (the word) or in the signified (the concept or meaning of the word) but in the connotated meaning given to the word(s) by the person holding the title. Historically, as nursing education has evolved away from an “art” and into a “science” where the axiological belief is that there is capital “T” truths, co-opting the power of the language of medicine further distances nursing from the art of caring and ensures that nursing remains “socialized within a dominant science paradigm” (Watson, 1999, p. xiii). However, as Davis and Applebaum (2002) so provocatively ask, “who names what as science?” (p.178).

Nursing educators must question the notion of capital “T” truth and employ a healthy degree of skepticism acknowledging that science is just one piece of the curriculum puzzle. Similarly, “nursing” science is only a part of the curriculum and is not the utopic destination of nursing education. Nursing educators must instill this belief of questioning in their students in an effort to create a curriculum that reflects the world

in which students live and work. As Morris (2001) reminds us, “truth is not absolute” (p. 165) and educators must become more critical of utopian thinking. While wanting to focus on science is not a bad thing, this myopia has contributed to the belief that nursing knowledge is concrete and uncompromising, teachers are experts and students are blank slates. Perpetuating the myth of capital “T” truth closes the door on critical thinking and academic inquiry and limits the potential for “the notion that intelligence and learning can lead to other worlds, not just the successful exploitation of this one” (Pinar, 2004, p. 31). The mistaken belief in science as utopia moves nursing further away from the art of caring and the “impossible possibility” (Derrida, 1979, p. 103) contained within the nurse – patient relationship.

Lyotard suggests in *The Postmodern Condition: A Report on Knowledge*, “scientific knowledge does not represent the totality of knowledge; it has always existed in addition to, and in competition and conflict with, another kind of knowledge, which I call narrative” (Lyotard, 1984, p. 7). As Lyotard suggests, believing that science is the *only* form of knowledge limits society’s growth. This notion suggests to students that there is only one truth and searching for other “truths” or meaning is a waste of time, “meaning-less”. Lyotard argues that this belief also delegitimizes other kinds of knowledge and stifles inquiry. The interpretation of experience is discouraged in favour of acceptance of expertise. Can this be what is happening to nursing education? By focusing on nursing science as utopia, we are delegitimizing other kinds of knowledge and closing our minds to what is meant by knowledge.

But what is meant by the term *knowledge* is not only a set of denotative statements, far from it. It also includes notions of “know how,” “knowing how to

live,” “how to listen” [*savoir-faire, savoir vivre, savoir-ecouter*], etc. Knowledge, then, is a question of competence that goes beyond the simple determination and application of the criterion of truth, extending to the determination and application of criteria of efficiency (technical qualification), of justice and/or happiness (ethical wisdom), of the beauty of a sound or colour (auditory and visual sensibility), etc. Understood in this way, knowledge is what makes someone capable of forming “good” denotative utterances, but also “good” prescriptive and “good” evaluative utterances . . . (Lyotard, 1984, p. 18).

While memorization of facts like normal body temperature and perfecting selected skills like taking a person’s blood pressure remain important aspects of nursing education, increasing understanding, interpreting information (data), drawing conclusions and thinking critically are becoming more important. However, as our knowledge of human health and disease grows and the emphasis remains on science, it seems that nursing education has disconnected the art of nursing from the science of nursing. The objectivity of knowing and doing has become more valuable than the subjectivity of being and caring; art versus science.

Block (2001) suggests in the opening pages of *I’m Only Bleeding* that the education of children remains entrenched in modernity. Order is the essence of life and schools strive to emulate that philosophy through rigid structures and control. Children are discouraged from exhibiting imagination and creativity. There is no room for ambiguity and exploration.

Modernity’s response to the phenomenon of the child is to further classify it in an attempt to control the child, to make ever more careful delineations of the it and

of the knowledge that s/he must learn and the mechanisms by which that knowledge may be acquired (Block, 2001, p.10).

Although the world is post-modern, nursing education is similarly entrenched in modernity. As nursing faculty we appear unaware of the changing face of nursing; non-traditional students with diverse and colourful life experience, non-traditional health service environments, educated and informed health care consumers and, changing perceptions and values regarding health, illness, health care and health care choices. We continue to move further away from the integrated curriculum where the art and science of nursing coexist to ensure students embrace a holistic approach to patient care. We pride ourselves on our desire to integrate the latest advances in science and technology into the curriculum yet the “absence of feminist theory in fundamental nursing textbooks” (Kane & Thomas, 2000, p. 23) is further evidence of the lack of awareness of our post-modern condition. Empiricism is superior to the experiential and codification is superior to caring. Similarly, replication is superior to innovation and students are rewarded for exhibiting conformity. Learning is mimetic rather than iterative. Students are expected to reproduce the science of nursing, not cultivate their own manifestation of caring. Exact replication without interpretation ensures that students will become technically proficient in the professional competencies of nursing but, unable to assimilate the “repeatable and identifiable” (Derrida, 1988, p. 53) into their own individual expression of nursing practice will risk perpetuating sameness. Like primary education, nursing education cannot tolerate ambiguity and stifles the imagination and creativity of students that facilitates iterative learning where “something new takes place” (Derrida, 1988, p. 40).

The ongoing debate over appropriate educational preparation for entry to practice professional nursing is another example of the profession's disconnection to the world in which nurses practice. Nursing education preparation has not responded commensurately to the advances in medicine, science and technology and the demand this sophistication places on the practitioner. Can we educate critical thinkers ready to assume the responsibilities of providing complex care in today's health care environment in a two-year associate degree in nursing program or, by continuing to add more scientific knowledge to curricula intent on melding liberal arts and the professional courses in a baccalaureate program. Shifting the emphasis from caring to science does not enhance the curricula of nursing; favouring the empirical scientific tradition delimits the image of the 'caring' nurse. Adding new knowledge without revising the curriculum contributes to the perceived burden of academia and a lack of interest and excitement in the learning experience. Nursing educators must keep the discourse alive and be open to new interpretations if nursing education is to fulfill its mandate: to prepare professional nurses that are caring and competent general practitioners prepared to perform in a variety of settings with diverse populations.

There is a straightforward sense in which interpretive work is pedagogic: it is concerned with the regeneration of meaning and is therefore disruptive of fossilized sedimentations of sense, desiring to open them up and allow "the new" to erupt and thus allowing the old and already established and familiar to regenerate and renew itself. It is oriented to "keeping the conversation going" (Smith 1988b) between the new/young and the established/old about the texts and

textures of human life. It moves against the *stasis* inherent in objectivism and literalism (Jardine, 1998, p.49).

The melding of art and science in nursing education is imperative to meaningful learning. Providing a pedagogy that integrates humanism into the scientific tradition promotes the development of the professional nurse.

In *What is Reconceptualization*, Pinar (1994) argues that constant examination and critique of education is fundamental to improving it. Pinar contends that without critique, schools will continue to delude themselves that what they are providing is meaningful learning. Schools will continue to be preoccupied with control and the tenets of scientism. “The ideal of education evaporates; a residue of schooling, training for profitable existence in a capitalistic economic order, remains. Teaching is reduced to instruction.” (Pinar, 1994, p.67). I believe that nursing education has lost its pedagogic ideal. By focusing on the science of nursing and eroding the importance of the art of nursing, the nursing curriculum has become stagnant and is risking irrelevance; is it any wonder students are disengaged, uninterested and non-participatory. Returning to a mind and body disconnect de-emphasizes the importance of relatedness in appreciating the human condition. “The “truth,” of course, is not a static set of beliefs, no catechism, but a vital, self-transformative state of being in which the relation between self and belief, self and artifact, self and other is, we may say, dialectical” (Pinar, 1994, p.73). Without the capacity to question, the learning environment threatens to devolve into an atmosphere of apathy that promotes the transformation of students into pragmatic practitioners who fail to appreciate the significance of caring in the therapeutic alliance.

Caring: What we do or who we are?

As I reflect on my role as an educator of nursing, I am struck by the negativity permeating the nursing profession; many nursing students, nursing faculty and practicing professional nurses complain about the burden of nursing. Too many patients, not enough staff, increasing demands from patients, families, other health care providers and employers, increasing illness acuity, not enough resources, too much technology; the complaints seem to be endless. However, as I listen to the diatribe I am concerned about what seems to be missing; few comment on ‘caring’ and the impact these demands have on their ability to ‘care’ for their patients.

Among the many definitions of ‘caring’ is, to feel concern or interest and, to take charge of; look after; to provide for (Concise Oxford English Dictionary, 2004). If one were to limit the definition of caring to the dictionary, nursing is a recognizable manifestation of caring. Watson (1988) however suggests that “human care and caring is viewed as the moral ideal of nursing . . . it consists of transpersonal human-to-human attempts to protect, enhance, and preserve humanity” (p. 54). Nursing is “concerned” with the welfare of humanity by “looking after” those individuals unable to “care” for themselves. If ‘caring’ continues to be what nursing is about, what is missing? What do the complaints of my students and colleagues really suggest?

In *The Power of the Soul: Living the Twelve Virtues* (2002), Sardello introduces the concept of “locating the essence of our soul, and coming to have an inner sense of how soul wants to function in the world to bring about good” (p. ix) through living the twelve virtues; “soul also wants to act” (p. ix). Sardello introduces the concepts of equanimity, patience, selflessness, love, compassion, devotion, balance, faithfulness,

courtesy, truth, courage, and discernment as the twelve virtues. However, Sardello suggests that virtuosity is more than “doing” the right thing but thinking and feeling the right thing coupled with having others recognize the particular virtue as emanating from you to them. As Sardello states, “it is never sufficient to simply think about the good or to feel it; it must be engaged” (p. 1). By being engaging we are open to the possibility of entering into “an alchemical process of transforming our soul life into capacities for helping others gracefully, and with subtlety and nuance” (p. xii).

