

BERA annual conference 2013

abstract submission

Title: inclusive education across borders: how do we prevent educational design of nursing curriculum from colonising indigenous forms of knowing?

Abstract

Background: Working and researching across cultures in nurse education has the potential for enriching all parties on the one hand and disaster on the other. We are aware of the importance of sustaining educational conversations across cultural boundaries for the generation of educational knowledge that has a humanising influence in global contexts. However, globalisation which Western forms of knowing present countries with a serious challenge to keep that which is traditionally grounded in the culture, or having such knowledge accepted as equal to the new forms of knowing introduced in the Western paradigms.

Focus

In this paper we address knowledge knowing is applied to nursing education and examining Praxis investigating what different values of knowing can be brought to nursing curriculum design when enclosed approaches to different knowledge are used. Respecting the origins of knowing and knowledge as it has evolved in different cultures and contexts, is vital in avoiding becoming colonising educator. Knowledge is central to cultural thinking and identity educational colonisation dominates the culture touches often at the heart of the cultural identity which makes developing countries vulnerable and gives rise to social unrest and cultural distress

The backlash of such impositions of knowledge is the danger that while seeking to advance national knowing, nationalism can be an issue which can be equally as destructive as colonialism. Never more clearly can this be seen in the field of human health care. Nurse education has quietly and effectively colonised what should be considered as healthcare and what should not. We asked the question of: how do leaders, scholars, clerics and professionals and the public work together in resolving some of the very difficult problems that face modern society in relationship to healthcare?

Method

This paper uses living action research to approach questions by placing the research at the centre of the research with a practice by seeking answers to the questions of the nature, "how can we improve our practice?" Visual narratives are offered as examples of context and practice. We examine issues within nursing education in Japan, China and United Emirates (Dubai and Oman)

Learning outcomes

The learning outcomes on this paper are the awareness and development of curricular form critical aspects of professional enquiry within the needs of the culture and tradition to enhance a suitable growth of knowledge that are empowering with cultural forms of knowing enabling the meeting of cultures. Understanding the ever increasing importance of globalization and the challenges that this brings and being open to the co-creation of new forms of knowing is vital for future stability and growth. Such a process brings about the generation of new forms of understanding of hope to the future.

Title: Inclusive Education Across Borders: How Do We Prevent Educational Design Of Nursing Curriculum From Colonising Indigenous Forms Of Knowing?

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Title: Inclusive Education Across Borders: How Do We Prevent Educational Design Of Nursing Curriculum From Colonising Indigenous Forms Of Knowing?

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Abstract

Backgrounds

Schön (1995) has argued that if the new scholarship is to mean anything, it must imply a kind of action research with norms of its own, which will conflict

with the norms of technical rationality - the prevailing epistemology built into the research universities.

Working and researching in United Kingdom, Japan, Thailand, Dubai and China we are aware of the importance of sustaining educational conversations across cultural boundaries for generating educational knowledge that has a humanising influence in global contexts. Adler-Collins (2012) presented a paper at the BERA conference in Manchester describing how he researched sustaining educational conversations with Whitehead through the process of tutoring through a Masters degree 1997 to 2000 (Adler-Collins 2000) with a focus on creating safe spaces for complementary medicine in the United Kingdom; supervision for a doctoral degree between 2001 to 2007(Adler-Collins 2007) with a focus on implementing the curriculum of the healing nurse in Japan and then as peers in our work at a university in Japan, at Beijing University of Chinese medicine, and two UK universities. This has included developing insights into Ubuntu (Charles, 2007) way of being from South Africa. We now offer insights into the norms that can be used to legitimating educational knowledge and merging from new scholarships of teaching in higher education, cross cultural boundaries and difference.

Foci

Can cross-cultural understanding be used to estimate claims to educational knowledge from research in to the new scholarship? Can multimedia narratives be used to communicate the meanings of the standards of cultural values in nursing and be used as judgement of educational values?

