Authoring 1

RUNNING HEAD: AUTHORING

NUED Master’s in Nursing Final Project

Authoring as a Nurse Educator

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July 17, 2009
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Acknowledgements

I would like to thank my graduate project Supervisor, Dr. Gweneth Doane and my project committee member Dr. Carol Macdonald for sharing their wisdom and experience in support of this graduate project paper. I am very grateful to Dr. Gweneth Doane for her inspiration and her compassionate unconditional support of my graduate project and authoring journey. It has been a great privilege to work with Dr. Gweneth Doane these past two years. I would like to thank all the nurses who I have worked with as a nurse educator who inspire me every day in practice and who have become partners in my development as a nurse educator.

I would like to thank my mother, Emily Allison, for her daily support and love.
Abstract

This paper describes the author’s inquiry into her experience of authoring as a nurse educator in public health nursing practice. Through a critical exploration of her own practice, the author shares her insights into how authoring herself as a nurse educator supports her to respond to learners, shape nursing knowledge and promote the moral identity of nurses. Authorship is a critical component of being a nurse educator, as authoring is ethics in action. In this project the author explores authoring through the process of reflexivity. The author explores how authoring shapes educator decisions and relationships with learners. The author believes that ontology and epistemology are foundational to authoring as a nurse educator.
Authoring as a Nurse Educator

Teachers see differently as they become more aware of the richer, broader and deeper significance of their work, as their horizons and awareness expand and extend. Not only do teachers then see more, but they experience changes in the value they attach to their work, as it comes to be more meaningful (Beattie, Dobson, Thornton and Hegge, 2007).

This paper is an inquiry into my self-authorship as a nurse educator and graduate student at the University of Victoria. In choosing to explore my authoring process, I have made a conscious choice to be vulnerable and to explore the relationship between who I am and who I am becoming as an educator. This inquiry is significant in that how I have known myself as a nurse educator in the past supports me in the present, and yet if unexamined, the past holds the potential to prevent me from being fully present each moment, and from seeing new possibilities for the future (Beattie et al., 2007). I began this journey after reading about Baxter Magolda’s theory of self-authorship development in my first term of this graduate program. I recognized my desire to engage with my own authoring process as a developing nurse educator. Kegan as referenced in Baxter Magolda (2008) suggests that self-authorship is the “interconnectivity of how we view the world (the epistemological dimension), how we view ourselves (the intrapersonal dimension), and how we view social relations (the interpersonal dimension)” (p. 271). Educator development like much of nursing education has tended to focus on epistemology in support of new knowledge and skill acquisition. Although knowledge and skill development are valuable, I believe that authoring oneself goes beyond the epistemological into the ontological dimension. I explore self-authorship as an ontological journey in this paper as I believe that ontology and ontological motivation are essential to how I “live/translate/enact knowledge in complex moments of practice” (Doane and Varcoe, 2008, p. 284).
In this paper I will explore my growing awareness of what guides me and what constrains me as an educator. I have come to the edge of my comfort zone many times in this authoring process. Coming to the edge is both scary and powerful. What I have learned about the edge of knowing is that it is a safe place to be with the support of my graduate Supervisor and instructors as guides and role models. In this place of not knowing, I am able to find the courage to consider new ideas and possibilities about the world and myself. In coming to the edge, to the unknown, I have been transformed. My journey has been one of waking up to and reconsidering my assumptions and perceptions about teaching, learning, learners and my way of being as an educator. This exploration is a reflective critical exploration of my educator practice and the importance of nurturing the process of educator authoring in nursing education. In this paper I explore who I am as a knower and how I connect with my own knowing and meaning. Who I am as a knower shapes my actions as a nurse educator.

**Inquiry into Nurse Educator Self-Authorship**

*The Importance of Self-Authorship as Inquiry*

Self-authorship is critical to my role as a nurse educator and to nursing education, as self-authorship is ethics in action. This inquiry into self-authorship is an exploration of my ethical knowing and way of being. I believe that every decision I make as a nurse educator is an ethical decision. Self-authoring supports me to clarify my own beliefs and values in order to identify and understand my own ethical knowing outside of the external authorities and power structures that govern health care and nursing education (Baxter Magolda, 2008). In this graduate program I have learned to recognize and deconstruct the frames and systems that authorities offer in order to create my own frame (Belenky, Clinchy, Goldberger, Tarule, 1986). The process of inquiring into my nurse educator practice, supports me to be more present and responsive in my
relationships with others, more comfortable with myself as an educator and better able to
decenter myself as the expert who holds all the power in teaching and learning. Authoring
connects me to my own knowing while living in the “not knowing” of everyday practice.
Authoring nurtures my ability to critically explore the opinions and influences of others, to
respect my own ideas, and to bridge difference.