Caring in nursing conveys body physical acts, but embraces the mind-body-spirit as it reclaims the embodied spirit as the focus of its attention. It suggests a methodology, through both art and aesthetics, of being as well as knowing and doing. It concerns itself with the art of being human (Watson, 1999, p. 10).

Could caring be a thirteenth virtue? Does the current atmosphere which surrounds professional nursing practice suggest that nursing has lost its moral compass; it has lost its ‘soul’, its ability to “live” caring?

It is difficult to define caring in operational terms; what does it mean to “do” caring, to “be” caring, to “experience” caring? Watson (2003) states, “by attending to, honoring, entering into, connecting with our deep humanity, we find the ethic and artistry of being, loving and caring” (p. 199). Scotto (2003) suggests caring is the “offering of self” (p. 290). Johns (2001) suggests “caring can never be adequately known” (p. 241). However, I would suggest that caring can be defined in soulful terms, what it means to “live” caring.

Sardello (2002) makes the distinction between living a virtue and being virtuous. He suggests that being virtuous is connected with religiosity; it is “being pious” (p. ix);

zealousness in fulfilling one's obligations, often out of a sense of duty or loyalty. Living a virtue however is about "locating the essence of our soul, and coming to have an inner sense of how soul wants to function in the world to bring about the good" (p. ix); doing good as part of who one is while participating in the collectivity of life rather than because society perceives doing good as the right thing to do.

Virtues would be that they are the soul medium of our spiritual relationship with others . . . serving the soul and spirit of others has to be distinguished from serving another person or serving the outer needs of another . . . such serving must be freely chosen and not based upon power or authority or position (p. xi).

Nursing is steeped in the tradition of living the ethic of caring; women lovingly, freely and genuinely caring for their families, answering the 'call' to care for others through a life of religious devotion, leaving the comforts of home to care for the wounded during times of war and other calamities.

The ethic of love and caring, become first principles for facing and sustaining the infinity of our profession. If we follow this ethical demand nursing has a critical role in moving humanity toward the omega point, ever closer to God and the mysterious sacred circle of living, trusting, loving, being, and dying (Watson, 2003, p. 202).

Caring within the nurse – patient relationship is the outward manifestation of the individuals' transformation into a selfless soul with the capacity to bring about good as the quintessential element of the professional nurse. Caring within the professional nursing relationship is about 'living' the virtue of caring.

Nursing is an art, and if it is to be made an art, it requires as exclusive a devotion and as hard a preparation as any painter's or sculptor's work; for what is having to do with dead canvas or cold marble, comparing with having to do with the living body – the temple of God's spirit? It is one of the fine arts: I had almost said, the finest of Fine Arts (Nightingale as cited in Donahue, 1985, p. 469).

As previously discussed, nursing knowledge has evolved rapidly over the past century, complexifying the role of the professional nurse and transitioning patient care delivery into unfamiliar and uncharted territory. In an effort to keep pace with the changes and adjust to the ambiguity of health care delivery, nursing theory and practice has moved “towards specification, univocity, clarification, and, essentially, the overcoming of ambiguity” (Jardine, 1998, p. 10). Nursing has evolved from the “art” of caring to a belief in capital “T” truth that has fostered a climate of utopian thinking believing science to be the theoretical foundation guiding practice and education. While the integration of science into professional nursing practice is a good thing, this myopic dependence on science at the expense of caring has contributed to nursing losing its ‘soul’.

As Nightingale reminds us, the art of nursing involves a devotion to caring for the body and spirit of another. Sardello (2002) describes living devotion as “the ability to be completely and wholly engaged with someone in a manner in which wholehearted attention is given to that person at all levels of their being” (p. 23). Nursing professionals are not living caring they are being caring; utilizing the technology of health care has become equated with caring. The technology has become an extension of who the nurse is rather than an adjunctive tool used to augment what the nurse does. Becoming

technically competent appears to be replacing concern and compassion as the hallmark of a caring nurse. The more efficient the nurse becomes in the application of the tool, the more the nurse is perceived as caring. As my students and colleagues so poignantly suggest, nursing is currently about doing caring because it is expected and not living caring, devoted to caring, because it is part of who we are. Professional nursing has misplaced its tenet that “the soul of the healer is understood as central and essential to the work: (p. xiii). Learning through connection with another is devalued and is missing from the curriculum. The focus on nursing science delegitimizes other kinds of knowledge and closes the students’ minds to the “impossible possibility” (Derrida, 1979, p. 103). Helping students to discover their soul and to live the virtue of caring provides students with the opportunity to experience the soul of nursing and the limitless learning opportunities inherent in the interconnectedness of humanity.

In *Terror and Experts* (1995) Phillips suggests that “doing something properly is a way of not doing it differently (p. xiv). The concept of teacher as expert suggests that teachers are educating students properly and fosters the belief that there is nothing teachers need to do differently. It signals a closed mind and suggests there is nothing to be learned. I would suggest that many nursing academics use this adjective to remain closed to doing things differently and examining themselves and their curricula. This state of consciousness contributes to the soullessness of nursing practice and education. If one is not open to growth it impedes one’s ability to be open to living an ethic of caring. Like creating a psychoanalytic climate conducive for intrapersonal growth, the educational climate is only conducive to caring if, as educators, we are prepared to take risks. “A good enough environment can only be constituted by putting it at risk”

(Phillips, 1995, p. 44). As educators, we must be willing to risk the safety and security provided by the shroud of expertise and, cautiously venture into a world of possibility. Risk is the key that “opens the door to the impossible possibility of what comes about {arrive} in its taking place” (Derrida, 1979, p. 103) and provides the climate for an ethic of caring.

Nursing education contributes to the lack of soul in nursing by continuing to educate new practitioners within the modernist tradition. Emphasis on learning objectives, outcome measurement and a commitment to the status quo drains the teacher and student of a spirit intent on living caring. We must be willing to embrace change and to recognize the need to live virtuously not just be virtuous. One cannot live the virtue of caring “unless we are changed in our own soul life through what we experience” (Sardello, 2002, p. 99). Change begins with self-reflection.

Self-observation is all-important. We need to develop the capacities to observe the most subtle of our inner states and outer acts, the connection or lack of connection between them, and the subtle results of our acts. These practices form the new field within which reinvigorating virtue can take place (Sardello, 2002, p. xvi). Shifting the focus of the nursing curriculum away from the art of nursing, limits students’ opportunity for reflection and limits their capacity to recognize opportunities for living caring. Nursing education must reflect the belief in the movement towards living caring as the essential ingredient in reclaiming its soul and not be content in the belief that doing caring is the “it” of nursing.

In *Alchemy: An Introduction to the Symbolism and the Psychology* (1980), von Franz introduces the idea that psychiatry, once rich in blending the tradition of medicine with spiritualism has slowly but clearly worked at treating each as its own separate entity.

This is what happens to original experiences which are handed on, for a selection is made and what fits or coincides with what is already known is handed on, while other details tend to get dropped, because they seem strange and one does not know how to deal with them (p. 16).

In my experience, nursing has lost its capacity to really appreciate the concept of wholeness in its quest to become a discipline of science. Again, our disconnect with the spiritual has created an atmosphere void of soul whereby we can provide care but not live caring. Nursing is attempting to recapture the connection between mind, body and spirit and the role of the unconscious in perpetuating illness (or wellness) in re-introducing the idea of alchemy in the process of healing.

I believe the point von Franz (1980) makes related to psychiatry and alchemy can also be applied to nursing education. As educators, we must build on what the student brings to learning and, using the student's innate ability and intelligence add our knowledge and experience to assist in the creation of something more or better. Additionally, we must be aware of the student's ego strengths and assist them to acclimate to the expectations of society. "Knowledge is either poisonous or healing, it is one or the other" (p. 55) suggesting that education and the learning environment has the potential to foster learning and contribute to one's growth or to stifle learning and contribute to one's inability to reach their potential.

Like von Franz, Sardello (2002) acknowledges the disconnect between mind and body and introduces the concept of connectiveness. He reminds us that virtues are “the soul medium of our spiritual relationships with others” (p. xi) and that the virtue of virtues is that “through them our spiritual efforts are always kept in touch with the earthly world and the soul and spiritual needs of others” (p. x). One cannot live a virtuous life in isolation; we must remember that we are in community with others.

It is through (inter)connectedness that we come to forge a meaningful life for ourselves and assist our patients to develop meaning in theirs. The (inter)connection occurs as we build relationships of caring. As nurse educators, it is our responsibility to open students to the possibility of building relationships of caring. “This virtue – or rather, the absence of this virtue in the world – reveals a need for inner development work as a central aspect to the training in the professions” (Sardello, 2002, p. 37). Students must be encouraged to live caring; “we are off the mark when we think we *have* compassion, or *have* courage, or *have* patience, or *have* any of the virtues. They are not to be *had*, but, in each and every instance, to be *created*” (p. 104). Nurse educators must create a curriculum that supports an ethic of caring and an environment where living a curriculum of caring,

that does, indeed, tarry alongside what is closest – our fellow human beings.

Compassion in the curriculum is not a value that can be developed by elaborate schemes of scope and sequence . . . it is unplanned . . . it is a relationship among teachers, students, and the curriculum (Reynolds, 2003, p. 47).

The virtue of caring cannot be created in an educational environment that stifles interest and innovation, promotes disconnection and limits opportunity for meaningful learning.

Power and professional nursing

The negativity permeating the nursing profession not only reflects problems with living the ethic of caring, it suggests an underlying theme permeating professional nursing; the lack of autonomy and control over one's profession leaving nurses feeling powerless to effect meaningful change.

According to the Concise Oxford English Dictionary (2004), power has many definitions. Power is the ability to do, act, or produce; a specific ability or faculty; the ability to control others; the rate at which work is done; the product of the multiplication of a quantity by itself, among others. As diverse as this definition appears to be, it is limiting. The ability to do, act or produce suggests volition; however, this definition does not reflect that we live and work and exercise our 'power' within a community of interrelatedness. Power therefore cannot be defined outside the context of the community.

