USING ACTION RESEARCH WITHIN A SCHOOL OF NURSING: EXPOSING TENSIONS IN IDEOLOGIES

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ABSTRACT

This paper examines and critically reflects on a recent curriculum evaluation that took place in 1999 within a school of nursing. Critical theory, and in particular action research, was chosen as an approach for the research. The method aimed to foster participation and reveal and problematise aspects of nursing education which had become taken for granted. Through the process of action research a number of tensions and challenges were revealed. The exposed tensions and challenges are discussed and reframed so that they offer potential for renewed commitment to nursing education, rather than continued constraint and conformity.

INTRODUCTION

The problem of course evaluation

Evaluation research in education has been popular since the 1970s, but has tended to rely on objectivist and positivist methodologies that aim for generalisable findings and universal prescriptions for practice (Cohen et al 2000). However, because each course has different teaching contexts and climates, different learning needs and outcomes, different teacher and student resources, as well as different goals and values, a uniform approach to evaluation design is at the very least unhelpful (Alheit 1999; Simons 1996).

Indeed, several authors argue that it is not the generalisability of programs that has merit, but the specificity (Simons 1996; Farmer 1993). In other words, local program evaluation offers meaning and insight to others about particular educational practices. Findings may not be generalisable, but still generate new ideas and better practice. Rather than continue to pursue the invention of a single method for curriculum evaluation, one needs to acknowledge the value of multiple methods and local research. For too many years, curriculum research has been used to promote uniformity in teaching, which has constrained the artistry and individuality of a teacher's craft (Eisner 1998).

In terms of undergraduate nursing programs this aim for uniformity is less noticeable. There is, however, pressure on schools of nursing to produce graduates who can demonstrate achievement of the Australian Nursing Council Incorporated (ANCI) competencies which are national agreed outcomes. State regulatory bodies have a role in ensuring that courses consider these competencies and also use methods to evaluate how well competencies are achieved. Local workplaces also exert some pressure on schools in their vocalisations about how work-ready they perceive students and graduates to be. However, exactly how schools go about achieving those goals is

generally a matter of local preference. Despite this autonomy to provide nursing education in creative ways, the craft of teaching nursing has not been sufficiently scrutinised or communicated. In part this is because curriculum evaluation processes are not commonly reported in either education or nursing literature (McAllister 2000).

This paper will contribute to the discourse on the craft of teaching nursing by explaining and critically reflecting on a recent curriculum evaluation which took place in 1999 at Griffith University, Brisbane, Australia. The methodology will be explained as well as how findings were interpreted. Recommendations for curriculum development will be outlined.

BACKGROUND TO THE STUDY

Moving beyond positivism

As a result of a growing acknowledgement that regularities and certainty in education may not exist, scientific approaches to understanding teaching and learning are being replaced by interpretive and critical designs (Constas 1998; Eisner and Peshkin 1990). The impetus for this paradigm shift appears to have come from advances in sociology and the increasingly acceptable view that classrooms are places of human interaction which can not be adequately understood using empirical methods (Candy 1989; Jackson 1968; Smith and Geoffrey 1968). Thus, evaluation of teaching and learning practices have therefore broadened to encompass a study of schools and classrooms as social organisations. Interpersonal activities, the hidden curriculum and the ways teachers approach their craft are all legitimate areas for research inquiry.

Political movements, such as feminism and civil rights, have also influenced activities within the classroom as well as critical thinking about those events (Culley and Portuges 1985). The student body has become more active and teachers are beginning to look at their work in a different way (Van Vught and Westerheijden 1994). Feminism offered a critique of paternalistic educational structures that tend to: maintain inequalities within the classroom due to gender, culture, class or authority; overlook processes in learning because of a preoccupation with outcomes; and, promote objective, universal truth instead of acknowledging subjectivity and multiple understandings (Culley and Portuges 1985).

This concern for relationships, in this case within the classroom, and the need for change, are key beliefs which underpin the critical theory paradigm. Critical theory assumes that knowledge in a discipline such as nursing tends to be controlled and constrained by positivist inquiry that emphasises objectivity, and hypothesis testing (Bland 1995).

