

Literature Review of Feminist Nursing Knowledge

of Biology, Anatomy, and Physiology

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### **Abstract**

Using an integrative methodology, this literature review examined critical feminist nursing knowledge around the concepts of biology, anatomy, and physiology in nursing literature in the Cumulative Literature Index of Nursing and Allied Health Literature (CINHAL) and Google Scholar databases from approximately 1966 – 2010. The researcher found no literature in these databases that directly addressed the concepts from a critical feminist perspective. A number of articles and a few research reports did engage with these concepts indirectly through the concept of ‘the body’ and through specific disease processes such as breast cancer, menopause, and heart disease. After analyzing for how the key concepts were discussed, it was found that in the literature, biology caused disease and the body experienced it. Themes of ‘Dichotomies’, ‘Moving toward and Away From’, and ‘Assumptions of Nursing Epistemology’ are discussed. The literature is replete with dichotomies perhaps as a result of using a feminist perspective. Also perhaps due to the feminist perspective, there is a movement toward the social body and away from the biological body. Implicit in the literature was the understanding that biomedical and medical knowledge is translated into nursing knowledge in practice. Further research is suggested to undergo a critical feminist critique for gender, class, and race bias in knowledge presented in nurse education on the topics of biology, anatomy, and physiology.

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### Introduction

This literature review will answer the question, “What is the current state of nursing knowledge from the perspective of a critical feminist concerning biology, anatomy, and physiology?”. Considering the overwhelming proportion of women in nursing, nursing’s historical subordination to male physicians and administrators, and the social context of nursing in an historically patriarchal Canadian and American society, a critical feminist critique of epistemology used in nursing is necessary for emancipatory knowledge development. If the socially unacknowledged forces of prejudice based on gender, class, and race are not made visible through critique, then injustices will continue and be perpetuated by the discipline and profession of nursing itself. Nursing education, practice, and research are three prominent areas that can unwittingly perpetuate prejudice, but also can be points where discourse can be interrupted and change can occur. Thus, to begin nursing on a path toward equitable health for all, the science, discipline, and practice of nursing needs to critically examine the foundations of the epistemology that undergirds it. It is this investigation into the influence of feminism on the knowledge used in nursing practice and used in nursing education that is the topic of this literature review.

An integrative literature review is appropriate for this topic because there is little nursing knowledge development around this topic, thus a review of past empirical and/or theoretical literature “may lead to an initial or preliminary conceptualization of the topic” (Torraco, 2005, p. 357). When I discussed my interest in the topic of knowledge development for nursing from a critical feminist perspective with nurse scholars, it became apparent that I might not find many research or other discussions in nursing journals. After a preliminary

literature search turned up no “hits” in the electronic databases, I knew that an integrated literature review would help direct me to un-earth what knowledge there was surrounding this topic. This literature review will consist of situating the problem within current nursing epistemology and a brief re-telling of the historical relationship between feminism, nursing, and biology. Most of the paper will be taken up with the methodology of the literature review, my interpretation of chosen articles, critical analysis, conclusions, and possibilities for future research.

### **Situating the Problem**

In the discipline and practice of nursing there has been much discussion about what nurses do and what the foci of concern are, but there is little research into, or articulation of, the epistemological foundation of nursing. (Rodgers, 2005; Schultz & Meleis, 1998). Research into epistemology in nursing asks the questions, how do nurses know what they think they know, what do nurses know, how is nursing knowledge structured and on what basis are knowledge claims made (Schultz & Meleis). In order to provide a background into how these questions have or have not been addressed in the discipline of nursing, I will provide a very brief overview of the history of epistemology in nursing.

The epistemology of nursing has historically been grounded in the “domain of women, where care and comfort became the dominant ethic” (Baines, 1993; Cronin & Rawlings-Anderson, 2004, p. 8). The work of nurses was seen as a natural, instinctive ability that did not require an epistemological foundation (Cronin & Rawlings-Anderson) and founded in the ideas of duty, responsibility, beneficence, and altruism (Rodgers, 2005). Florence Nightingale attempted to distinguish a unique epistemological basis apart from medicine, by basing nursing

knowledge in the concepts of environment and health. Her efforts in defining nursing practice led to the formal education of young middle-class, white, women, however the basis for this training remained in an ethic of women's caring (Rodgers).

As nursing care became more influenced by medicine, the need for more formal education in biology and anatomy became obvious and it was physicians who provided this content (Rodgers, 2005). Through nursing education, the language, goals, and scientific epistemology of medicine were incorporated into the knowledge base of nursing (Cronin & Rawlings-Anderson, 2004). By the late nineteenth and early twentieth centuries, young women who were admitted into nursing school, through social training, were already expected to know much of what Nightingale distinguished as nursing knowledge of the environment and health (Risjord, 2010). This knowledge was taken as 'natural' and thus was hidden in the practice of nursing where as medical knowledge was the subject of formal lecture (Risjord). Beginning in the post war era and continuing through the 1950s and 1960s, nursing continued to take on more technical responsibilities which was an impetus toward professionalization, more extensive education, and expansion of nursing education into universities (McPherson, 2003). Professionalization meant that nursing, as a discipline and profession needed to identify an epistemological base and build their knowledge base through research (Risjord).

Zander (2007) states that many in nursing consider Carper's four ways of knowing as the epistemological base for nursing (Carper, 1978; Munhall, 2007; Schultz & Meleis, 1998). In the years since Carper's seminal article, this epistemological base has been criticized. Criticisms of Carper's ways of knowing include, that the epistemology was almost purely from a scientific perspective, that the ways of knowing lacked enough ontological depth, that they were not

integrated, and that the ways of knowing were exhaustive rather than subject to revision (Zander). Other perspectives on nursing's ways of knowing that have been theorized are experience, intuition, unknowing, and sociopolitical knowing (Munhall; Zander). Donaldson and Crowley (as cited in Munhall, 2007) postulate three concerns of nursing, which are, "principles and laws that govern life processes, well-being, and optimal functioning of human beings, sick or well; patterning of human behavior in interaction with the environment in critical life situations; the processes by which positive changes in health status are affected" (p. 83). Fawcett (1984) states that nursing is concerned with four metaparadigm concepts: person, who is the recipient of care; environment, which is comprised of significant other, the physical environment, and the healthcare setting; health, defined as the wellness or illness state of the recipient in the nursing situation; and nursing actions on behalf of or in conjunction with the person. Paterson and Zderad (as cited in Munhall) state that nursing knowledge emerged from researching the nursing situations of comfort, nurturance, clinical, empathy, and 'all-at-once'. The American Nurses Association postulate that the epistemology of nursing comes from concerns of "human experiences and responses across the lifespan" (American Nurses Association, 2003, p. 7). Fawcett posits that the three themes of nursing as stated by Donaldson and Crowley and the metaparadigm of nursing are linked together with Carper's four ways of knowing. These multiple ways of knowing and perspectives lead to a rather large domain of inquiry for research.

Since Carper's seminal article in 1978 there has been much change in the practice of nursing. In Carper's time the ideal of building a distinct discipline of nursing with its own epistemological foundation was a goal to be reached. However, over the past 32 years the

epistemological foundation of nursing seems to be thin due to lack of complexity of those original ways of knowing, lack of consensus on what nursing is, insufficient theoretical development, the overwhelming weight of knowledge in nursing that is based on an empirical way of knowing, and lack of critical critique to reveal underlying values, beliefs and assumptions.

Currently, Evidence Based Practice (EBP) has gained a firm foothold in directing the discipline of nursing (Porter, 2000). Porter states that, “the core of EBP is the utilization of information concerning the most effective approaches to care that have been established using the most rigorous methods available, ideally the randomized controlled trial (RCT)” (p. 5). RCTs emerge from a purely naturalistic paradigm of science, which largely informs medical epistemology.

This brief and incomplete overview gives us a glimpse at the complex nature of nursing’s epistemological foundation. Munhall states that current perspectives in nursing research and theory have evolved from rather eclectic thought (Munhall, 2007). Munhall goes on to state that nursing is “all over the place”. I would have to agree that nursing, as a distinct science/discipline has not unified due to its lack of a strong unique epistemological base; its borrowing of fundamental knowledge from other disciplines, such as medicine; its continued valorization of on-the-job training; anecdotal knowledge; and, considering the eclectic evolution of nursing knowledge, the lack of critique of the epistemological origins of knowledge. Further critique of the foundational epistemology that nurses currently use is needed in order to direct research into the continued development of an epistemology that is based in nursing’s themes and metaparadigm concepts. Particular to this literature review, a

critical feminist critique of past and present feminist influences shaping dominant epistemologies used in nursing in Canada and the United States of America is necessary in order to discover the relationship between feminism, nursing and the subjects of biology, anatomy, and physiology.

### **Historical Relationship Between Feminism, Nursing, and Biology**

Popular histories of feminism seen and heard recounted in magazines, movies, documentaries and the plethora of ways of disseminating 'news', may state that feminism began with the 'hippy' and 'free love' movement of the 1960's, but Bunting and Campbell (1990) place feminist thought much earlier. Perhaps the name was coined in the 1960's, but the feminist perspective was recorded beginning in the 1300s (Bunting & Campbell). Feminism has been historicized by categorizing the focus of the movement at the time (Bunting & Campbell; Chinn & Wheeler, 1985; Kane & Thomas, 2000). Beginning with French feminist Christine de Pisan in the 1300s to Enlightenment feminist theory from 1770 to 1870, then Cultural feminism in the 19<sup>th</sup> century, and finally Radical feminism as current. Chinn (1985) states there are four 'types' of feminism, one coming right after the other; liberal, Marxist, socialist, and radical. Although each have a different focus they all endorse women, critique male thinking, challenge patriarchal systems, and focus on creating self-love and self-respect among women (Chinn, 1985).

Despite nursing being identified in prehistoric time (Bunting & Campbell, 1990), 'modern nursing' is chronicled from when Florence Nightingale popularized it as distinct from medicine and as a female profession concerned with the environment of healing (Holliday & Parker, 1997). Bunting and Campbell, Chinn and Wheeler (1985), and Holliday and Parker agree

that Florence Nightingale had a feminist perspective, but she refused to participate in the feminist movement of her time. Chinn and Wheeler state that this tradition has been passed on in nursing and continues today.

The relationship between nursing and feminism is described as obscure (Chinn, 1999) and strained (Kane & Thomas, 2000). Historical nursing accounts state that the feminist movement ignored feminized professions such as nursing, which nursing saw as a lack of respect for the profession that led to feminist nurses hiding their association with nursing (Kane & Thomas). Bunting and Campbell (1990) state that nursing also chose to align themselves with other socially powerful professions such as medicine in their path of professionalization efforts instead of joining the feminist movement of the 1960s and 1970s.

Although nursing and feminism share some philosophical views such as “reverence for life, the environment, and the individual’s uniqueness” (Kane & Thomas, 2000, p. 18) these similarities have not been acknowledged as a link to feminism because of the difference in expression of these ideals in feminism and in nursing (Kane & Thomas). Feminist scholars and leaders have criticized the patriarchal nature of science, including biology and medicine (Birke, 1986; Hubbard, Henifin, & Fried, 1979; Rosser, 1992). Feminist scholars’ chief argument is that the medical sciences take the position that women’s social position is grounded in their biology (Birke, 1986; Fried, 1979; Haraway, 1996; Leigh Star, 1979; Rosser, 1992). Thus if women’s ‘inferiority’ to men is placed in the female biology, then social change to rectify social inequalities is mis-guided (Birke, 1986). Where as feminists critiqued the male dominated medical sciences, nursing aligned themselves with medical knowledge in the move toward professionalization (Kane & Thomas, Bunting & Campbell). In this embrace of medical

knowledge they unwittingly “accepted ‘patriarchy in the guise of the medical model and rejected the intuitive knowledge founded in practice as unscientific and valueless’” (Wuest, 1993 in Kane & Thomas, p. 22). Thus, feminism focuses its philosophical views without deference to the existing male dominated social structure, but nursing has embraced it and is embedded in the existing male dominated sciences and practices their philosophy in a paternalistic healthcare system.

### **Literature Search Stage**

At the heart of a quality and useful literature review is a well defined and informed literature search. Given the fairly easy and quick access to the mass of knowledge that is made available by the internet and computers, creating a literature source from which to draw data is an overwhelming task. To be able to think my way through all of this information and to be able to construct intelligent summations and unique conclusions, Hart (2008) suggests a questioning and critical attitude to the knowledge encountered. My first step was to become familiar with the topics of feminism and its relation to biology and to nursing as stated in the literature. As suggested by Hart, I began with generally accepted definitions of these topics as stated in encyclopedias, dictionaries, and text books and then moved on to a literature search of scholarly journals.

