**Critical Pedagogy for Nursing and Midwifery Education: sharing ideas through critical conversations**

**A workshop hosted by the Centre for Critical Research in Nursing and Midwifery (CCRNM)**

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Perspectives on critical pedagogy and work based learning

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I have recently been reading Margaret Archer (2007) ‘*Making our way through the world: human reflexivity and social mobility*’. I was left wondering: How do nurses make their way through the world and what sort of reflexive capability do nurses hold at the end of their nurse education programme? What happens to that reflexive capability as they make their way through the world of work? Archer (2007:5) makes the proposition ‘*The subjective powers of reflexivity mediate the role that objective structural or cultural powers play in influencing social action and are thus indispensible to explaining social action*’.

In response to Archer’s proposition I ask two questions: what pedagogies do we use in nurse education that are enabling of nurses to develop a critical way of being as they inhabit and negotiate a life world of political, regulatory and institutional contexts – as ever thus was. What conceptual diversity of pedagogies do we use for the design and delivery of curricula of preparatory nurse education and preparatory nurse teacher education and to what ends?

Post Francis urgently requires nurse educators and nurse education researchers to make a noticeable presence in a space that seems to be increasingly habited by all and sundry wanting to take a bigger stake than nurses themselves. I am drawing on Magali Larson’s (2014:12) reference to ‘*factoryising education’* where the teacher (and in turn the nurse) becomes an automaton at the behest of more powerful institutions. For me preparatory nurse education and nurse teacher education (and in this I include the vast number of nurses in the workplace with the label of mentor) are all entangled in the current system of nurse education. Is it possible for us to free ourselves up from how we already think and act through the dominant discourses and structures? What I am referring to here is pedagogical choices made for nurse education at all levels: societal, organisational and personal and how we understand these choices in the political, regulatory and institutional contexts in which nurse education is enacted: a wicked problem that requires us to investigate conceptual diversity and take courage to put it to work in the development of pedagogic and curriculum strategies. We need a new way in, that goes way beyond evidence based clinical practice if we are ever to free ourselves from dominant ways of thinking and doing nurse education. We take our history and Mrs Bedford Fenwick with us.

In the late 1980’s one year on from having moved from clinical practice as a ward sister into a further and higher education college to teach on CPD diplomas (London) and degrees (CNAA) my Head of Department said to me and ‘you can write the new diploma curriculum Margaret’. I stared at her and said ‘what’s a curriculum’? This was the start of my relationship with professional education curricula development from preparatory programmes to professional doctorates. My experience of curriculum development was structured through the regulatory interface of higher education (the CNAA) against which we benchmarked the curriculum. This carried with it substantial academic freedoms to design the curriculum using a theoretical perspective and related teaching, learning and assessment strategies. I only came to understand these freedoms inherent in my work when I moved to become an assistant director of nurse education and the constraining influence not so much the regulatory body per se, rather the nurse teachers who had just moved from several Schools of Nursing into the university setting and brought with them what seemed to me a reactionary approach to curriculum development and delivery. Exploring alternative interpretations of the pre registration regulatory framework to design and develop a curriculum that still permitted professional standards to be achieved were treated with suspicion. I was taken aback by the lack of recognition of theoretical education perspectives that sat behind curriculum design. What seemed to matter was that the regulatory standards had been adhered to: all the conceptual discussion and questioning the pedagogical assumptions of the curriculum was to no avail. If nurse educationalists cannot develop and maintain a critical position what hope for the profession.

This was around 2001 and my concern is that we are heading back there through a ‘Pearsonisation’ of degree level nursing apprenticeships becoming a reality. Yes the Nursing and Midwifery Council (NMC) does give us evermore tighter direction as it responds to challenges but what else is there between the DoH and whatever political party is in power and nurse education. On the UK people’s vote to leave the EU how will this position nurse education? Is it possible for the NMC to act as a defender of what nurse education has historically gained alongside nurse educators and researchers?