Methods

We use action research cycles to communicate our meanings of energy-flowing and value laden standards of judgements in the course of emergence in enquiries into interview improving professional practices in nursing and necessities

Visual narratives are used with empathetic resonance to clarify and evolve the meaning of energy flowing values between this different yet somehow similar issues that face us as nursing educators..

Validation groups are used to strengthen the validity of the explanation. This includes the integration of the insights that I use from the most advanced social theories on the day.

Framing

The framing for the generation of knowledge includes both living educational theories and living theory methodology.

Finding

the communication of meanings of relationally dynamics standards of judgement, that include the flows of energy and values across different cultural boundaries can transform what counts as educational knowledge in the Academy. What is need is the development of culturally sensitive listening skills and seeing differences as valuable aspects to learning new ways of doing things.

Introduction.

Adler-Collins (2013) stated:

“...my interest in narrative and the embodied meanings within narratives deepened as I used them to describe and uphold my desire to create safe healing spaces which embrace all aspects of the classroom and practice.. For my life choices and placed me outside of my culture of my birth and opened me up to the richness and diversity of different cultures and also the perils of colonisation. Values and how an individual lives them are important when holding to account our actions. This graphic will link to a live url and take you to a 3 minute multimedia of what I hold as account values in my living and evolving standards of judgement.

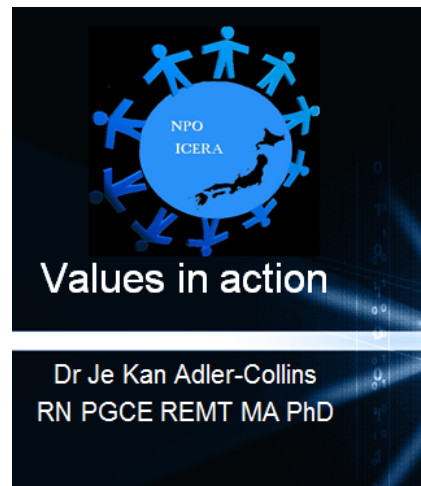


Fig.1. Values .YouTube link: ()

In this paper we will present how sustainable enquiries held over time can provide evidence of Schön's (1995) request of the development of a new scholarship which embraces the exploration of use of multimedia account as evidence by offering insights into three major strands of enquiry are interwoven and inseparable our praxis. first, putting them firmly in the context of a specific time frame, weaving a textual narrative that passes between the different aspects of our multiple selves, building a picture for our readers that is grounded in our actual praxis as nurse educator and curriculum developer in China. UAE and Japan. We look at the issues of building of relationships through educational enquiry within the Dubai Health Authority seeking to find ways to encourage and develop local nurse training and career prospects as part of the emirates program for native indigenous peoples to hold positions of scholarship and leadership within their own country. We also examine in depth

this issues facing China in its rapid economic growth. This narrative gives insights to the continued growth of our educational knowledge sustained over time. Central to this paper is to sustaining nurturing academic and educational relationships that evolve over time between several academics from United Kingdom, China, Thailand, Japan and Dubai in particular the growth of friendship and respect for my supervisor is Dr Jack Whitehead was a time evolved into a trusted and wise friend.

Neighbourhoods of self.

These aspects of self-hood (Adler-Collins 2007) are declared through my knowledge bias and filters of my Buddhist faith. Each is seen as an integral part of the (w)hole, distinct but not discrete . (Rayner 2003). My consciousness moves and weaves fabrics of understanding as it generates new knowledge of the lived aspect of the moment. I am feeling a sense of unease as I separate out these aspects into comprehensible strands for without each of them I, as whole, cease to be. I live my life with an understanding that I am a multidimensional being in the sense that I am created as a temporary transient concept of self by the reflections of the neighbour hoods of self. Very much like African understanding of Ubuntu. "I am because you are". The first strand is my work as a nurse in a hospice in Thailand where I show through visual narratives images of my practice which I believe, evidence the compassionate flow of love and healing energy between human beings. This short clip offers insights to the