### **Encyclopedia and Dictionary Definitions**

#### **Feminism.**

A key topic in my literature review that I needed to find a generally accepted definition for is feminism and feminist philosophy. The first source of background information came from the Encyclopedia Britannica via the UVic online source database. According to this source,

feminism is characterized as having 3 waves of modern fairly organized feminism. The first wave was in the late 19<sup>th</sup> and early 20<sup>th</sup> century in the US to gain the vote; the 2<sup>nd</sup> wave beginning in 1960 – 1970 to gain equal rights in the US; and the 3<sup>rd</sup> as a freedom of expression of rights. There are three “theories” or focuses of feminism. Liberal or Mainstream feminism, is known for its concrete and pragmatic change focus; Radical feminism includes the ideas of reshaping society and its structures to suit women; and Cultural or “difference” feminism which emphasizes the celebration of being a woman. Other fractures in a single theory of feminism have arisen from difficulties with race and class divisions (Encyclopedia Britannica, n.d.-b).

According to the Canadian encyclopedia (Eichler & Lavigne, n.d.), feminism is described as a social justice movement, characterized by the groups that were formed and the issues that were addressed. “The New Women’s Movement” began in the late 1960’s. During the 1970’s the movement went from a few radical groups to include women from varying classes and races. Main causes were “creating a just society for women means the elimination of sexism in all areas, particularly in the legal system, in the organization of social production, in the perception and treatment of women’s bodies, and in the arts, sciences, religion, education and the mass media” (Eichler & Lavigne, n.p.).

I looked to the Oxford Dictionary (n.d.-b) for definitions of ‘feminism’ and found, “1. The qualities of females, 2. Advocacy of the rights of women (based on the theory of equality of the sexes), 3. The development of female secondary sexual characteristics in a male” (n.p.).

Webster’s New World College Dictionary (Neufeldt, 1988) defined it as “1. feminine qualities 2 a) the principle that woman should have political, economic, and social rights equal to those of men, 2 b) the movement to win such rights for women” (p. 498). Dictionary.com (n.d.-c)

defined 'feminism' as "1. the doctrine advocating social, political, and all other rights of women equal to those of men, 2. (sometimes initial capital letter) an organized movement for the attainment of such rights for women, 3. feminine character" (n.p.). These dictionary definitions assume a stable category of women, make a distinct sexual category of female, and conceptualize feminism as fighting for women to have the same rights as men. These definitions argue from a dichotomous standpoint, such as men vs. women and feminine vs. masculine and thus re-enforce the existing structure of Western society.

### **Feminist Philosophy.**

The Encyclopedia Britannica (Encyclopedia Britannica, n.d.-c) describes feminist philosophy as having an emphasis on the role of gender. This encyclopedia states that feminist philosophy criticizes the man dominated history of philosophy and its constructs, such as rationality and objectivity, impersonal and abstract rights and principles in ethics. With the growing feminist movement in the 1960s women who were in philosophy became more critical of the role of gender in their discipline. Critiquing their professions from a feminist perspective brought forth philosophical topics for debate. Such topics were "independence and self-determination, domination or subordination, standards of knowledge, re-construction of philosophical, theoretical, and research questions, gender and how that relates to cultural and political norms" (n.p.). From these debates three types of feminism emerged: liberal feminism (equal rights), socialist feminism (labour and economic), and radical feminism (sexuality). Philosophical issues that have been taken up are: agency, ethics, and epistemology and philosophy of science. The Canadian Encyclopedia had no result for "feminist philosophy" and there were no results in either encyclopedia for "feminist theory".

**Nursing.**

Also of central importance is the idea of nursing and how it is generally thought of as reflected in fairly enduring knowledge bases of encyclopedias and dictionaries. The first dictionary, *Encyclopedia Britannica* (*Encyclopedia Britannica*, n.d.-d) states, “nursing is work that is defined by categories of illness such as Diabetic nursing or by social structure, such as community health nursing or by age, such as children, women, geriatric nursing. Practice consists of health promotion, education, provider of health services and caring” (n.p.). The *Canadian Encyclopedia* (Jensen, n.d.) states, “nursing began in Quebec at about 1639 by nurses of religious orders (Augustinian Hospitallers from France, Grey Nuns)” (n.p.). They had hospitals built in various locations across Canada. The first school of nursing was begun in 1874 by Dr. T. Mack at the General and Marine Hospital in St. Catharines, Ontario. Then at the Toronto General Hospital and Montreal General Hospital the Victorian Order of Nursing began in about 1897 and served the sick in the West. The precursor to the Canadian Nurses Association (CNA) began the movement to gain a better educational preparation by moving nursing education into the universities and community colleges.

Dictionary definitions are also fairly enduring sources for knowledge. I have quoted two print dictionary and one online dictionary. The *Oxford dictionary* (n.d.) defines nursing as “The action of nurse v. (in various senses); The practice or profession of providing health care as a nurse; the duties of a nurse” (n.p.). The *Webster’s New World College Dictionary* states that nursing is “a woman hired to take full care of another’s young child or children; nursemaid, a person trained to take care of the sick, injured, or aged, to assist surgeons, etc.; specif., a registered nurse or a practical nurse” (n.p.). In addition, *Dictionary.com* states that nursing is “a

person formally educated and trained in the care of the sick or infirmed; compare nurse-midwife, nurse-practitioner, physician's assistant, practical nurse, registered nurse; a woman who has the general care of a child or children; dry nurse; a woman employed to suckle an infant; wet nurse; any fostering agency or influence" (n.p.). It seems clear from these definitions that nursing involves, for the most part, a woman caring for the ill or helping someone else to care for the sick or infirmed. Additionally there is a strong link between the domestic and professional definitions of nursing. With such enduring definitions of nursing and nurse, it is easy to understand why nursing is seen as a natural expression of a woman's innate abilities.

### **Body.**

The human body seems like a fairly uncontested entity, but there are various definitions. The Oxford Dictionary (n.d.-a) states the 'body' is "the material frame of man (and animals)", and is "the whole material organism viewed as an organic entity" (n.p.). Webster's states it is the whole physical structure and substance of a human being, animal, or plant. Dictionary.com (n.d.-b) defines it as, "the physical structure and material substance of an animal or plant, living or dead (n.p.). According to the Encyclopedia Britannica (n.d.) the 'body' is, "the physical substance of the human constructed of systems and parts" (n.p.). As a summary, 'body' refers to the body of man, human being, animal, or plant and is a physical structure that is made up of parts, but is viewed as a whole entity.

### **Biology.**

The Oxford Dictionary (n.d.-a) defines 'biology' as "the study of living organisms, divided into many specialized fields that cover their morphology, physiology, anatomy, behaviour,

origin, and distribution” (n.p.). Webster’s New World College Dictionary (Neufeldt, 1988) states biology is “the science that deals with the origin, history, physical characteristics, life processes, habits, etc. of plants and animals” (p. 140). Dictionary.com (n.d.-a) states biology is “the science of life or living matter in all its forms and phenomena, esp. with reference to origin, growth, reproduction, structure, and behavior” (n.p.). Encyclopedia Britannica (n.d.-a) briefly states that biology is the “study of living things and their vital processes” (n.p.). The Canadian Encyclopedia (n.d.) describes biology as “is the science of life, embracing all studies of living organisms and, as such, is inherently interdisciplinary” (n.p.). As a summary, ‘biology’ is the study of a wide variety of life in all of its processes.

### **Database Searches**

#### **Cumulative Index to Nursing and Allied Health Literature (CINAHL)**

As the name implies CINAHL is a database of nursing literature that encompasses the years from 1966 to the current year. In CINAHL I used the search terms related to the core concepts of interest for this literature review, which are, feminism, biology, anatomy, and physiology. Considering that I am interested in how nursing, from a feminist perspective, has engaged with biology, anatomy, or physiology, I used the term feminism in conjunction with biology and anatomy and physiology. I did not exclude any year because I wanted to investigate all records available. To improve the rigor of this literature review I only included articles from peer reviewed journals. I am only fluent in English and so I only included English as a language for the articles. I included “full text” as a limiter as well. My first search included the keywords ‘Feminism and Biology’ and received 10 articles. Because of the low number of articles I expanded my search terms and included ‘body’ which recovered 24 articles and ‘feminist

critique and biology' recovered 1 article. After reviewing these articles, none of them engaged directly with human biology but did indirectly refer to biology through the body and discussed biology within the text of the article. Because of the lack of articles of direct interaction with biology I continued my search to the UVic topic databases for 'nursing'.

### **UVic Libraries Topic Index**

The databases I included in this set are, Academic Search Complete, Alt-Health Watch, Biomedical Reference Collection, Canadian Health Research Collection, Cochrane Database of Systematic Reviews, Cochrane Library, and Consumer Health Complete, Evidence Based Medical Reviews, and Health Source: Nursing Academic Edition. However, I excluded Electronic Health Library as this database is included in another database I am already searching. I also excluded the Humanities, Arts and Medicine because I was not able to search for topics, only authors and titles. The Journal Citation Reports were excluded because the database includes articles in the Web of Science database, which I have already included in my search elsewhere. Another duplicate database is Health Source Complete that is part of the Nursing Academic Edition of this database. Finally, other databases were not in the area of nursing, such as the Encyclopedia of Human Nutrition and the Encyclopedia of Stress. In this topic database search I included the word 'nursing' along with the other key terms of feminism, biology, anatomy, and physiology. There were three "hits", which I had already found in the CINAHL database search.

### **Google Scholar**

Whittemore and Knafl (2005) suggest using two to three strategies to find primary sources and so after searching CINAHL, and UVic Libraries Topic search, I headed to Google Scholar. I realized that in this kind of database I would not be able to search within nursing

knowledge specifically, but would need to find relevant articles using well thought out search terms. I knew this kind of search would take many hours, but again I needed to make sure I found any articles that might be of use to my review. I used the search terms 'feminism, nursing, biology' and received 16,900 hits! I looked through 13 pages of Google results and stopped when the focus of the articles were consistently off topic. I was looking for nurse scholar's engagement with the topic of biology from a feminist perspective. The Google search, while providing a plethora of results, searches the body of the article and thus the terms "biology" and "feminism", may be in the article body, but may be of little significance to the topic of the article. As I searched the list of hits I took note of authors and the frequency of their articles. I feel that if the article is of significance to the knowledge of feminism nursing biology, then they will be cited by other authors. This is why I will cross reference these Google search results with the "most cited" search results. I, for the most part, did not include books unless they were available from Google.com books and even then, they were only available in part. From that search I found 15 articles. Again I searched in Google Scholar using the terms 'feminism, nursing, physiology' and got 8,100 hits and found three that were relevant after searching for 18 pages. The total number of articles that I identified as being fairly relevant to my interest were 55 articles.

To help me discover the current knowledge in the field I did a citation analysis of my topic of interest (Hart, 2008). A citation analysis is a search in a special index called a citation index. A search in this index will tell me what authors are the most cited by other others within a topic and what authors are cited by those most popular authors. In reality, the web that is created is not between particular authors, but between particular works that the author

creates. The web will show the interconnectedness of knowledge from one article to the next. This can be useful in finding relevant articles from the reference lists of articles that are particularly important in the field you are interested in. For instance there may be seminal articles that authors throughout the years continue to reference. From a citation search an important article would become visually evident.

The UVic libraries Web of Science database includes the following sub-databases, Science Citation Index Expanded 1955 - present, Social Sciences Citation Index 1956 – present, Arts & Humanities Citation Index 1975 – present, and Conference Proceedings Citation Index – Social Science & Humanities 1990 – present. I grouped the search terms to discover relevant articles. These terms are, feminism nursing biology, feminism nursing anatomy, and feminism nursing physiology. I received no hits for any of these terms. While this was very discouraging I was not going to give up the search and so I entered the terms, 'feminism nursing'. I knew that feminist nursing must engage with these topics at some level, thus I would have to search broader. Even though I knew it would take more time to hunt through articles individually, I was willing to search thoroughly. I received 55 records using the terms 'feminism nursing'. The limiters were articles as opposed to books, English language, and I included only the topics of Nursing and Women's Studies. From these 55 I did a citation analysis to see what authors/articles were cited the most. I included an article in my list of notable articles and notable authors if it was cited by another author at least once and was relevant to my literature review, which meant that it had to have some discussion from a feminist nursing perspective about some aspect of biology, anatomy, and physiology. I compared the list of authors with the

list of articles and authors I had retrieved from my database search and found that I had included many of the most cited authors and articles.

### Final List of Articles.

Table 1

#### CINAHL Articles

Search term	Articles
feminist critique and biology	McDonald, McIntyre, Anderson '03
feminism and biology	Kinser & Lewis '05, Cammer '06, Kelly '09, Rolls '09, Campbell & Bunting '91, Chinn '99, Duffy '85, Sundby '99, Gallop '04, and Bullough '96
Feminism and body	Bramwell '08, Kattlow '01, Atkins & Gingrus '09, Cosgrove & Riddle '03, Miers '02, Cummins '07, Sharp '02, Munch '04, Grant '08, Smith '00, Clarke '07, Reiger '06, Fox, Ward, O'Rourke '05, Maine, Bunnel, Marx '01, McDonald & McIntyre '01, Thorne '00, Toombs '97, Reese '07, Kvigne, Kirkevold, Gjengedal '05, Munch '06, Saguy & Riley '05, Tiggemann '95, and Soban '06.