Critical theory

Critical theory seeks to understand human experience as a means to change the world. Thus, unlike other more conventional paradigms, the researcher seeks to move beyond description and interpretation, towards transformation (De Poy and Gitlin 1994; Adorno 1973; Habermas 1972; Marcuse 1969). The aim is to uncover reasons and motivations which may perpetuate unfairness and inequity and which convince people that change is either unnecessary or impossible.

Taken-for-granted social constructions such as 'the nature of nursing' are of interest to critical researchers, because it is these practices which reveal how a culture such as nursing is reproducing favoured ideas and alternatively, suppressing others. If dominant views are accepted without reflection, disempowerment of those who hold alternate views can inadvertently result. The critical social researcher also aims to suggest other ways of thinking about cultural practices in order to offer potential for peoples' empowerment and systemic transformation.

While individual methods may differ, critical approaches are concerned with exploring interactions, discourses, power relations, language, cultural practices, silences, and competing ideas and interests; because it is these phenomena which expose false consciousness, the power of the dominant paradigm to set agendas and constraints on freedom (Constas 1998).

The critical social researcher attempts to avoid becoming preoccupied with the technical procedure of research because technical knowledge produces only rules and limits, rather than knowledge that connects people or knowledge that empowers people (Habermas 1972). Further, the researcher may not be overly concerned about *facts*, preferring to focus on *values* because 'facts' assume that knowledge is unitary and fixed. Values, on the other hand, are the key to what dominant groups foreground as important, and therefore shape action and beliefs (Sumara 1998).

Similarly the researcher tends to avoid preoccupation with *efficiency* in order to consider the importance of *quality*. Importantly, the critical researcher aims to reframe the purpose of research from being about work done *on* subjects, to work being done *with* and *for* participants (McWilliam et al 1997).

According to Constas (1998), findings ought to be presented in a cautiously reflective manner. Indeed the outcome of such research may be further questions rather than answers, since the aim is to make problematic that which we have mostly taken to be right, proper and precise. Lather (1993) argues similarly when she states that conclusions of research must only be tentative because what may appear to be true in one context, may be irrelevant and inaccurate in the next.

In this particular curriculum evaluation, critical theory was chosen as a suitable research approach because of the need to problematise aspects of nursing education which had perhaps become taken for granted. Such aspects include: content of nursing courses, ways clinical knowledge and skills are taught and learned, as well as assessment within nursing courses (McWilliam et al 1997).

The participatory nature of critical theory, and the concerted effort to work with participants, rather than on them, was an important goal. Because curriculum is a lived experience, rather than a static document, meaningful exploration of the strengths and weaknesses of an existing curriculum required active involvement from the players: teachers, students, administration and community (Eisner 1998). Therefore, a research design which valued and focused on engaging full and open discussion and the active exchange of ideas was seen to be important in this review of a nursing curriculum.
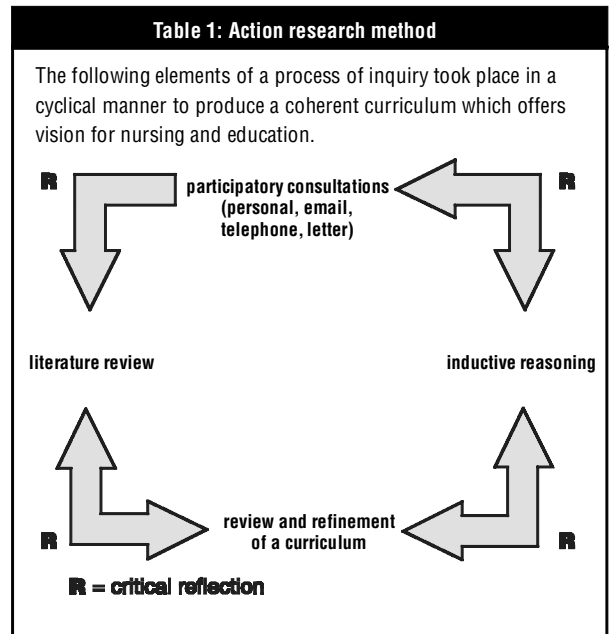
THE STUDY

Action research method

An action research method was designed so that all stakeholders for the nursing curriculum would be invited to have input, to promote the achievement of outcomes grounded in the participants' beliefs and needs, to increase ownership and commitment to a common curriculum, and to allow for changes to be made in an incremental and accumulative way (St Leger and Walsworth-Bell 1999; Sumara 1998; McNiff 1995).