context of caring for the dying in what can be sometimes trying circumstances as there is no full-time medical staff or nursing staff within the hospice. There is however a strong community of volunteers. The foundation of the hospice itself as a unique story in that the Abbot of the monastery suffered from cancer and through his treatment and decided that Western medicine chemotherapy and radiation would definitely going to kill him. He then decided to use medication as a means of self-empowerment and reconnecting to the body's ability to if not heal then assist in a good death. He also evolved a combination of Thai herbs which combined with innovative exercise programs and integrated use of complementary and alternative medicine and recovery rates has proven to be extraordinary and those who died were often giving extended periods of good health. You had to completely change your mind-set coming from an orthodox medical background like I have with my training as a nurse in the British Army. I was used to some degree of order, hierarchical structure and organisation in the care I had to provide however, in the Thai hospice you never know who your patients are and if they are going to be there the next time you do your rounds as they appear and disappear during the night. You have to be flexible to the needs of the individuals from within their cultural context. You have to deal with the reality that you find in practice and frame and refrain your knowing in the moment period. The abbot became my teacher as I researched this process by using Western science to measure the responses of stressing hormones in human saliva as an indication as to the benefit of one or nursing intervention.

The Abbot gently reminded me over time, that my problem with being with what I was faced with was that I was thinking as a nurse rather than a Buddhist priest. I struggled to watch people suffering in their dying process without any access to medication my Western mind was saying they should be having more drugs for their pain. The Abbot responded that they should be having meditation, for meditation is used calm the mind and the mind remains clear through the stimulation of the body's own pay me through the endorphin response. The Abbot also taught me that enlightenment can be achieved with the last breath. The use of narcotics such as morphine in the final stages of a person's death clouds the mind and results in induction of coma. The visual narrative I am presenting to you clearly shows the process of teaching people to breathe and the process of holding and touching people as they die. I am aware that such thinking will be for some unacceptable and that in itself is okay because narratives are not just telling the story about the receiving an individual decides on the value of the narratives.

*I feel it is appropriate at this point to stop for a few moments and reflect on the meanings and use of narratives. Narratives and storytelling often interchangeable. Yet some people distinguish them as being very different **Glesne and Peshkin (1992)** suggest that narratives in "storytelling" moods blur the lines between fiction, journalism, and scholarship studies other forms engage the reader through a chronological approach of events that unfold*

slowly over time and weave the words, the textual story moving into and out of metaphors. Others use useful metaphors or third person or moving in and out of several stories contained within one theme. When I started to present my work, which is the last stage of living action research cycle being that we have to make public are claimed to know. I was given some very good advice, and that advice was always present your work and your ideas at the understanding and level of your audience. And before starting your presentation, wherever possible, check your audience. In my work across cultures are often have to modify and change the story to the circumstances that I mean if the story has within it a moral value or a teaching I had to make the space safe. By this I mean I am responsible as a storyteller to use a language and items of belief and knowledge from within the home culture. If I am teaching on a particular sensitive subject then I will use "My life" as a medium of safety. My experience sometimes is real and at others I am the actor on a stage playing a part that has a meaning. This means that while the players of the story may well change along with the context. The actual content remains sound and understandable. An example is fairy stories which are very similar in different cultures, the morals and value transcending different aspects of socialization. From within the profession of nursing narratives of health and illness play an important role and nurse educators and practitioners at the point of care often use storytelling as a means of educating the patient or their families to the situation or condition they are facing. This is even more important within health promotion