Table 2

#### Google Scholar Articles

Search Term	Article
Feminism, nursing, and biology	Andrist & MacPherson '01, DeMarco '93, Gortner '93 & '00, Harding '86, Im '99, '00, '01, '07, '10, '03, Kermode '96, Kvigne '02, MacPherson '85, and William '99

### Data Evaluation Stage

#### Quality

The data evaluation stage assesses the quality of the sources of data (Whittemore & Knafl, 2005). As part of my literature search I discovered that there were very few, if any, articles that met my specific search criteria. Due to this lack of data, I broadened the specificity of my inclusion criteria. This meant that I included articles which contained any reference to biology, physiology or anatomy and which included nursing and feminism in any part of the article, from any year, and from any database. I did this in order to be thorough in my search for knowledge. These 53 articles I will now assess, for not only the quality of the article, but also relevancy to this literature review.

Whittemore and Knafl (2005) discuss the question of quality in an integrated literature review. They ponder how it is possible to assess quality in such a variety of sources, which is inherent in an integrative literature review. They state that there is no “gold standard” to measure quality against and assessing quality can be a complicated and not a well defined process. Whittemore and Knafl allude to perhaps using an approach used in historical research, which includes “authenticity, methodological quality, informational value, and representativeness of available primary sources” (p. 550). These concepts of quality resonate with how I think of quality in literature and thus I will use these guidelines to evaluate the 53 articles identified in my literature search.

#### **Personal meanings and criteria for quality.**

I approached this stage of my literature review with much anticipation and also with a feeling of dread. As a nurse researcher I am personally involved in the topics identified. Nursing has been part of my life since I was in high school in 1977. I have depended on the financial freedom and sense of accomplishment that the profession of nursing has given to me and I

depend on it for much of my sense of worth. The topics of biology, physiology, and anatomy are areas of knowledge that I have engaged with throughout my nursing career, thus I know them well and depend on that knowledge. Feminism is fairly new knowledge for me, but I see a feminist perspective as an ethical perspective and have 'taken it to heart'. As I approached this stage of the review I was hoping that nursing knowledge had developed a feminist engagement with the topics of biology, physiology, and anatomy, but that I just need to search deeper. My dread comes from the feeling that perhaps there may not be the knowledge I am looking for.

To narrow down the number of articles for my review I quickly read the article abstract to assess for "informational value" and "authenticity". The article abstract needed to refer to the profession of nursing and to feminism to have informational value. To have "authenticity" the article needed to have arguments that were valid to the profession of nursing. To assess for "representativeness of sources" I noted whether the authors cited in the article, had been cited in other articles as documented through Google search and "Web of Science" citation reference database. (see Table 3). Research reports were reviewed for quality of methodological congruency with the research question. As an addition quality marker, I only included articles from peer reviewed journals. I further refined the search terms to only include the human body and biology of the modern human body (i.e. not evolutionary biology), and physiology of the human body.

#### **Discussion of the final sources for data.**

I evaluated the 53 initial articles from the searches and have removed the ones that did not meet the criteria for content and quality. What remain are 13 articles and 7 research reports to include in the data sample. Many of the articles in the initial sample were from

outside the discipline of nursing and/or did not address the topic of the body in any way. Because there are so few articles, if any, that met all my specific criteria and quality, I have included all articles and all research that has to do with a feminist view of the body in general. In other words I have not critiqued the quality of the feminist theory that is engaged in by the author of the article and have included any reference to the human body. These articles are a variety of format, including review, descriptive and research. Timmins and McCabe (2005) state that “review articles provide detailed accounts of particular topics through summarizing and evaluating research and literature relating to a particular topic. These articles also discuss the implications and recommendations for further development of the issues identified in the article” ... “Descriptive articles merely describes a topic with reference to current literature and is not discursive like a review article”... “A research article includes a report of a completed piece of research relating to a particular phenomenon or topic” (p. 46). The appropriateness of the final sources for data was confirmed by the presence of authors that were recognized as most cited not only by myself, but through a Google Scholar search for the terms “nursing, biology, feminism”. The follow chart lists the source for the data of my analysis.

Table 3

## List of Sources for Data

Author	Year	Journal	Type	Citations/Methodology
MacPherson	1985	Advances in Nursing Science	Critique/Analysis	Cited 71 times
MacPherson	1992	Advances in Nursing Science	Critique/Analysis	
DeMarco	1993	Advances in Nursing Science	Review	
Morse	1995	Nursing Outlook	Review	
Kermode	1996	Key Note Address	Review	Author cited 6 times

Carryer	1997	Thesis	Explore the experience of being obese	Feminist methodology, qualitative analysis, autoethnography
Rolls	2009	Thesis	Disrupt the biomedical discourse on heart failure	Critical feminist literature review
Chinn	1999	Perspectives on Philosophy of Science in Nursing	Descriptive	Author cited 105 times
Im, Hautman & Keddy	2000	Western Journal of Nursing Research	Critique research for gender bias	Feminist critique
Im	2001	Western Journal of Nursing Research	Critique research for gender bias	Feminist critique
Andrist & MacPherson	2001	Annual Review of Nursing Research	Review of literature	MacPherson cited 71 times
McDonald & McIntyre	2001	Nursing Philosophy	Review	McIntyre cited 33 times
Kvigne & Kirkevold	2002	Nursing Philosophy	Review	Author cited 30 times
McCormick & Bunting	2002	Health Care for Women International	Critique research for gender bias	Literature review
McDonald, McIntyre, and Anderson	2003	Health Care for Women International	Theoretical	
Gallop & Reynolds	2004	Journal of Psychiatric and Mental Health Nursing	Review	Author cited 29 times
Kinser & Lewis	2005	Health Care for Women International	Review	
Kvigne, Kirkevold, Gjengedal	2005	Journal of Clinical Nursing	Explore nature of nursing care and rehab. of female stroke pts, by hospital nurses	Phenomenological with feminist perspective
Im	2007	Nursing Philosophy	Research approach	Feminist critique

Kelly	2009	Advances in Nursing Science	Review	
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### Data Analysis Stage

The purpose of this literature review is to discover how nursing, from a critical feminist perspective has engaged with the chosen concepts. After carefully and thoughtfully reading over all the articles and research from my literature search, I found that the authors **did not** *directly* engage with the concepts of biology, physiology, and/or anatomy, however the authors *indirectly* referred to these concepts. The lack of direct engagement with the concept of biology, physiology, and anatomy did not mean that there was no relevant knowledge to summarize, analyze, and synthesis for this literature review. According to Boote and Beile (2005) a quality literature review

distinguishes what has been done and what needs to be done, places the topic in the broader scholarly literature and in an historical context, discovers concept vocabulary, variables, and phenomena relevant to the topic, and synthesizes and gains a new perspective on the literature (p. 7).

As I read the articles, it became very evident that feminist nurse scholars *were* discussing the topics this literature review is interested in. In addition, as I read I became aware that the word 'body' was used in many of the articles to interact with the topic of biology in an indirect way. In order to capture the author's interaction with biology, I will include 'body' as a focus of my analysis. To produce a quality literature review, I needed to further analyze the data to reveal the existing relationship between nursing, feminism, biology, physiology, and anatomy of the human body.

Whittemore and Knafl (2005) suggest using a “constant comparison method” (p. 550) to systematically analyze data that covers a broad range of sources. In the constant comparison method, data is placed into systematic categories in order to “facilitate the distinction of patterns, themes, variations, and relationships” (p. 550). The process consists of “data reduction, data display, data comparison, conclusion drawing, and verification” (p. 550).

### **Data Reduction**

#### **Determination of an overall classification system.**

The first phase of data reduction classifies the data into categories of type, (Whittemore & Knafl, 2005) thus I have read over the sources of data and have moved them into either research or non-research. (see appendix for the Excel files for research and non-research articles).

#### **Extracting and coding data.**

The next data reduction technique involves extracting and coding data from my chosen articles. Whittemore and Knafl (2005) suggest using “predetermined and relevant data of each of the subgroup classifications” (p. 550). The subgroups are the non-research and research source groups. My initial concept was made up of the interaction between feminist nursing scholarship and biology, physiology, and anatomy, but there was no literature about this concept. However, I was able to find literature from a feminist nursing perspective that engaged in biology, physiology, and anatomy in an indirect way. From reviewing the articles I found that a major category of interaction in the literature was the body, thus I will include this category in my concept. I will not include nursing and feminism as a category because they have already been used as a category of inclusion in the literature source. The articles that I will

extract the data from are from a feminist nursing perspective as chosen in the literature search inclusion and exclusion criteria. For a discussion of these categories please see the Literature Search chapter of this review. Thus the predetermined and relevant data that I will extract from the sources will be the concepts of biology, body, physiology, and anatomy.

### ***Summaries of sources.***

The purpose of extracting and coding data is to organize it in order to make logical, reliable, and reasonable conclusions. I will attempt to organize the data to allow for the reader to be clear about how I have reached my conclusions. Each primary source will be reduced by review, which will include the concepts of concern (body, biology, physiology, and anatomy) (Whittemore & Knafl, 2005). The reviews will include my interpretation of what the author is relating concerning the concepts identified, direct quotes may be included, critique of the article or research report, and a full reference will be given. The summaries will be organized by year beginning with the oldest. The years are from 1985 to 2009. After the summaries I will display the extracted data categorized by concepts in a table and provide a comparison of the data, followed by conclusions.

Macpherson, K. (1985). Osteoporosis and menopause-a feminist analysis of the social construction of a syndrome. *Advances in Nursing Science*, 7(4), 11-22.

In this article MacPherson engages in a feminist analysis of the medical treatment of osteoporosis. She states that menopause has been medicalized and has become a syndrome which includes osteoporosis. She feels that the ideology of patriarchal male scientific medical knowledge has blinded physicians into prescribing hormone treatment of this disease. Through feminist analysis she places menopause and osteoporosis under the social microscope. In her

introduction she presents the feminist's nemesis of "biology as deterministic". If osteoporosis, hot flashes, night sweating, and vaginal dryness are biological then they cause the socially created "disease" of menopause, which physicians treat with hormone replacement therapy. Thus, biology causes socially constructed diseases, however these social constructions only take place in the social world where women are oppressed and of inferior status. MacPherson used a feminist framework to address this issue. Her goal is to eliminate the oppression and thus allow women to lead a healthier life.

Macpherson's goals are social in nature with a secondary intent of women's health. Indeed her analysis puts the biology or health of the woman under the scrutiny of a social examination rather than putting the biology/health of the woman first and seeing how the social might affect the health. MacPherson frames biology as a means to affect social meaning on bodies. Because of the social goals of a feminist framework/research/theory, the social is placed in the position of power. The biological is but a pawn in the web of the social and thus it is not surprising that research using a feminist framework/view/theory/perspective creates this power dichotomy of social vs. biological. Even her nursing practice recommendations are social in nature. She states that "systematic nursing investigations would contribute toward a feminist science perspective on osteoporosis that would help to correct the dominant patriarchal science attitude" (p. 20). I whole heartedly believe that there needs to be a gender critique in science and in society, however I doubt that a practicing nurse's goal is to "correct" people's attitude toward science. I would hope that a feminist/gender critique would lead to recommendations for practice change that would lead to a better lifestyle for those who are afflicted with osteoporosis.

Macpherson, K. I. (1992). Cardiovascular-disease in women and non-contraceptive use of hormones - a feminist analysis. *Advances in Nursing Science*, 14(4), 34-49.

Macpherson states that the purpose of "this article [is to] examine and analyzes Cardiovascular Disease (CVD) in women and the use of non-contraceptive hormones in order to transcend the dominant patriarchal science model and to help emancipate both women and nursing from this perspective" (p. 34). The author's purpose statement engages with biology as biomedicine and as a disease state and the goal of the examination and analysis is to free women and nursing from the idea that CVD in women can be treated with hormone therapy. Additionally in this purpose statement, Macpherson uses the word "transcend" to characterize what the knowledge from this critique will do for women and nursing. This word connotes both a hierarchy of knowledge and a dichotomous stance of knowledge.

The author uses a dichotomous relationship between the dominant patriarchal science model (aka biomedicine) and feminism to build her argument. MacPherson begins the article with what she sees as the rhetoric of CVD being caused by menopause and the "scientific" solution of hormone therapy. She includes epidemiological research stating that older women are basically fit and healthy at this time in their lives, but that women have social pressures on them to take estrogen replacement therapy or hormone replacement therapy (HRT) to prevent disease. MacPherson states that women feel healthy, but the biomedical community paints a dire picture for the future health of older women, unless they take HRT. Her argument is that patriarchal science is the basis of medicine and it overlooks the socioeconomic and political explanations of illness.