Action research is a spiralling process of data collection and analysis, reflection on emerging findings and comparisons with insights from the literature. In using this method, students, lecturers, clinicians and consumers became co-researchers jointly involved in planning the research process, gathering data, reviewing plans, implementing actions and evaluating effects. A key concept of this research approach is that research is done with participants, rather than done on them. In this way, the team aimed to increase possibilities for the new curriculum to be accepted, embraced and owned by all participants.

In order to achieve the aim for collaboration, the project leader adapted the ethical principles suggested by Hopkins et al (1989) which include a stance of impartiality, confidentiality, negotiation, collaboration and accountability. In addition, the project leader was particularly sensitive to the issue of ownership of ideas, and understood the need to develop and maintain trust.

Table 1 provides a diagrammatic summary of the action research method.

Table 1: Action research method

The following elements of a process of inquiry took place in a cyclical manner to produce a coherent curriculum which offers vision for nursing and education.

participatory consultations (personal, email, telephone, letter)

literature review

inductive reasoning

review and refinement of a curriculum

R = critical reflection

Setting

This curriculum research took place in the context of a school of nursing which has three campuses, and two distinct curricula. One campus offered a problem-based curriculum model which emphasised development of learning process. The other two campuses offered an integrated curriculum model which stressed development of interdisciplinary knowledge. While the three courses offered variety for students and opportunities for diverse ways of knowing nursing, the situation was resource-intensive and hindered the development of a shared vision for the school. While there was an explicit commitment to move towards building unity, the reality was that people varied in their attitudes and beliefs about the need for curriculum change. Thus, the method for research inquiry needed to be sensitive and accommodating to these diverse attitudes.

METHOD

Data gathering and analysis followed an inductive approach to reasoning which meant that exploration of the issue of nursing education began with a broad outlook and general questions, and gradually the issues were focused using a convergent approach to consultations and literature review.

A Course Advisory Committee was established with representation from each campus, consumers of nursing and the nursing profession. This committee steered the project leader providing direction and ratifying decisions. A grant of $5000 was made available from the School of Nursing Special Project Fund to support the project leader with curriculum development.

Participants involved in the study were drawn from the South East Queensland region and included key stakeholders: consumers of nursing services; faculty members including students, academics, administration and technical officers; clinical colleagues including managers, clinicians and clinical educators; and professional bodies. In all, over 100 participants provided input.

Data gathering and analysis utilised a combination of group semi-structured interviews, email and letter communications, telephone calls and personal discussions. Findings and ideas were regularly shared with participants and guided by the Course Advisory Committee. The activities which occurred in this process of data gathering and analysis are summarised in Table 2.

Table 2: The process of data gathering and analysis							
1999-2000	July	Aug	Sep	Oct	Nov	Dec	Jan
Letter to stakeholders inviting all contributions	✔						
Curriculum discussion retreat			✔		✔		✔
Course advisory committee established and convened	✔		✔		✔		✔
Literature review	✔	✔	✔	✔	✔	✔	
Email consult: broad question		✔					
Email consult: respond to interpreted data				✔	✔	✔	✔
Focus interview with stakeholders		✔					
Interview with regulatory body		✔					
Focus interviews at Gold Coast; Logan and Nathan campuses		✔					
Focus interview with clinical staff		✔					
Proposed curriculum circulated for comment			✔				
Curriculum expert consulted			✔				
Subjects for the curriculum discussed and decided					✔	✔	
Subjects developed							✔
School submission document prepared							✔

Methodological trustworthiness

In order to ensure that findings from the study reflected the experiences of teachers and students, the ideas of Constas (1992) were applied to data collection and analysis. Constas recommends that qualitative research ought to aim for data completion and confirmation. Therefore, focus interviews and verbal and written correspondence were undertaken repeatedly with participants until no new data emerged. Data was also analysed collaboratively between project leader and participants so that any interpretation was confirmed and supported. In this way interpretation of data was grounded in the beliefs of participants, thus helping to make findings more likely to be accepted and owned by the group.