As I reflect on the nursing profession, I am reminded that the nursing community, although distinct, is part of many other communities. The nursing community is part of the community of health care providers and the health care system. Additionally, nurses are part of the communities in which they live. However, as Hardt and Negri suggest in *Empire* (2000), the boundaries of community are no longer clear, immediately recognizable and impermeable to those considered to be outside the community. Nursing is part of the "irresistible and irreversible globalization of economic and cultural exchanges" (p. xi).

The brief history of nursing in chapter three helps to illustrate the struggle the profession has had to remain autonomous and achieve and exert its power. Who,

ultimately, is in control? Much has been written about gender and the evolution of male superiority in society. It is not the intention of this dissertation to debate this issue but, to help put the lack of nursing 'power' in context as "power remains defined within a male framework" (Kane & Thomas, 2000, p. 21). The history of the development of nursing illuminates the role of patriarchy in silencing the voice of female nurses; men, most often physicians, knew what was best for women and for the nursing profession; "men have systematically tried to control . . . women's activities in health care" (Allan, 1993, p. 1549). This paternalistic framework, together with the devaluing of "women's work" and nurses as handmaidens to physicians, contributes to a lack of power in nursing within the health care community.

Similarly, the brief history of nursing education illustrates the influence of men on nursing education and the relative powerlessness within the nursing profession. Men responsible for all facets of nursing education, design, direction, discharge and discipline, set the precedent for devaluing the contribution of women in health care and ensuring that they were viewed as the appropriate voice of medicine [nursing]. Power within the health care system rested comfortably on the shoulders of men and most often physicians.

The negative image of the modern nurse that has evolved through time contributes to the devaluing of nursing and suggests a group inappropriate for the exercise of power. "When nurses are constantly portrayed in negatively stereotypical ways, these images affect their lives and their aspirations, and limit the scope of their work" (Kalisch & Kalisch, 1987, p.183). The portrayal of the modern nurse as sex object, handmaiden to the physician and stereotypically weak and subservient contributes to an aura of

diffidence and a powerless persona. In the business of health care, who could take anyone believed to represent this image of nursing seriously?

The inability to resolve the debate surrounding the appropriate level of education for the entry to practice nursing, coupled with the debate surrounding the concept of professionalism contributes to the relative powerlessness of nursing among the health care community. In *Multitude: War and Democracy in the Age of Empire* (2004), Hardt and Negri discuss the concept of multitude within the global context. Multitude is the many;

the multitude is composed of innumerable internal differences that can never be reduced to a unity or a single identity – different cultures, races, ethnicities, genders, and sexual orientations; different forms of labor; different ways of living; different views of the world; and different desires” (p. xiv).

However, Hardt and Negri recognize that “the internal differences of the multitude must discover *the common* that allows them to communicate and act together” (p. xv). The failure to discover ‘the common’ and speak with one unified voice diminishes the professional power of the group and continues to suggest that a more unified, strong voice [male physicians, hospital administrators] should continue to be the voice [power] of nursing.

In *The Ethics of the Ordinary in Healthcare: Concepts and Cases* (1997), Worthley discusses the concept of professional power. He suggests that professional power “is the ability to influence or affect the life of another person by virtue of the professional position we hold” (p. 62). He also suggests that power can be exerted at the micro level, most often referring to the power of the individual or, at the macro level,

referring to power at the large, organizational level. However, what Worthley does not address is power at the global level or, how globalization has influenced power at these other levels.

In *Empire*, (2000) Hardt and Negri illustrate how the boundaries that once so effectively delineated the balance of power throughout the world have slowly disappeared over time and we are left with an “empire” that has the ability to exert its power across nations. Additionally, the authors suggest that “globalization” has contributed to the disintegration of imperialism and the power of many; the need to share goods and services to sustain individual viability has “called [empire] into being” (p. 15) as a way to resolve conflicts and recognize the new boundaries of power and influence.

The globalization of capitalism is not limited to goods and services. Intellectual commodities are valuable assets that know no boundaries. Globalization makes the sharing of capital, including the intellectual capital of thoughts and ideas possible. “The qualities and characteristics of immaterial production are tending to transform the other forms of labor and indeed society as a whole” (Hardt & Negri, 2004). The health care system and the intellectual capital within have become permeable institutions led by the “businessmen of the faculties” (Kant, 1798/1979, p. 51). The global community of science and medicine permeates at every level and, power and control within the institution is vulnerable to power and control outside the institution. As the history of nursing suggests, the professional nursing institution is more vulnerable than most.

A case in point: The Terri Schiavo debacle.

Few, if any, of us escaped the attempt to find a public solution to a private problem; the right of Terri Schiavo to die. Television, radio, newspapers, magazines,

professional journals, and the internet kept us “informed” on the struggle between Ms. Schiavo’s husband and parents, coupled with the medical profession related to terminating life sustaining treatment for Ms. Schiavo. I do not introduce this unique case to debate the ethics of end-of-life care. It is important because it illustrates the power of the multitude within the empire and a lack of power within the nursing profession. Who had the power to decide Ms. Schiavo’s fate? Much of the argument surrounding this issue sided with the law; Michael Schiavo, Ms. Schiavo’s husband had the legal authority to make medical decisions for his wife. However, multiple special-interest groups saw this case as a cause celebre for their particular issue (Quill, 2005).

The multitude, designates an active social subject, which acts on the basis of what the singularities share in common. The multitude is an internally different, multiple social subject whose constitution and action is based not on identity or unity (or, much less, difference) but on what it has in common (Hardt & Negri, 2004, p. 100).

As the debate raged on, it became apparent that Michael Schiavo, the family of Ms. Schiavo, the physicians providing Ms. Schiavo’s care, in fact, those responsible to Ms. Schiavo did not hold the power to bring her wishes to fruition. The power of the multitude could be heard from around the empire; interest in deciding Ms. Schiavo’s fate came from numerous and varied sources. Groups representing the right-to-die movement battled with groups from the right-to-life movement. Local, state and federal governments turned to both the courts and legislators to settle the issue. Special-interest groups from around the world, including the Vatican and Catholic Church, voiced an opinion and reasoned that they should have influence over the outcome. As Quill (2005)

so eloquently puts it, the voice that mattered most, the “patients” was “largely drowned out by a very loud, self-interested public debate” (p. 1633).

Globalization made this public debate possible. The multitude was informed of the issue and came to believe it was, as Hardt & Negri (2004) describe it, a common political project. Special-interest groups participated in the global economy of intellectual commodities; these groups recognized their inclusion in the boundary-less empire and offered their intellectual capital as evidence of having the power to decide Ms. Schiavo’s fate.

Equally as interesting as to who weighed in on the debate is, who did not. Where was the voice of nursing, particularly those nurses who cared for Ms. Schiavo during the last fifteen years of her life? The American Nurse Association did issue a statement stating that “the ANA had consistently upheld the right of patients, or if the patient is incapacitated, the right of the designated surrogate, to decide whether to submit to or continue medical treatment” (2005, March 23). The news release goes on to reference The Code of Ethics for Nurses and to outline the nurse’s obligation to protect the patient’s right to self-determination and the role of the designated surrogate in situations similar to Ms. Schiavos. However, the reality of the ongoing debate over the months and years preceding Ms. Schiavo’s death suggest the voice of nursing was absent. If, as the nursing code of ethics suggest, it is the responsibility of nurses to ensure the rights of the patient are upheld, why was the voice of nursing so inconsequential? Had nursing voiced an opinion, would anyone have heard it? Nursing’s voice most certainly would have been drowned out by the voice of those with power.

The nursing profession has a strong tradition of caring; The Code of Ethics for Nurses clearly outlines the role of nursing in assisting others to attain optimum level wellness in all areas of one's life – physical, emotional, psychological, spiritual and intellectual. However, the code also speaks to the responsibility of every nurse in advancing the profession and assisting the leadership in maintaining professional integrity and influence in all areas of health care delivery.

We must cease once and for all to describe the effects of power in negative terms; it 'excludes', it 'represses', it 'censors', it 'abstracts', it 'masks', it 'conceals'. In fact, power produces, it produces reality, it produces domains of objects and rituals of truth" (Foucault, 1977, p. 194).

What is nursing's truth?

Professional nursing is at risk to continue its history of powerlessness unless nursing leaders are willing to do as Florence Nightingale suggested and take entire control of nursing (Stewart & Austin, 1962). Nursing leaders must learn from history so that the same mistakes do not continue to be made. As much as is possible, nursing education must take the lead in balancing the social, political and economic voices within society with the voices of science, industry and humanity and develop a nursing curriculum that addresses the impact of globalization on health care; "scholars alone can judge other scholars" (Derrida, 2004, p. 85). Although academic control "is an autonomy conferred and limited" (p. 86) by the state, the nursing academy must learn to continue to "act as a guardian and trustee responsible for traditional responsibility" (p. 91). The nursing academy cannot abdicate responsibility for developing a curriculum of inclusion that limits patriarchy and promotes empowerment of all students as they travel along their

journey of discovery. Nursing education must realize that it must “go [*se render*] where it calls. Even if it means never arriving. Even if it means, it say, *to never arrive*” (p. 116). This is embracing autonomy and exercising professional power.

Power and nursing education

In reflecting on the manifestation of power in nursing schools I found myself examining my own educational experiences. Who had the ability to control others and, more importantly, who had the power? Foucault (1985) said, “there are times in life when the question of knowing if one can think differently than one thinks and perceive differently than one sees is absolutely necessary if one is to go on looking and reflecting at all” (p. 8). As Foucault suggests, I need to be open to new interpretations and explanations of what power is and who has it if I am going to make an effort to understand how it manifests itself in academia.