for health promotion is not just about health care, but must politics, policy, education, history and environment. For many academics, narratives are just unacceptable as inappropriate methodology and theoretical claims appear to be made without any “real” study or research. And these are in certain cases, valid criticism, and in answering them. I will draw upon the use of metaphor and suggests that a story, a good story is like a cake, you enjoy the taste, it is satisfying, and it fulfils a need. If you then take the cake and pull it apart to see what made the cake. What would you be left with? Because, even if you can break down your cake to all its separate component parts. You can never get the essence that made the cake in the first place; that of the cook! Not only can you never get to that essence, you cannot reproduce it. Your particular cake would be very different. Perhaps the experience and new knowledge gained is enough to stimulate engagement, reflection and new understandings? The following clip offers a visual insight to my work in a hospice in Thailand. The context is that it is a volunteer hospice, serving the poor, with no money only donations. It is my hope that you will be able to see what Whitehead (2008, p. 112) refers to as the life affirming flow of energy that I believe is a fundamental part of our humanity.



Fig 2. Hospice work in Thailand.

The second visual narrative opens another window into my professional teaching life , offering visual insights to the experiences I had an exchange Professor of nursing and teaching psychology, Western nursing and Western culture at Beijing University of traditional Chinese medicine in the faculty of nursing. I pause at this stage, to bring the attention of my reader to the historical context that I lived, for my formative years as a young soldier in the British Army where indoctrination included that everything involving communism and the spread of communism throughout the free world was possibly going to be the cause of the next global conflict. The war in Vietnam was winding down with the loss of face to the American system and military in what was a very unpopular war. I had to very quickly decondition myself to identify and remove inappropriate conditioning from the Army and my culture. The sustained inquiries through the medium of living action research at the Department of Education in the University of Bath provided for me a safe platform to critically analyse my values. The framework of scholarship that evolved from this process allowed me, I believe, to take the best parts of

English Higher Education and leave what did not fit into my praxis to be held in tension as a known bias. The rigour of my training as an educator can partly be attributed to a unique system that the United Kingdom has in higher education but the greater part was my contact with scholars in Living action research under the leadership and guidance of Dr Jack Whitehead. As I moved out from the United Kingdom, I came to understand just how well I had been trained and what a gift I had been given as I lived my life with an ever increasing commitment and passion for building networks of global citizenship where our differences were valued and respected.

When I started working in China I started to research the background to Chinese Higher education policy and practices.



Insert Clip 2. China

China has seen some important changes to nurse education in the last two years. Last year there were changes in the higher education policy. Nursing (Western Nursing) was placed at the same level of education as medical training and stands as an independent profession. This has tremendous implications for the development of nursing education. There are two nursing pathways in China each needs to be looked at individually to make any sense of the whole.

The first is Western Nursing.

China moved towards western nursing as part of its westernization and new hospitals were built with western equipment, procedures and pharmacology. An impressive political drive as to the benefits of western medicine promised a new better medical future for China. The problem was that there were no western nurses trained. Schools of nursing in China were upgraded to teach western nursing curriculum which was taught from books based generally on the American concept and philosophy of Nursing.

Western trained nurses command higher salaries than the traditional nurses which causes disparities of nurse recruitment.

The second is the Traditional Chinese Nursing (TCN) pathway.

Chinese medicine has served China for thousands of years and most things that we call nursing were carried out by the Doctor or helpers. The TCN was created in 1968-69. TCN nursing is philosophically and practically very

different from western nursing in that nurse diagnosis and interventions are taught from the beginning using a well-established empirical framework of evidence based practice. TCN nursing Philosophy is based in traditional Chinese philosophy of health. This differs from the western focus on biomedical systems. After the drive by the government to westernize, in the eyes of the public and the profession, TCN is not seen as useful or having the status as western nursing and medicine. TCN however has an academic master's course but further research into TCN at PhD level needs to be developed.

Student selection for nursing.