Bergum (2003) describes the importance of educator authorship within the framework of
relational pedagogy by stating that it is who the teacher is that “opens the possibility of relation
between teacher and student where teaching is understood as a watchfulness, trust of the student,
letting the student learn, with the goal of opening the space for the student to “come into one’s
own” (p. 121). In this exploration of authoring, I am influenced by the writing of innovative
nurse educators, such as, Ironside, who has inspired me to make the connection between
knowledge and being within the enactment of narrative pedagogy in my nurse educator role. I am
influenced by the writing of Doane and Varcoe who have supported my understanding of the
power of reflexivity in connecting to my lived experience in learning. In this project I have
actively engaged in an exploration of my own experience through journaling. I do not always
have immediate insight into my experience in the process of journal writing; however, when I
consider what I have written in the past with new eyes, I gain insight into my present and see
new possibilities for the future.

Authorship supports educators to think critically about nursing practice, education and health
systems. Nurse educators work in complex health care systems and authoring supports educators
to make complex ethical decisions in uncertainty, complexity and change. Nursing practice
changes quickly in today’s health care systems and what will be required of nurses in the future
is unknown. Within the demands of a rapidly changing health care system nurses and nurse
educators may lose their ability to listen inward and cultivate their own internal voice (Baxter Magolda, 2008). Nurse educators have the privilege and opportunity to support nurses to honor and support their own ethical knowing and to question the status quo.

**Creativity, Spirituality and Educator Self-Authorship**

Creativity and spirituality are foundational to my journey of self-authorship as a nurse educator, as they support my ability to respond ethically in my role. Creativity and spirituality are resources that support me to use my educator power in ways that promote the greater good and prevent harm in relationship. Creativity and spirituality guide me to recognize and honour the mystery of my own uniqueness and value multiple ways of knowing in the world. My passion is living a creative life and the discovery of my own truth.

Visual art expression is a powerful process with which to explore narrative, the human condition, healing, expanding consciousness and self-reflection. Art making for me is about honouring where the process wants to go and responding in each moment to what is before me. My art making is not focused on an end product but the creative process. What I have learned in art making guides me in being in relationship with learners. Art making includes the process of mindful ‘good noticing’ of my world and experience. ‘Good noticing’ is about being present in the moment and is linked to awareness and consciousness, two important aspects of being a nurse educator. I have included one image from my art practice in this paper to share space with the text as a way of sharing more of my whole self with the reader. The journey of connecting with my inner voice continues to be a profound exploration of creativity, spirituality and meaning.

Image: Spirit and Creativity
Educator hooks states that the work of an educator goes beyond sharing information, to teaching in a manner that respects and cares for the souls of learners in order to create the conditions where meaningful learning may be considered (hooks, 1994). In nurturing my creativity and spirit I am more mindful and present in my nurse educator role and am supported to practice from foundational beliefs and values about human experience, power and ethics.

Through recognition and honouring of spirit I am more capable of acting to ‘do good’ and prevent harm as I consciously and ethically consider my educator power. This inquiry is an exploration of nursing ethics, principally relational ethics. In nourishing my inner life I am more open to new ideas about relationship and learning. Watson believes that learning from our life histories and knowing ourselves at a deeply spiritual level supports our capacity to live and practice from the heart and spirit (Watson, 2007). Watson states that nursing’s professional ontological competencies are critical to nursing’s maturity and survival as profession (Watson, 2002).

**Reflexivity and Authoring as a Nurse Educator**

In this project I have engaged in reflexive self-inquiry through journaling. I have engaged in an active process of reflexivity where self-awareness, observation and interpretation of practice guide and deepen my inquiry (Doane, 2003). In writing about my experiences in practice, new insights about my nurse educator practice have emerged. The act of reflexively inquiring into educator practice shapes and nurtures authorship. This approach to inquiry is supported by Doane and Varcoe who state that in order to understand and honour the complexity of nursing practice “we must be aware of who and what we bring to the here and now of any nursing moment. This includes being aware of and reflexively scrutinizing our emotional and embodied knowing in our everyday nursing work” (Doane and Varcoe, 2005, p. 155).
Reflexivity supports me to critically examine the narratives in my practice, as it is the multiple narratives from practice which shape our identities as educators and reveal to us the complexity of our lives (Clarke & Rossiter, 2008). Through a conscious awareness of my experience I am able to consider my practice from multiple perspectives, where in one moment I can clearly see that I am contributing to the greater good, while in another moment I recognize that my agency and ability to shape change is constrained (Clarke & Rossiter, 2008). I explore the stories in my practice with the goal of reconsidering or ‘restorying’ my identity as a nurse educator.

My educator role has become a fascinating “living lab” of inquiry (Doane, G., in conversation, Fall 2007). Reflexivity supports me to question my assumptions about learning and to open up to exciting new areas of discovery in nurse educator practice. I believe that this process has the potential to “open up an internal dialogue that can awaken one to patterns of one’s habits of mind, which can be transformed through acknowledging the interconnectedness of mind-body-spirit, opening up one’s full potential as a holistic learner” (Yorks & Sharoff, 2001, p. 23). In this paper I have chosen to explore vulnerable aspects of my teaching and my relationship with learners. In this inquiry into self-authorship, I enter into the intimate relationship between knowledge, and who I am as a knower. The intimate relationship between who I am as a knower and knowledge come together to create a deep sense of ethical knowing, an embodied sense of knowing. The process of reflexivity supports me to become more present, open, and curious as an educator (Doane, 2003).
Epistemology, Ontology and Nurse Educator Authorship

