**Consortium for Nursing History Inquiry**, 14 March 2019:

"100 Years of University Nursing Education at UBC: Looking Back and Looking Forward"

Panel, "Critical Contributions to Nursing Knowledge and Practice: Looking Back and into the future of Nursing Education."

**Joan Anderson:** "Critical Inquiry in a practice discipline: History matters!"

Joan focused on scholarship in the School of Nursing in the 1980s. A few details, which had to be left out of the oral presentation in the interest of time, are added here, along with some references. This presentation will also be shared with the UBC School of Nursing Alumni Stories.


## Abstract

In this presentation I discuss how patients' construction of life stories, obtained through ethnographic research, guided my engagement with different genres of critical inquiry, e.g., feminist, and postcolonial feminist theories; and later, critical humanism. I draw attention to the analytic breadth of these theories, which illuminate how history and context shape the experiencing of suffering. I examine the opportunities for praxis-oriented knowledge exchange to promote equitable health care practices, and foster healing, health and well-being.


## Introduction

Thank you, Geertje [Dr. Geertje Boschma, Symposium Organizer] for inviting me, and you, Catherine [Ms. Catherine Haney, PhD Candidate, UBC School of Nursing], for your support in developing my slides. It is an honour to join you today, and a joy to see the achievements of faculty members, staff, and students: the robust programs of funded research, the innovative teaching programs, community engagement, the list goes on. My congratulations to all, and to the Director, Dr. Elizabeth Saewyc, for your outstanding leadership!

I acknowledge the land on which we stand: the traditional, ancestral and unceded territory of the Musqueam people. I feel privileged to have shared in the School's journey on this land.

When Geertje invited me, she said she'd like me to speak about how I came to a post-colonial feminist perspective in my scholarship ***way back then***!

At first, I thought I could ground my response in my program of research over the years. But on reflection, I felt the need to put Geertje's request in an historical context, and the culture of scholarship in nursing — ***way back then, in the 1980s***!

But first, I must acknowledge that *our ideas at the time evolved* by standing on the shoulders of giants in nursing, and other disciplines. So, I paraphrase Sir Isaac Newton:

*If we can see further it is by standing on the shoulders of Giants. (paraphrase - Sir Isaac Newton in 1675).*

I'll give an historical snapshot which, I think, was foundational to the development of different genres of critical inquiry, the launch of the PhD program in the School in 1991, and subsequent programs of research — from both quantitative and qualitative perspectives — in the School. The two — the development of the PhD program, and the development of research — were intertwined.

I'll briefly address the following three points.
(1) The culture of critical scholarship in nursing
(2) Research & Critical scholarship in the 1980s
(3) Praxis-oriented teaching, knowledge exchange, practice/policy and long-term-outcomes

**(1) The Culture of Critical Scholarship in Nursing**
When I returned to the School after completing my PhD in sociology in 1981, there were no PhD programs in nursing in Canada. There was much discussion across the country, and internationally (e.g., International Conference, "Research - A base for the future," Edinburgh, 1981) about nursing research, and how we might move forward. There was an awareness of the need for research-intensive PhD programs to strengthen the scientific basis of nursing practice. These ideas found fertile ground in the School, and the recommendation to develop a PhD program was approved by Faculty Caucus. Dr. Willman — then Director of the School — established an Ad Hoc committee to develop a PhD program and, in 1984, asked me to Chair it.

The 1980s were not easy times - we had to deal with budget issues. I recently came upon the April 1985 publication of *Nursing Today* and Dr. Willman's comments, "These are trying times for all, but also times of opportunity and

challenge. I hope we will continue to address the problems together and to support one another and the School."

These trying times did not deter us in our determination. We, as a nursing community — both within the university and in practice — were committed to developing a research-intensive PhD program, and worked collectively towards this end. Many people in the university community provided guidance and support. For example, Dr. Peter Larkin, Dean of Graduate Studies until 1984, and later — VP Research; and, Dr. Peter Suedfeld, Dean of Graduate Studies during the time the PhD program was being developed, shepherded us through the process. They stressed the need for research within the School. And indeed we were able to meet this criterion, and the PhD program was launched in 1991.

**(2) Research and critical scholarship in the 1980s**

This was a stimulating time in nursing science! It was the time when qualitative research as an interpretive and analytic science, underpinned by different theoretical approaches (e.g., phenomenological, feminist, post colonial, post structural) gained legitimacy. *The Canadian Journal of Nursing Research*, which started out as *Nursing Papers* at McGill University, and *Advances in Nursing Science* published in the US, were among the journals that encouraged publishing articles at the cutting edge of nursing science. It was against this background that we developed research in the 1980s which was foundational to a PhD program in nursing.