Macpherson's application to nursing practice is social in nature. Macpherson (1992) suggests that nurses first empower themselves and other women. She states that a "basic knowledge is needed about the physiology of menopause, the development of CVD, and the medical model of treatment" (p. 46). This statement is a move away from the importance of the biological and moving toward the importance of social practice in nursing. The second application of the critique is also social in nature. She suggests that in order for nursing students to counteract the "menopause as illness" ideology, they need to be aware of the political context of CVD and ERT and HRT. Other suggestions include, that Master's level education develop new models for treating menopause, taking into account the political and social context of healthcare. Additionally, doctoral students could use feminist research methods for investigation of CVD to give older women a voice, health promotion and CVD prevention through education could be researched, developed and tested, and critiquing patriarchal scientific methods. Macpherson suggestions that future researchers investigate women's decisions concerning HRT and share their analysis of the medical model of menopause. Overall I found that the author's goal of nursing interventions and research are basically social in nature. I did not read suggestions that nurses should be involved in any basic scientific research such as biology. Perhaps this is because of the patriarchal scientific methods used in such basic sciences as biology.

DeMarco, R., Campbell, J., & Wuest, J. (1993). Feminist critique: Searching for meaning in research. *Advances in Nursing Science*, 16(2), 26-38.

DeMarco, Campbell, and Wuest argue that nursing epistemology began from a "singular empirical search for objective truth" and now has moved toward multiple truths using diverse

methods. The authors also state that empirical research undergirds nursing's current knowledge base, but that despite moving toward different methodology, nursing continues to use traditional scientific methods. The authors state that these traditional scientific methods are masculine in nature along with the disciplines of psychology, sociology, and physiology. It is surprising not to find biology in this list considering that much of nursing knowledge for practice is based on biology. DeMarco, Campbell, and Wuest state that nurses have used this paradigm of research to build nursing knowledge and thus nursing research needs to be critiqued for "the presence of race, class, or gender bias" (p. 27). DeMarco et. al. imply that nursing has a unique and separate knowledge base from the disciplines of psychology, sociology, and physiology, but do not include biology.

DeMarco et al. (1993) state that much of nursing knowledge is based on medical research, which is "dominated by the white, male, middle-class perspective" (p. 29) and call for a critique of nursing knowledge for male bias (p. 30). DeMarco et. al. state that critique is a necessary part of scholarship to create new research and ideas (p. 30). Feminist critique gives meaning to knowledge. It is not a means to construct a body of knowledge, but is a process of constructing meaning. A feminist critique includes not only gender, but class and race. It is a means of raising the issues of those studied because much of research done in Western society is based in a scientific tradition that is androcentric and ethnocentric. All parts of the research must be critiqued. "How the method is employed has the potential to minimize or maximize the bias of any method and is the main object of feminist critique" (p 36).

This article is a nicely done explanation of how feminist critique is valuable in all research. The authors do not create dichotomies between research designs, but include all research designs.

Morse, G. G. (1995). Reframing women's health in nursing education: A feminist approach. *Nursing Outlook*, 43, 273-277.

Morse's stance is that medicine and the biomedical approach is oppressive to women and women's health. Biological primacy is part of the biomedical approach that the authors state is inappropriate for women's health research and clinical practice. The authors provide the biopsychosocial approach as an alternative, however do not explain the nature of this biopsychosocial approach.

The author speaks of using a feminist perspective in nursing education, but only in reframing women's health. Women, according to feminist de Beauvoir, are created, not born and thus 'women' is also a social construction. In fact 'health' is also a social construction according to the Ottawa Charter. Health is a concept which refers to social, personal, and the body's capacities to do things. Health does not refer to the biological functioning of the inside of the body, but rather the socially mediated abilities of the body as a whole. Thus, in this article health, woman, and gender are all socially mediated ways of thinking about the body.

Morse places a heavy emphasis on challenging traditional patriarchal practices and not enough on education. This heavy emphasis on challenge sets up a dichotomy in which one must make a choice between the biomedical approach or something else, which the authors suggest is the biopsychosocial approach. There is no clear connection between the social goals of feminism and how their accomplishments help promotion women's health.

Kermode, S. (1996). Science and not-science in nurse education. *School of Health and Human Sciences Papers* Retrieved April 19, 2010, from [epubs.scu.edu.au](http://epubs.scu.edu.au)

In this keynote address the author discusses what he sees as postmodernism and feminism replacing Science in nursing education. He sarcastically calls for a feminist deconstruction of a periodic table. I can only assume that he sees the periodic table as a representative of what he considers Science and feels it is humorous to call for a feminist critique of it. He states that this “practical joke” is a metaphor for the dilemma and the paradox of Science in nursing education. By framing this assignment as a joke he must see that there is an inherent contradiction between feminism and Science and thus, a practical joke because it can not be done.

His argument is that science in nursing education is coming under the critique of postmodernism and feminism and thus is being framed as an “adversary, an oppressor, and ... as irrelevant” (p. 1). He feels that postmodernism has thrown all of science out because of postmodernistic stance that there is more than one truth. Kermode gives us an indication of what he means when he says “Science”. His science is reflective of modernity and its idea that there is one single, universal, objective truth to be discovered. He further understands that the purpose of postmodernism’s critique of modernity is to “demystify and discredit science” ...”to challenge its authority of knowledge” (p. 2).

Kermode has a hypersensitivity of any threat to Science when he states, “It is virtually impossible to pick up an Australian refereed nursing journal and not find at least one article espousing postmodernist dogma” (p. 2). He states that postmodernism is of no significance in nursing research and epistemology and of no importance to the practicing nurse. If what is of

importance to working nurses is Science, meaning the natural science, which includes biology and physiology, then what is of importance to practicing nurses is the biological and physiological body, not the social and cultural body.

In his disgust with postmodern dichotomies he sets up his own dichotomy between Science and Postmodernism. This is a harsh stance to take because it eliminates any possibility of new knowledge, such as nursing knowledge. He critiques postmodernism's deconstruction without providing an alternative. Kermode is clearly taking the side, which he has created, of Science based in the Enlightenment as opposed to non-science.

He states that Science has been biased because it has excluded women from science education, but in fact this is not one of the reasons for the bias. Feminist's critique of science is that women were not included as subjects and for the lack of investigation into women's health concern other than their reproduction functions. Having women in science does not make it inherently feministic in approach because women are also indoctrinated into the same Scientific biases.

His criticisms of postmodernism and feminism have some validity, but taking such a single minded stance for something and against something else is not persuasive or reasonable. This stance also precludes any critique of Science's weaknesses. Overall this article uses hyperbole and is a rant, rather than a scholarly discussion.

Carryer, J. B. (1997). A feminist appraisal of the experience of embodied largeness : A challenge for nursing. *Massey University Theses and Dissertations*.

This research is a critical examination of the dominant medical discourse surrounding the health effects of being obese, in women. Carryer examines the social experience of a group

of women who are obese. This researcher not only takes a feminist perspective, but a feminist research methodology. This methodology is relatively rare in any research and thus is still being critiqued and its rigor being improved on. The researcher uses interview, reflection, and discourse analysis as methods to gather data. The goal is to illuminate the experiences of the subject women's 'largeness'. The methodology and structure of this research is consistent with a feminist framework and with DeMarco's 1993 guide to feminist research. I did not find any other nursing research that used a feminist research methodology to compare this one with. In her conclusion she questions the autonomy and separateness from medicine that nursing professionals claim because nursing has adopted the same reductionist, individualist view of health for women who are obese.

This researcher engages with the body as a variable in an examination of human social behavior and how that might affect the 'health' of the woman experiencing this situation. By referring to 'health' this researcher is referring to a social construction of a socially created concept and not the biological functioning of the body. The feminist perspective, feminist methods, feminist research directs this researcher toward an emancipatory end (i.e. speaking for these oppressed, marginalized women to the medical and nursing community) rather than toward an end that would include a biological factor. She states that "the experience of bodily largeness emerges as a socially constructed disability in which women are denied the opportunity to be fully healthy through social sanctions rather than biological deficit" (p. 7). According to Carryer the biological state of a person's body is the true measure of health.

Biology as determinism is evident in parts of this research report. Examples are the following quote, "These author's literature review suggests that the conflict between the

biological drive for food and the cultural drive for thinness has generated levels of binge or compulsive eating not seen in persons who have not engaged in deliberate manipulation of food intake" (p. 28). This quote conveys the sense that the biological body is independent from the social and in this research is a "drive"; something that is animal like. This type of argument brings in the nemesis of feminism, "biology as determinism" (p. 49). Additionally, she states that "disability which is not inherent in the biology of the person but constructed from the manner in which it offends socio-cultural and gender-specific requirements for women's bodies" (p. 152). This statement implies that biology is set in nature and is distinct from the social body. This author assumes that the social body is able to be controlled and biological body is not controlled and thus natural, true, and good. Biology is the 'real' person inside the social person.

Rolls, T. P. (2009). *Exploring the literature on older women lived experiences with heart failure*.

Unpublished Literature Review, University of Victoria, Victoria, Canada.

The intent of Rolls's literature review is to disrupt the biomedical discourse about heart failure among women. She reviewed literature of the lived experience of women in order to accomplish her goal. Her thesis is that the biomedical view of heart disease silences the "women's own voice and experiences, ideas, and needs" (p. iii). Rolls's argument stands on the dichotomy of biomedical vs. social knowledge of cardiovascular disease (CVD) in women and women as opposed to men. Also the biological body vs. the social body is assumed as two distinct entities. A critical feminist approach is appropriate to the research question and is significant to nursing as she states that cardiovascular nursing is dominated by biomedical discourse.

Rolls (2009) states that she has found only four articles to review, which has been my experience of feminist research in nursing. Her critique, recommendations for research and nursing practice are practical and relevant. However, I do not see how doing the recommended research will disrupt the biomedical discourse or why you would want to disrupt it. Unless there is some alternative to biomedical knowledge I would suggest expanding the scope of knowledge about CVD in women to include both biomedical and phenomenological research. Instead of disrupting I would suggest creating new nursing knowledge about the biological body that is based in the discipline of nursing.

Chinn, P. L. (1999). Gender and nursing science. In E. C. Polifroni & M. Welch (Eds.), *Perspectives on Philosophy of Science in Nursing* (pp. 462-466). Philadelphia: Lippincott.

In this article, Chinn describes gender as a social category that reflects socially constructed trait of either the male or female. Here the author assumes the biological categories of male and female and the social categories of woman and man. She proposes that nursing, as a social category, has feminine gender traits. Chinn sees nursing as feminine and science as masculine and thus sets up a dichotomy between nursing and science as feminine and masculine respectively. Chinn explains specific ways that women are in their world of the feminine and calls on nursing to challenge the masculine assumptions of science and to do science from a feminine perspective. Chinn ends with a quote from *Notes on Nursing* by Florence Nightingale calling on nurses to not do something because it is what a man would do, such as medicine, but to do it because it is a good thing to do. Chinn dreams of a time when

there is no gender, but clearly puts nursing in a feminine place and medicine in a masculine place and does not put forward the non-gendered position.

Im, E., Hautman, M., & Keddy, B. (2000). A feminist critique of breast cancer research among Korean women. *Western Journal of Nursing Research*, 22(5), 551.

Im, Hautman and Keddy's (2000) argument is that the traditional, (over the past 150 – 200 yrs) natural science of modernity devalues women's experience. She states that Western medicine has moved away from the traditions of feminine healing and towards a scientific medical model. In the scientific model the objectivity of the biological body is taken as truth and the social body cannot be proven. However Im et al. build the case for the direct influence that culture has on the body of the woman as a whole. A classic example is that women in Korean culture learn that the body is not something that you expose 'in public', such as during a mammogram. Because of this culturally taught modesty, women in a Korean culture are less likely to have breast cancer discovered at its early stages and thus are less likely to survive breast cancer.

Im et al. state that patriarchal and androcentric views and assumptions are prevalent in the research on breast cancer in general. The alternative option is a feminist perspective that values women's experiences of life. Other dichotomies are Biomedicine/feminism, medical/social, men/women, biomedical perspective/lived experience.

In the conclusions drawn, these researchers bind together the social and cultural context of women's lives with lower breast cancer survival rate of Korean women. Im et al. suggest that this research is useful in nursing practice through nursing education that emphasizes the potential bias that may influence nursing care for women from other cultures.

Nurse researchers need to identify assumptions, values, and beliefs and need to carefully examine themselves for androcentric and pathological views. Additionally nurses can advocate for their patients in the political and social arenas. The authors also state that nurses can provide information about the disease, options for treatments, and possible side effects. Teaching about diagnostic procedures and treatment options can be done while considering and respecting a women's own views and values.

Im, E., & Chee, W. (2001). A feminist critique of research on cancer pain. *Western Journal of Nursing Research, 23*(7), 726.

Im and Chee (2001) begin their article with a description of the epidemiological statistics about pain and pain experience. The authors state that 70% of cancer pain comes from cancer (tumors) itself, 25 % from treatment, 10% from other sources. Over several statements they imply that pain comes from the biological body. The authors distinguish between the biological body and the experiencing body. Im and Chee state that "there are no biochemical markers" for pain, but the intensity is in the lived experience of the social body. The biological body is also the focus of treatment for the experience of pain such as giving analgesic therapy. Pain is spoken of as if it exists as an entity within the biological body. "It" can be assessed, monitored, managed, controlled, and documented.