The Significance of Epistemology and Ontology in Authoring

In health care epistemology alone is often privileged in teaching and learning. In this paper I define epistemology as “the theory of what counts as valid knowledge and what are considered to be valid ways of knowing. An educator’s assumptions about valid knowledge and how learners “come to know” guides educational design decisions” (Yorks & Sharoff, 2001, p. 22). I view ontology as the exploration of what it is to be a human being (Leonard, 1989). It is my belief that epistemology and ontology are essential in knowledge creation. Ontology and epistemology jointly support knowledge creation in the connection between a person as a seeker of knowledge and the knowledge itself. Knowledge is something intricately connected to the knower, an epistemological and ontological consideration. Chinn and Kramer describe knowing as “an ontologic, dynamic, changing process” (Chinn and Kramer, 1999, as cited in Zander 2007, p.8). What is essential in any discussion of knowledge creation is the moral understanding that ethical nursing action is shaped by epistemology and ontology (Doane and Varcoe, 2008).

Inquiry into Epistemology, Empiricism, Ontology and Authoring

Self-authorship involves the ethical process of examining one’s own epistemological assumptions in nursing education. This examination facilitates and adds validity to the pursuit of personal transformation through awareness (Yorks & Sharoff, 2001). As a graduate student I have had the opportunity to reflect on what I believe about knowledge creation and how this guides me as a nurse educator. In health care systems, empirical or science based knowledge is often the preferred way of knowing as empirical knowing is considered to be apolitical, neutral and objective. Emphasis is often placed on documenting “the evidence” as best practice in order to determine what counts as important, relevant or “truth” (Manias & Street, 2000). Empirical
science is a taken for granted way of knowing in health care. As an educator in public health nursing I am concerned that the privileging of empirical knowing in nursing practice limits the agency of the nurse and denies the central role of nursing practice in care. The overvalued idea of neutrality in evidence-based practice overlooks the importance of social structures in the shaping of human experience. Social structures such as; “the racial order, the class system, imperialism, and the gender order” (Browne, 2001, p. 120).

Epistemology as empirical knowing is limited as individuals are always engaged in interpretive understanding. Learners interpret themselves through multiple perspectives, based on their history, culture, language and situatedness. “In the phenomenologic view, then, persons can never perceive “brute facts” out there in the world. Nothing can be encountered without reference to our background understanding. Every encounter entails an interpretation based on our background” (Leonard, p.321). My view of epistemology, or how I know what I know, is shaped by who I am as a nurse educator; an ontological consideration.

Knowledge, Ethics and Authorship in Nurse Educator Practice

Knowledge, Ethics, Authoring and Educator Decisions

As a nurse educator my view of knowledge and knowledge creation directly influences how I am engaged in my work with nurses. How I respond to learners in any practice situation is an ethical decision influenced by my self-authorship. For example, a conventional approach to education based on positivistic thought or scientism will tend to limit educational approaches to the mastery of acontextual knowledge and behaviorism (Ironside, 2001). There is an assumption on the part of many health care systems that increased content focused on the “doing” of nursing will support best practice.
In my practice I wrestle with the ethical dilemma of how to respond to organizational, cultural, and internal pressure to present more and more content as nursing practice expands. What I believe now is that increasing the amount of content presented in the classroom is contradictory to preparing nurses for respectful practice with clients and families. Education programs which focus on didactic content delivery reinforce a rational view of knowledge and may actually encourage learners to become disengaged practitioners rather than practitioners prepared to work with the complexity of practice (Rodney, Brown, Liaschenko, 2004).

Conventional approaches to education are often connected to rationalism and empiricism where the goal is frequently mastery of acontextual knowledge or specific prescribed behaviours (Ironside, 2001). Science offers nursing important research based knowledge for ethical nursing practice including; knowledge of anatomy, physiology and evidenced based therapies (Rodney et. al, 2004). The limitation of empiricism is that knowledge may only be considered valid if it is seen to be objective or rational, something separate from the knower, something to be memorized or applied (Ironside, 2004). A rationalist perspective on learning will view learning as primarily a cognitive activity. Many nursing protocols continue to privilege logical, rational approaches to nursing practice. Care pathways and logic models seek to summarize complex human experience in boxes along a linear trajectory; artifacts of the biomedical model which seeks a secure value-free “right” answer (Doane, 2004). Multiple ways of knowing which honour and make space for the influence of lived experience, cultural and feminist perspectives are not valued in the rationalist, biomedical view of knowledge. I believe that it is essential that human experience not be decontextualized or seen as a problem to be fixed (Doane & Varcoe, 2005). I believe that it is vital that I teach learners to respectfully honour the whole person and to critically consider the complexity of client’s lives in nursing practice.
As an ethical educator I believe that my role is to carefully consider how to support the knowledge that learners bring with them and to invite learner engagement into new knowledge development. I believe that it is essential that I consider how my educational choices serve the greater good and do not cause harm. What I privilege as knowledge is ethical action. For example, educator practice which privileges empirical knowing may communicate that care of the human body is more important than caring for the whole person. Privileging scientific research and educator knowledge as superior to learner knowledge does not support the knower and their relationship to knowledge. This instructor-centered approach allows the instructor to rest in the position of the expert who determines what counts as knowledge (Ironside, 2001).

