**Perspectives on Critical Pedagogy in Undergraduate Nursing Programmes**

**Introduction:**

Sir Robert Francis published the results of the inquiry into Mid Staffordshire Foundation Hospital Trust some three years ago now. As we all know failings were identified at every level including individuals, management, regulators and educationalists. Since its publication, nurses have been criticised, as lacking both the skills to care and the inherent qualities to do so with compassion. The Francis Report (2013) requires nurses to accept accounts of poor nursing care, being based on the witness statements of over two hundred patients and their family members. In turn, this requires nurse educators to pay attention to the role and function of nurse education in preparing nurses for modern-day nursing practice, whereby healthcare systems are complex, demand for healthcare is increasing exponentially, and where caring and compassion are rightly considered synonymous with nursing.

Since the Francis Report `care and compassion` has become something of a trope – a figure of speech, used in this instance to support the speakers (undeclared) neoliberal agenda. In other words, a call to reform both the NHS, and by association nurse education, by claiming neither are fit for purpose in the twenty-first Century. The problem with putting the words together compels the reader to attend to both concepts as psychological traits or behavioural tendencies held (or not held) by individuals: a nurse is either a caring and compassionate individual, or they are not, as the case might be. This enables the `fault` to lie within the individual and not with organisational factors, which ultimately determine how health services are organised, managed and delivered. On the other hand, if care is viewed as physical labour, emotional labour and organization then `care` is more than attitude. Nurses may or may not have control over the flow, pace, and indeed goals of the work they undertake. Context may determine if emotional labour compromises the capacity of nurses to undertake care in a compassionate manner. The organization necessary for care determines whether the nurse has the positive freedom to care – whether they have the resources and infrastructure to undertake care work. The current trend, to engage in dialogue intrinsically coupling care with compassion has resulted in a blame culture, whereby nurse practitioners are inclined toward pointing the figure at nurse education, and nurse educators reciprocate by pointing to poor nursing practice. As a result, the underlying factors which impact on poor standards of care, for example lack of time and resources, increased stress levels, and lack of required knowledge and expertise for critical thinking are not properly addressed, in favour of yet more organisational change, and a revisiting of nurse education.

The media and public reaction on hearing of system failure at every level; including educationalists paved the way for Government to shift the focus, consciously or unconsciously, away from organisational and resourcing issues within the National Health Service (NHS), in particular a preoccupation of many hospital trusts with achieving foundation trust status, and to focus instead on how, and indeed where, nurses are educated. The Nursing and Midwifery Council (NMC) on the other hand has resisted this debate to a great extent, choosing instead to hold fast to a behaviour focused, outcomes driven, competency based framework for undergraduate nursing programmes. The NMCs intractable position has resulted in a lost opportunity to address concerns regarding skills and behaviours of the nursing workforce, through consideration of alternative pedagogical approaches for learning and teaching about nursing.

This is not a new phenomenon. The General Nursing Council (GNC), the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC), and more recently the NMC have all sought recourse in positivist, as opposed to interpretivist approaches, which recognise the potential for learners to be viewed as assets, as agents of change, and as active participants in the learning process. Where once an apprenticeship model enabled nursing students to be inducted into a community of nursing practice, whereby learning was underpinned by the assumption of safe environment and expert practitioner, the current context of healthcare undermines the idea of safe environment and expert practitioner. Conditions of the workplace, whereby skilled staff are in short supply, with heavy reliance on agency and international nurses, results in priority often given to upskilling the registered workforce, at the expense of the `neophyte nurse`.

Nurses have a right to expect nurse education should equip them with knowledge and skills to enable them to recognise, examine and address the flaws in the contemporary nursing workplace. Nurse educators have a responsibility to carefully determine pedagogy, and to design nursing curricula to enable students to not only practice competently, but to know the important distinction between what is “good enough” and what should not, should never, be tolerated. Critical pedagogy for nurse education is the means by which nurses are educated to not only to know this difference, but also to have the skills to act when care is unacceptable and be assured that concerns about care, raised in good faith, will be robustly addressed.

Pedagogy in nurse education is concerned with what nurses need to know in order to understand nursing as a social enterprise, as a political activity, as a technically demanding profession, in a digital age, where patients, families and carers have access to medical and health related information on a global scale. The goal of nurse education is thus to prepare nurses to meet the challenges of contemporary nursing practice. However, despite this rhetoric, pedagogy in nurse education has not kept pace with societal, organisational and technological change. Instead nurse education displays elements of apprenticeship style training reminiscent of nurse training prior to the introduction of Project 2000.

Apprenticeship style training in nurse education relies on occupational expertise and identity, social and personal maturity, and locational or close association between the qualified nurse and the student. Apprenticeship models, whereby novitiates learn from experts through induction into a community of practice (Lave and Wenger, 1991) work well in situations of relative stability. However, when ideal conditions for apprenticeship cannot be met learning within a community of practice is compromised, with the result that leaner’s find themselves having to `sink or swim`. Despite the best efforts of nurse educators and practitioners to` bridge` the theory practice gap by recourse to strategies such as mentorship, continuous assessment of practice, reflective assignments, and other collaborative learning and teaching strategies, these attempts are thwarted by environments which are not conducive to, and cannot effectively support the learner.