Im and Chee recount how the social body can affect the pain the biological body causes. For instance, the social body can produce barriers to pain management through misconceptions, beliefs, expectations, gender and ethnic influence on pain description. Im and Chee's main focus is why gender and ethnic differences have not been taken into consideration in cancer pain research. They approach the research from a critical feminist perspective and a

literature review method. Im and Chee propose that “the inadequate assessment of cancer pain does not only come from pure biology, but from continuous interactions with the environment” (p. 728). To me, Im and Chee are saying that biology does not determine pain, but that the social environment mediates the experience of the body living the pain. The subject of the biological body remains hidden in the body and is innocent of any bias because it is natural. Im and Chee solidly place their research in the social body and in the environment of that social body.

After their excellent and detailed critique, Im and Chee conclude that quantitative research does not include the participant’s perspective. They state that this does not mean that quantitative research is flawed, but that research on a particular topic, such as cancer pain needs to be investigated using methodology and methods from the qualitative paradigm. Im and Chee imply that it is up to nursing to bring together the knowledge created from such vastly different methodologies of research.

Andrist, L. C., & MacPherson, K. I. (2001). Conceptual models for women's health research:

Reclaiming menopause as an exemplar of nursing's contributions to feminist scholarship. In D. Taylor & N. Fugate Woods (Eds.), *Annual Review of Nursing Research* (Vol. 19, pp. 29-60): Springer Publishing Company.

In this instructional chapter, these authors examine women’s experiences around menopause and how nurse’s feminist scholarship has contributed to re-conceptualizing menopause as something that is natural rather than a deficiency disease. They recapitulate the history of the Women’s Health movement and describe theoretical frameworks in Women’s Health. Feminist research is also described and then a historical review of menopause is told.

Recent research into menopausal experience is also detailed. As a conclusion, Andrist and MacPherson “chart a course for the future”. This is a lengthy chapter and thus I will not address issues that are not of concern to this review. I will highlight the points that are relevant. Such as, how the biomedical model deals with the biology of the body and disease of the body.

Women’s health scholarship, now over 20 years old, has a rich tradition in women’s studies, feminist theories, and nursing. Nurses as activists for social and medical reform was a radical notion at the time and lead to the concept that women’s health cannot be divorced from the social, political, and economic forces in society that impact health. The authors state, “The framework that addresses [women’s] issues has at its core women’s lived experience as the starting point for health efforts as well as scholarly inquiry” (Andrist & MacPherson, 2001, p. 32). This and other statements in this chapter imply that feminist nursing is moving away from the biological toward the social nursing; away from the biological body toward the social body.

These authors describe the history of building a nursing epistemology that is an alternative to the medical model of health care. This alternative includes the many social contexts of a woman’s life and how that might affect her health. There is a presumption that “woman” is a stable category of analysis and that health is social in nature. Their research begins with and focuses on the lived experience of the participant woman and their place in the social fabric.

In this chapter it seems that the goal of research is social in nature, not placed in the biology of menopause, but in the lived experience of menopause. These nurse researchers emphasize the social aspect of nursing practice, which may have been missing in research, but

it seems that they have disregarded the body in their over enthusiasm for the social. I would wonder how the researcher would respond to a woman who would like to know more about the biological processes that might be contributing to her body's experience? The authors state that "the central theme of feminism is emancipation, social change is the heart of feminist research" (p. 34). Perhaps this focus on the social is the essence of the dichotomy created between the social body and the biological body.

A dichotomy used by these authors is between the biomedical paradigm, which focuses on biology as hormones and disease, and nursing as lived experience and understanding. These authors' critique of the biomedical is that it does not include the social body in the research. The critique is not about the actual knowledge of biomedicine, but the lack of consideration to the social. The critique looks at women's responses to a biological issue rather than the biological issue itself. The authors speak of holism in research and yet do not include the biology of menopause only the social. Here the assumption is that the biological knowledge is not the domain of nursing, but rather is firmly in the domain of medicine. There is no attempt to wrestle it away, but just to provide an alternative. The author implies that nursing research must "move beyond the estrogen-related menopause symptoms" experience (p. 45). Thus nursing research is not including the biological, but is leaving it behind. The authors see nursing moving beyond a reductionist perspective and embracing the social perspective, but does this not leave the body behind and therefore is not holistic?

The authors are proposing a dichotomy between medicine and feminist nursing. The research reviewed moves beyond the biological and is focused on the social, thus leaving the biological body behind and discarded as a focus of analysis. At the end of the review of research

the authors state that the research “open[ed] new areas for feminist research and scholarship- the concept of identity-continuity theory and the emphasis on multiple discourses...” (p. 51). Clearly these have to do with the social body and have left out the biological body. My concern with the normalcy of menopause focus is that women who do have an “abnormal” or symptomatically traumatic experience of menopause are left out of the feminist perspective on health research and thus are left with the only alternative given by this author; the biomedical paradigm of health care. A glaring insight into the authors’ bias against biology is in this quote “We could do well to follow feminist academic scholarship on menopause that has emerged from various disciplines, including philosophy, anthropology, sociology, history, psychology, psychiatry, and English” (p. 52). It amazes me that biology was not included here when there has been so much critique of biology by feminist biologists. Additionally the author cites Woods (1993), “...personal and social changes having health effects that are as important, if not more important, than the biological changes of menopause” (as cited in Andrist & MacPherson, 2001, p. 52). In the end, biology was mentioned as an area that cannot be ignored, but not taken up from a feminist perspective. This is telling because the researcher who is cited as doing research into “biobehavioral and physiologic changes”, Reame, does not take up her research from a feminist perspective. Perhaps the author could only cite this one nurse researcher because there was no published article from a feminist nurse researcher taking up biology.

McDonald, C., & McIntyre, M. (2001). Reinstating the marginalized body in nursing science:

epistemological privilege and the lived life. *Nursing Philosophy*, 2(3), 234-239.

McDonald and McIntyre’s assumption is that nursing knowledge develops from an empirical scientific paradigm and that while this way of coming to know is important to nursing,

it cannot answer all the questions that are important to nursing. Unlike Kelly (2009) who suggested bringing together two disparate paradigms, McDonald and McIntyre are suggesting that there are two distinct ways to approach two distinct types of research questions. They state that those questions that concern the “nature of nursing, the moral ground of nursing practice or the particular meanings of nurse-patient relationships” (p. 235) need to be answered by philosophy. These authors provide a “solution” to the dichotomous duality I have found in previous articles. They theorize that the likely origin of dichotomy emerged from philosophies debates about subject and object. Closer to this literature review I have found that the social goals of feminism inherently sets up a dichotomy between it and anything that gets in its way of the goal of emancipation of women. Thus, if in nursing the patriarchal biomedical paradigm is in contradiction of its goals, then there is an ‘either or’ argument. Throughout my readings for this literature review concerning feminism, nursing, and biology there have been various dichotomies that are repeated, such as female/male, feminine/masculine, biomedical/social, social body/biological body, object body/lived body, and feminism/Western patriarchal society. Feminism has a massive list of things that it is in opposition to and thus dichotomies are an inevitable result of a feminist argument. McDonald and McIntyre also point out that dichotomies are problematic because it sets up an either or situation, where one choice is better than the other and thus one side of the dichotomy is marginalized and the other valorized. McDonald and McIntyre suggest the deconstruction of dichotomy and instead see our differences not as disagreements, but “as struggles over how to see, how to interpret the world, and then we raise questions about what influences and shapes our understanding” (Ceci, 2000, p. 59 in McDonald & McIntyre, 2001). This is a true philosophical approach to this

problem of either or that is created in a feminist perspective. One that would be suitable for open-minded people who do not have a stake in one position or the other. However, I feel this is the exception judging from the rhetoric. I see that feminism is in a battle to gain all the ground it can and that embracing both views to come to understand is not a part of the goal of feminism.

When discussing the reinstating of the body in nursing, McDonald and McIntyre are referring to the whole body from the outside surface, not the biological body. They discuss embodiment, but this is the observable response a body has to an embodied experience of their biology. These authors advocate a re-instating of the importance of the subjectively felt experience of illness in the body and in providing nursing care alongside that of scientific technical knowledge.

Kvigne, K., & Kirkevold, M. (2002). A feminist perspective on stroke rehabilitation: the relevance of de Beauvoir's theory. *Nursing Philosophy*, 3(2), 79-89.

The authors point out that despite a greater number of women being affected by stroke, there is little research into considering gender differences in the rehabilitation process. Kvigne and Kirkevold introduce the idea that disease and the experience and behaviour of disease are more than biological, but that culture and personal experience are also a part. They state that women live a different lifestyle than men and this experience affects how rehabilitation should be done.

In the application of de Beauvoir's theory in rehabilitation practice the author's engage with the biology of the body through the lived experience of the person going through rehabilitation. de Beauvoir's feminism places an emphasis on the female body and its particular

biological characteristics and reproductive functions. She theorizes that the body creates distinct situations that create challenges that women must deal with. This biological determinism has caused disagreements among feminist as to the centrality of the biology of being female to the social actions of the female. In this research report, rehabilitation is tailored to suit the lived reality of the patient rather than a purely biomedical regime. The dichotomies created in this report are the biology of the body vs. the lived experience of the body and the biomedical vs. the social. There is a nice emphasize on both the biological body and the social body.

McCormick, K. M., & Bunting, S. M. (2002). Application of feminist theory in nursing research:

The case of women and cardiovascular disease. *Health Care for Women International*, 23(8), 820 - 834.

McCormick and Bunting examine the effect that gender bias and research paradigms have on the care of women with cardiovascular disease. They begin their argument by statistically explaining the preponderancy of CVD in women. Through this explanation it becomes clear that disease is contained in the biological body and that the biological body is the domain of medicine and biomedicine. McCormick and Bunting examine the social body and how the social context of the social body affects the treatment of the biological body. The biological body is not questioned and seems to be mute and is objectified by describing it with statistics. Of course the researchers are taking a feminist perspective and thus the social factors of cardiovascular disease are a major focus.

The category of 'women' is critiqued and the multiplicity of feminist theory is acknowledged. The authors compare medical treatment of women up against that of men, such

as, “Women were two times more likely to die from a heart attack than men” (p. 822) and “Women have smaller hearts and, therefore, smaller coronary arteries” (p. 822). The historical discussion of CVD and women compare how women have been left out of research. This is understandable considering that this paper reports on a feminist critique and the exclusion is so blatant, but still it is a dichotomous argumentative stance. McCormick and Bunting discuss menopause as villain, ‘atypical’ symptoms, and women’s role in CVD.

The author’s recommendations are social in nature and focus on the experience of women’s symptoms of CVD. There is no call to do biology or physiology research or to critique the biological knowledge that underlies the symptoms and treatments for CVD in both men and women. As a side, McCormick and Bunting state “...the purpose of feminist theory is to view the world from an alternative perspective that places the woman at center stage” (p. 832). If women are at center stage, why is it that that view is an alternative? In 2002 they are still caught in the ideological dichotomy of male/female and feminine/masculine. The author’s call for nursing to remove gender biases in research and calls for nursing to take social action to have the voices of women heard in healthcare research.

McDonald, C., McIntyre, M., & Anderson, B. (2003). The view from somewhere: Locating lesbian experience in women's health. *Health care for women international*, 24(8), 697 - 711.

McDonald and McIntyre propose that biology is not deterministic of gender. They contend that women’s health is more than the physiological experience of biology played out through the body. In addition, women’s experience of life is different than the way men’s lives are shaped. These authors are saying that while biology is distinct and important so are the social realities and forces that shape the health experience of women. They state that the

social, discursive and material realities of the lived lives of women literally causes changes to the body. Such changes as “thinness, preoccupation with body size and shape, and surgical intervention. These authors are describing how the social, material, and discursive realities of women’s live can manipulate the health and health experiences of women on a physiological, biological and psychological level.

These authors make a clear link between the social determinants of health and the impact those determinants have on the physiological/biological health of a person. There is no dichotomy here between what other authors have called the biological body and the social body. The authors state that nurses are well placed to provide a safe space for the health of those who are placed outside the dominant social structures and ideologies of the society we live in.

Gallop, R., & Reynolds, W. (2004). Putting it all together: Dealing with complexity in the understanding of the human condition. *Journal of Psychiatric and Mental Health Nursing, 11*, 357-364.

Gallop and Reynolds draw on their experiences to discuss their understanding of the human condition. They engage in discussion of biological sciences, psychodynamic theory and socio-cultural theory. They feel there cannot be one unitary theory to explain the human condition, but multiple perspectives. These authors call for a complexity perspective of the human condition. Throughout this article the nurses assume that nursing knowledge is based on the biological, psychological and social knowledge bases. I do not see a nursing knowledge base here. The words they use, as they describe their view of the human condition from a nursing perspective, include vocabulary borrowed from other disciplines to help put together a

nursing perspective. They do not draw on nursing theory or nursing knowledge. Gallop and Reynolds both include the voice of race/ethnicity, gender, and class and state that most of the scholarship in this area come from feminist theorists. The authors take a middle of the road between the dichotomy of biological determinism and socio-cultural meaning. "When we are able to hear all the voices then nurses will be able to frame research and practice in a ways [sic] that can profoundly impact on their clients' lives" (p. 363).