I say all this because in 1996 Jane Harden (now at Cardiff University) wrote about critical pedagogy and 20 years later we (as in the nursing profession) find ourselves brought to task by the law profession through Francis about the state of leadership in nursing. There is no acknowledgement of the dominant assumptions about health leadership and working practices pressing upon (and in the case of Stafford oppressing) front line nurses. In 2014 Freshwater made a telling point when she said for too long leadership has been focused on organisations rather than promoting the profession. Perhaps if nurses had enacted a critical leadership for professional movement rather leadership for the management of change in the NHS, then Jane Harden’s view of critical pedagogy might now be the dominant theoretical perspective informing curricula design and we would be occupying a different space from where we are today 20 years later still asking questions of critical pedagogy and nurse education. We seemed to have become sucked into the policy think and agenda of government ministers and the NHS and forgotten about our vision for the profession: the nursing profession and the NHS are not synonymous.

There is an assumption that nurses on the register have the capability to challenge dominant assumptions and change health care organisations for the better. If this is an expectation of the profession (Snyder 2014) and not just policy makers and other elites that nurses work with an ethic of care for social justice then curricula design and delivery must be based on theoretical perspectives that address the identify formation of the professional nurse rather than socialisation of the nurse into the NHS: in Archer’s terms nurses as autonomous reflexives: ‘*those who sustain self-contained internal conversations, leading directly to action*’ and meta reflexives: ‘*Those who are critically reflexive about their own internal conversations and critical about effective action in society*’ (Archer 2007: 93). For such a professional identity formation a curriculum solely designed on adult learning theory with a reflective practice located in the individual student no longer cuts the mustard. We need to move on and truly engage with conceptual diversity for curriculum design embracing critical perspectives in the university and workplace settings.

When I did preparatory curricula development all those years ago I used a threefold model of structure – healthcare policy (DoH & NHS), higher education and professional regulation and from the space between nurses and nurse teachers squeezed out a curriculum. Now the space seems much smaller and different and I would like to think carrying freedoms yet to be uncovered. Others have written about the history of preparatory nurse education curricula and the emergent dominance of competency based pedagogies. Perhaps not so much has been written about the dominance of competency based pedagogy on the academic nurse teacher-student- patient relationship.

Since the Nurses Registration Act of 1919 growth and dominance of regulation has become a way of life. Although the creeping dominance of political drivers within regulation has become more noticeable since the DoH *Making a Difference* report published in July of 1999 and the Fitness for Practice report published by the UKCC in September of the same year. 1999 marks a turning point in the power of the professional regulatory body to determine the standard, mode of delivery and content for nurse education independent of the policy context for health services and the start of the modernization of professional regulation of nurses. In the current dynamic of political, regulatory and institutional contexts we have: an ascending dominance of patient and public involvement; a descending dominance of meritocracy and expertise of professions, a descending of academic freedoms in the marketisation of higher education and a seeming ascending dominance of intolerance towards cultural diversity. All this pervades preparatory programmes of nurse education and nurse teacher education and the prevailing dominance of competency based education. Somewhere in all of this structural complexity in the present is the being and becoming of the student nurse, the nurse teacher, practice educator, the patient / client. Moving towards a conceptually diverse pedagogy of nurse education permits an ontological presence of care and social justice.

**A conceptually diverse pedagogy of nurse education** (Ironside 2001)

***Competency based pedagogy***: rational orderly and sequential process that leads to cognitive gain and the acquisition of specific skills

***Critical pedagogy***: draws attention to issues of power and oppression within educational settings, seeks to transform current understandings through rationale dialogue and critique [for] empowerment, community building and social action

***Feminist pedagogy***: overcoming oppression resulting from unequal social relations specifically gender [for] inclusiveness, cooperation, collaboration , mutual respect and trust, multiple ways of knowing, and collective action that challenges the marginalisation and silencing of women

***Postmodern pedagogy***: deconstructing the politics of difference [around] assumptions of knowledge, truth, objectivity and rationality by ... deconstructing grand narratives

***Phenomenologic pedagogy***: emphasises understanding the lived experience of students and teachers through dialogue, reflexivity and day to day community practices

Ironside (2014:213) argues that the concernful practices of schooling, learning and teaching are ontological- *they are always already present in teaching-learning encounters*. We constrain ourselves by neither understanding our dominant assumptions and what we produce through our interactions nor the pedagogical possibilities afforded in the co-creation of teaching and learning contexts of nurse education.