Reflecting back to public school, I remember sitting at my desk; my classmates and I are lined up, neatly, one after the other listening to the teacher introduce the lesson plan for the day. We are all silent; our eyes fixed on the teacher and we are waiting for direction. Each day seemed to proceed as planned. The teacher controlled the course of events, we participated without complaint, we complied with every order and, nobody questioned her authority. We all seemed to know that deviating from this expectation would result in punishment; the students’ role was to answer questions, not ask them. If anyone was courageous enough to challenge this wisdom, the class then had the opportunity to be reminded as the lone renegade wrote on the blackboard one hundred times, “I will not speak without permission from the teacher” or, remained behind at the end of day to join the other miscreants in detention. It seemed clear that the teacher had

the power and control. If I had any doubt, my parents reminded me every morning before I left for school, “do as you are told.”

In nursing school I recall sitting with my classmates in a circle listening to the teacher encouraging participation in the lesson for the day. No one was silent, no one raised their hand, we just shouted out questions and comments regarding our dissatisfaction with the lesson plan as the teacher justified her choices. The teacher reminded us that the lesson plan was out of her control and she was required to follow the curriculum as dictated by administration. We proceeded as directed but not without complaint. We knew that to disobey would result in punishment; the students’ role was to learn, not to question. We were reminded that deviation from this expectation would result in failure to meet course objectives related to our ability to adapt, work cooperatively with others and exhibit professionalism at all times. The cost of disobedience was repeating a course or being expelled from the program. It seemed evident that administration had the power; the teacher seemed as powerless as the students to change the curriculum.

As I reflect on my classroom, little has changed from my experience as a student. Students are sitting in rows listening to me introduce the lesson plan for the day. No one is silent, no one raises their hand, they are just shouting out comments regarding the plan for the day as I try to justify my choices. Students argue every point, are reluctant to participate in the learning experience, remind me that attendance and participation is not mandatory and, it is my responsibility to change the clinical schedule because it conflicts with their personal schedule. Administration does not support me as they seem unable to tolerate complaints from ‘consumers’ regarding a rigorous curriculum. I proceed as

directed but not without complaint. My role is to accommodate, not to question. Should I forget this lesson, I have the example of colleagues who fail to earn a merit increase or are denied tenure for failing to be sensitive to student needs and adapting to a changing academic environment. It appears obvious to me that the students have the power.

As my experiences in school intimate, power in schools does not stay stationary. Who has the power now may not be who has it tomorrow or a week, month or year from now. Who has power in public schools may differ from who has power in high schools or who has power in centers of higher education. Also, one's perception of who has the power in schools depends on whether you are the student, teacher or administrator. My public school experience suggests the teacher had the power. She determined the rules and what the punishment would be if one chose to break the rules. My college experience suggests it was administration that was all-powerful. Administration controlled the educational system and determined the rules and outlined the punishment for breaking the rules. Additionally, others, particularly teachers, were powerless to advocate on your behalf. Although, as students, we were active in our education, our capacity to effect change was limited. We were discouraged from developing inquiring minds and reminded that 'insubordination' could be costly.

My early experience as a nursing teacher suggests those who pay for education hold the balance of power. I feel intimidated by students threats of disobedience and the wrath of their parents and I am painfully aware of the lack of support from my superiors and the limited 'power' they have to protect faculty against this imbalance. Students, parents and the state not only influence curriculum development, they influence the rules that govern student behaviour and the punishment if these rules are broken. I recall

wondering how it was that power in schools had shifted from teachers to administrators to students to the state. It is the nature of power in schools to shift from one source to another in response to changes in society and the expectation of the people in response to those changes.

In *Discipline and Punish* (1977) Foucault discusses the concept of power and suggests that the evolution of punishment from torture to incarceration to retribution was in response to changes in society; not only changes in attitudes and expectations but changes due to such things as rapid growth, industrialization and capitalism and, the movement from an autocratic to a more democratic form of governance.

Foucault suggests that as priorities shift and people become involved in the creation of their society, the value society places on people, places and things change. As people work to acquire products and prestige, these 'things' become valuable and the loss of these 'things' can have a profound impact on the quality of people's lives. Society begins to view crimes against themselves and their possessions as despicable as those perpetrated against the monarch and/or the state. As a result, society demands that appropriate punishments be developed that would include adequate retribution for crimes against individuals and their possessions.

Similarly, the exercise of power within schools has changed in response to changes in society. The early teachers were agents of the church and the type of discipline was determined by representatives of the church (Spring, 2000). Representatives of the church not only dictated curricula but also determined the rules that governed conduct and the punishment for violating those rules. With the growth of

industry and the advances in science and technology, the power shifted from church to state in an effort to accommodate the demands of business and industry.

The shifting priorities for society that effected a change in the definition of crime and, consequently, the appropriate means of retribution also effected a change in the way crime and punishment was viewed in schools. As education moved away from religious teaching and began to focus on building the basic skills of reading, writing and mathematics, offences such as blasphemy and insolence were replaced with infractions such as truancy and theft of school property. Infractions that would ultimately have an effect on the well being of society became as important as crimes against the individual or the state ushering in the movement away from punishing the crime to punishing the criminal. As societies understanding of humanity increased through advances in science, medicine, social work and education, the issue of appropriate discipline and punishment involved more than exacting retribution. Society did not want to take responsibility for the violence associated with justice. Although society continued to believe that the criminal should suffer they no longer supported punishment of a corporal nature. Society supported punishment that, as Foucault (1977) notes, exacts its revenge on the soul and not the body. Increasingly, preventing crime became more important than punishing criminals. “So one punishes not to efface the crime, but to transform a criminal (actual or potential); punishment must bring with it a certain corrective technique” (Foucault, 1977, p. 127). Likewise, punishment in schools began to emulate punishment in society; the emphasis of punishment moved from the crime to the criminal and its focus was on prevention of crime rather than retribution for crime.

Historically, the issue of power within the nursing academy has largely been ignored (Glen, 1990). However, like the exercise of power within the schools, power inside nursing education has been influenced by the evolving sociopolitical climate. The impact of sexism, racism and classism on the female dominated profession coupled with an allegiance to the traditional scientific authority contributed to a professional nursing persona that struggled to define power within a nursing context (Georges, 2003). Emulating the masculine tradition of power and control seemed antithetical to the feminine tradition of subservience and caring making it difficult for nursing leaders to assert power and control within the academy. Additionally, dwelling under the perceived security of the self-constructed nutshell permitted the discourse on power to be “ignored for too long by nursing education” (Glen, 1990, p. 1336) and created an illusion of powerlessness inside the insulated academy further paralyzing efforts to maximize its autonomy.

However, although nursing power within the academy may be limited, “nursing education’s most lasting source of power is the professional expertise of nurse teachers as they facilitate learning in these environments” (Glen, 1990, p. 1338). As discussed earlier, attaching to the moniker of expert offers teachers power over students but contributes to the feeling of powerlessness within the academy as they insulate themselves from other members of the academy and a perceived threat of external power and control. “Whenever a subgroup separates itself from its community in a superior way, its value orientation becomes either absolutist (we have the right answers and, therefore, the right of coercion) or subjectivist (what’s in it for us?)” (Kelly, 1987, p. 15).

This dissonant existence contributes to the fluidity of power and difficulty in reconciling the appropriate persona with the exercise of power; who has the power, student, teacher or administrator?

Does it matter who has the power? A more important question is how is the power used. I believe that Foucault suggests that everyone has power; however, a multitude of factors, such as where we live or work or how much money we have dictates when and how it's exercised. As society continues to evolve in response to the acquisition of new knowledge and a deeper understanding of the relationship between discipline and punishment, expressions of power will continue to evolve to meet these new challenges.

'Discipline' may be identified neither with an institution nor with an apparatus; it is a type of power, a modality for its exercise, comprising a whole set of instruments, techniques, procedures, levels of application, targets; it is a 'physics' or an 'anatomy' of power, a technology. And it may be taken over either by 'specialized' institutions (the penitentiaries or 'houses of correction' of the nineteenth century), or by institutions that use it as an essential instrument for a particular end (schools, hospitals), or by pre-existing authorities that find in it a means of reinforcing or reorganizing their internal mechanisms of power . . . or by apparatuses that have made discipline their principle of internal functioning . . . or finally by state apparatuses whose major, if not exclusive, function is to assure that discipline reigns over society as a whole (the police). (Foucault, 1997, p. 215-216).

Recalling my education experiences, I realize that not that much has changed from my early education in the 1960's to teaching in the present. If one, as I had, remained obedient and operated within the parameters of expected norms then it didn't much matter who had the power or how it was exercised. Falling victim to the use or abuse of power was an unlikely prospect. What does matter however is having the ability to question the distribution of power and how it is used? It is only through dialogue and discourse that the use of power can be monitored, evaluated and exercised appropriately. This ongoing monitoring helps to ensure that everyone has an opportunity to participate in the distribution of power and exercise their right to use it, as they feel appropriate. "We are now far away from the country of tortures, dotted with wheels, gibbets, gallows, pillories; we are far, too, from that dream of reformers" (Foucault, 1977, p. 307). The spectacle of punishment may be passed but the misuse and abuse is not.

Similarly, Derrida (2004) reminds us that the academy may "belong to two authorities" (p. 45), the philosophy of reason and the success of the nation-state; however, he suggests that the success of the academic institution depends on effective sharing of power between the two authorities. The nursing academy must learn to navigate the "border between its inside and its outside" (p. 93) as it adjusts its priorities and melds a philosophy of utility with a philosophy of reason into a currere alive with possibilities.