There is no interview for student placement by the schools of nursing in China. Students can only choose their subjects and they are allocated to schools by their grades, not necessarily by what they want to study. Many selected medicine but their grades were not high enough as a result the faculties and schools are often faced with a reluctant student. A high % of students do not want to do nursing. When asked why they are here? Their first answer was, no choice, the second was my parents decided, third was it is easy to graduate and find work as a nurse. Motivation remains a challenge to teaching students. Most students are concerned about one thing and one thing only and that is survival, how can they live? With this as the driving factor students, when given the choice of training as western nurses or TCN nurses, choose western nursing because of the economic advantages. Even TCM schools offer western hospitals

for clinical placement , these are often over booked by students and the resulting shortage of students in TCM hospitals is critical.

Teaching issues.

China is slowly training scholars at Masters in academic pathways in nursing and PhD level in western universities. Though nursing scholars whom are qualified in western nursing are few and tend to be from the academic pathways of Chinese nursing education. The theory practice gap is a major issue with younger faculty and staff being short on clinical practice and experience and dependent on reading imported books and material about which they have little practical experience. The western nursing pathway has started to look at how to address this with development of clinical nurse specialists (CNS) under development now. Many new schools have younger faculty which need to be developed as teachers and clinicians. Both western nursing and TCN have similar issues to face in terms of education development, teacher training, and teacher methodology. Clinical pathways for education urgently need addressing. Classroom research is not developed at this stage to any level that will influence the future quality of teachers. Like Japan and many other Asian countries, teachers of nursing are not taught to be teachers first. Other major differences are; in western nursing, the faculty has limited practical experience of western nursing and in TCN the younger teachers coming on line have limited

knowledge of the lifetime's skills and practices of the experienced elders of TCM.

Social issues of medicine in China, including nursing.

During my visit in 2012 four medical doctors were stabbed in a Beijing Class3 hospital. 1 died, three are badly injured. It is stated that these attacks occurred because the attacker's problem was not solved as promised. This is part of a trend of rising violence being directed at western trained Drs. To understand why this has happened analysis of the back ground context needs to be explored.

China has enjoyed an explosive growth within their economy with more liquid dispersible wealth available to the nation. This wealth however is not evenly distributed and there is a growing gap between those that have and those whom have not, with the bulk of the middle and upper middle classes becoming poorer. Doctors and health care workers are in this group. They are in the upper levels of the societies elite but do not command the wealth in terms of salaries that go with the expectation or the life style. Salaries are not keeping up with inflation at street level, such as accommodation. There have been increasing reports and cases of Doctors selling healthcare and queue jumping for operations. Those with the ability to pay can jump to the head of the list. People are paying large sums of money for the cure of western medicine and the dream is not being

fulfilled because people still die. So the population is angry with the Doctors and trust between the patients and Doctors is at an all-time low.

There are political ramifications for this as the government appears to be content to allow the anger for what is a failed policy to be directed to the Drs.

The government is however aware that a mistake has been made and has started to pay more attention to the values traditional Chinese Medicine.

Work force issues.

A recent important meeting took place in Beijing instigated by the President of TCN Higher Education Committee. Where Head Nurses from TCN Hospitals in Beijing and University faculty meet and discussed the issues that needed to be addressed. Several important problems were identified in this productive meeting.

Students from TCN universities are actually carrying out clinical practice in western hospital rather than TCN hospitals. Resulting is a shortage of students in TCN hospitals.

Communications between the universities and the work place such as inter professional development need serious and quick solutions so that both sides can develop understandings of the others needs and work cooperatively towards finding solutions.

Curriculum issues need investigating so that what is taught in the schools is relevant to actual practice.

Clinical educational Pathways need to be developed along the lines of advanced practitioner and Clinical Nurse specialist.

TCN needs to be a separate Professional pathway in nursing equal to western nursing in status.

TCN needs to look at its image, market its self-more and increase public awareness of its benefits.

University faculties need to visit schools, community groups and work places to educate the public in the uses and values of TCN.

Discussion.

It is clear that TCN is reaching a crucial point in its evolution towards becoming its own Professional body. The problems identified above have to be placed in the context of local and national educational policy.