Because action research involves a repeated process of exploration, critical reflection, implementation of a change, followed by more critical reflection, achieving research completion requires patience and commitment. A clear boundary between data collection and analysis does not exist, and therefore interpretations, revisions, consultations, feedback and input needed to be repeated.

FINDINGS

Exposing hidden tensions

The process of consultation and discussion revealed diverse beliefs about nursing education. Appreciation for their complexity and attempts to reach compromise on these beliefs became the primary goal for the research team.

The first tension was identified to occur between the belief that clinical learning in a nursing program is important and yet faculty had to depend on teachers and supports independent of the school for its achievement. Clinical facilitators, clinical nurses and managers may not have educational expertise, or familiarity with the local curriculum and yet they were expected to be effective teachers. The question was posed: How do we respond to the charge to give nursing care primacy and at the same time maintain a commitment to knowledge development?

Resolving this question will be a major challenge for the future. How imaginatively and effectively the curriculum is able to inspire students to excel in the work of nursing practice and theory remains to be seen. One important strategy the faculty has resolved to implement is to conceptualise four dimensions for learning outcomes for every subject taught within the curriculum. These dimensions are: cognitive, metacognitive, skills and attributes. For example, a subject on communication will aim to teach students knowledge about communication (a cognitive dimension), questions to ask self in order to guide learning and think differently (a metacognitive dimension), communication skills, and attributes important to effectively communicate. By using the four dimensions for outcomes, and a standard subject development guide, teachers may be encouraged to think beyond dualisms such as theory/practice, content/process, and learning the what/how. Such dichotomies can subtly reinforce hierarchical division between nursing practice and theory. Additionally, subjects will be constructed with the principle that learning may be enhanced when it is contextualised. For example, sociology will be taught but within the context of how it is important to nursing.

The next tension identified was between the clinical facilitators' desire to nurture, support and guide neophytes which clashed with the faculty expectation that clinical facilitators accurately diagnose and judge a student's level of knowledge, skills and attributes. The question was posed: How do we maintain and develop the quality of student support in the clinical area while at the same time enhance rigorous summative assessment of student competence?

Again, this challenge remains ahead for students, teachers, and the nursing communities with whom we collaborate. Some important initiatives the school will be introducing include a more user-friendly clinical assessment tool which makes explicit the faculty's belief that clinicians are the people best placed to make decisions about a student's clinical performance. In simple language, the assessor and student will be reminded that critical comment about the student's clinical performance is important for learning, and that decisions will be respected and recorded. The new two page form, known as the CAT (Clinical Assessement Tool), relates to ANCI competencies but minimises jargon and contains simple, clear, unambiguous directions relevant to both students and clinical teachers. Implementation of the CAT will be piloted in 2001. The faculty has also resolved to encourage students and clinicians to undertake a new flexibly-delivered subject entitled 'Clinical Teaching For Nurses' which focuses on the development of rigorous, supportive, evidence-based and reflective clinical education in nursing.

Another tension existed between the values and intentions underpinning two major socialising forces for nursing students: tertiary education and the workplace. Both socialising agents share an ability to transmit knowledge but they sometimes operate in competition rather than in concert. While one agency has the requirement to support and develop learning to their client - the student, the other has the requirement to supply effective and efficient health care providers to their client - the patient.

Since awareness is sometimes sufficient to deepen insight and change behaviours, faculty believes that a simple but effective strategy to resolve this tension will be to acknowledge it. In forums such as classroom discussions, clinical reflections, collegial meetings between academics and clinicians, our dual purposes can be discussed which may help to remind us all that educational and health service outcomes are equally important to the advancement of nursing.

