

A philosophy underlying excellence in teaching

Nili Tabak* RN PhD LLB, **Livne Adi[†]** and **Mali Eherenfeld[‡]** RN PhD

*Dean of Nursing Department, Head of Ethics and Law Units, School of Health Professions, Faculty of Medicine, Nursing Department, Tel Aviv University, Tel Aviv, Israel [†]Psychologist, Tel Aviv University, and [‡]Head of MA Program, Tel Aviv University, Tel Aviv, Israel

Abstract

This article discusses nursing education and changing paradigms of knowledge, emphasizing critical thinking, nursing praxis, and the place of the educator as a role model who provides knowledge, facilitates critical thinking, and teaches students how to cope with the knowledge. It interprets the connection between knowledge and power as a potential source of injustice and inequality in the student–teacher relationship; and tries to solve this problematic issue by annulling the differences in power. Examples from clinical areas are presented to illustrate differential power the educator-teacher-researcher has in different clinical areas.

Keywords: excellence in teaching, knowledge, education, power, educator.

Introduction

The aims of the contemporary university include excellence in both teaching and research. Despite the public pronouncements of universities to both these achievements, research typically receives more attention. This article focuses attention on teaching and the place of the educator in nursing education. What is excellence in teaching and what does it entail? Who

is the worthy teacher? Responses to these questions will vary in accordance with the moral and political meanings of education in given locales and cultures as well as the identity and values of those being asked.

McDonald & McIntyre (2002) articulate a moral challenge that arises in providing knowledge and educating. They observe the important fact that all knowledge is contextual, i.e. knowledge based on certain assumptions in certain historical periods, and obtained through specific sources. Every area of knowledge, including nursing, has its authoritative sources, ideological approach and specific point of view. Nursing educators meet students who are in the intersection of clinical work, theory and research and they need to make important decisions regarding the

Correspondence: Nili Tabak, Department of Nursing, School of Health Professions, Sackler Faculty of Medicine Tel Aviv University, Tel Aviv, Israel. Tel.: +972 3 6408488; fax: +972 3 6409496; e-mail: ntabak@post.tau.ac.il

knowledge and underlying assumptions they will teach and, the language they will use.

Education and changing paradigms of knowledge

A current criticism of research and practical nursing, by which we mean direct, hands-on care of patients, indicate that nursing is often disconnected from paradigmatic changes that occur in other areas of research. While there is significant discussion of the shift from a positivist to a postmodern theoretical paradigm in the disciplines of philosophy, sociology and education, nursing still clings to positivist teaching techniques adopted from the educational model of medicine where objective knowledge is deemed sacred (Whall & Hicks, 2002). While this educational model limits critical thinking, teaching methods that consider the connections between individuals and their environments show knowledge as socially situated. Such methods can teach nursing students to see patients as individuals who, like themselves, are influenced by specific economic and social circumstances (McDonald & McIntyre, 2002).

Failure to take a critical approach to education has resulted in several consequences. Reflecting on education and practical nursing led some scholars to examine the philosophical assumptions underlying nursing and conclude that some central concepts in nursing are incoherent. Nyatanga & Dann (2002), for example, claim that empowerment is impossible in nursing. Educationally, nursing espouses the rhetoric of patient empowerment but in the clinical world, there is an interventionist milieu in which the patient is viewed as passive, and nursing practices focus on acting for the patient. Taken together, these leave little space for the patient to make decisions for him or herself.

Another consequence of the failure to take a critical approach to nursing education is that new graduates are unprepared to think critically either about nursing theories and concepts or the social context in which nurses practise. The 'reality shock' described by Kramer (1974) decades ago still exists and students are unprepared to deal critically with the discrepancies between the ideologies of nursing education and

the complicated reality of professional nursing practice. When nursing teachers accept the traditional paradigm of knowledge without questioning the underlying assumptions and helping students to think critically about them, students are less likely to see the implications of socially situated knowledge in the workplace. Yet in the workplace, nurses' knowledge is likely to be discounted through the social organization of health care, a hierarchical and patriarchal organization that privileges scientific knowledge and physicians who control it.