I am aware of the power I have as a nurse educator to present or privilege certain types of knowledge or “truth” in my practice. As educators, our actions in practice are influenced by what we know or believe to be true in the world (Rodney et. al., 2004). As a nurse educator it is critical that I reflect upon what I believe about knowledge and how knowledge is constructed in the contextual moment. Planning any learning experience begins with an exploration of who the learners are, what is knowledge and how knowledge is formed in learning. In honouring the learner as a whole person situated in a complex practice setting I model a respect for the complexity of knowledge development that nurses may then take into practice.

My educator role is influenced by a postmodern view of the world, where knowledge is not something that is fixed or certain but acknowledges that truth may never actually be determined (Polifroni & Welch, 1999). In postmodernism “knowledge is considered fluid, contextual, historic, and discursive” (Ironside, 2001, p. 80). The Postmodern lens supports nurse educators to move away from a focus on empirical rationalist knowing to a questioning of the status quo. In honouring multiple truths and an open interpretation of knowledge it is essential that educators
support nurses to critically reflect upon their practice. In allowing space for nurses to critically reflect on their practice I open up a pedagogical space for nurses to build community, reflect on what they know and explore new meaning. Knowledge creation is enhanced through self-reflective conversations within a communal experience.

**Narrative Pedagogy and Educator Self-Authoring**

The term pedagogy is often used to refer to different ways of teaching. Ironside (2001) suggests that pedagogy is not just about the act of teaching but is a way of thinking about and a way of being within education. Meaningful, skilled pedagogy requires nurse educators to engage in their own reflective authoring process in order to respond to learners in thoughtful, caring ethical ways. Ironside defines narrative pedagogy as “a research-based phenomenological pedagogy that gathers teachers and students into converging conversations wherein new possibilities for practice and education can be envisioned” (Ironside, 2006, p. 479). In working with narrative pedagogy the educator intentionally shifts from lecture and content as an epistemological focus, to supporting communal thinking and dialogue where sharing and interpreting experience contributes to discovery of new meaning and knowledge (Ironside, 2006).

“Stories draw us into an experience at more than a cognitive level; they engage our spirit, our imagination, our heart, and this engagement is complex and holistic” (Clark and Rossiter, p. 65). As my authoring as an educator has expanded I have become more comfortable exploring not only my own stories in practice but also narrative pedagogy. One of the creative ways I support nurses in the classroom to reflect on what it is that they know about a subject is the introduction of a dialogue circle where everyone in the group is invited to share stories and ideas from their lived experience. This approach supports nursing practice by fostering voice, knowledge
development, collaboration, and relational practice. This narrative approach is intended to honor the wisdom and lived experience in the room and contrasts conventional pedagogical approaches to learning. In the dialogue circle nurses from different backgrounds and experiences are valued for their uniqueness. Nurses are invited to trust and share their experiences in a respectful learning community. It is through this journey of reflection and discovery that learners come to "the basic insights of constructivist thought: All knowledge is constructed, and the knower is an intimate part of the known" (Belenky et. al., p.137). Student centered learning approaches, such as, narrative pedagogy have the potential to support nurses to become "knowledgeable, personable, creative, ethical and compassionate nurses who live what they learn" (Young & Maxwell, 2007, p.7).

I ideology, Discourse and Nurse Educator Authorship

In this paper ideology is defined as “a set of closely related beliefs, attitudes or ideas characteristic of a societal group or community” (Browne, p. 119). Discourses are defined as “configurations of ideas which provide the threads from which ideologies are woven” (Browne and Smye, 2002, p. 30). As an educator in public health nursing, it is my intention to support nurses who find themselves caught between the tension of health discourse and their own knowing. I recently listened to a health leader speak on the Ministry of Health’s healthy living program. I listened in silence to the discourses presented to nurses around “healthy living” with outrage and despair. Discourses such as; the current health care system is “clogged” due to poor lifestyle choices, we “need to do something about these people” and the system has a shortage of 5,000 long term care beds because individuals are unable to self manage their health. The message is disheartening, yet clear; people (individuals) are to blame for staggering health care
costs. The presenter backed up the discourses by outlining the millions of dollars spent on diabetes and other chronic conditions. I am still feeling the intensity of the ethical distress created by this presentation in my body and soul.

I believe that it is my ethical obligation to voice my concerns about the healthy living discourse with my educator team and nursing leadership with the intention of exploring new understandings and new knowledge about discourse, ideology, and caring for people. I know that speaking up to power is not an easy path as the healthy living discourses are presented as unquestioned truth in our health care system. I did not speak up in the room because of how I perceived the power of the presenter and the unknown consequences of speaking up in this public space. The presenter has power over me and my learned behaviour of not speaking up to power in a public forum is well established. I am part of an educator team where the discourse of “staying under the radar” is often discussed, and although I have often found this discourse to be ethically challenging, I understand the need to be safe. I believe that moral courage and moral identity are central to educator authorship development and the right use of power. I believe that I do have the power to invite nurses and nursing leadership to engage in dialogue around the ethical dimensions of ideology and discourse and to imagine a better world (Storch, 2004). It is time for me to address my ethical distress through collaboration and voice. In authoring myself I move towards emancipation and empowerment in action.