As schools continue to change and adapt to meet the needs of students and other stakeholders, as well as fulfill its mandate to society, power needs to be a shared commodity. Power in schools should not remain stationary. Nursing educators must recognize that students view issues such as failure to matriculate as crimes against the

self with little input into the formulation of appropriate punishment. Nursing educators must coordinate the involvement of all stakeholders in nursing education and work towards a living curriculum that is sensitive to the needs of a changing health care system. Interest and enthusiasm in the nursing classroom cannot flourish if students perceive the educational experience outside of their control. The traditional distribution of power in the university classroom does not meet the needs of students learning to become contributing members of a multidisciplinary treatment team within a rapidly evolving health care system.

Interconnection: What tangled webs we weave

Although I have deconstructed the contemporary nursing curriculum construct by construct, this journey of discovery illustrates that it is in the linking of the constructs into a cohesive, coherent living organism called nursing education that creates the pedagogical problem of the disconnect between the desire for learning and the commitment to the learning process. Nursing education, like all living organisms, is more than the sum of its parts; the interconnection between people and processes working synergistically to create a pedagogy of potential. Mistakenly viewing the current nursing curriculum as a healthy organism effectively adapting to a changing nursing environment to meet the needs of students entering the health care system of the 21st century, contributes to currere in crisis.

Professional nursing practice prides itself on caring for the sick and dying using a holistic framework that addresses discrete problems within the context of totality. The parts of the organism are inextricably linked to each other and form “a symbiotic relationship between humankind-technology-nature and the universe” (Watson, 1999, p.

21). Nurses work to identify the precipitants to illness and their impact on the ability of the 'whole' person to move toward wellness. Recognizing the interrelationship between the human organism and their environment, the professional nurse, utilizing the expertise of a multidisciplinary team, facilitates returning the patient to harmonious health.

Similarly, nursing education has a symbiotic relationship with humankind-technology-nature and the universe and problems emanating from one partner affect the organism's ability to reach its potential. Nursing educators must enter into a complicated conversation on nursing education and recognize the curriculum constructs that are precipitants to student apathy and indifference and interfere with meaningful learning. Additionally, nursing educators must acknowledge the interconnectedness of the constructs and the potential for ongoing dissatisfaction with the curriculum if nursing education continues to examine problems as distinct and disconnected entities. Viewing the student as blank slate, viewing the teacher as expert and, the lack of a meaningful relationship between student and teacher commingles with the tradition of nursing as a female dominated profession, shifting the focus from the art of nursing to the science of nursing, moving away from caring as the philosophical foundation of nursing practice and, the continuing struggle of nursing to exert its professional power to create the problem that is the contemporary nursing curriculum.

Chapter 5

SITUATING THE CONTEMPORARY NURSING CURRICULUM WITHIN AN
ENLIGHTENED ACADEMY

Deconstruction is a journey of discovery; deconstruction is about a thoughtful, reasoned and responsible critique. It is about transformation, respecting the past and being open to the possibilities of the future while living in the present. Deconstruction is not a set of explicit instructions but an opportunity to move beyond the obvious to a new dimension where one reflects on the inherent social, economic, political and ethical elements surrounding a phenomenon of interest.

I believe my journey of discovery supports my conviction that nursing academia has become an institution operating inside a nutshell. In an effort to protect itself from the self-serving interests of external stakeholders, nursing education has evolved into a closed system resistant to new ideas related to education. This 'protective' shell limits the nursing academy's capacity to improve from the advances in other educational arenas effectively ensuring a curriculum in stasis. Although the curriculum has evolved to reflect the changing role of the professional nurse, the core curriculum remains the same exacerbating satisfaction with the status quo. This milieu sows the seeds of discontent that produces a learning environment ripe with apathy and indifference as students are stripped of their interest and enthusiasm.

Viewing the student as blank slate, the teacher as expert and the lack of a meaningful relationship between student and teacher as the best milieu for facilitating intellectual growth and professional development has created a (d)evolved nursing curriculum devoid of personal meaning. This assumption contributes to the disconnect

within the learning environment that devalues the plethora of life experience within the classroom and promotes a pedagogy that discourages participation in the journey of discovery. Additionally, continuing the tradition of nursing as a female dominated profession, shifting the focus from the art of nursing to the science of nursing, moving away from caring as the philosophical foundation of nursing practice and, the continuing struggle of nursing to exert its professional power transforms the assumptive thinking into intellectual rigidity of dogmatic proportions further encasing nursing education within that impenetrable nutshell. These interconnected factors embedded in the nursing educational experience have permitted apathy and indifference to fester within the student population and produces a disconnect between the desire for learning and a commitment to the learning process that leaves the contemporary professional nursing curriculum vulnerable to redundancy and irrelevancy.

Nursing educators must recognize the symbiotic relationship between the curriculum of the classroom and the “hidden, unstudied, null curriculum” (Pinar et al., 2000, p. 27) of the lived experiences of life. One cannot flourish without the connection to the other. If nursing education is to emerge from its protective nutshell and provide meaningful learning for professional nursing students of the 21st century, it must participate in its own reconceptualization – nursing curricula must be open to multiple truths, multiple realities and multiple possibilities and recognize the curriculum as social, economic, political, scientific, theological and gender text. Nursing education must recognize where it is situated within society and integrate the reality of the global community into the curriculum. Faculty must resist perpetuating the status quo and work diligently to eliminate sexist, racist and classist dialogue and demeanor from the

classroom; faculty must strive to eliminate all books and behaviours that create obstacles to an atmosphere of receptivity and inclusivity.

Similarly, the learning experience must embrace heterogeneity and welcome examination through a lens of diversity. Students must learn to participate in an eclectic critique of the curriculum within the context of an evolving sociopolitical milieu. Students must learn to utilize a philosophy of reason that encourages dialogue and debate that integrates the social, economic, political and theological into the scientific. Nursing education must recognize that the lived curriculum is situated within the lived experience of life and life is text. Nursing education must be willing to begin a discourse that ensures the lived curriculum remains in a state of becoming, open to possibility and willing to embrace its place within the community of higher learning; a discourse that “opens the door to the impossible possibility of what comes about it its taking place” (Derrida, 1979, p. 103).

Derrida, deconstruction and the university to come

Before I can begin to articulate a specific strategy for a *new* nursing curriculum, it is imperative to situate the new discourse within the university *to come*. Derrida suggests that *to come* is to be in the present while respecting the past and being open to the future. The university to come is not a static nor stagnant institution but a living organization always in a state of becoming. Being open to possibilities is a familiar theme in deconstruction and suggests a willingness to look beyond the obvious to the ambiguous, the vague, and the obscure. It suggests that we go beyond the reality, in-between the intended and inferred to what Derrida (1979; 1988; 1997) refers to as *différance*. *Différance* is that wonderful chasm between realities where the possible is produced. It is

more than just the difference between the signifier and the signified; *différance* is where “we rediscover absence” (Derrida, 1988, p. 6).

Embracing *différance* is imperative to the journey of discovery, to *currere*. If students are not encouraged to go beyond the obvious and dwell in the absence, they risk missing opportunities for meaningful learning. Dwelling in the reality of an(other) (teacher, textbook, standardized testing) provides that one interpretation, one truth and stifles opportunities for self-exploration, creativity and productivity. Instead of students being open to new possibilities, new interpretations, and new realities, what could be called iterative learning, students manifest mimetic learning where what they regurgitate is an imitation of an(other)s reality. “The point is not to turn students into clones of professors” (Graff, 2003, p. 9) but provide them with the intellectual capital they need to become fully participatory members in the human collective. *Différance* is the receptacle of all possibilities, “beyond identity and difference” (Derrida, 1979, p. 136), where students, teachers, the curriculum and the institution can be more than they are and more than intended to be.

Embracing *différance* transcends the mediocrity of our current educational environment. Encouraging students to go beyond the obvious transforms apathetic students doing the bare minimum to reach the passing benchmark on criterion-referenced tests to enthusiastic, self-motivated inquisitors participating in a variety of learning opportunities and methods of evaluation. Encouraging faculty to being open to the creative energy contained within the chasm between the present and the not-yet, creates a metamorphosis whereby closed cautious faculty employing didactic methodologies can emerge from their protective nutshell to become open innovative facilitators of

meaningful learning. Opportunities for self-exploration and self-expression within a climate of creativity and possibility provide the impetus for change.

In the university to come, “there is some openness to the future” (Derrida, 2001, p. 180) with academia embracing the past, appreciating our history with all its mistakes and being open to possibilities for a different future as the lived experience of education. Embracing *différance* permits the trace of historical relevance to meld with the possibility of tomorrow to produce meaningful pedagogy today. It involves making the quest for “T” truth and the philosophy of reason available to everyone in academia, students, faculty, administration and the state, can understand the role of curriculum in creating meaningful learning environments and professional personas fully capable of participating in the life of their communities. The university to come intimates an openness to critique and welcomes questions that unlock the academy to its own promise. The university to come is not something we have but something we are constantly working to achieve; it is always evolving and alive with possibility.

Opening the door to the impossible possibility

For nursing education to claim its rightful place within the academy, the university to come, and realize an educational environment that promises meaningful learning, it too must be in a state of becoming. This state of becoming begins with nursing education embracing “traditional responsibility” (Derrida, 2004, p. 91).

First, nursing leaders must be willing to do as Florence Nightingale suggested and take entire control of nursing instruction (Stewart & Austin, 1962). Nursing education must become a conscientious host to the science and practice of other health care professionals while vigilantly guarding its right to determine the appropriate educational

preparation for its discipline. Nursing leaders must internalize the lessons from our history so that the same mistakes do not continue to invade education and hijack curriculum development. Nursing education must shed the shroud of subservience and assertively insinuate itself into the discourse on pedagogy within the academy.

Second, traditional responsibility involves limiting corporate control of the institution, re-examining who the institution must, ultimately, answer to, and, embrace tradition. For nursing education to fully realize its possibilities within the academy, it must limit the political and economic impact of corporate and industrial America on the curriculum. The business of health care in nursing education must be limited to an advisory role and offers to provide financial support must be unconditional. Nursing leaders must be reminded that the role of nursing education is to prepare practitioners of the future and not substitutes for professional practicing nurses at the bedside. Nursing education must resist attempts by the business of health care to return to an apprenticeship type of nursing education.