Kinser, P. A., & Lewis, J. A. (2005). Understanding gender construction: Creating space for feminist health care practice and research. *Health Care for Women International, 26*, 422-429.

The authors are not specifically focusing on nursing, but rather on health care workers, however one paragraph does address nursing. These authors postulate that as the number of women increase in the scientific disciplines, including nursing, then science may be re-conceptualized as a whole and that negative assumptions, which science upholds in discourse, will dissipate. Kinser and Lewis also call for a feminist perspective on science to create awareness in the scientific community. They hope that insight into the construction of masculine and feminine in medical practice and scientific institutions will bring about change toward a more gender neutral society. The assumption is that any woman will be able to take on a feminist critique because they are female.

Kvigne, K., Kirkevold, M., & Gjengedal, E. (2005). The nature of nursing care and rehabilitation of female stroke survivors: The perspective of hospital nurses. *Journal of Clinical Nursing, 14*, 897-905.

In this research the authors interview hospital nurses to come to understand how the gender of their patients affect their nursing care. They come to discover that the nurses had not thought too much about how the gender of the person affects their physical recovery from stroke. The nurses state that they do not have time to sit down and discuss the context of their life in order to give individual therapy. However, it also was discovered that the nurses, although not knowingly, did alter their therapeutic plans by considering the connection between their experiences as women and their female patients.

The researchers assumed a dichotomy of women and men as difference. Different roles at home and in public, leading to different life experiences, values and life goals. The category of 'Women' was not examined. The subject nurses' focus was on the physical and patho-physical processes as they endeavored to meet the stroke-survivor's fundamental physical needs and to regain normal functions, which indicates the nurse's preference for the object body.

The research report authors provided integration between the nurse's care of the biological body and added the awareness and approach of the lived experience may enhance the nurse's ability to enhance the stroke victim's healing.

The critique of this research took place within the scope of the exterior of the body and within nursing practice. It did not include a feminist critique of the biological knowledge that the nurses used.

Repeated statements that nursing is more concerned with the biomedical view of nursing rather than a phenomenological, social, or contextual view shows a dichotomy of nursing knowledge between biomedical and phenomenological. Another example of the

dichotomy is that the authors found that nursing students preferred knowledge about anatomy and pathology. The authors conclude that nurses are caught in a patriarchal, biomedical ideology and thus cannot see gender differences that might affect care.

Im, E.-O. (2007). A Feminist Approach to Research on Menopausal Symptom Experience. *Family Community Health, 30*(Supplement 1), S15-S23.

Im begins her argument from a feminist perspective that states women's experiences of menopause are being masked by the biological explanation of menopause and thus women are not getting the proper care they have a right to. This perspective seems to express the "biology as determinism" nemesis of feminism. Im contrasts the biomedical view of menopause with the social view of the menopause experience.

Im contrasts the feminist view that women choose self-care of the menopausal experience and that of the 'medical model' would prescribe hormone therapy. What Im does not address is that the science of biology and physiology underlie the understanding of the biological body that is supposedly causing the menopausal symptoms. Im addresses the social aspect of menopause and the social aspects of the management of symptoms. Im suggests that the biomedical view of menopause is dominant in nursing research and if a feminist view was used the research would look into the experience of menopause. So here, again, the biological vs. the social body. Im points out the differences in approaches to research in menopause but tries to lessen the impact of the dichotomy by placing value on both types of knowledge created from the disparate paradigms, however the dichotomy still exists. Im implies that it is up to nursing to bring together the knowledge created from such vastly different methodologies of research.

The studies that Im cites all focus on the lived experience of menopause and do not include any biological or physiological research. I am assuming here that there are no biological or physiological research reports that are from a feminist nursing perspective. In the end Im calls for feminist nursing research into the menopausal experience since feminist approaches have been rarely used in any discipline when looking at the lived experience or symptoms of menopause. Again, Im calls for both quantitative and qualitative research on menopausal symptoms, but I wonder, again, how is a practicing nurse to bring together the knowledge created from these two disparate paradigms. This research report is an excellent example of feminist critique of existing research.

Kelly, U. A. (2009). Integrating Intersectionality and Biomedicine in Health Disparities Research.

*Advances in Nursing Science April/June, 32(2), E42-E56.*

Kelly discusses the difficulty of integrating a social science aspect of research, in this case feminist intersectionality, into biomedical research of inequities of health. Kelly calls for the integration of feminist intersectionality and biomedical paradigms in eliminating health disparities via research. Her goal is to provide an integrated approach to health disparities research to “improve health through social action and knowledge development” (p. E44). Kelly states that the two paradigms are played out in nursing intervention of a psychotherapy group of women. While Kelly explains how this research might be done I do not see a critique of either paradigm. The two methodologies crowd out any unique nursing knowledge or goal. Kelly seems to have forgotten nursing knowledge as a guide to research. The lack of nursing knowledge and/or research used in this report is striking and thus does not inform nursing practice. The knowledge from medicine and from feminism is subsumed into nursing without

creating unique nursing knowledge based on nursing as a discipline. The research process seems to be a watered down version of both paradigms. I would say that Kelly has not addressed nursing's concerns with a biomedical approach to health research. Kelly states that the only ground for a nurse clinician to stand on in nursing research is between the biomedical and the social paradigm of research. Kelly only sees nursing as an intervention not a knowledge base. She addresses this lack by stating that "nursing literature rarely considers the feminist intersectionality paradigm" (p. 154) and that "the discipline of nursing and nursing scholarship are absent in the feminist intersectionality literature" (E54). Kelly acknowledges the inability of combined research to meet the theoretical demands of each paradigm, however there must be movement toward each other to help eliminate health disparities. While I applaud her attempt at bringing these two very different paradigms together I see nursing knowledge as a ground to stand on to address health disparities.

### **Data Display**

The next step in the data analysis stage is to display the data in a format that can be used to "visualize patterns and relationships within and across primary data sources and as a beginning point for interpretation" (Wittemore & Knaf, 2005, p. 551). The preceding interpretation of the sample articles is an interpreted reality of what the authors wrote. I do not claim to have accurately recounted all that the article and research report authors intended, but have critiqued for how the author interacted with the concepts of body, biology, anatomy, and physiology from a feminist nursing perspective. From this critique I have gleaned the themes of 'Dichotomy', 'Moving Away and Toward', and 'Assumptions of Nursing Epistemology'. Additionally I have critiqued the author's arguments and research design.

The table below will display data from each source article regarding the concepts of interest listed above. The concepts of anatomy and physiology have not been extracted due to lack of content regarding these concepts.

Table 4

Concept: Biology

Source	Data for the concept "Biology as..."
MacPherson 1985	as deterministic as a means to affect social meaning on bodies as causing a social construction of the menopause
MacPherson 1992	as biomedicine as a disease state
DeMarco, Campbell, Wuest 1993	
Morse 1995	as difference
Kermode 1996	
Carryer 1997	as a deficit of health as independent from the social as a 'drive' as determinism as able to contain disability
Rolls 2009	as a social actor as 'a woman suffering with heart disease'
Chinn 1999	as fixed and stable category
Im, Hautman, & Kelly 2000	as the disease of breast cancer
Im & Chee 2001	as affecting the social concept of pain
Andrist & MacPherson 2001	biomedical model deals with the biology of the body and disease of the body
McDonald & McIntyre 2001	as causing experience of the body
Kvigne & Kirkevold 2002	as going on in the body
McCormick & Bunting 2002	as a disease state
McDonald, McIntyre, Anderson 2003	as not deterministic of gender as influencing health

Gallop & Reynolds 2004	as affecting the social world
Kinser & Lewis 2005	
Kvigne, Kirkevold, & Gjengedal 2005	as an object
Im 2007	as a disease process as difference as an experience of a disease state as menopausal symptoms as experience
Kelly 2009	

Table 5

Concept: Body

Source	Data for the concept "Body as..."
MacPherson 1985	as a social construct
MacPherson 1992	as a lived experience
DeMarco, Campbell, Wuest 1993	
Morse 1995	as a social construction the male body with physiology the female body with gender
Kermode 1996	as biological
Carrier 1997	as a social body as a biological body as nature and true
Rolls 2009	as a lived experience
Chinn 1999	
Im, Hautman, & Keddy 2000	
Im & Chee 2001	
Andrist & MacPherson 2001	a physiologic process a whole a surface as a lived experience as a social actor
McDonald & McIntyre 2001	as an experience of its biology as a whole that is covered over and contains another body that is created by science and medicine
Kvigne & Kirkevold	as an experience of the world

2002	as an experience of biology within it as a biological reality as a socially and historically constructed entity
McCormick & Bunting 2002	
McDonald, McIntyre, Anderson 2003	as a social construction
Gallop & Reynolds 2004	as an experience of illness as a mediator b/w the biological and the social
Kinser & Lewis 2005	as a social body
Kvigne, Kirkevold, & Gjengedal 2005	as a lived experience of illness as a whole functioning unit
Im 2007	as an experience as a social body
Kelly 2009	

Table 6

## Dichotomies

Source	Dichotomies used
MacPherson 1985	medicine/feminism, biology/social construction women/patriarchal science
MacPherson 1992	dominant patriarchal science model, biomedicine/feminism medicine/socioeconomic, political
DeMarco, Campbell, Wuest 1993	
Morse 1995	medicine/nursing, biomedical/biopsychosocial
Kermode 1996	postmodernism, feminism/science
Carryer 1997	medicine/nursing, men/women, social body/biological body
Rolls 2009	biomedical/lived experience, women/men, biological body/social body,
Chinn 1999	male/female, woman/man, feminine/masculine
Im, Hautman, & Keddy 2000	biological body/social body, patriarchal and androcentric perspective/feminist perspective,
Im & Chee 2001	biological body/experiencing body
Andrist & MacPherson 2001	lived experience/medicalization, biological nursing/social nursing, nursing/medicine, social body/biological body, biomedical/lived experience, medicine/feminist nursing
McDonald & McIntyre 2001	

Kvigne & Kirkevold 2002	women/men, biological body/lived experience, biological body/social body
McCormick & Bunting 2002	biological body/social body, women/men,
McDonald, McIntyre, Anderson 2003	women/men, social body/biological body
Gallop & Reynolds 2004	biological determinism/socio-cultural meaning
Kinser & Lewis 2005	feminine/masculine
Kvigne, Kirkevold, & Gjengedal 2005	women/men, biological body/lived experience, biomedical nursing/social nursing
Im 2007	biomedical body/social body,
Kelly 2009	feminism/biomedical, qualitative/quantitative

Table 6

Theme: Moving Away and Toward

Source	Moving Away and Toward...
MacPherson 1985	Moving from biology toward the social body Nursing practice moving toward social action
MacPherson 1992	Moving away from the importance of the biological and toward social practice. Goals for nursing are basically social in nature.
DeMarco, Campbell, Wuest 1993	Moving from building knowledge to constructing meaning Moving from medical knowledge to critique
Morse 1995	Moving from biomedical approach to biopsychosocial approach
Kermode 1996	Moving away from biology science toward social science
Carrier 1997	Moving from medicine to social theories moving from medicine/biology to subjective approach of research
Rolls 2009	moving from biomedical to critical feminist approach to research
Chinn 1999	Moving away from biology and toward social nursing
Im, Hautman, & Keddy 2000	
Im & Chee 2001	
Andrist & MacPherson 2001	Moving from the biological to the lived experience as a starting point for health Moving away from biological health to a lived experience of health

McDonald & McIntyre 2001	Moving from all empirical scientific to including the social/contextual lived experience
Kvigne & Kirkevold 2002	Moving away from the biological toward cultural and personal experience
McCormick & Bunting 2002	
McDonald, McIntyre, Anderson 2003	
Gallop & Reynolds 2004	
Kinser & Lewis 2005	
Kvigne, Kirkevold, & Gjengedal 2005	Moving from the physical needs to the social contextual needs
Im 2007	Moving from a focus on biological research to a feminist social research focus
Kelly 2009	Moving away from nursing knowledge to feminism/biomedical paradigm

Table 7

Theme: Assumptions of Nursing Epistemology

Source	Assumptions of Nursing Epistemology
MacPherson 1985	includes social and political knowledge as it applies to the care of particular people i.e. women
MacPherson 1992	includes a basic knowledge of physiology, disease process, medical treatment. Knows the social, political, cultural, economic, and historic contexts of patient's health and health care. Nursing has a particular standpoint about social issues, nursing students can critically interpret medical research and apply it to practice, nurses use medical knowledge to inform practice
DeMarco, Campbell, Wuest 1993	knowledge comes from empirical nursing research and critique. Much is based on medical research
Morse 1995	addresses the whole person and is person centered, is based in a biomedical approach and knowledge, includes biological, social, and behavioral sciences.
Kermode 1996	is based in science
Carryer 1997	is based on medical teaching, unique body of knowledge, holistic approach, theoretical knowledge is diverging from practice knowledge, practice of knowledge is socially mediated.