My knowledge of the potential harm in health discourse and ideology when used as a form of power has influenced my ethical knowing of what is right and just. Individualism “conceptualizes humans as essentially separate, rational agents who can be abstracted from their social, economic, political or historical context” (Browne, p. 121). This ideological approach to working with clients negates the social determinants of health and the impact of oppression,
racism and poverty on health. The BC Ministry of Health promotes individualism through the healthy lifestyle discourse where intervention is focused on individual behaviour and making healthy choices. Individualism denies nurses the opportunity to work holistically with families and communities in health promotion. Individualism denies the central tenets of community health nursing which embrace supporting change at individual, community, societal and global levels.

Individualism views people as separate from their social or historical context and is associated with liberalism where individuals are assumed to have equal opportunities and freedom of choice. “Central to and enduring in liberalism are the concepts of individualism and equality of opportunity, rooted primarily in notions of freely choosing individuals seeking economic gain within a context of continual competition, meritocracy…and a free market economy (Browne, p. 120). Neo-liberalism is clearly articulated within the Ministry of Health Core Functions document with the statement “the intent of public health is to promote a healthier population and reduce demand on the health care system. This is also expected to defer and potentially reduce medical costs…” (Ministry of Health, 2005, p. 3).

Economic ideology has a great influence on the context of public health practice in BC when presented as a kind of “truth” in health care today. It is essential that I enact the right use of power within my educator role and advocate for new ways of thinking and being at all levels in our organization. It is very important in the context of health care today that I do not reinforce discourses and ideologies of power over nurses and clients in my teaching.

*The Lens of Critical Social Theory as Authorship*

When given a ‘mandatory’ topic to teach in public health nursing I have the responsibility to ethically consider how I will teach the material while meeting the goals of the organization.
Through a critical social theory lens, I have the opportunity to explore and critique the socio-political influences and constraints within all education programs. Critical social theory supports nursing knowledge, emancipation and change for the greater good. Critical social theory examines assumptions about unequal power relations and oppressive structures in society; and seeks to inform the development of emancipatory knowledge in order to shape social change (Browne, 2000). In considering content within the lens of critical social theory I have the opportunity and ethical responsibility to critically question the discourses and ideologies present in all teaching material. I am consciously aware of the power I have to present or privilege certain types of knowledge or “truth” in my practice. As an educator my actions in practice are influenced by what I know or believe to be true in the world (Rodney et. al., 2004).

Last fall I became the lead educator for a new initiative, the introduction of Miller and Rollnick’s model of guiding health conversations around behaviour change (known as motivational interviewing) into the public health nursing role. This communication model was introduced to the health region by the provincial Healthiest Choices in Pregnancy program as a way of supporting women in making positive health changes. The spirit of this communication model honours health change and health promotion as a relational experience through guided conversations with clients. In this curriculum nurses are invited to question the discourse that the provision of health information alone will lead to change.

One of the key questions I considered in developing a curriculum for motivational interviewing in public health practice was how I would work with this individualistic communication model and the values and beliefs of community health nursing. I believe it is essential that the curriculum not inadvertently reinforce oppression, individualism and
neoliberalism. In creating this curriculum I was able to make room for reflection and discussion around working with individuals within the broader context of client’s lives.

Authoring as Responding to ‘the Narratives in the Room’

The Significance of the ‘Narratives in the Room’

The participants of the motivational interviewing workshop have taught me the power of working with ‘the narratives in the room’. The narratives in the room are those unplanned and unexpected learner narratives which arise in any workshop that call attention to a practice concern or ethical question. In teaching the motivational interviewing workshop, I have become increasingly curious about the narrative themes that learners articulate in the workshop. I have learned that there is great potential in entering into these narratives in partnership with the learner in an open pedagogical space. I believe that educator ontology and authorship is central to noticing and responding to the layers within each narrative.

Responding to the Narrative of Mandatory Education

Many narratives live within the participants upon entry into a workshop; why am I here being the most common. The narrative I heard most often when we started the motivational interviewing initiative was that as this ‘mandatory’ workshop was just another opportunity for the health power structures to tell nurses how to practice and to devalue their existing knowledge and experience. When we first launched the workshop, there was significant distrust that this experience would offer nurses anything practical or useful. When a workshop is said to be ‘mandatory’ by those in power the message may be interpreted to mean that something is wrong with the way nurses practice now and that nurses need to change. It is an interesting narrative from which to engage nurses in conversation about change. When a curriculum is framed around honouring clients where they are at and offering choices to clients it is completely unethical to
create a learning environment where power over approaches are present. In creating this curriculum I placed a high value on modeling a caring, present, reflective stance in the classroom and allowing pedagogical space for learners to talk about their concerns and questions. This approach has shifted the discourse. A public health nurse in a recent class remarked on how the facilitators enacted partnership and respectful relationship in our teaching. I thanked her for noticing what has become a foundational intention in this workshop.