Derrida (2004) reminds us that by acknowledging the existence and relevance of two 'truths', the university [program] can, in essence, serve two masters. The university can, simultaneously, embrace the knowledge of philosophy and the quest for truth and the knowledge of business and the quest for action. "We must live with what we have: the secular university, vast in its scope, professional in its orientation" (Rhodes, 2001, p. 39). Nursing education must find a way to enter into relationship with the business of health care without compromising its practice tradition of caring and relinquishing control of its curriculum. Nursing faculty should remain sensitive to the crisis of caregivers at the bedside; however, the business of health care is not the business of education. The

covenant between nursing education and society must remain foremost in the quest for solutions to problems facing the health care delivery system; nursing education can only address the need for professional nurses in the health care system by remaining committed to a curriculum grounded in the philosophies of art and science that educates students who are caring, competent practitioners committed to the practice of professional nursing.

The academic field is a differentiated field. Everyone can find his or her way and make choices. A program, of course, can become specialized, but this does not mean that there cannot be other programs with no exclusivity which would specialize in other fields. ... At least as regards deconstruction, it is interested in what is considered the great canon – the study of great Western works – and open at the same time to new works, new objects, new fields, new cultures, new languages, and I see no reason why we should choose between the two (Derrida, 1997, p. 11).

Third, the university must share academic power between the higher faculties [professional schools] of theology, law and medicine [nursing] with the lower faculties of philosophy (Derrida, 2004). The faculties of reason must be recognized alongside the faculties of utility to correct “the condition of imbalance” (Wortham, 1999) and grants a balance of power that allows truth to be manifest.

Professional schools must be viewed, not as the opponents of the vision and breadth of the liberal arts, but as laboratories where the virtues of the liberal arts can be applied to professional practice and where their concepts can be tested and refined in the demanding context of daily life (Rhodes, 2001, p. 24).

All faculties must acknowledge their role in educating caring, competent, critical thinking professional nurses and be open to an ongoing dialogue of critique that ensures a synergistic curriculum. Rhodes (2001) suggests the contemporary university must embrace the creation of new knowledge alongside the conservation of existing knowledge; the right to question must co-exist with the right to create. As Derrida (2004) reminds us, “Without a philosophy department in a university, there is no university (p. 105). Nursing education must integrate the philosophy of reason across the curriculum. Students must learn to question and critique all knowledge as they make it their own and journey towards truth as they transition from students to professional nurses.

Although Derrida recognizes the role of the state in ensuring the viability of higher education, he reminds us that “the university is there to *tell the truth*, to judge, to criticize in the most rigorous sense of the term, namely to discern and decide between the true and the false” (Derrida, 2004, p. 97). The institution must reaffirm its autonomy, although limited and conferred by the state, whereby “scholars alone can judge other scholars” (Derrida, 2004, p. 85) and the knowledge of professors are, once again, legitimized. The responsibility of creating, critiquing and controlling the curriculum must rest with the scholars. Nursing leaders must wrestle control of the curriculum from the state, students, administration, business and industry; although these are the stakeholders who fund nursing education and deserve a voice at the table, nursing leaders must take ownership of their autonomy and insist that the responsibility for nursing curricula rests with nursing scholars.

Fourth, nursing leaders must reflect on the state of professionalism in nursing and enter into “the discourse of professionalism” (Shirley & Padgett, 2006, p. 26) within the

evolving health care community of the 21st century. The evolving demands of the contemporary health care system is forcing health care practitioners to redefine professionalism and acknowledge the external forces calling for a (re)evaluation of their covenant with society (Castellani & Hafferty, 2006; George, Gonsenhauser & Whitehouse, 2006). In *How medical training mangles professionalism: The prolonged death of compassion* (2006), Brincatt suggests that “medical education, training and supervision have become obsessed with professionalism” (p. 201) in an academy obsessed with quantifying and measuring professional behaviour that effectively dehumanizes the act of professionalism. Similarly, as nursing education has focused on the science of nursing and integration into the academy, the curriculum has moved away from the art of caring and human connectedness as the foundation of nursing professionalism.

Castellani & Hafferty (2006) discuss the importance of recognizing “several competing clusters or types of medical professionalism” (p. 3) and the necessity of acknowledging their impact on the development of a professional persona. While I agree with their call to inclusivity, I believe nursing education must (re)focus on living an ethic of caring as the critical element in successfully melding all clusters into a professionalism that renews professional nursing’s covenant with society.

When we help students to understand themselves and their surroundings more fully as they gauge and assess their ethical responsibilities and professional growth, we give them the vital support they need to become humble yet confident healers who can protect both individuals and communities, advocate for change,

and honor the ever-evolving social contract between healers and society (George, Gonsenhauser & Whitehouse, 2006, p. 66).

Helping students connect with the quintessence of nursing transports them to a learning environment comfortable with embracing responsibility for the education of caring, competent, professional nurses, and, a curriculum that facilitates active learning in a dynamic journey of discovery.

Finally, traditional responsibility requires embracing tradition. The focus of higher learning must be on philosophy and the theoretical language of the university (Derrida, 2004).

“To learn and teach, does it suffice to know how to unveil differences?

. . . But to know how to learn, and learn how to know, sight, intelligence, and memory are not enough. We must also know how to hear, and to listen” (p. 131).

The tradition of philosophical inquiry must not be dissociated from teaching. Like the curricula of liberal arts, the professional competencies curricula must foster an atmosphere of unlimited inquiry where students can dwell in an environment of exciting exploration; “academics advance not by turning their backs on the perspective of those outside their immediate field, but by writing that perspective into their scholarship” (Graff, 2003, p. 144). The pedagogy of inquiry must be incorporated into the education of professional competencies if the nursing curricula are to remain sensitive to the changing health care environment and appropriately placed within the academy of higher education. Nursing history suggested that nursing education did not belong within the academy; professional nursing education must lay claim to its rightful place in the

academy as it successfully melds its quest for knowledge with its capacity to meet the needs of the global health care community.

Derrida (2004) asks, “does the university, today, have what is called a *raison d’être*? . . . To have a *raison d’être*, a reason for being, is to have a justification for existence, to have a meaning, a purpose [*finalité*], a destination” (p. 129) and to ensure that society recognizes this *raison d’être*. In the university to come, Derrida describes this *raison d’être* as the ability of the university to meld the principle of reason with the technology of modernity;

the affirmative thinking that, while neither techno-scientific nor cultural, nor even philosophical, which it works – in every sense of the word – in its discourse as well as in its institutional, pedagogical, political, etc., structures. This “thinking” can find itself at work in all disciplines, in the sciences and in philosophy, in history, literature, the arts, a certain manner of writing, of practicing or studying languages, without the obsession of techno-economic performativity (p. 162).

All teaching would incorporate the philosophy of reason, what Derrida (2004) refers to as the opportunity for “critical reflection” (p. 259). Nursing scholars must address the paradox that is professional nursing education; nursing educators must be open to multiple truths, multiple realities and multiple possibilities in commingling liberal arts with professional competencies. This effort to link philosophy to all fields of knowledge ensures students are provided with the opportunity to maximize the learning experience and appreciate how their specific ‘science’ facilitates the journey of discovery. The commingling of the arts and sciences addresses the “malaise in the university” (Wortham, 1999, 1) that breeds the discontent and disinterest in the learning process. Nursing

education must articulate their unique and vital role in the education of professional nursing practitioners for the new millennium. Nursing education must initiate a renaissance of caring – effectively blending the art and science into an ethic of caring is professional nursing’s *raison d’être*.

As nursing education exercises its autonomy and embraces responsibility, it offers ‘the other’ opportunities to recognize the role of accountability and commitment to meaningful learning and the curriculum to come. Like patients who accept responsibility for their health while engaged in a therapeutic relationship with caregivers who embrace the responsibility of professional nursing, students will accept responsibility for their education while engaged in a learning environment where teachers fulfill their obligation to facilitate cogent learning experiences. We cannot expect students to accept responsibility for learning and participate with interest and enthusiasm unless faculty are willing to be held to the same standard; nursing students will not take ownership of their learning until nursing scholars take ownership of their curriculum.

Is there an answer? Working towards a new curriculum

Can nurse educators let go of the concept of teacher as expert? Can nurse educators view students as anything but blank slates and learn to use students’ previously acquired knowledge to assist students with becoming more than the sum of their parts? Can nursing educators embrace the relationship between students and teacher as the foundation for meaningful learning?

The history of nursing is littered with evidence of nursing education having been influenced and, at times, controlled by non-nurses. It concedes the fierce fight nursing has had to wage for recognition as a profession and for legitimate professional education.

Nursing academia has become that insulated institution functioning inside a nutshell. However, the sense of security inside this shell has helped to perpetuate the beliefs of student as blank slate, teacher as expert and the need for emotional distance between students and teachers. In an effort to protect the institution from the self-serving discourses of science, medicine, business and other powerful faculties, nursing education has been closed to new ideas related to education effectively limiting its capacity to improve from the advances in other educational arenas. Nursing leaders, including educators have drawn away from developing relationships in an effort to avoid mistakes of the past. Unfortunately, this pervasive lack of trust and fear of engagement has permeated the student – teacher relationship. If nursing education is to emerge from its protective shell it must begin the process of deconstruction in earnest. As Caputo (1997) points out:

Nutshells enclose and encapsulate, shelter and protect, reduce and simplify, while everything in deconstruction is turned toward opening, exposure, expansion, and complexification, toward releasing unheard-of, undreamt-of possibilities *to come*, toward cracking nutshells wherever they appear (p. 31).