In contrast, our position is that a critical education provides students with some preparation for encountering and confronting patriarchal concepts of knowledge. Furthermore, in our experience, students find this critical approach as liberating, having been equipped with tools of resistance. These tools include recognition of the connection between power structures and knowledge, the recognition that the latter are mediated by language and practices, and the ability to ask questions that probe beyond the obvious. Such an approach to nursing education requires teachers not only convey knowledge to students but also help students to cope with the knowledge by attaining a critical stance. This is accomplished by presenting knowledge in a way that necessarily involves a thorough examination of the social situatedness of knowledge claims, including underlying assumptions and values and the inclusiveness or exclusiveness of the discourses and practices that mediate that knowledge. Questions for nursing students indicative of a critical approach to education include:

- 1 Does knowledge in nursing relate to the health of specific vulnerable groups such as the poor, medically indigent, mentally disabled and homosexuals?
- 2 From what point of view was the knowledge about these groups written?
- 3 Who decides the meaning of vulnerable and whether a given group is vulnerable?
- 4 Did members of the group figure in the representation of the knowledge?
- 5 What professional values are expressed in the knowledge of vulnerable groups?

The requirements for critical thinking in education demand a teacher who does not subscribe to an abso-

lute truth, a teacher who does not teach that certainty is the only acceptable student response, but rather one who teaches that doubt allows for other possibilities. In this model, the teacher locates the starting point of the inquiry, pointing out to students that the starting point positions both teacher and students to expand their understanding of some issues even as it limits their understanding of others (McDonald & McIntyre, 2002). The teacher must interpret and clarify ideological positions in nursing knowledge, including her or his own, in order to enable the students to do the same, thereby demonstrating in action a critical approach to knowledge development and education. In bringing underlying assumptions and values to the foreground, teachers can demonstrate that such a practice allows people the opportunity to change. In promoting these educational practices in the classroom, the teacher offers a model of integrity that involves an ongoing critique of oneself in relation to what one takes to be knowledge of the world.

Teachers able to enact a critical approach to education must be: self-aware and able to promote and participate in discussions that leave one's assumptions and values, both their own and students', open to public view; able to tolerate uncertainty and ambiguity; and comfortable with the limits of their own and the disciplines' knowledge. Attaining an adequate number of such teachers for nursing education is neither a simple nor an unimportant matter. In the next section, we turn to the issue of power differentials between teachers and students because it has been suggested that teachers must eliminate or minimize power differentials if they are to teach critically (Humphris, 1993).

Power to do evil and power to do good

Although we stated earlier that the practice of nursing education clings to positivist educational models, there is a growing literature that interprets the relationship between knowledge and power as a potential source of injustice and inequality and argues that the elimination of these wrongs requires the dissolution of the power differences. One expression of these trends is found in the term *partnership* that characterizes those in traditionally unequal relationships

such as teacher and student, nurse and patient as working together towards similar goals (Jewell, 1994; Gaines & Baldwin, 1996). From this perspective, no one has complete knowledge; the teacher learns from the student just as the student learns from the teacher with their encounters an example of mutual openness to each other's needs. Similarly, Cody & Mitchell (1992) argue for the importance of recognizing differences such that teacher, nurse, researcher are sensitive to and honour the right *to being* that is the student's, patient's, research participant's. This concept effaces the typically taken-for-granted power of the privileged knower. These concepts are encouraging in that they are attempts to lessen the distance between those of unequal knowledge and privilege that follows from hierarchically organized groups (Humphris, 1993). In the practice of education, such concepts create space for the subjective experiences of students, for the truth they experience as their own. In this way, space is created for the voice of those in weaker positions (Brown & Gillis, 1999).