*Responding to the Narrative of Managerialism*

It is not uncommon for one or more nurses in every workshop to articulate their struggle to maintain their moral identity within discourses rooted in individualism, neoliberalism and the dominant economic ideology. A primary narrative within this workshop is the articulated distress of wanting to support families who are ambivalent or fearful of childhood immunization within the pressure to increase immunization rates. It is not uncommon for a nurse to share that they feel they have not done their job if a family leaves the health unit without being immunized, even when this is the client’s informed choice. When I first started teaching this workshop I would come home feeling quite sad that our health promotion strategies have created a situation where client choice may now be interpreted as dissent and that clients could become marginalized if they made a choice outside of health norms. In reflecting on my feelings and the narratives of the nurses, I began to see this workshop as a great opportunity to support nurses to reconnect with their core values as community nurses and to honour what they know about the power of relationship in health promotion.

Relational practice with families is devalued in the efficiency and economic discourses. It is evident that as an outcome of the economic ideology of the health region nurses have started to understand their role through the managerial lens of efficiency. Downloading responsibility for
efficiency onto nurses serves to colonize nurses and undervalues their professional knowledge and judgment. Professional activities become a product to be managed (Gilbert, 2005). The prominence of quality control programs within managerialism serves to influence the reorganization of nurses’ consciousness, emphasizing efficiency over professionalism (Austin, 2007). It is this process of influencing nurse consciousness that is most concerning. In public health practice today the number of children immunized is how the current government measures success. Organizational goals which restrain nursing’s power and purpose contribute to disempowerment and disillusionment.

In listening to the nurses and reflecting on this narrative, I became committed to creating space in this workshop for nurses to safely share their ethical concerns, to validate what they know ethically about supporting client decision making around immunization, and to reflect upon power and discourse in policy and practice. One of the great gifts of this regional education program is that nurses attend from all across the region and the shared wisdom in the room is significant. I began to see my role in mobilizing the wisdom in the room.

Nurse Educator Authoring and Learner Emotion

The Significance of Educator Authorship and Learner Emotion

The ability to ethically respond to learners who share powerful emotions in the classroom is supported by who we are as ethical caring educators; educator self-authorship. In creating open spaces for nurses to talk about practice, learners are invited to share honestly in the learning space. In opening up the space I now see how a teachable moment is not limited to the idealized ‘aha’ moment. Opening up to the feeling content in learners’ experiences in the classroom, educators are presented with the opportunity to enter into reflexivity of their own emotions and compassionately respond to complex learner emotions.
Responding to Learner Emotion as Authorship

At the start of the motivational interviewing workshop I introduced a short role play to demonstrate the use of motivational interviewing in supporting a pregnant woman who was drinking alcohol. When I completed the role play in one workshop, I was surprised to experience the power of one participant’s voiced anger and distress. This learner felt strongly that women should not be advised to eliminate all alcohol. In this situation, I did not know how to respond to the emotions of the participant and was surprised to learn that this nurse’s belief system supported women in drinking alcohol in pregnancy. I could feel myself wanting to stay in the safety of the agenda and the content I had prepared. I did not want to feel uncomfortable in the classroom. I felt exposed and uncertain. Here, in this classroom a new agenda was presenting itself. What was my role in this situation and what was the best way to respond, I wondered. In the moment, I could feel myself becoming defensive about “my” curriculum and my role as facilitator. I wanted to stay in control and stay within the safety of the authority of the educator. I noticed how quickly I moved into the narrative that this participant was a problem person. I was so attached to my idea of what a ‘good (well behaved) learner’ was that I had not anticipated emotionally distraught participants.

It is possible that nurses supporting women in pregnancy may encounter strong emotional reactions to this health promotion message. Working with women who use alcohol in pregnancy requires sensitivity and knowledge of the complexity of human experience. It is possible that in creating space in the classroom for nurses to talk about alcohol use in pregnancy, a nurse’s own experience might trigger an emotional response that requires sensitivity, skill and wisdom from the educator. I have come to see that this learner’s reaction was an important lesson for everyone in the class as it informs us of how clients might react to discussions about alcohol use in
pregnancy and alerts me to the importance of modeling caring and sensitivity. In spite of my commitment to relational ethics in curriculum development, nowhere in the curriculum had I prepared or planned for working with emotions in the classroom. The emotions of the clients we work with, the emotions of the learners in the classroom, and my own emotions as an educator were unaddressed in curriculum planning but very present in this classroom. My ability to respond compassionately to this learner was blocked by my own heightened emotions in the classroom. I now recognize that responding compassionately to this learner was critical to her safety and the safety of all learners in the room. How I respond is significant in enacting the ethical use of my power in any learning environment. I am now able to see more clearly the assumptions I made about learners in the preparation of this curriculum. I had expected rational conversations with ‘good learners’ about health behaviour change and missed the potential importance of this learning moment. It is so interesting how my unconscious focus on rationalism took precedence. This experience offers me insight into how authoritative this way of knowing has been in my life.