Another tension lay between the knowledge that nursing culture needs to be transmitted and yet a transmission view of teaching/learning produces passivity and control. The question was posed: Is it possible to transmit and transform the culture while engaging rather than controlling neophytes?

Nursing literature abounds with discussion of this issue, and while there is a strong argument which contends that nursing needs creative, lateral thinkers in order to extend knowledge and practice, it is also true that nursing is highly regulated (Milligan 1999; Bandman and Bandman 1995). Hence, students who learn to abide by rules and understand the limits of their scope of practice will be an asset to the efficient functioning of health services. Faculty has, therefore resolved to renew its commitment to teaching foundational concepts and skills in areas such as law, health sciences, and health responses, and encourage creative expression in areas suitable to divergent and creative interpretation such as in health promotion, nursing research and approaches to illness adaptation and recovery.

Despite the need to conform to various rules and regulations, there is much about nursing's culture which can be changed through quality education. It will therefore be important to provide opportunities for students to learn: how to be political and active citizens, how to communicate assertively rather than passively or aggressively, the value in supporting each other, in celebrating success, and finally in recalling and retelling our cultural stories so that they enrich neophyte values of tolerance, compassion, respect for difference and interdisciplinarity. In this way, it is likely that the educational experience will be empowering and renewing, not just for neophytes, but eventually for the whole of nursing.

There was also tension between the desire to integrate or embed concepts throughout the whole course so that students were assisted to learn practical knowledge with clear relevance to the workplace, with the desire to isolate foundational or crucial concepts so that they could be examined in depth. The question was posed: Is it possible to integrate knowledge from various disciplines and at the same time offer opportunity to master distinct bodies of knowledge?

The notion that nursing is both a distinct body of knowledge, and a discipline which can be enhanced by other disciplines is a principle to which faculty is strongly committed. Therefore, the faculty has resolved to develop challenging teaching and assessment strategies that promote the integration of knowledge unique to nursing as well as interdisciplinary knowledge and practices. For example, the exploration of case studies which require students to problem solve using a nursing framework will be completed and followed up with a re-examination of the same study this time using frameworks that social workers, medical practitioners or psychologists may use. In this way, students will be learning about the roles of other professions while not losing sight of nursing's contribution.

Another tension revealed was between the expectations of industry/culture for 'competent' practice and the

additional, general educational ideals to produce critical and transformative thinkers. The challenge was put: How do we promote the ideals that graduates are able to be work-ready as well as capable of changing our collective futures?

Students need to be able to be responsive to, and transform, not only the interchange and spaces where nurses and clients meet, but also the changing demands of a dynamic profession and health care environment. The faculty and clinicians have resolved to: change students' concept of the spaces in which nurses work; create innovation in the way students become critical thinkers so that they work competently and creatively in these changing spaces; and change the way 'work' is viewed by students. One strategy is to reconceptualise the 'classroom' as a microcosmic extension of a space in which nurses work. By promoting collegial relations in the classroom, providing forums for students to challenge and change both the work-space of the classroom and the spaces nurses and patients occupy or could occupy, we believe we will be contributing to a changing face of nursing and extending its possibilities.

Tension was also evident between the educational desire to maintain and improve the teaching of 'constants' in nursing such as calculations, interviewing skills, self care, while needing to make time and space to teach new horizons in nursing knowledge such as contemporary practice, embodiment, ecology/environment, politics/power.

The faculty and clinicians determined that the 'constants' needed to remain in the curriculum but taught in a changed teaching and learning environment. For example, self-directed mathematics or information retrieval activities will be devised which students will be expected to complete and master prior to classroom contact, in order that teacher-student contact can be dedicated to more advanced concepts.

Finally, there was an awareness that the spaces in which nurses are expected to perform, and the spaces that students elect to experience were sometimes in competition. While the social world continues to expect nurses to be generalist, competent to care for people across the lifespan, in contexts ranging from acute care environments, the home, community and residential settings, as well as for special needs groups, it begs the question: How is it possible to serve multiple, and sometimes competing interests?