I believe that deconstruction can help the nursing profession open the door to discovery and improve nursing education. Critically examining the curricula as a living organism in a state of constant evolution permeable to innovation and interpretation affirms the life of the institution and moves it to the undreamt-of possibilities to come. As Derrida states:

Because, however affirmative deconstruction is, it is affirmative in a way that is not simply positive, not simply conservative, not simply a way of repeating the

given institution. I think that the life of an institution implies that we are able to criticize, to transform, and to open the institution to its own future. The paradox in the instituting moment of an institution is that, at the same time that it starts opening something new, it also continues something, is true to the memory of the past, to a heritage, to something we receive from the past, from our predecessors, from the culture. If an institution is to be an institution, it must to some extent break with the past, keep the memory of the past, while inaugurating something absolutely new (Caputo, 1997, p. 5-6).

Nursing curricula is never a completed project but something in a constant state of becoming. Nursing curriculum must remain in a state of evolution if it is to be open to its own future and realize its potential to educate.

Deconstruction does not mean destroying the old or building something completely new but offers nursing an opportunity to be open to something different that builds on the best of the old yet is open to evolving with the new. “To ‘deconstruct’ does not mean – how often do we have to say this? – to flatten out or destroy but to loosen up, to open something up so that it is flexible, internally amendable, and revisable” (Caputo, 1997, p. 130). What a breath of fresh air – nursing can loosen up, be flexible and revise its notion of education without losing its identity and relying on others for validation and verification of its ability to educate its own. Nursing can respond to the health care challenges of the 21st century without feeling compelled to create “clones” of the so called “experts” and encourage the practitioners of tomorrow to forge their own identity and place in the world. Nursing educators can mentor students and encourage the development of healthy relationships that foster growth and a love of learning.

Being open to new and innovative ideas does not mean that nursing is tossing out the welcome mat to anyone who feels compelled to share their ideas. Deconstruction is all about hospitality which means “welcoming the other” (Caputo, 1997, p. 110); however, “‘hospitality’, the welcome extended to the guest, is a function of the power of the host to remain master of the premises. A “host” is someone who takes on or receives strangers, who gives to the stranger, even while maintaining control” (Caputo, 1997, p. 110). Nursing education can benefit from the knowledge of others yet maintain control of the process of review and revision. Nursing education must “take the risk of resisting dominant discourses” (Weaver, Carlson & Dimitriadis, 2006, p. 3) like science, medicine and business and embrace responsibility for turning the cacophony of scientists and scholars into a distinct discourse on nursing. As Weaver, Carlson and Dimitriadis reminds us, it is not the eclecticism of nursing education that is problematic but the failure to “think outside the limits of our own fields, encouraging us to read widely and draw upon what is available in diverse theoretical and research traditions when it is useful” (p. 4).

If nursing leaders cannot meld the multiplicity of voices together into a coherent, cohesive chorus for nursing education and continues the tradition of permitting everyone who wants a voice to speak on behalf of nursing, then the problems within nursing education will perpetuate and, the profession as we have come to know it will die. “...Pure unity or pure multiplicity – when there is only totality or unity and when there is only multiplicity or disassociation – is a synonym of death” (Caputo, 1997, p. 13). Nursing leaders must find a balance where the interests of all stakeholders in nursing

education are respected yet the responsibility for curricula rests squarely on the shoulders of nursing scholars.

“Death is very much that which nobody else can undergo or confront in my place. My irreplaceability is therefore conferred, delivered, “given,” one can say, by death” (Derrida, 1995, p. 41). Death cannot be given nor taken away by another; death is an ordeal that can only be experienced by the person doing the dying. “Dying can never be taken, borrowed, transferred, delivered, promised, or transmitted. And just as it can’t be given to me, so it can’t be taken away from me” (p. 44).

Nursing education, the process of learning, is very much like death; the lived curriculum cannot be taken, borrowed, transferred, delivered, promised, or transmitted from one group of scholars to another; like dying, the lived curriculum is the responsibility of nursing scholars to execute. As Derrida (1995) reminds us, as much as one would like to assume the responsibility of dying for another, even die in their stead, it isn’t possible. Nursing educators must embrace the responsibility for creating living learning environments that aids students to assume responsibility for their own learning; the teacher is, at best, a facilitator in this process.

Keeping a “vigil” (Derrida, 1995, p. 15) over death; not knowing when and how death will occur suggests that we are “beings-towards-death” (p. 16) making choices that impacts our life in the present and to come. “This concern for death, this awakening that keeps vigil over death, this conscience that looks death in the face is another name for freedom” (p. 15). The nursing academy must be good stewards of this gift of freedom. The promise of something new, evolving and open to continuous growth is exciting.

And, like death, academia must look the possibility of failure in the face and recognize it as another name for freedom within the academy; the gift of *currere*.

Society continues to struggle with the concept of equality for all persons. Clearly the battle for women's rights and equality in all aspects of life is far from over. Issues such as a woman's right to reproductive choice, equality in education, equal pay for work of equal value continue to be debated and are unresolved. Additionally, there are many other issues emerging that require a feminist approach to inquiry. Violence against women, women's health, child and family issues, social welfare, women's culture and, multicultural feminism are examples of issues facing women that require an ongoing political and research agenda. The continuing tradition of nursing as a female dominated profession limits the voice of nursing inquiry and perpetuates a curriculum struggling with the need for equality and inclusivity in its pedagogy.

As I reflect on the problems in nursing education, I recognize the importance feminist inquiry has on the development of a distinctly nursing voice. Feminist theory and feminist inquiry can provide nursing education with a philosophical and theoretical framework that will recognize female voices and help with uncovering the sexism contained within the curricula and, identifying the inequalities within the educational system that perpetuates the sexism.

Because feminism is concerned with equality for all persons, feminist inquiry can provide a framework that will give voice to the "women" of nursing without failing to recognize the voice of the 'other', particularly men, in nursing. It will provide nursing with an opportunity to deconstruct the nursing curricula in a way that preserves the best of the past while encouraging a future that includes new, relevant, innovative and

inclusive curricula to meet the needs of students, health care consumers and society in the 21st century.

What I most treasure about feminist thought, then, is that although it has a beginning, it has no end, and because it has no predetermined end, feminist thought permits each woman to think her own thoughts. Apparently, not the truth but the truths are setting women free (Tong, 1989, p. 238).

Where does one begin to find specific solutions to creating a curriculum of equality and inclusivity that nurtures interest and excitement in a welcoming pedagogy? One cannot practice nursing without participating in nursing education and, often, this is the first barrier to the ‘other’ contemplating a career in nursing. “We in education must know, or at least begin to discuss, why we are doing what we are doing in our schools and in our classrooms” (Reynolds, 2003, p. 21-22). As Pinar (2004) suggests, one of the first steps in improving education is to enter in to a “complicated conversation” (p. xiii) that examines the nursing curriculum and ensures that it is “historical, political, racial, gendered, phenomenological, autobiographical, aesthetic, theological, and international” (p. 186); it must not only incorporate the art and science of nursing but reflect the reality of the world in which we live. The nursing curriculum must prepare practitioners who can face the challenges of providing health care in the 21st century; this challenge requires that nursing embrace equality and diversity to ensure that the professional community is truly multicultural. “Curriculum theory and the complicated conversation it supports seek the truth of the present state of affairs, not the manipulation of them for political purposes” (Pinar, 2004, p. 208). Welcoming the ‘other’ in to the nursing community and assisting them to be competent, compassionate caregivers reflects the

present state of our society; every human being has the capacity to care for others and should be provided opportunities to do so whether it is through parenting, teaching or nursing. It is not only politically correct but the right thing to do.

Along with the examination of the nursing curriculum, the profession needs to examine itself. As Fine and Weis point out in *The Unknown City* (1998), "... the construction of the dominant white self cannot be understood except in relation to the construction of the "other" (p. 156). It is imperative to examine who the nursing profession is and who it has become by examining the 'other'; how has the 'other' persona evolved and what about the nursing persona has been diminished by excluding the 'other', especially men, in its evolution?

The professional nursing community must go to the core of nursing, caring, to provide a framework that encourages diversity and supports inclusivity. Creating a curriculum that supports an ethic of caring "... that does, indeed, tarry alongside what is closest – our fellow human beings. Compassion in the curriculum is not a value that can be developed by elaborate schemes of scope and sequence.... It is unplanned... It is a relationship among teachers, students, and the curriculum" (Reynolds, 2003, p. 47). How can a professional community that claims to have caring at its core and prides itself on treating its clients (patients) with respect and compassion continue to treat potential minority members with indifference? If we truly are in relationship with those around us, we must now learn to "walk the walk."

The 'other' must be offered the opportunity to 'belong' to a nursing community that recognizes the importance of friendship (especially from members of a group, community) on the development of one's identity by encouraging the formation of groups

that can assist them with embracing ‘nurse’ as a viable professional identity.

“Interconnectedness is knowing that we are, indeed, part of the web of all life”

(Reynolds, 2003, p. 58). It is through interconnectedness that we come to forge a meaningful life for ourselves that is full of hope, possibility and contentment. How can one develop this kind of life if they cannot feel connected to those whom they share their life with? The ‘other’ must be given the opportunity to come together as a community of nurses to support one another, to promote the ‘nurse’ identity and to foster their role as caregivers. “We gather together to reassure ourselves and each other that we have a community that thinks somewhat like we do, that other people believe that our life goals are both sensible and attainable” (Childress, 2000, p. 107).

The nursing literature abounds with research that identifies reasons for the paucity of the ‘other’ in nursing; the poor image of nursing leading to the devaluing of the nursing role, lack of respect for nurses and nursing and, Florence Nightingale’s legacy of insisting that nursing be a white, middle-class profession are some of the reasons given for why the ‘other’ does not view nursing as a viable career option. It is time to enter into this complicated conversation and examine the professional nursing community. Nursing education must work diligently to root out barriers to diversity and equality and recognize efforts that promote opportunities for all to achieve professional growth and personal satisfaction. Nursing must look in the mirror and recognize the commonality of the images reflected back. The question is not “are you man enough to be a nurse” but, are you “(hu)man(e) enough to be a nurse.”