Critical pedagogy offers an alternative approach, remaining as relevant today as in the 1960s and 70s, where it developed as a reaction amongst academics to the repeated failure of socialist governments around the world to deliver promises of economic equality (Hicks, 2004). The goal of critical pedagogy is to challenge conservative, right wing and traditional philosophies and politics. For this reason, critical pedagogy is essential to contemporary nursing practice, in that nurses, while constituting the largest part of the health sector workforce historically struggle to contribute fully to policy making around healthcare and to high level decision making on health issues (WHO, 2009).

Critical pedagogy draws on critical theory, which relates to an ideal standard or mode of being, grounded in justice and freedom. `Critical` within nurse education refers to a critique both of the conditions in which nurse education operates and to a critique of nurse educators’ knowledge and understanding of these conditions. Critique involves reflection on what has been taken for granted, identifying constraints to injustice, and freeing oneself to consider fairer alternatives. Critical theory raises consciousness; empowering the critical educator to challenge the `taken for granted` while allowing for structural constraints to be acknowledged. Critical theory supports the critical educator to question the hidden assumptions and purposes of existing forms of practice.

Proponents of critical theory advocate that individuals are essentially unfree and inhabit a world rife with contradictions and asymmetries of power and privilege (McLaren, 2009). It follows that critical educators endorse theories, which are dialectical, i.e. which recognise the problems of society as more than isolated events of individuals or deficiencies in social structure. Problems are seen as forming part of the interactive context between individual and society with the individual and society inextricably interwoven. Dialectical critical theory involves searching out apparent contradictions, for example regulation of nurse education by a body which purports to devolve responsibility for design and administration of nursing programmes to higher education institutions. Dialectical critical theory requires the critical educator to engage in thinking which reflects back and forth between elements of part and whole; to focus “simultaneously on both sides of a social contradiction” (Mclaren, p61, 2009).

Critical pedagogy has been defined in different ways by critical theorists in a variety of disciplines (education, psychology, sociology). Of these critical theorists, the work of Paulo Freire and Henry Giroux is of particular relevance to nurse education and nursing practice, for reasons that both believe the purpose of education is not simply to reproduce conditions to maintain the status quo, but to resist, critique, and transform conditions for a more just, and equitable society for all.

Paolo Freire, perhaps the most celebrated writer on critical pedagogy provides much that is useful to nurse education. Freire developed a pedagogic theory for use in literacy programmes in Brazil in the 1970s, of which three central ideas are relevant in understanding where nurse education finds itself, and how it might be transformed towards its aspirational goals for to educate nurses for contemporary nursing practice. Freire proposed the notion of critical consciousness, which allows people to question the nature of their historical and social situation – to read the world- with the goal of acting as subjects in the creation of a democratic society. Education for Freire implies a dialogic exchange between teachers and students, where both learn, both question, both reflect and both participate in making sense of any given situation or learning experience (Freire, 1970). This notion of critical consciousness is of immediate relevance to nurse education as it seeks to influence ways in which nursing students are prepared for the world of nursing work. Freire argued for teachers to be endowed with the central role of creating environments in which students are likely to engage in learning that is authentic. In other words, teachers need to identify with their students in order to bring about a mutual understanding of the goals of the education process. Freire, clearly informed the thinking of Giroux, in that teaching is a profoundly moral enterprise. At the heart of Freire’s pedagogy was an anti-authoritarian, dialogical and interactive approach, which aimed to examine issues of relational power for students and workers (McLaren, 2009). While nurse education is regulated by the NMC, and framed within a competency based model, nevertheless nurse educators need to develop innovative and creative approaches to nurse education, which places at the heart of educational experiences analysis of the social and political context in which health services are organised and delivered, in addition to educating towards competency in practice.

For Giroux, critical pedagogy is concerned with teaching students how not only to think but to come to grips with a sense of individual and social responsibility, and what it means to be responsible for one’s actions as part of a broader attempt to be an engaged citizen who can expand and deepen the possibilities of democratic public life. Given nursing students are preparing for a profession where critical awareness is vitally important, it is essential for nurse education to be underpinned by pedagogical approaches which espouse a belief in democratic education, and which promotes a culture of concern for others, an ethic of care, and a deep understanding and empathy for human suffering.

To sum up, nurse education is impacted by societal, health care, technological, economic and political factors, all of which affect the capacity for nurse education to meet its aspirational goal to prepare an educated workforce, capable of working in rapidly changing healthcare contexts. Nurse education does not develop in a vacuum, independent of the wider context of health policy and organisation of health services. On the contrary, nurse education should be pedagogically responsive to these influences, as it seeks to prepare students for the modern-day nursing practice.

References

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