In response, the faculty has renewed its determination to select meaningful clinical experiences for students and to provide intensive and thorough education and training prior to the off campus experience so that students can know what it is they should be practising during this time and how they can communicate their needs to clinical colleagues and teachers.

Further, a small but significant change has been introduced to the sequence and focus for off campus placements. In the past, the first semester of first year did not involve clinical experience, possibly because faculty believed students needed the whole semester to prepare. Yet consultation with past and potential students found that students were very eager to learn about nursing practice at the beginning of the course. Further, teachers felt the need for students to understand better the broadening scope of nursing work. Thus, the faculty has agreed to include one week of clinical fieldwork in the first semester of study. This week requires students investigate social and cultural practices in various nursing spaces. Students will be intensively prepared by learning concepts such as sociological analysis, ethnographic and interviewing techniques, as well as empathic, professional communication. We intend to closely evaluate the contribution this innovation makes to students' appreciation for the many spaces in which nurses can and do operate.

Reflections on the challenges of action research

While action research offers a potential for increased participant involvement within the research inquiry, it is also a labour-intensive, exhausting method. It required the project leader to be tolerant and open to diverse and competing ideas, neutral yet also participatory, sensitive to ideological differences yet also pragmatic because the research had to produce a practical outcome: a new curriculum.

At times, some research participants tended to adopt a marginalised position and projected on to the research team frustrations and anger more likely to have been generated from the changing nature of the university workplace. As universities are responding to national requirements to generate revenue and perform multiple educational, research and community functions, so academic and administration staff may be feeling the pressure of changing, competing and overloaded roles. Throughout the consultation process in the research, participants needed a lot of time to discuss workplace problems. It was challenging to be patient and restrain the eagerness to begin to work towards solutions, but catharsis is a necessary precursor to insight and awareness, which is in turn a precursor to the generation of solutions.

Reflection on the data was both a validating and frustrating exercise because it began to expose familiar and unfamiliar cleavages within nursing and education. The cleavages include the tension between theory and practice, science and aesthetics, outcomes and process. Due to the embedded nature of those rifts, solutions and ways to reach compromise were a major challenge. For example, a few participants frequently refused, or were unable, to collaborate.

Perhaps collaboration was an unfamiliar activity for those who had often been left out of discussions in the past.

It also seemed that participants felt that the only way to act within a research process was as inactive, passive and in receipt of knowledge, rather than co-creators. Perhaps some participants saw their identity as an academic, and their place within the educational world to be under threat, and thus they felt defensive and self-protective.

This concern for protecting identity also appeared to translate to beliefs held about 'essential nursing knowledge'. Whenever debate began about what were considered fundamental concepts in a nursing curriculum, discussion became polarised and emotional. Participants either retreated into silence, or refused to see others points of view. One way to read this situation, is to see it as another form of false consciousness perpetuated by a dominant culture which has vested interests in keeping nursing divided and away from meaningful debate which could lead to change. If disagreement cannot be tolerated, silences will result, compromise will not be reached and the status quo will be upheld.

In this case, maintenance of the status quo would likely involve: decision making in nursing education remaining the role of an elite few; the continued view of nursing as a role that involves responding to client problems and illness, being a generalist and efficient task master, doing for a person rather than acting with, and being reactive rather than proactive (Arras and Dubler 1995). All of these roles will likely be accepted without question by a society that knows no other way for nurses to be, and help to prop up a paternalistic health service which has a focus on disease, diagnosis and treatment.

While firm answers to these problems have not been reached, the study has been successful in at least exposing some of these previously hidden tensions, which perhaps opens them up to being contested and at least unsettles the status quo. The study has also prompted an opportunity to take a fresh look at the ways we teach and contribute to the nursing community.

Renewed commitments

Even though awareness of problems may not be sufficient to lead to change, at least this process of critical reflection has exposed a number of hegemonic forces which prevent change and maintain the status quo. While they may not be overcome in this renewed effort to produce a coherent curriculum, there is possibility for them to be challenged and no longer taken for granted.