Earlier I said putting conceptual diversity to work in the development of pedagogic and curriculum strategies would take courage. This is because within a conceptually diverse pedagogy of nurse education critical pedagogy ask us to reframe the competency based socialisation of NHS practice based learning as work based learning – ie a perspective that emphasises the social, cultural, and political dynamics of work places and development of teaching and learning practices that retain the political realities and social relations of the workplace as experienced by students.

‘*The use of socio-cultural lenses does reveal how learning at work is embedded in production processes and social relations.... workplace learning is embedded in everyday work within the social dynamics of organisations – between the workplace and wider work-life relationships and the careers of practitioners as they move into and out of communities of social practice* (Evans 2012:3)*.*

Work based learning keeps the biographical learning and pathways of the learning individual in view with the potential to explore and surface power relations and dominant assumptions of the workplace in the practice of nursing. By referring to workplace placements as practice placements the social and political dynamics of structural influences of the workplace are written out alongside the formation of a professional identity in favour of retaining socialisation to the norm: this is how we do things here. As Shannon (2015) highlights ‘*student nurses are potentially not taught to develop their perceptions of health care delivery but instead to just deliver the health care services*’. What is being attended to in our pedagogical interventions is important in relation to what is produced.

I showed this is an analysis of narrative accounts from practice learning assessment portfolios using ethnomethodology. The findings showed a local practice learning scene with two structural patterns of orientations of the portfolio method to practice learning and assessment (Volante 2013: 56).

1. ***a learning practice*** *constitutive of a local learning milieu within which learning needs are identified from a learner perspective and met through enquiry into the everyday professional work of a client-centred practice. Institutional programme assessment requirements are met by way of reflective learning processes that evaluate client outcomes and from which material evidence is subsequently generated for inclusion in the portfolio.* Such an orientation accomplishes reflective thinking for critical enquiry.
2. *In* ***the formal programme*** *wider institutional structures dominate constitutive of a local learning milieu of support and surveillance that produces material evidence of professional actions to meet institutional assessment requirements to progress the portfolio*. Such an orientation accomplishes reflective thinking for evaluation of self.

From a work based learning perspective, learning is relationship oriented and collaborative and has to be understood in its political, regulatory and institutional context. For Shannon (2015) critical pedagogy offers a particular ‘spirit of inquiry’ as a way of supporting the student to find a position in relation to the dominant discourses and practices they experience as they transit through workplace placements. She is of the view that *nurse educators who fail to promote concepts of critical pedagogy potentially reduce the effectiveness of future health care provision*. Critical pedagogy requires the development of moral courage and a commitment to service on the part of the learner and nurse leaders, nurse educators, mentors and researchers.

In historical date order:

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Ironside P (2014) Enabling narrative pedagogy: inviting, waiting and letting be *Nurse Education Perspectives 35*(4): 212-218

Larson MS (2014) Looking Back and a Little Forward: Reflections on Professionalism and Teaching as a Profession, *Radical Teacher 99*: 7-17, DOI: <http://dx.doi.org/10.5195/rt.2014.112>

Snyder M (2014) Emancipatory Knowing: Empowering Nursing Students Toward Reflection and Action, *Journal of Nursing Education 53* (2):65-69, DOI: 10.3928/01484834-20140107-01

Shannon C (2015) Using critical pedagogy to teach social responsibility and moral courage in nursing Chapter 8 in Orelus PW and Brock R (Eds) *Interrogating Critical Pedagogy: The Voices of Educators of Color in the Movement*, Routledge

Have a look at

Blog <https://grumblingappendix.wordpress.com/2013/12/10/whose-side-are-you-on-patients-professionals-and-power/> also hosts documentation from the Radical Nurses Archive: A Record of British Nurse Activism in the 1980s