What I learned from this story is that it is important to be aware of my own feelings and reactions, as well as those of the learners, in these important but unexpected moments of human response. How aware I am of my own emotions will support or diminish my ability to respond compassionately in the classroom. Emotions are signposts that have the potential to open up new insights in learning. I believe that it is essential that educators become critically conscious of how emotions influence our practice. Awareness of my own emotions is an important component of authoring. It is essential that I do not silence learner emotions as another form of social control (Bolen, 1999).
Strong learner emotions may be viewed as behaviour to be suppressed or “managed” in a teacher-centered ‘expert’ learning approach. The language of “managing” emotions is a form of power and has the potential to reinforce the primacy of rationalism and empiricism in health care (Bolen, 1999). “To support the dominant discourses of rationality and the exclusion of women from the public sphere, emotions have been consistently individualized and privatized. Emotions are assigned as women’s dirty work, and then used against her as an accusation of her inferior rationality” (Bolen, p. 43).

What this experience invited into my practice was the opportunity to reflect upon my beliefs and values around emotion in my educator practice. As an educator, I believe in partnership and collaboration with learners and yet in this situation I was invited to critically consider how I actually am in the classroom when unexpected emotions or issues arise. I am aware of the impact of societal emotional/social controls on my ability to speak up to power. I am aware of my old belief that it is important to be ‘the good girl’ who is caring at all times. I judge myself harshly sometimes for being human. I am beginning to see that a good teacher is not just someone who has a strong sense of self (infallible and all knowing) but is also someone who is willing to de-center themselves as expert and to be vulnerable in the teaching learning process. Vulnerability and self-compassion in teaching and learning is critical. As an educator I now believe that it is important that I am accepting of my own humanness, as this is what learners respond to. Educator fear and defensiveness will not support learning.

Old beliefs about my ability to work with strong emotion in the classroom are linked to my discomfort in working with the unexpected in the classroom. My uneasiness with the unexpected led me to create the narrative that this participant was a problem to be managed instead of a person to invite into a potentially powerful learning conversation. It is essential that I reflect on
how my own experience inadvertently stifles the learning and voices of others. What I have
learned in this graduate program about the importance of thinking from multiple perspectives,
guides me to see new possibilities in the unexpected. Through awareness of how the past
influences the present, I am developing the wisdom to respond in new ways (Ironside, 2006). In
entering into the role of the educator with new eyes and new ways of being I have learned the
importance of ‘good noticing’ in the group and of the power letting go of my attachment to
absolute control. Watson (2005) believes that in learning to surrender control, domination and
rational knowing we have the opportunity to re-pattern our ways of being in the world and to
open to new possibilities. I now see my disappointments or tough places in teaching as important
learning experiences. Learning to let go of what was planned in my rational mind has opened up
new possibilities for learning when the unexpected arises. Authoring ourselves as educators
provides us with the internal resources to respectfully and compassionately respond to human
experience in every moment.

It is my ethical obligation to not silence nurses but to create open pedagogical spaces for
nurses to question and engage in conversation around their concerns in practice. Ethical
consciousness and courage in action are critical components of my authoring process. I am now
excited about the unexpected in the classroom and recognize the value of respectfully opening
conversation and reconsidering the agenda to engage in a real and authentic way with learners. It
is energizing to connect with learners and their narratives from practice.

Educator Authoring and Support for Learning Communities

The Importance of Learning Communities

As an educator who creates and facilitates workshops across the health region, I have started to
recognize and nurture the ways in which nurses support each other and learn in community. In
fostering the creation of learning communities, I encourage nurses to partner in their learning. Learning partnerships enhance classroom learning and nurture the opportunity for further dialogue outside of the classroom setting. Narrative pedagogy is a pedagogical approach where learning from shared experience is integrated and interpreted in respectful learning communities (Ironside, 2006). In my teaching I now regularly look for places within any workshop to nurture a sense of community within the group. Learning communities offer nurses a safe place to reflect on practice and to work together to explore ethical and moral distress.

*Nurturing Learning Communities as Ethical Action and Authorship*

One of my approaches to nurturing narrative pedagogy and the formation of learning communities is to intentionally take time to open the space for learners to check in with each other around their experiences. Recently, one of the learners asserted in her check in that she did not want to use this communication model which she interpreted as practicing like “a counselor” with families. This nurse shared that she had previously acted in the role of a counselor only to find herself in the difficult experience of listening to a mother reveal parenting concerns that led the nurse to report this mother to the Ministry of Children and Family Development (MCFD) for assessment and support. The result of this referral was an alienation from the client for breach of trust. The nurse did not want to open up conversations with clients that might indicate child neglect or abuse for fear of losing connection with families in need. In this story it was clear that this nurse did not feel supported in her practice. This nurse named the potential harm to clients within this ethical dilemma.