In *What is Reconceptualization*, Pinar (1994) argues that constant examination and critique of education is fundamental to improving it. Pinar contends that without

critique, schools will continue to delude themselves that what they are providing is meaningful learning. Schools will continue to be preoccupied with control and the tenets of scientism. “The ideal of education evaporates; a residue of schooling, training for profitable existence in a capitalistic economic order, remains. Teaching is reduced to instruction.” (Pinar, 1994, p.67).

Nursing education reduced to instruction has lost its ideal; it has lost its soul. By focusing on the science of nursing and eroding the importance of the art of nursing, the nursing curriculum has become stagnant and is risking irrelevance; living caring is being replaced by being caring. One cannot live the virtue of caring “... unless we are changed in our own soul life through what we experience” (Sardello, 2002, p. 99). Change begins with self-reflection.

Sardello suggests that reclaiming the soul requires an honest and unobstructed examination of the self that (re)connects thinking and feeling with doing. Recognizing and accepting what is uncovered through this connection positions the self to be open to new possibilities created by this connection. This new insight and awareness creates an environment that facilitates change and can reinvigorate the virtue of caring within nursing education.

By allowing science to dominate, nursing educators have become rigid in their thinking and permitted antiquated and ineffective teaching plans to become frozen in time. Teaching must be fluid with opportunities for newness and growth. Nursing education must reflect the belief in the movement towards living caring as the essential ingredient in reclaiming its soul and not be content in the belief that doing caring is the soul of nursing.

In *The Power of the Soul: Living the Twelve Virtues* (2002), Sardello introduces the concept of connectiveness. He reminds us that virtues are “the soul medium of our spiritual relationships with others” (p. xi) and that the virtue of virtues is that “through them our spiritual efforts are always kept in touch with the earthly world and the soul and spiritual needs of others” (p. x). One cannot live a virtuous life in isolation; we must remember that we are in community with others. As nurse educators, it is our responsibility to open students to the possibility of building relationships of caring. “... this virtue – or rather, the absence of this virtue in the world – reveals a need for inner development work as a central aspect to the training in the professions” (p. 37). Students must be encouraged to live caring; as Rhodes (2001) reminds us, “education is not a spectator sport; it is a transforming encounter. It demands active engagement, not passive submission; personal participation, not listless attendance” (p. 65). Nursing classrooms must recognize their pedagogic potential as microcosms of society and model an ethic of caring that transforms students into practitioners of professional caring.

In *Notes on Nursing: What it is, and what it is not* (1859/2003), Nightingale attempts to articulate the role of the nurse in the burgeoning field of health care delivery precipitated by social change accompanying the industrial revolution.

If a patient is cold, if a patient is feverish, if a patient is faint, if he is sick after taking food, if he has a bed-sore, it is generally the fault not of the disease, but of the nursing (p. 2).

While acknowledging the struggle to define nursing within a historical tradition of women as caregivers to the sick and dying and a society that clearly delineates roles within a sexist framework, Nightingale attempts to express the critical role of nursing

within an unfriendly patriarchy. However, Nightingale reminds us that irregardless of the sociopolitical climate, nurses are in relationship with patients, families and physicians sharing a common goal “to unmake what God had made disease to be, viz., a reparative process” (p. 2) and “I do not mean that the nurse is always to blame” (p. 2). Nightingale concedes that the road to recovery involves the successful commingling of the science of medicine and the knowledge of nursing. Being caring, living caring is a priori to the “reparative process.”

Similarly, if students are apathetic, if students are indifferent, if students do not want to learn, it is generally not the fault of the student, but of education. Like the practice of nursing, nursing education is in relationship with students, faculty and the health care community sharing a common goal of preparing professional nurses that are competent to practice in a variety of settings with diverse populations. The failure of nursing curricula to provide a pedagogic experience that fosters meaningful learning must rest within the protective nutshell of nursing education. And, like the reparative process, nursing education must accept that a caring, creative curriculum open to examination and evolution is a priori to meaningful learning.

What might a *new* curriculum look like? Although each nursing education program must be creative in addressing the specific needs of its primary constituents, professional nursing education must address the needs of a constantly evolving, complex global health care system. I would suggest that as nursing education programs continue the ongoing complicated conversation on curriculum and melding the science of nursing with its professional competencies, that they (re)introduce the art of nursing within a post-modern framework.

Nursing educators must introduce the philosophy of reason into every course teaching the professional competencies. Along with the pathophysiology of disease, students must understand the axiology, epistemology and ontology of disease as they facilitate patients' interpretation of the experience of illness on their journey toward wellness. Faculty must help students ignite their enthusiasm for participating in a quest towards uncovering the meaning of illness as they assimilate the science of illness into an understanding of illness that fosters professional practice that is both doing and being caring.

Additionally, to assist students in their evolution towards professional nurses, nursing education programs must provide students with the opportunity to understand the contemporary role of the nurse within the context of its historical evolution. Introducing a course into the curriculum on the philosophy of nursing that begins the dialogue on what is nursing, what is truth and justice, what should professional nursing be and how we become professional nurses practicing an ethic of caring, combines with the science of nursing to transition students into the role of independent professional nurses. Students must appreciate where we [nursing] have been and how we [nursing] are now before they can vision where they need to be within the health care system to come; professional nurses that are open to new and innovative ideas on how to meet the rapidly changing needs of complex patients require the opportunity to think and speak about the evolution of the nursing persona as they relate it to their own experiences and integrate it into their own sense of self.

Along with the philosophy of nursing, students must be introduced to the art of caring. Although an ethic of caring must be a construct integrated into every nursing

course, offering a course on the ethics of caring would provide students with an opportunity to understand the theoretical framework of nursing practice and integrate it into their personal ethos. Through a dialogue on the history of ethical thought, ethical dilemmas and providing nursing care that is committed to equanimity and equality, students would develop an understanding of the ethical obligations and considerations of professional nursing practice in a global health care community. Similarly, students would develop a critical understanding of the importance of being caring as they learn to awaken the soul of nursing and assimilate it with the task of doing caring. Students would come to recognize the influence of social, cultural, spiritual, political, economic and technological factors on their professional practice within the ethic of caring.

The advances in science and technology coupled with the rapidly evolving global health care community suggests that the role of the professional nurse must be in a constant state of evolution to meet the health care needs of patients and fulfill their responsibilities within the interdisciplinary health care treatment team. Nursing education programs must assist students in making the transition to practicing nurses while learning to be in a state of evolution. A course on integrating the evolving role of nursing within an evolving health care system would examine the role of the nurse within the realities of the current health care environment and the possibilities of the health care system to come. Students would examine current health care issues which influence, and are influenced by, professional nursing practice. By developing a critical understanding of such issues as sexism, racism and classism within health care, multiculturalism, globalization and the business of health care, students would develop a broader

understanding of their role as nurses and the diversity of the human experience along the illness – wellness continuum.

Just as professional nursing practice recognizes the importance of patients sharing their personal experiences of illness with other patients as an opportunity to experience the healing power of the collective along their journey to wellness, nursing educators must facilitate student sharing as students struggle with their nursing identity. Faculty must create opportunities for non-traditional students to integrate into the traditionally white middle-class female dominated profession. Encouraging opportunities for students to interject personal experiences with health and health care must be combined with exposure to non-traditional clinical experiences that build awareness of the ‘other’ so students can recognize themselves within the community of nursing. Non-traditional students must be able to participate in a community of inclusion rather than a discussion on the need for it. Additionally, the nursing academy must work diligently at recruiting faculty that represents the ‘other’; students must have successful role models to emulate who can instill hope for a future of connectedness among a global nursing community.

Nursing curricula that respects the past and is open to the possibilities of the future while living in the reality of the present will facilitate meaningful learning. Bringing the art, science and professional competencies of nursing together with personal insight and awareness into the complexity of the human(e) condition offers nursing educators the opportunity to create educational programs prepared to meet the challenges of educating health care professionals for health care *to come*.

Closing comments on an open dialogue

In reflecting on the journey of discovery that is my dissertation, I cannot help but recognize an underlying thesis that has become my mantra for nursing education; meaningful learning that facilitates the evolution of caring, competent professional nurses requires an open, ongoing dialogue within the academy that embraces multiple truths, multiple realities and multiple possibilities. Nursing education must be in a constant state of deconstruction dedicated to self-reflection and willing to envelope itself in an aura of authentic anticipation as it works toward the curricula *to come*.

I recognize that some will criticize what they perceive to be the lack of specific strategies that addresses the disconnect in nursing education between the desire for learning and the commitment to the learning process. However, that would be looking for modernist solutions within a “postmodern critical pedagogy” (Pinar et al., 2000, p. 305) that embraces the relationship between self and other and the possibility contained within their difference. Professional nursing education needs to move away from mimeticism to iteration and work within a framework that respects the lessons of the past, acknowledges the reality of the present and embraces interpretation and individuation as it allows for program specific solutions to realize its mandate of educating professional nurses for the next millennium.

There is no universal truth, no fixed meaning, no bottom line, no last word. Like the truth of the desert, all truth is conditional, contingent, shifting, and elusive. This understanding means, of course, that there is no single author of truth, no single reader, no single interpreter. Truth always, already, forever, depends on everything (Sumara, 1996, p. 74).

This dissertation begins the dialogue that will become a *new* discourse on the contemporary nursing curriculum. The time has come to situate the discourse on nursing education within the experience of the academy. Nursing academia must accept the challenge to continue this discourse and ensure that nursing education *to come* depends on everything.

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