There are those, however, who caution that commitment to equality and the effacing of power differences is not unproblematic. For example, Thorne & Henderson (1999) argue that, frequently, those who advocate for equality and the effacement of differences have of a narrow understanding of equality and actually deny important differences. Understanding equality in individual terms focuses on the possibilities and privileges that the powerful person has over the weaker and, to rectify this, on ways to equalize these privileges between them; it does not offer alternatives to social organization that create conditions of unequal power and privilege, nor does it aim at fostering a collective awareness (Cloud, 1994; Thorne & Henderson, 1999). While students may experience the annulment of hierarchical relationships in the classroom and the expression of their subjectivity as a privilege, these practices do not necessarily lead to the resolution of problems like poverty, discrimination and the unfair distribution of medical resources. Thorne & Henderson (1999) observed that the sweeping enthusiasm nurses have for theories of equality derive from their marginal positioning in the health system and from their attempt to create an alternative system of values to the system that treats

them as unworthy and appreciates their research as less important. Yet, in the process of adopting theories of equality and practices that separate power as a source of oppression from experience as a source of valid and exclusive knowledge, there is danger to education. There is a possibility that the field of nursing will indulge in the marginal position and will enjoy the over-righteousness of being in the position of the weak. While producing texts that express experience and the subjective, nursing might give up altogether the struggle and the position of power in the world.

Regardless of whether teachers are more persuaded by the arguments showing the benefits or those discussing the problems of the dissolution of hierarchical power relationships, there remains the issue of how power in the classroom is managed. Some might interpret the critical approach to education as too relativistic in that it could be conceivably implemented in an extreme manner whereby students come to think that their subjective experience is sufficient – that no further knowledge is necessary. If the teacher has a fear of confronting this view through a fear of using power, education is compromised. Using examples from clinical practice, Nyatanga & Dann (2002) declare their preference for managing this tension as one in which nurses take the position of a witness to the patient's action but does not intervene and does not think for him or her. Yet, as Thorne & Henderson (1999) point out, this position is problematic when, in the case of education, it limits learning because students are not required to move beyond their subjective experience, or in the case of patient care, a psychotic patient is permitted to commit suicide because they express a desire to do so.

In these examples, the failure of teachers and clinicians to recognize and use their power would be an injustice. To the extent that teachers fail to challenge students' experience as instances of what is the case about the world, teachers limit what students can learn. The loss to students is not only other perspectives but the loss of an actual experience of how people of unequal power can come to more complete knowledge. Another harm is the failure of teachers to challenge students intellectually. While teachers must adjust their explanations according to the students' cognitive level and familiarity with material, compro-

missing the complexity of ideas in order to make them understandable to all is problematic. In this case, the teacher retains the power of knowledge and the group of students, as a whole, is left with partial knowledge. Of course, this does not address the problem for the teacher of those students who have conceptual difficulties in grasping the material.

A critical approach to education requires that teachers acknowledge the relationship between power and knowledge and come to terms with the fact that both can be used for multiple ends. Foucault (1980) demonstrated that power solely for the sake of power has no positive role and cannot exist for long. This is clearly seen in several domains of human experience. For example, in a developmental context, the need of the child for the parents' power and decisiveness in terms of the child's education and overall development seems obvious. Although the term education is broad and one could take issue with the moral worth of the specific content of a child's education, it would be unreasonable to deny the developmental need for children to be subordinated to their parents' authority during, at least, the earliest years of their life. In the context of gender relations, Gilligan (1982) differentiated between power activated permanently and temporarily, e.g. the injustice of the permanent subordination and oppression of women. On the other hand, Gilligan acknowledged that power exercised temporarily could foster growth and development in situations of unequal power relationships.

In our view, in the context of education, a teacher who is aware of and shares his or her power and knowledge with students in the appropriate ways and times acts responsibly towards students. In this case, the annulment of power differentials is not a matter of reducing the educator's power, but rather in sharing the educator's power; in the process, both teacher and students are strengthened and empowered (Tanner, 1999). In nurturing students to be open to the views of others, to voice their views, to critique knowledge claims, teachers experience a sense of continuity and revival (Lamish, 2001). In making connections between theoretical knowledge and their own experiences, students gain knowledge of the limits and possibilities of knowledge (Tabak, 2001).

Power to do good in the everyday world of practice

In the everyday world of nursing education, the possibility that the teacher's power can be both positive and negative is a daily challenge. This is especially the case with subjects such as nursing ethics, law and feminist theories that challenge both teachers and students to locate and take responsibility for themselves in a given discourse and set of practices. In what follows, the authors provide examples of the positive use of power by teachers. We believe they show that a critical approach to education requires that the teacher be aware of the power differences between themselves and students. When coupled with methodological and intellectual skills, students gain knowledge.