Solutions need to be found and found quickly in order that confidence in TCM is maintained.

Several things have to happen at the same time, coordinated as a planned strategy where all the resources of hospitals and universities work and

share common tasks. It is clear that the Higher education Committees have a challenge to develop clinical pathways at an academic level. Western nursing has started this. It would seem logical that both Higher education committees work together and share the resources of educational curriculum design. For this to work, however an urgent analysis of what actually western nursing is and what TCN is should be carried out and the actual elements that make them different should be clearly identified. Clear clinical learning outcomes need to be developed along with the necessary assessment tools of clinical practice. Once the actual unique knowledge elements have been identified, including underpinning Philosophy. The common curriculum elements can be shared by both professions. This would standardize core curriculum issues as place the unique skills sets of each profession at the same educational level.

Insert Clip 2. China

The third thread of the narratives I wish to present relates to working with the Department of health in Dubai where we are investigating action research approach as a qualitative/mixed methods and approaches to the issues that face indigenous nursing in Dubai Recent declarations from the government of Dubai, Ministry of health laid out the objectives that all positions within Dubai in terms of leadership and scholarship will be filled by local people in the programme of

emiratization. I cannot speak for other areas outside of healthcare of as I have no experience or knowledge. Within healthcare, cultural and religious structures present unique problems and challenges for the development of women in nursing as we would understand in the West. In the short clip presented next you will see an edited collection of images and audio presented by a team of nursing scholars from Dubai, to the last conference of the International Council of Nurses in Malta in 2011. Nurses are an integral part of the healthcare system. A group of five Emirati nurses from Rashid Hospital, Dubai Health Authority, shared their voices during the 25th International Council of Nurses Quadrennial Congress in Malta.

‘Giving New Emirati Nurses A Voice: Sharing Experiences Of Newly Graduated Emirati Nurses’ was the topic for the symposium presented by the Emirati nurses during the International Council of Nurses (ICN) 2011. As associate editor of the ICN journal, the International Nursing Review. I was drawn to the very open and honest way the delegation presented their papers and the valuable insights that they presented to an International audience. I felt that the values they expressed were consistent with my own despite the fact that we are from very different cultural and religious backgrounds. Ms. Hind Mahmoud Abdulla Youne , one of the delegates concluded her speech with a quote: “*The influence of each human being on others in this life is a kind of immortality*”. These powerful words were further enhanced by the final speaker,

Ms. Manal Essa Albalooshi (2011) who delicately explained the benefits of retaining new graduates based on evidence and detailed literature review. She concluded her talk with a beautiful quote of Sheikh Mohd Bin Rashid Al Maktoum, UAE Vice President, Prime Minister and Ruler of Dubai: *“UAE people are not living in a state of luxury disconnected from the world around us; we feel the pain and suffering of our fellow man around the world, and we make a positive and effective contribution to alleviate the suffering of others; we help the needy to combat poverty, hunger and disease around the globe”*. Yet again I was reminded of the bias and incorrectness of my cultural heritage that did no credit to the Arab nations. I could easily identify the causes of the hostility with our religious wars over the centuries and the colonisation of Arab culture. The oil crisis and the control that OPEC exercised on markets which reflected back to the many winters of discontent were part of the building blocks of my images of Arab culture. Yet another wake up call to me to house clean my own bias and misconceptions.

Further contact led to forming a working group to use a mixed method approach to beyond textual representation using as a base a living action research methodology.



Insert Dubau clip.1 here.

On the surface of the three short clips presented to you may appear to have no connection. In this section of the paper I would like to tease out my understanding of what I mean by narrative research in terms of visual narratives e.g. the use of multimedia video and storytelling and how sustaining educational enquiry evidenced overtime can be useful in across cultural exchanges by offering unique platforms for data analysis outside that of text that I believe is answering Schön's call for new methods of scholarship.

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