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A critique of Freire's perspective on critical social theory in nursing education

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Summary Nursing has been perceived as oppressed by virtue of among other things gender, occupation and class. It has been suggested that historically, nursing education perpetuated the rituals of tradition and was oppressive in terms of what was taught and how it was taught. Developments in nurse education have resulted in nurse educators seeking alternative means of educating, with the aim of emancipating nurses. Paulo Freire (1921–1997) promoted liberation through reflection and action, directed at transforming the conditions which lead to oppression. The fundamental basis of this approach is critical social theory, which is underpinned by the philosophy that social phenomena must be understood in terms of their context and history. From a critical social theory perspective, fruitful nursing education will only be possible if the history and structure of nursing are clearly understood by those involved in the educational process. We contend that the adoption of Freire's theory in nursing education may contribute towards the development of nurses who will be competent to meet the demands of contemporary healthcare practice. However, the application of this theory to nursing education can be challenging because of constraints imposed by the system in which nurse education takes place. It is therefore important that the application of critical social theory in nurse education be evaluated.

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Introduction

Traditional approaches to nurse education, largely influenced by bio-medical knowledge constructed

from within the positivist paradigm, may not have fully equipped nurses with the skills required to function autonomously. Consistent with trends in other countries the move to an all graduate nursing profession commenced in Ireland in September 2002. This signified fundamental changes in Irish nurse education. These reforms resulted from concerns about the inadequate preparation of nurses

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for practice (Robbins, 2000) and with them came a renewed emphasis on the need for creative approaches to the facilitation of nurse education. The literature supports the need for education, which empowers students to be engaged with the world and to foster change (Freire, 1972; Leyshon, 2002). For such education to exist there is a requirement for transformative educators who understand education as an emancipatory endeavour. The purpose of this paper is to consider how critical social theory, as a framework for the development and growth of nurses, can contribute to nurse education. This is necessary, as nurse educators need to be aware of the underlying assumptions and pedagogical commitments used to inform the educational process (Ironsides, 2003).

Critical social theory

Critical social theory is a means to frame enquiry, with the aim of liberating groups from constraints (either conscious or unconscious) that interfere with balanced participation in social interaction (Freire, 1972). Central to this assumption is the theory that society is structured by rules, habits, convictions and meanings, to which social beings adhere (Allen et al., 1986). Liberation stems from the development of self-awareness and knowledge, with a resulting power over forces of control. Praxis according to Freire (1972) is the key to liberation. Adopting an orientation towards critical praxis (synchronised reflection and action) will facilitate the examination of what knowledge is, the way in which one comes to know and who provides knowledge (Habermas, 1971). It is imperative that those who seek liberation critically analyse social structures and ideologies, as constraint, leading to oppression, exists where there is unreflective communication (Habermas, 1971).

Oppression in nursing

Oppression occurs where constraints and restrictions diminish, immobilise and fashion people into subordination (Kendall, 1992). For oppression to exist there must be an imbalance of power. There is an abundance of literature regarding the low status, marginalisation, oppression and subordinate position of nurses (Cunningham, 1999; Meleis and Eun-Ok, 1999; Narayanasamy, 2003; Berry, 2004; Peter et al., 2004; Bennett-Jacobs et al., 2005). Oppressed persons are frequently classified as marginalised, as they deny their own characteristics and yet are not members of the dominant group (Roberts, 2000). It is this marginalisation that

results in loss of self-esteem and reduction in status, power and autonomy. The inability of the oppressed to deal with and challenge the dominant group leads to aggression and complaint, which is not channelled to the oppressor but instead creates inter-group conflict among the oppressed (Freire, 2000). Oppression is maintained through reinforcement of these beliefs. According to Freire (2000) those who are oppressed eventually grow to despise and deny their own identity and accept the attributes and qualities modelled by dominant groups. We consider that traditional approaches to nurse education could have fostered such practices, consequently casting nurses in the role of oppressed.

Nursing for many years was subsumed by medicine and operated under the influence of the biomedical model (McCall, 1996; Roberts, 2000). Historically, the education of nurses existed to meet the service needs of institutions. Nursing students were referred to as trainees and were trained in institutions that were tightly run, disciplined and designed to inculcate subservience (Sweet and Norman, 1995). The word training implies predictability, rigidity and routine performance of procedures (Treacy, 1981). Nurse education relied on biomedically derived knowledge, which nurses were expected to acquire and implement. Such a behaviourist emphasis was dependent on the measurement of factual recall and task performance. There was little acknowledgement of or requirement to make explicit the dynamic contextual nature of the multiple forms of knowledge now recognised as central to the implementation of autonomous nursing practice. Nurses will be autonomous only when their observations, interactions and decisions are based on clearly articulated nursing knowledge rather than on unquestioned ritualistic traditional practices.

Liberation through education

Freire (1972) noted that the education process could act as a tool for conformity or an instrument for liberation and promoted an education based on liberation, whereby individuals are empowered through critical examination of their reality. The central tenet of this is critical reflection, which Freire (2000) refers to as conscientisation. Critical social theory applied to nursing education requires a critique of existing conditions with the aim of transforming reality through reflection and action (Holmes and Warelou, 2000). The ability of nurses to challenge social structures and ideologies and discover some of the possible constraints to

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