The first example is taken from a class in nursing and law. The teacher, a nurse specializing in ethics, had an education in law. The teacher used a variety of methods, including formal knowledge, simulations, group discussions, models of moral decision making, and analysis of actual situations to facilitate critical thinking in students. A student who was a midwife raised a concern regarding loyalty in nurse-physician relationships. The issue was discussed in class and the teacher used a decision-making model to mediate the discussion with the outcome that all students and the teacher agreed with the decision that was reached. In keeping with the discussion and decision, the student returned to work and tried to change relationships. Initially the student met with resistance, even to the point that the physician called the teacher asking for an explanation of the demand for change. Using her professional authority and her knowledge of ethics and law, the teacher was able to convince the physician. In this case, the teacher openly discussed her knowledge and power with a clear statement of intentions, which served to support the student while confronting a senior physician to the benefit of all.

The second example comes from a class in feminist theory. At the beginning of the class, students were asked to describe what they thought feminist theory was and if they counted themselves a feminist. In response, students related numerous personal experiences of injustice, struggle, and unpleasant and

depressing confrontations with the medical profession. The teacher used this material to explore the accuracy and depth of their knowledge of feminist theory by comparing the students' assumptions with the assumptions of feminist theories. A series of questions was used to help students reflect on how their fantasies and fears of feminism were related to their lack of or inaccurate knowledge of feminist theory. Following this, students were asked to consider the political implications to themselves of their inaccurate or limited knowledge of feminist theory. This example shows that a critical approach to education can use power in a non-abusive and productive way. The teacher, aware of her own commitments and extensive knowledge, allowed space for the subjective understandings of the students. The teacher used the experience of students to bridge their personal experience with theoretical knowledge, thus forming a basis from which to further extend their knowledge.

The final example is from a course for public health supervisors and senior nurses working with families with multiple, severe needs. This example illustrates the challenges of legitimizing students' inner struggle and differing perspectives regarding interventions when there is no one truth. In this course, several senior clinicians from the field of nursing and social work were the mediators. Classes were structured around case presentations of families and how nurses worked with them. The point of discussion was not supervision, i.e. the senior people were not concerned with immediately making pronouncements on the most correct intervention. Rather, the focus of the discussions was the enactment of the equality approach regarding interventions with difficult families with complex needs. Emphasis was placed on the importance of understanding the situation from the perspective of the other. In this format, students had the advantage of sharing and reflection with colleagues and the opportunity to hear different perspectives and proposed interventions. They gained knowledge and a sense of competence and, importantly, students continued the fruitful and mutual relationships to consult with each other after the class was over. According to the students, what they learned in the class contributed to a sense of empowerment that contributed to their work style with col-

leagues and to their approach with families, which worked towards families' full participation with decision making, and significantly, in our view, students reported that the course helped them to cope with those situations where students could not solve the complex and difficult problems in the family. We believe that this critical approach to education gives students both knowledge and power and recognition of their limits. Perhaps modesty and humility come to those who cannot act because they know that not all is within one's power – those who know this have reached the place of knowing what they do not know.

Conclusion

Postmodern theories of critical education pose a complex challenge for nursing educators. On one hand, teachers must critique themselves and their sources of knowledge, examining basic ideological assumptions while being cognizant of the limits of the point of view they are able to offer students. On the other hand, teachers who are models of the critical approach must be cautious not to deny power relations and knowledge differences between themselves and students. Ignoring the relationship between knowledge and power does not help students to develop a critical approach in relation to their own knowledge and power; neither does giving undue importance to their subjective experience help students. Whereas the first is likely to undermine the knowledge and competence they do have, the latter can leave them unprepared for the realities of practice. Rational awareness of the difference between the use of power to oppress and the use of power to liberate, to nurture, to foster and to give might enlighten a path for the teacher who seeks to be a model of a critical approach to knowledge for students. In contrast, teachers wary of owning and using their knowledge and power interfere with the development with cooperative relationships with students and education does not occur. Through examples

from actual classrooms, the authors have attempted to show how teachers meet these challenges to the benefits of students, faculty and, ultimately, patients.

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