**We respectfully embraced both quantitative and qualitative paradigms as legitimate methods of scientific inquiry.** It wasn't an either/or, but what was in the best interest of nursing science. Senior colleagues, such as **Helen Elfert,** an experienced researcher, helped us to embrace different kinds of inquiry, and we flourished!

Research in the School was in response to the needs of practice. Grants were small, but "In the year 1980 - 1981 there were 25 projects funded through a variety of sources" (Zilm & Warbinek, *Legacy*, p.249). Momentum was sustained throughout the 1980s with both internal and external funding. For example, The **Sheena Davidson Research fund** was established in her memory in December 1980. **Roberta Hewat** and **Donelda Ellis** were the recipients of the first grant from this fund in 1985 (*Nursing Today*, April 1985).

I started with small amounts from UBC SSHRC grants. Then, in 1983 **Judy Lynam** and I received a grant from the Secretary of State for Multiculturalism;

and, in 1984 **Helen Elfert** and I received funding from the then BC Health Research Foundation. Throughout the 80's I received grants from the BC Health Research Foundation, and in 1988, with **Helen Elfert's** encouragement and mentorship to apply, I received a National Health Research Scholar Award from Health and Welfare Canada for salary and research support for 5 years for a program of research in chronic illness, culture and health. We built on this research and, in subsequent years, colleagues and I obtained funding from agencies such as the former Medical Research Council of Canada (MRC), reorganized as the Canadian Institutes of Health Research (CIHR); CIHR, and the Social Sciences and Humanities Research Council of Canada (SSHRC). This research was in response to the needs in clinical practice at that time. With changes in Canada's immigration policies, there were newcomers from different parts of the world, and health care providers wanted to know how to deliver culturally sensitive and effective health care to people from different ethnocultural groups, many of whom did not speak English. Our research programs were therefore in partnership with colleagues in academic, clinical and community settings, and were inclusive of people born in Canada, and those who came as immigrants or refugees.

In early research with women living with a chronic illness we were interested in how a woman's cultural beliefs shaped the way she managed her illness. But a**s we listened to women and compared the lives of low-income with more affluent women**, we found that how they managed an illness **could not be explained solely by cultural beliefs, important as they were**. Financial resources and life circumstances had a huge impact. Putting food on the table for the family, was sometimes more important than buying medicines. Not keeping an appointment might be because a woman couldn't take time off from work for fear of losing her job.

It was the narratives from those participating in the research that guided me to different genres of critical theorizing — including feminist theories, postcolonial theories, postcolonial feminist theories, and critical humanism in my later research.

***These critical theoretical perspectives provided a different analytic angle. They shifted the focus from concrete and homogeneous "ethnic categories" and cultural determinism to an understanding of how history and socio-political-economic context shape the experience of suffering.***
***They exposed the strong links between poverty and health.***

***This awareness, I believe, can inform the way in which we provide nursing care to promote health and well-being.***
***It can provide direction for public and health policy.***
***It can contribute to science-based advocacy for equitable and socially just health and health care.***

**(3) Praxis-oriented teaching, knowledge exchange, practice/policy and long-term-outcomes**

Praxis for me means action and practice based on research-driven critical knowledge. (Anderson, Browne, Reimer-Kirkham, Lynam et al. 2010, p.110). During my tenure in the School of Nursing I taught across different programs: undergraduate, MSN & PhD. We developed a course on the social context of health and illness in the undergraduate program, which was based on the insights from our early research. The content in this course was reframed as the curriculum went through different revisions over the years. I integrated critical concepts from our research into my teaching across different programs. I also had the privilege of working closely with practitioners and administrators in practice, and in community settings, identifying questions from practice, and sharing research findings with health professionals and community leaders. The analytic power of critical inquiry helps us to focus on equitable health care, and meshes well with the social determinants of health.

British Columbia now has a poverty reduction strategy. Some colleagues and I submitted a brief to the Government in 2018. We drew upon some of our work, including insights from research from the 1980s, to show how we can interrupt the cycle of poverty to improve health. I see this as one of the outcomes of years of research underpinned by critical inquiry. The brief can be found at:

Anderson, J., McDonald, H., Radyo, V., Reimer-Kirkham, S., Rodney, P., Sawatzky-Girling, B. (2018). "Interrupting the cycle of poverty to improve health." *Brief submitted to the Minister of Social Development and Poverty Reduction, British Columbia*. https://engage.gov.bc.ca/app/uploads/sites/242/2018/04/"Sylvia"-Think-Tank.pdf

Again, I thank you, Geertje, for inviting me, and I look forward to the future with optimism! We have the leadership in our profession to move forward, and I am confident we will continue to grow from strength to strength! Thank You!

**References and Selected readings on critical perspectives in nursing on which this presentation was based**


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