Rolls 2009	comes under the metaparadigm of nursing, nursing theory contributes to nursing knowledge,
Chinn 1999	is feminine in character, are grounded in values of intersubjectivity and meaning, comes from practice and contains the physical and human sciences, from research and scholarship, is ethical and moral, is embedded in social and political contexts.
Im, Hautman & Keddy 2000	social and cultural knowledge is important to nursing research and practice. Reflection builds the nurse's knowledge.
Im & Chee, 2001	can do quantitative and qualitative research to build nursing knowledge
Andrist & MacPherson, 2001	is based in the social, experiential, environmental aspect of health and healthcare
McDonald & McIntyre, 2001	includes embodied experience (subjective experiences of physicality and emotions), focused on empirical scientific paradigm, based on a relational experience of care
Kvigne & Kirkevold, 2002	nursing knowledge about the body is based in the social and environmental. (feminism's aversion to biology is explained)
McCormick & Bunting, 2002	nursing research knowledge of CVD applies to the exterior of the body, its responses, its experience, and social context.
McDonald, McIntyre, Anderson 2003	the biological body is emphasized while the social life of the body is under theorized.
Gallop & Reynolds 2004	comes from the integration of biological sciences, psychodynamic theory, and socio-cultural theory
Kinser & Lewis 2005	(women's biology as historically inferior and rejection of biomedical; biological determinism pervasive) no discussion, much about medicine and science, but no nursing knowledge.
Kvigne, Kirkevold, & Gjengedal 2005	is to promote functional and anatomical health, little attention to the social aspects in nursing practice knowledge
Im 2007	greatly influenced by biomedical views, little on the experience,
Kelly 2009	biomedical conceptualizations of health predominant with nominal consideration of social forces.

### Data Comparison

The next step in data analysis is data comparison. This involves a revisiting of data to identify patterns, themes, or relationships (Whittemore & Knaf, 2005). The primary relationship I am examining in this literature review is between how feminist nursing interacts with the concepts of body and biology. I have not included the additional concepts of

physiology and anatomy because they were not used in a repeated manner in the sources.

Above, I have the data tables which lists how each author(s) conceptualized the concepts of 'Body' and 'Biology', the themes of 'Dichotomies', 'Moving Away and Toward', and 'Assumptions of Nursing Epistemology'.

### **Biology and Body in Relation.**

As I read over the table and thought about how the conceptualizations of biology and body were clustered I realized there were commonalities among the individual concepts of 'body' and 'biology'. In addition, I looked at how the common understandings of 'body' and 'biology' were related. After dwelling on the data extracted, my overall impression was that biology causes disease and the body experiences the disease. Not all the articles stated this exactly, but as I read through the articles again, this was the underlying assumption.

'Biology' was seen as a natural entity that did not have a mind of its own (Carryer, 1997; Chinn, 1999; Kvigne, Kirkevold, & Gjengedal, 2005). 'Body' was seen as something outside of the biological and in the sphere of social influence (Andrist & MacPherson, 2001; Carryer, 1997; Im, 2007; Kinser & Lewis, 2005; Kvigne & Kirkevold, 2002; K. MacPherson, 1985; K. I. MacPherson, 1992; C. McDonald & McIntyre, 2001; Carol McDonald, McIntyre, & Anderson, 2003; Morse, 1995; Rolls, 2009) and the 'body' lives its 'biology' (Gallop & Reynolds, 2004; Kvigne & Kirkevold, 2002; C. McDonald & McIntyre, 2001). Because the 'body' is in the external world and in the social world, it seems to have a will of its own. The 'biological', being a natural entity, was in the domain of medicine or biomedicine (Andrist & MacPherson, 2001; K. I. MacPherson, 1992) and the 'body', especially the social body, is in the domain of nursing. Being in the medical domain of knowledge, biology was seen as causing illness (Carryer, 1997; Im,

2007; E.-O. Im, M. A. Hautman, & B. Keddy, 2000; K. I. MacPherson, 1992; McCormick & Bunting, 2002; C. McDonald & McIntyre, 2001; Rolls, 2009) or containing it (Carryer, 1997). Biology also caused difference, such as sexual difference (Im, 2007; Morse, 1995).

### **Dichotomies.**

Throughout the articles, dichotomy was used in the construction of the arguments with only three exceptions. McDonald and McIntyre (2003) also note the use of dichotomy or dualistic thinking in academic arguments and warn against the pitfall of excluding knowledge by providing only two choices for the reader in an attempt to seem like a conclusion is met. I found that in the source articles, which are written from a feminist perspective, the possibility of choosing “both sides” of the argument was not an option. The authors were also not willing to let there be an ambiguous conclusion to their argument.

Dichotomous construction of argument may be an easy framework to fall into when speaking from a feminist perspective because all but the most recent works engage with ‘female’ and ‘woman’ as a stable category for argument. Although the articles do not mention ‘male’ and ‘man’ in any degree, merely speaking from the category of ‘woman’ the author implicates that there is ‘man’. All but McDonald and McIntyre (2001), McDonald, McIntyre, and Anderson (2003), and Carryer (1997) leave the category of ‘woman’ uncontested and unexplained. Perhaps coming from a feminist perspective inculcates a dichotomous argument.

### **Moving Toward and Away From.**

Feminism is often characterized as a ‘movement’ and this force is evident in the theme of ‘moving toward and away from’ in these articles. Feminisms have a common goal of the emancipation of women that it is moving toward and is moving away from the oppression of

women. Within these feminist nursing articles there is also movement away from and moving toward, but what nursing is moving toward and away from are not the same as in feminism.

The movement to and away from in these articles are within the category of nursing rather than the category of 'women' as with feminist writers. 'Women' is included, but the goal is for the betterment of nursing as a practice and a discipline. The practice of nursing is moving toward social body work, political work, and social contextual needs and away from body work and physical needs (Andrist & MacPherson, 2001; Chinn, 1999; Kvigne, et al., 2005; K. MacPherson, 1985; K. I. MacPherson, 1992). The discipline of nursing is moving toward lived experience, critique, and holism and away from medical and biological knowledge (Andrist & MacPherson, 2001; Kvigne & Kirkevold, 2002; C. McDonald & McIntyre, 2001; Morse, 1995). The epistemology of nursing is moving toward constructing meaning, social theories, subjective research approaches, social/contextual focus, feminist paradigm and biomedical paradigm. Nursing is moving away from nursing knowledge, building objective, empirical knowledge and medical theories (Carrier, 1997; DeMarco, Campbell, & Wuest, 1993; Im, 2007; Kelly, 2009; Kermode, 1996; C. McDonald & McIntyre, 2001; Rolls, 2009). In summary, nursing's focus is moving toward a social body and away from a biological body.

#### **Nursing Epistemology Assumptions.**

According to the authors of these articles and research reports, nursing epistemology is either based on or is highly influenced by the biomedical and/or medical view of health, the body, and nursing practice. Additionally, the authors state there is little attention given in nursing epistemology to the social contextual influence on health (MacPherson, 1992; DeMarco, Campbell & Wuest, 1993; Kermode, 1996; Carrier, 1997; McDonald & McIntyre,

2001; McDonald, McIntyre & Anderson; Gallop & Reynolds, 2004; Kvigne, Kirkevold & Gjengedal, 2005; Im, 2007; Kelly). This finding is not surprising given the focus in feminist theory on the social construction of gender and the social and cultural influences on the health of the body. Embedded in the arguments of these authors is a refusal of knowledge that is created using the biomedical and/or medical view of science (Andrist & MacPherson, 2001; DeMarco, 1993; Im, 2002, 2007; Kelly, 2009; Kinser and Lewis, 2005; MacPherson, 1992, 1985; Rolls, 2009). It is also not surprising that given these distinct views of knowledge that the dichotomy of the biological body vs. the social body is created. Kinser and Lewis (2005) state that women's biology has historically been cast as inferior and that biomedical knowledge assumes, for the most part, that the biology of women determines their feminine characteristics and thus their inferiority. Kvigne and Kirkevold (2002) also describe feminism's historical aversion to biomedicine, biological sciences, medicine, and scientific research because the assumption in these viewpoints is that women are inferior and this inferiority is determined by their biology. Throughout these narratives are woven this history of suppression and othering of the body of women and thus the rejection of any knowledge that comes from the traditional scientific paradigm.

Many of the authors critique the biomedical and scientific view of women and provide feminism as a way to think about women outside of the biological and in the social context of lived lives (Andrist & MacPherson, 2001; Chinn, 1999; E. Im, M. Hautman, & B. Keddy, 2000; Im, 2007; Kelly, 2009; Kinser & Lewis, 2005; Kvigne & Kirkevold, 2002; K. MacPherson, 1985; K. I. MacPherson, 1992; McCormick & Bunting, 2002; C. McDonald & McIntyre, 2001; Carol McDonald, et al., 2003). Of relevance to the critique of biomedicine and medicine is that the

authors state nursing knowledge is either directly based on biomedical knowledge and medical knowledge or is highly influenced by it (Carryer, 1997; DeMarco, Campbell & Wuest, 1993; Gallop & Reynolds, 2004; Im; Kelly; Kermode, 1996; Kvigne, Kirkevold & Gjengedal, 2005; MacPherson, 1992; McDonald & McIntyre; McDonald, McIntyre & Anderson). What is implicit in many of the author's arguments is that nursing knowledge is not built on biomedical and medical knowledge but is directly subsumed into nursing knowledge without translation. The authors discuss and critique biomedical and medical knowledge extensively as if it were the substance of nursing's knowledge about the biological body. Although Kermode takes a rather harsh stance on any epistemology that is not based in traditional science coming out of the Enlightenment, he agrees with feminist nursing authors when he states that "[nursing's] knowledge base and practices have traditionally been viewed as a poor relation to those of medicine" (p. 2) and "there appears to be no tangible evidence of postmodernist thought permeating the workplaces of practicing nurses" (p. 2). The feminist stance that biomedical and medical knowledge excludes the biological body of women or any other race or class that is not dominant in Western society, is problematic when considering that these same authors state that much of nursing knowledge is based in that same knowledge. Just as feminist nursing authors tend to dismiss biomedical and medical knowledge, Kermode takes an equally radical stance and states that "if science is antithetical to nursing's interest...then the overwhelming bulk of health and medical research would automatically be dismissed from the purview of nursing" (p. 5). The only authors who acknowledged the contribution of medical knowledge to nursing was McDonald and McIntyre (2001). They state that scientific inquiry is extremely

important in generating nursing knowledge, but that this paradigm of inquiry cannot answer all the questions of nursing and propose a philosophical inquiry.

### **Gaps in Knowledge**

The gap I see in the knowledge of nursing is the lack of engagement with the biological body in nursing from a feminist perspective. However there is not just a gap in the knowledge of the biological body from a feminist perspective, but even when the nurse authors engaged with the biological body, it was not the biology of the body that was seen, only the whole biological body. The biology of the body was assumed to be beyond nursing's epistemological fence and thus was not questioned and yet the *biomedical* was questioned. However, in this questioning the authors also assumed that once the 'medical' was removed from the equation or a 'psycho' and/or 'environmental' prefix was added on then that somehow changed the 'bio' in 'biomedical' into nursing knowledge. It is logical, however, for the authors not to remove the 'bio' from their critique because with medical biology is removed from nursing knowledge, there is no biology, thus there would truly be an empty space in the assumed base of nursing knowledge. In other words, without the medical knowledge that nursing has subsumed, what knowledge about the biology of the body would be the base for nursing practice and for nursing education?

### **Application to Nursing Education**

The result of this literature review indicates that nursing knowledge of biology, anatomy and physiology lacks a feminist critique, which includes nursing knowledge used in nursing education. I have also discussed the lack of *any* critique or translation of biological and biomedical knowledge used in nursing practice and by extension, nursing education. My

investigation into the history of feminism and nursing shows that feminism has not had much influence within the profession of nursing. However, the scientific professions have been a focus of feminist critique since the feminist movement that began in the 1960's and 1970's. In particular, biology and feminism have been associated since the women's movement of the 19<sup>th</sup> century (Rosser, 1992). Rosser (1992: 2009) indicates that the number of women educated and employed in biology has had substantial growth. This long interaction with feminism may indicate that biological knowledge is most likely value neutral and does not continue to contain androcentric bias. However in Rosser's 2009 analysis of women in science she states that those in the positions of power and influence have not changed considerably due in part to social issues. These issues include women's roles in the bearing and caring of children and lack of networking and women mentors (Rosser, 2009). Given that these social issues have not been resolved as of Rosser's 2009 article, how can the knowledge from the biological and biomedical disciplines be uncritically subsumed into nursing knowledge and used to teach nursing students and inform nursing practice?