Despite lingering differences in educational values and ideas about nursing's 'true' identity, the faculty were able to identify a number of important areas in which they were united. We agreed that clinical learning must have primacy. Nursing is a practice discipline and undergraduate nursing degree programs have a responsibility to produce graduates who are skilled to work efficiently in an environment of change as well as envisioned and committed to transforming health services. The challenge for the course is to respond to current economic and social forces, which are placing pressure on students to work in more diverse environments. Additionally, the course is pressed to prepare students so that they have technical knowledge, a wider general education, and personal and transferable skills and attitudes.

We also agreed on a united approach to conceptualising theory. A false dichotomy persists which tends to create unhelpful tension between theoretical and experiential knowledge. Thus, a challenge for the new curriculum would be to build unity and find solutions rather than remain problem-oriented. The ways that this principle would be enacted included: teaching practical theory rather than pure theory; planning teaching, learning and assessment activities which incorporate the development of declarative, procedural, logical and imaginative thinking skills which are relevant to practice.

We agreed on a united approach to conceptualising the student-teacher relationship. Rather than think of teaching as a one-way flow of knowledge, or knowledge transmission, the teaching-learning process will be considered as transactive so that the teacher and student share responsibilities for knowledge development and creation. While power in this relationship is not equal, since the roles and expertise of teacher and student are not equivalent, power need not be exploitative and it can be shared.

The teacher's role is not simply to be a facilitator of a student's cognitive and metacognitive skill development but also to demonstrate and share nursing expertise. The student's role is to learn not just the surface level requirements of nursing practice, but to learn at deep and achieving levels so that neophytes move beyond competence towards excellence.

We agreed to value a varied approach to teaching and learning strategies. While learning outcomes and measurements of those outcomes will be shared across the three campuses in this new curriculum, diverse teaching and learning strategies will be encouraged and supported because we believe it will produce creative, enriched environments for students to learn and for academics to research. The approach to teaching and learning would be to aim for a balance between the need to efficiently teach essential subjects in an expanding nursing discipline and maximise the student's development of life-long learning skills. Academic and clinical teachers perform a crucial

and active role in taking students swiftly through existing nursing knowledge in a supportive and facilitative way that encourages the development of insight, foresight and wisdom.

We agreed to use a range of educational approaches so that knowledge foundations, the process of learning and becoming a nurse, and best possible outcomes are achieved for Griffith University. Those approaches may include: interactive lectures and tutorials, computer activities, situated learning, problem-based learning, intensive study, peer learning, field trips, clinical experience, expositions and conferences.

In addition, we agreed to make a practical commitment to building a shared culture. Nursing has been fractured by the presence of power differentials and diverse and competing interests both within and beyond the profession. Since the new curriculum will have a commitment to being solution-oriented, it will be important to build community within and beyond the faculty in order to sustain the renewed optimism for partnerships between clinical and academic nurses. Examples of community-building events include holding shared events such as student and academic conferences and promoting industry/university initiatives.

Finally, we believe in the need to work towards reclaiming for nursing the human dimension of health care. The notion of nurse and client working together to achieve balance in a healthy body, peaceful spirit and social harmony is an exciting opportunity and one that offers direction and vision for nursing. The curriculum can focus on balancing technology and humanity, efficiency and effectiveness, autonomy and collaboration, professionalism and partnership, reason and creativity, evidence and intuition, individual and society, nature and culture.

CONCLUSION

A critical theory paradigm offers potential to examine that which has been taken-for granted and may illuminate fresh ways of understanding and approaching a situation. In nursing education, a critical approach has made possible this re-examination of entrenched ways of teaching and learning nursing. Whether or not we are able to achieve our united aims, this research has successfully identified and opened up the possibility for transformation, a number of tensions which work to constrain and distract nursing education from reaching its overall goal: the emancipation of nursing. From this participatory process, the team agreed to produce a new course which would emphasise the practice-based nature of nursing, the diverse work of the nurse-client partnership which may take place in various settings, the proactive

and response roles of nursing practice and the active role that clinical and academic teachers must play to support effective learning and advance the profession.

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