

Postmodern nursing: a new challenge for nurse educators?

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Postmodern world

Description

Implications for nursing?

Implications for nursing education?

Description

- Growing complexity
 - Increasing number of unsolvable questions
 - Loss of guidelines and clear predictions
 - Absence era: absence of certainty, understanding & predictability
- Futility of decomposing complexity



"Newtonian paradigm"

Need of a new paradigm of thought

"Complexity thinking"

(e.g. Spitzer, 1998; Fraser & Greenhalgh, 2001)

New paradigm

- Relationships between parts are more important than the parts themselves
 - Considering parts in isolation will not lead to good performance

New paradigm

- **Good practice results from minimum specifications**
 - Not detailed but rich information about better practices, allowing to adapt practices in a meaningful and creative way
 - Specifications are the product of dialogue, are not perfect and will evolve over time

New paradigm

- Variation is natural within any complex system where there is interaction between many factors
 - vision that 'variation is undesirable', due to the desire to control the organisation/care



New paradigm

- **Capability is more important than competence**
 - Competence: what individuals know or are able to do in terms of knowledge, skills and attitude
 - Capability: extent to which individuals can adapt to change, generate new knowledge and continue to improve their performance

Postmodern world

Description

Implications for nursing?

Implications for nursing education?

Good nursing care?

- Calls for a critical & creative search
 - for the best caring answer within a complex caring context and
 - in the light of patient's well-being (overall goal)

Good care = ethical care



Need of creative nurses

- Who are not afraid to take risks and use non-standard approaches
- Who feel free to pursue new ideas and use their imagination

(Gardner et al, 2008)

Good nursing care?

- Good care emerge from minimum specifications about better practices
 - Supporting nurses in their search
 - Allowing to adapt practices
 - Taking advantages of creativity and implicit or tacit knowledge embedded in the organisation

Good nursing care?

- Good care is characterised by variation
 - Variation in nursing care is natural and necessary in response to the difficult and complex situations

Good nursing care?

- Good care requires 'capable' professionals: reflective users of experience and expertise
 - Competence is no longer the most important ingredient in nursing

Actual nursing care?

- What's the profession's reply on the postmodern challenge?
- How do nurses cope with complexity in health care?

Actual nursing care?

- A strong conformist practice in daily care, especially in ethical dilemmas
 - Based on contextual or conventional factors rather than a critical reflection in light of patient well-being
 - Contextual factors: rules, medical prescriptions, norms, expectations, procedures, ...
 - Determined by the environment instead of what is relevant and needed for the individual patient
- International phenomenon

Dierckx de Casterlé et al. (1993, 1996, 1997, 2008)

Implications

- Conformism excludes a critical and creative search for the best caring answer
 - Characteristic of a conformist practice: compliance with the current/prevaling views, beliefs and conventions
 - Conventions are relevant instruments but may never be considered as an end
 - Provide framework for daily practice
 - Offer possibility to save time in favour of individualisation
 - Need to be critically evaluated within the context and in the light of patient well-being

Implications

- Conformism does not fit with the requirements of the paradigm shift
 - Requirements:
 - To be a creator of an active, caring community, where the promotion of patient well-being is the overall aim
 - able to adapt to change, generate new knowledge and to continue to improve performance
 - Conformist:
 - Being an instrument or passive participant in a fragmented system, implicitly complying with environmental requirements striving for a maximum of conformity



What's happening?

- Reaction to the postmodern world?
 - Human tendency to reduce uncertainty and insecurity in order to survive chaos
 - Conformist reasoning and practice as attractive way out
 - Opportunities to simplify and control complex situations leading to a (pseudo) safety feeling

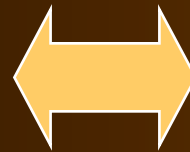
What's happening?

- Health care environment as barrier
 - To engage in a critical and creative search for the best practice
 - By preventing nurses from fully translating their abilities, knowledge and motivation into performance
 - Leading to concern about not being able to provide the level and the kind of care they wish to provide

Nurses' perceptions of care

Implicit wish:
"Skilled companion"

*Highly skilled, able to
integrate competence
in caring relationship*



Reality:

Medical-technical product
of care

*Cure
Detecting problems & complications
Carrying out medical prescriptions*



Nursing care environment as barrier

(Belimage, 2002)

Postmodern world

Description

Implications for nursing?

Implications for nursing education?

Challenge of the education

- Enabling undergraduate nurses to creatively use and manipulate the chaotic environment in favour of the patient
 - to effectively cope with complexity
 - to remain intellectually alive in an environment of ambiguity and change
 - to protect and use caring as an essential force of the profession in a work environment where caring values seem to be undervalued
 - practicing at their fullest scope of ability

‘Educating for  capability’

(e.g. Fraser & Greenhalgh, 2001; Gardner et al., 2007; Walker, 2005)

Educating for capability

- Developing capability
 - Cannot be taught or passively assimilated; it is reached through transformational process in which existing competencies are adapted and tuned to new circumstances
 - Takes place when individuals engage with an uncertain & unfamiliar context in a meaningful way



Transformational learning

(Fraser & Greenhalgh, 2001)

Transformational learning

- Learning process that ‘transform’ individuals
 - Individuals/systems change because they learn
 - Process of developing new behaviours in the context of real life experiences,
 - Enabling students to adapt or co-evolve with new situations
 - Thereby supporting the transition from individual competence to personal capability

- Development of identity

a way of moving around the world “as a nurse” (Walker, 2005)

Transformational learning

- Focus on the process through which knowledge is produced
 - Student & teacher in a dynamic, interactive process
 - In a effort to develop, integrate and apply nursing knowledge promoting patient well-being
- Basis: feedback on performance
 - about the impact of their own actions and those of others

Transformational learning

- Relational learning
 - Learning how to access knowledge efficiently and how to form conceptual links between seemingly unrelated areas
 - Learning how things are connected in stead of learning about the pieces

Transformational learning

- Non-linear learning
 - Capability involves the ability to solve problems in a complex environment
 - “Checklist driven” approach of limited use
 - Intuition, imagination, creativity required
 - The imaginative dimension of professional capability best developed through non-linear methods
 - Methods in which learners embrace a situation in all its holistic complexity

Conclusion

- **Paradigm shift** of crucial importance for further development of our profession
- Nurse educators have the potential to participate in all these changing processes
- **Educating for capability** as one the most important challenges of nursing educators