# Transformative teaching in nursing education: leading by example

**Margaret McAllister, Griffith University**

This is the second in a pair of articles exploring critical education, an illuminating philosophy relevant to practice development facilitators, clinical teachers, academics, clinicians and others involved in the rethinking of nursing practice. I argue that critical education and its practice equivalent—transformative teaching and learning, can restore optimism in those who feel that longstanding practice problems have become insoluble. It can provide clear direction to assist new nurses, students and lifelong learners to become strategic about change, aware of the rich and varied history of their profession, critical thinkers and creative solution generators. In this article, I move beyond the forming phase of the teacher-student relationship to the building, or working phase of learning. Two particular ways of encouraging critical thinking are emphasised: reflective practice and dialectical critique. In order to move beyond the purely abstract, I draw on my experiences teaching undergraduate and postgraduate students, and clinicians working in education, practice and research.

**Key words:** critical education, critical theory, nursing education, transformative teaching

Margaret McAllister RN RPN DipAppSc(Nurs) BA MEd EdD, Associate Professor, School of Nursing and the Research Centre for Clinical Practice Innovation, Griffith University. Email: m.mcallister@griffith.edu.au

## Introduction

Once the teacher and students begin to see themselves as part of a group, a community of learners, the work of learning becomes more enjoyable and productive. The previous paper detailed strategies for facilitating a sense of community and establishing shared roles. This present paper proceeds to discuss the process of learning using a critical theory approach. Critical education is primarily concerned with sensitising students to injustice, oppression, inequality and domination and seeks to build critical consciousness, collective identity, and strategies for change. Critical educators are unapologetically idealistic and do not pretend to be value-free. As Mary Sweeney (1999 p.98) stated: 'Education which claims to be neutral trains children (sic) to take the world for granted and to never imagine a more just society'. At the same time, teachers do not, and need not, necessarily have all the answers. Indeed, transformative teaching is not that which transmits values, beliefs and solutions to students, but rather builds in students the capacity to continue the change project.

As a teacher of nurses and an educationalist, I am constantly seeking novel activities to inspire students, to awaken their passion for nursing, and to make a difference in the social world. In the interest of making public my private teaching practices, the following section details ways in which I have attempted to put into action the ideas of transformative teaching.

## Building a critical consciousness

Conscientisation is a crucial part of transformative teaching and refers to the development of a critical consciousness (Freire 1972). It is used to assist students to become critical of dominant ways of thinking rather than passively accepting them, and to make a conscious effort to use knowledge to help people live more liberated lives.

Critical consciousness is not just something that is believed or held internally but is actively demonstrated in authentic, reflective actions. It is about moving beyond ritualistic, or reactive behaviours towards acting consciously and in an enabling way. In practical terms, the focus of teaching is to show ways that theoretical issues are lived out in practice; to provide vivid, memorable examples of how understanding, insight and development changes people's lives.

In discussing the idea of consciousness raising in nursing, I regularly make use of the video 'Critical thinking in nursing: lessons from Tuskegee' (Wade 1993) which tells the story of Eunice Rivers, an African-American nurse researcher working on the infamous Tuskegee Syphilis Study in Alabama in 1932. Rivers, once revered by other nurses for being independent and empowered, encouraged black men with untreated syphilis to remain in the study while they falsely believed they were being treated. As there are so many lessons in this video, I have used it to trigger discussion in topics as diverse as ethics, research, mental health, nursing history and cross-cultural studies. I usually request students to first, simply view the video. Afterwards I challenge them to look beneath the surface of the story to reveal dominant beliefs, evidence of injustice and dynamics of disempowerment. Then I ask students to reflect on the patterns of thinking and behaviour revealed in the story that are still being reproduced today. In this way, I engage students in a process of consciousness raising about nursing, helping them to see that taken-for-granted practices are sometimes deeply rooted in culture and can be surfaced, challenged and replaced.

### From theory/practice to praxis

A fundamental concept for critical theorists such as Freire (1972) is to be cautious of all theories and assumptions, because when they are held to dogmatically, they can be used to dominate and silence. Furthermore, theory without action is empty and irrelevant. Bell hooks (1994), the African-American feminist and educator, takes this idea one step further by arguing that the theory-practice gap is a false dichotomy. For hooks, theorising *is* practice and practice *is* theorising. For example, when one conducts research and produces a theory that takes a critical or visionary stance on something, and then takes action to forge change, these are practices—not reified, irrelevant theory-making. Further, when practices are trialled and later reflected upon, critiqued or evaluated, this is theorising. Thus it may be better to speak about praxis—theory linked to practice, than to speak of 'theory-practice gaps' and so continue to split theory and practice in a false dichotomy.

What this means for everyday teaching practice for me, is to be aware that discussion about theory on its own is not sufficient. Whenever possible I try to interject such discussions with challenging questions such as: What action will you take in your practice in relation to this concept?

This means for everyday nursing practice that nurses need to be aware that theoretical ideas without action are likely to be of little use. Yet it is common practice for clinicians to engage in health education simply by delivering information to clients, even though this has been demonstrated to be ineffective (Lorig 2001). In a recent mental health nursing workshop, I discussed this issue with clinicians and together we explored an alternative approach to traditional health education using the framework illustrated in Table 1. This framework moves education from a transmissional mode to a transactional one. Clients have opportunity to learn skills through demonstration, practice and through the motivation of supportive others. In this way, theoretical learning is transformed into action.

### Self-interrogation

Critical educators believe that for students to make an impact on their world, they must have space to practice—articulating new knowledge and its effects on their lives, and then to share those interpretations with others (Giroux 2000, hooks 1994). In this way, students and teachers must interrogate their habits if they are to change from being subjugated and controlled.

For example, following a topic on the experience of health, a slide show of pictures can be presented to students with the explanation that the activity is designed to prompt them to think about the many ways health is experienced and understood. The first pictures may be concrete or denotative images of health; for example, photographs of clinical nurses engaged in such practices as giving an injection or bathing a baby, and a midwife assisting a woman in labour. Gael Knepfer's and Carolyn Johns' (1989) book *Nursing for life* is a good source of photographic images. Students can be asked to comment on what information is being conveyed in particular images. This helps to build descriptive ability. Additionally, the teacher can facilitate their interpretations about what effect this interaction might be having, what feelings students have towards the characters and so on. The session may move onto consideration of artistic depictions of health in, for example, the works of Vincent Van Gogh or Edvard Munch. Such depictions arguably evoke more passionate and varied readings/responses because they tap into the viewer's emotions and hint at, rather than explain, a character's experience. The teacher could model for the students how he or she perceives and interprets a particular piece. Then, students could be asked to contribute other interpretations of the work.

### Move beyond self-direction

Many current teaching approaches value self-directed learning, perhaps because it seems to be time-efficient, and freeing for students. But, according to Freire (1972), self-direction is an 'agent of domestication' because it allows students to stay where they are intellectually, never reaching the point of discomfort where they are unknowing and require direction, which motivates growth and change. That awareness of not knowing something, of being aware of one's ignorance, is also known as cognitive dissonance (Myers 1995) and is something to aim for, rather than something to avoid. This unknowing space is therefore a kind of potential space because it invites an opportunity for students to take a change in direction. When teachers are present to skilfully guide students to the space, and to challenge them to find ways to bridge it, then students can have the gratifying experience of being a discoverer and learn new things.

So, in my own teaching practice, I am conscious of the potential for self-direction to be inefficient use of time. If students do work on their own or in small groups then they do so with clear tasks and expectations that the knowledge will be later shared in the larger group for the benefit of what has become a learning community.