Knowledge used in nursing education and practice needs a feminist critique in the process of translation because of the social context in which that knowledge is borrowed. Risjord (2010) criticizes the construction of distinct and separate "pyramids" of disciplinary knowledge. He indicates that disciplinary knowledge should be readily shared or borrowed between disciplines. While I agree with Risjord that knowledge needs to be shared in order for that knowledge to better service the health needs of the people of our society, I feel that the field in which that knowledge exists is not a level. As Rosser (1992) pointed out, the traditions of our society continue to exist and are perpetuated by current male dominated society and re-

enforce the power structure of science created by men, thus women's influence in society remains small despite progress made. Although it is an unknown and thus a tenuous assumption, nursing, being made up of women almost exclusively may be better positioned than feminist biologists to affect change in nursing's positions of leadership and power. Risjord states that nurses are in a privileged position to critique current social order due to their unique role in a male dominated society. This position gives nurse educators an opportunity to affect continued social change by not only using feminist pedagogy, but also using a feminist critique in the translation of biological knowledge used in nursing education.

### **Further Research**

The "theory/practice gap" in nursing has increasingly been an issue of discussion beginning in the 1980's and I bring it up here again (Risjord, 2010). The argument is that nursing theory is either difficult to use in practice or that it is of no use to the practice of nursing. Risjord states that nursing theory in the late nineteenth and early twentieth century was thought of as "models of human biology and anatomy, theories about disease etiology, etc." (p. 8). At that time there was no discussion of a 'theory/practice gap' because theory was relevant to practice as long as nursing remained subservient to physicians (Risjord). Thus, why is there now a 'theory/practice gap'? It is theorized that as nursing moved toward professionalization and thus to research in order to underpin the discipline, nursing theory was created and introduced into the profession of nursing. It is this 'nursing theory' that is being referred to in the 'theory/practice gap', not medical theory. Medical theory still guides nursing practice. Whether they know it or not, nursing practice remains under the authority of physicians even when nurses are supposedly practicing autonomously.

Hospital policy and procedures base nurse's 'autonomous' skill practice on the unseen authority of the physician's knowledge. For instance, in the Cardiac Care Unit (CCU) I worked in, I was able to monitor IV infusions of hemodynamic medications not based on my nursing knowledge, but only if I had been instructed by a physician about how to administer and monitor the medication. This medical knowledge was embedded in the clinical orientation to the CCU that was carried out by the clinical nurse educator. I found this knowledge very relevant and useful to my practice of nursing in the CCU. In Kvigne et al. (2005), the authors found that the nurse participants "perceived nursing care primarily in terms of practical actions to promote the body's functional and practical abilities" (p. 897). Additionally, in their report they state that nursing students prefer "knowledge of anatomy and pathology in order to understand disease" (p. 904). Kvigne et al. conclude that the nursing students are victims of dominating ideologies and values that prevent them from acting on phenomenological knowledge of the lived experience of the patient. However, I would ask if the phenomenological knowledge is relevant to the lived experience of practicing nursing in that situation.

Medical knowledge is very valuable to nursing practice, but medical knowledge is not nursing knowledge although it is an integral part of nursing practice. Indeed, most lay people I speak to about my nursing education do not know what nursing knowledge is, they assume it is medical knowledge. It is also unfortunate that this misconception is also true of nurses because medical knowledge is subsumed into nursing practice from the first years of nursing education to orientation in their place of practice. The beginning step to address this issue is for a critical feminist critique for gender, class, and race bias in knowledge presented in nurse education on

the topics of biology, anatomy, and physiology. If nursing is using medical knowledge in nursing practice then it needs to be critiqued so that nurse educators may interpret medical knowledge into nursing knowledge and to not perpetuate injustices based on gender, class, and race. This is but the beginning of research that needs to be done to provide nursing theory and knowledge on the biological body for use in nursing practice.

### **Conclusion**

My search for knowledge about biology, anatomy, and physiology from a nursing critical feminist perspective revealed that there was no readily available knowledge in the scholarly journals I searched. Despite much critique of biology by feminist biologists and science by feminist philosophers, there is no engagement from nursing with what makes up a large part of their practice's knowledge base. This literature review has brought me to an understanding of the historical possibilities to explain this lack of knowledge development.

Nursing, at its very basic conception was an outgrowth of people caring for one another when they were ill. Throughout the centuries there have been various occupations that have included a caring role. However, Nightingale has historically been credited with raising the caring occupation of nurse to social acceptability and professional status by identifying the unique domain of nursing, unique knowledge base, and nursing theory (Risjord, 2010). Chinn (1999) tells us that Nightingale refused to endorse the feminist movement of her time, but she, herself was a feminist in her perspective of a woman's role in society. Just as Nightingale refused feminism, for 40 years the American Nurses' Association would not endorse the women's suffrage in the US, citing a desire to remain neutral. Kane and Thomas (2000) tell us that in the 1970's the nursing profession was a target for criticism by feminists because it was a

feminized profession. At about that time nursing was continuing to move toward professionalization and aligned itself with the medical profession in order to bolster their political power. Currently, nursing in the US and Canada remain closely aligned with medicine through their knowledge base and through their close, integral working relationship. It seems that nursing, despite being mostly a profession made up of women, still rejects the feminist's philosophy. It is this continued social incongruence of nursing and feminism that has led to a lack of feminist nursing research and thus a lack of feminist perspectives of nursing knowledge.

In the available nursing feminist literature, I found that the research questions were socially based. The questions focused on the examination of the social environmental and thus left the biological body behind. A feminist framework or a feminist research methodology lends itself to questions about the social body rather than the biological body and to social solutions. This literature review has helped me to identify how a research project using a feminist perspective might guide my question, methods, analysis, conclusions, and recommendations. In the literature I reviewed I found that in the feminist nurse researcher's zeal to promote the 'social woman' in nursing knowledge and to critique medical or any other traditionally based scientific knowledge for gender, race, and class bias, is the lack of translation of other discipline's knowledge into unique nursing knowledge. Kelly's (2009) proposition to integrate biomedical and feminist intersectionality paradigms in nursing research to address persistent health disparities is an explicit example. Kelly implies that nursing knowledge and practice is partway between feminism's social action and justice and biomedicine's cause and treatment of health problems. She is at a loss to find adequate nursing research and thus draws on other disciplines knowledge and then applies it to a nursing situation. What is not said in this article

and others is *how* are other disciplines knowledge translated into nursing knowledge for use in practice?

Carrier (1997), in her examination of the experience of 'largeness' questioned "nursing's autonomy and separateness from medicine" (p. ii). She found that despite nursing's stated unique holistic approach, nurses in practice unquestionably adhered to medicine's reductionist, individualistic views of obese people. Kvigne, Kirkevold and Gjengedal (2005) also found that even though nursing "espoused commitment to individualized care" (p. 898), they were more interested in "promot[ing] the body's functional and practical abilities" and "little attention was directed to the stroke survivors' experiences of their life body" (p. 897). Carrier postulated that because nursing is in a social environment that values the goals of the biomedical view of nursing care, the uniquely holistic, contextual nursing view of care is marginalized. Carrier states that there is a "profound schism" between nursing's medical knowledge and their more holistic approach to nursing practice. It is my opinion that biomedical and medical knowledge has not been critically examined by nursing and translated into nursing knowledge, but rather has been subsumed into nursing knowledge and practice and thus this schism that Carrier referred to, is apparent in nursing practice. Nursing is using the knowledge of medicine *carte blanche* and thus it is no wonder that it does not mix with the holistic, contextual nursing knowledge. My proposal is that nursing engages in creating unique nursing knowledge about the biological, physiological, and anatomical functioning of the human body in order to inform nursing practice. At the very least nurse researchers need to critique other discipline's knowledge and through theoretical and philosophical discussion postulate how to appropriately apply it to the unique discipline of nursing.

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**Appendix 1**

Table A1

Inclusion and Exclusion for Non-research Literature

Accepted	Author	Year	Journal	Nursing?	Feminism?	Biology/Physiology /Anatomy?	Exclusion Reason	Inclusion Reason
A	Andrist & MacPherson	2001	Annual Review of Nursing Research	Yes	Yes	Yes		Relevant
	Atkins & Gingrus	2009	Canadian Journal of Dietetic Practice & Research	No	Yes	Yes	Not Nursing	
	Bramwell	2008	Journal of Reproductive & Infant Psychology	No	Yes	Yes	Not Nursing	
	Bullough	1996	Journal of Sex Research	No	Yes	Yes	Not Nursing	
	Cammer	2006	Thesis University of Saskatchewan	No	Yes	Yes	Not Nursing	
	Campbell & Bunting	1991	Advances in Nursing Science as reprinted in Perspectives on Philosophy of Science in Nursing	Yes	Yes	No	No concepts included	
A	Chinn	1999	Perspectives on Philosophy of Science in Nursing	Yes	Yes	Yes		Relevant
	Clarke	2007	Journal of Women & Aging	No	Yes		Not Nursing	
	Cosgrove & Riddle	2003	Women & Health	No			Not Nursing	
	Cummins	2007	Eating Disorders	No			Not Nursing	
A	DeMarco	1993	Advances in Nursing Science, 16(2)	Yes	Yes	Yes		Relevant
	Duffy	1985		Yes	Yes	No	Not Relevant	
	Fox, Ward, O'Rourke	2005	Sociology of Health & Illness	No			Not Nursing	

A	Gallop & Reynolds	2004	Journal of Psychiatric and Mental Health Nursing	Yes	Yes	Yes		Relevant
	Gortner	1993	International Journal of Nursing Studies	Yes	Yes	No	No concepts included	
	Gortner	2000	Nursing Outlook	Yes	No		No Feminism	
	Grant	2008	Nursing Inquiry	Yes		No	No concepts included	
	Harding	1986	Signs	No	Yes		Not Nursing	
	Im	1999	Advances in Nursing Science	Yes	Yes	No	No concepts included	
	Im	2010	Nursing Outlook	Yes	Yes	No	No concepts included	
	Kattlow	2001	Nursing Philosophy	No		No	No concepts included	
A	Kelly	2009	Advances in Nursing Science	Yes	Yes	Yes		Relevant
A	Kermode	1996	Key Note Address	Yes	Yes	Yes		Relevant
A	Kinser & Lewis	2005	Health Care for Women International	Yes	Yes	Yes		Relevant
A	Kvigne	2002	Nursing Philosophy	Yes	Yes	Yes		Relevant
A	MacPherson	1985	Advances in Nursing Science	Yes	Yes	Yes		Relevant
A	MacPherson	1992	Advances in Nursing Science	Yes	Yes	Yes		Relevant
	Maine, Bunnell, Marx	2001	Eating Disorders	No			Not Nursing	
A	McDonald & McIntyre	2001	Nursing Philosophy	Yes	Yes	Yes		Relevant
	McDonald, McIntyre, Donaldson	2003	Health Care for Women International	Yes	Yes	No	No concepts included	
	Miers	2002	Journal of Advanced Nursing	Yes		No	No concepts included	
A	Morse	1995	Nursing Outlook	Yes	Yes	Yes		Relevant
	Munch	2004	Women & Health	No	Yes	Yes	Not Nursing	

	Munch	2006	Social Work in Health Care	No			Not Nursing	
	Rees	2007	Medical Education	No			Not Nursing	
	Reiger	2006	Health Sociology Review	No			Not Nursing	
	Saguy & Riley	2005	Journal of Health Politics, Policy & Law	No			Not Nursing	
	Sharp	2002	Disability & Society	No			Not Nursing	
	Smith	2000	Journal of Perinatal Education	No			Not Nursing	
	Soban	2006	International Journal of Men's Health	No			Not Nursing	
	Sundby	1999	Scandinavian Journal of Public Health	No			Not Nursing	
	Thorne	2000	Health Care for Women International	No			Not Nursing	
	Tiggemann	1995	International Journal of Eating Disorders	No			Not Nursing	
	Toombs	1997	Hastings Center Report	No			Not Nursing	
	Williams & Mackey	1999	Health Care for Women International	Yes	Yes	Yes	Not Relevant	

Table A2

Research Literature Analysis (all research literature was included)

Accepted	Author	Year	Journal Title	Purpose	Sample	Design	Data Collection	Key Findings
Y	Carryer	1997	Thesis Research	Explore the experience of being obese	Significantly overweight women	Feminist Methodology, qualitative, analysis, autoethnograph	Interview	Nursing aligns itself with the medical view of health.

						hy		
Y	Kvigne, Kirkevo Id, Gjenge dal	2005	Journal of Clinical Nursing	Explore nature of nursing care and rehab of female stroke pts, by hospital nurses	Hospital nurses	Phenomenological with feminist perspective	interview	Inattention to the lived experience of the pts.
Y	Im	2000	Western Journal of Nursing Research	Critique research for bias	469 studies	feminist critique	critical analysis	Androcentric views and assumptions, modesty issues, victim-blaming, intense emotions
Y	Im	2001	Western Journal of Nursing Research	Critique research for bias	82 nursing articles	feminist critique	critical analysis	Nursing research on cancer pain rarely incorporated gender and ethnic differences
Y	Im	2007	Nursing Philosophy	research approach	nursing research	feminist critique	critical analysis	5 principles are proposed
Y	McCor mick, Bunting	2002	Health Care for Women International	critique research	9 research articles	literature review	critical analysis	Androcentric notions in women's health and CV research are discussed
Y	Rolls	2009	Thesis University of Victoria	Disrupt the biomedical discourse on heart failure	literature about heart failure	critical feminist lit review	critical analysis	The lived experience of women with heart failure is not addressed.