When I listened to this nurse tell her story I was calm, caring and curious. I sensed in my body that something had shifted in my ability to attend to this nurse in this moment as a result of my reflexivity. The caring stillness I experienced in this teachable moment allowed me sit with
the nurse in silence as she shared. When this nurse shared the sadness she felt in having lost her
connection with this family, I experience a deep knowing and trust that this was the perfect
collection for the contextual moment. It is possible that every nurse in the room had
experienced this tension between support and surveillance and so I opened up the space to invite
the group to share their experiences. I was deeply moved by the sharing and mentoring available
in within the group. I trusted the group’s ability to offer this nurse support for the moral distress
she was experiencing. The community of nurses openly expressed empathy and shared practical,
caring suggestions. The nurses co-created a caring learning community.

When a complex narrative from practice is shared in the classroom it has been easy for me to
retract from the teachable moment into the safety of the content I prepared, or to make a learner
or group of learners wrong in my own mind despite my belief that my role is to support
expression not suppression. I am now more curious about how to create a learning environment
where learners and educators feel safe to be human in the classroom. It is possible to create
learning environments where it is safe to say the ‘unsayable’.

Through reflexivity I now recognize that there is something quite amazing in how a
community of learners calls forth new learning from their own narratives as they engage in
meaning making. I now believe that the narratives that nurses spontaneously bring into the
classroom, narratives that the space and curriculum has called forth, are important gifts to be
nurtured. By allowing space for the expression of narratives from practice, I have the honour of
supporting the ontological, epistemological and moral development of nurses.

In facilitating open dialogue, I become a co-learner within a community of nurses exploring
narratives from practice from multiple perspectives and lived experience. As a co-learner I am
willing to move into a more uncertain and vulnerable space where I am not controlling the
discussion but am open and willing to share in the co-creation of new knowledge and new ways of being. This open learning space creates the opportunity for new possibilities to be considered. Open learning conversations invite the educator to explore stories from practice while maintaining mindful awareness of the thinking, processing, and meaning making that is occurring in the group.

The narratives from public health nurses presented in this paper existed in practice long before this workshop was introduced. The availability of time for nurses to engage in formal practice reflection has been constrained in recent years, as a result of the efficiency discourse. In shifting my curiosity and awareness away from the conventional approach to education, this workshop now creates space for nurses to reflect on their practice in a supportive community. In supporting the nurses to engage in reflection on practice within the workshop, I support the nurses in their own authoring process and offer the opportunity for new ways of being with clients to be nurtured.

I have proposed to our educator team that we now allow space within all of our workshops for reflection on the practice narratives which ‘come through’ in the workshop. The stories within the room come from nurses lived experience, from the heart, and often reflect an immediate moral distress or concern. In creating an open pedagogical space the ‘the narratives in the room’ compliment and expand the content prepared. There is always a new energy when learners come together that enhances the learning. I have come to believe that knowledge development and ontological development are relationally based and reciprocal in nature.

Creating Learning Communities in support of Educator Authoring

Caring relationships have offered me safety and inspiration in the vulnerability of authoring myself as an educator. My relationship with my graduate Supervisor, Dr. Gweneth Doane, and
my practicum mentor Dr. Helen Brown have provided me with the opportunity to witness how ontology shows up in teaching and learning. I have taken this caring mentoring into how I am as a learner and leader. I am now better prepared to support my co-teachers in their authoring by offering them caring and support in their vulnerability, and in modeling what I have learned in this graduate program. I have nurtured the educators I am working with in the motivational interviewing initiative to form a learning community, where sharing our humanness and our ideas about education have a communal place.

Final Comments

In this paper I have reflexively inquired into my experience of authoring as a nurse educator. As an outcome of this project, I am more confident in who I am as an educator and my contribution to nursing and nursing education. Reflexivity as inquiry supports me to decenter myself as the expert in support of learners and learning. Reflexivity supports me to be present, curious and compassionately responsive in the moment. In becoming more present, I connect to my inner knowing and am more compassionately responsive to learners. I am committed to enacting my moral courage in support of nursing’s moral identity.

This journey has not always been easy, as reflexivity is an inquiry process which has required me to be vulnerable and to become curious about my vulnerability. There were times in this process where I felt as though I was “in the mud” of not being able to see clearly as an educator despite the new knowledge I have gained in this graduate program. Writing about my practice, nurturing my creativity and spirituality, sharing stories with others, observing others in practice and exploring the literature all support me to shift out of the mud to explore new knowledge and new ways of being. As a nurse educator, I will continue to enter into my work with a conscious
reflexivity, where I will critically consider epistemology and ontology in ethical nurse educator practice.

As I conclude this project, I reflect upon where I want go from here and discover that I am excited to not know exactly where this will take me. My authoring journey will continue to evolve. I do not believe educator authoring is a fixed state. I do know that I will continue to reflexively engage with my practice through journaling as this has become a part of who I am. I will continue to critically examine the discourses and ideologies which influence practice and move towards ethical action. I am inspired by my insights around working with ‘the narratives in the room’ and will continue to promote learner-centered experiences and community building in nursing education. I am committed to publishing what I have learned from my authoring project in support of nursing education development. This project supports me in advocating for nursing education, ethical nursing practice and bridging difference.
References


Healthiest choices in pregnancy. Provincial education and resource development.

http://www.hcip-bc.org/


