

HEGEMONY and POWER

- Gramsci was interested in the slow, subtle, almost invisible penetration of the moral and intellectual beliefs of the upper class into the minds of the classes below and their acceptance of those ideas, often against their own interests
- Was Gramsci right to insist that any revolutionary or reformer must change the minds of the masses before gaining power?

Power & Knowledge - Foucault

- **The Gaze** – a penetrative form of observation, dictates the techniques of registration & investigative procedures
- **The Body** – becomes an object of inquiry, is fundamental in forming knowledge = a pathological object through which a Dx is made
- **The Person** – becomes a “case”
- Creates impersonal interactions between medicine (and nursing at times) and individuals

Gramsci

‘The supremacy of a social group manifests itself in two ways, as “domination” and as “intellectual and moral leadership” ... A social group can, and indeed must, already exercise “leadership” before winning governmental power.’

This implies that there is a close connection between political and intellectual dominance. Which comes first? As we see, Gramsci thought that intellectual power must precede political. But is this always the case? And, if it is, we must ask whether ‘leadership’ is a sufficient or a necessary precondition of gaining power. (We recall that a sufficient condition need not be necessary, nor a necessary one sufficient for the relevant outcome.) And what happens after the gaining of power? Do the ideas of the ruling class continue to prevail over the ideas of all other classes? Do our social superiors set the patterns of our thinking? Are they the same as our political superiors? If we do follow the ideas of our social superiors, is that because they are socially superior? Or are they socially superior because they have better ideas - morally and intellectually better? What light does all this cast upon the dominance of the aristocracy in England right up into the twentieth century? Or upon the public school ‘old boy network’?

Power in the Health System



- This form of power began in late 18th C
- **Hierarchical Observation** – controls activity
- **Normalizing Judgement** – requires conformity
- **The Examination** – the two together
- Positioned medicine at the top of the Power Pillar
- The Gaze of the Physician became a powerful force, giving legitimacy to medical knowledge that was not questioned – Doctors on Pedestals

Nursing in this Power Structure

- Nursing became the surveillance team that supported the work of the Gazer
- Nursing duties revolved around Physician Orders
- Nursing was in danger of becoming mechanized
- Did/do meaningful relationships exist?
- ICU is a prime example of this mechanical care = a **panoptican view** – all are visible 100% of time
- 24 hour activity sheet becomes the focus of care



Power in Documentation



- The ICU chart is almost 100% objective
- The new patient is created – a recorded body, a read body, compartmentalized and objectified
- Death certificate also objectified the process of death – a preoccupation with the dead body rather than the actual process of dying
- This objective knowledge serves to reduce the power of the nurse in relation to caring

Subjectivity of Nursing



- Nursing practice is ideally centred around the subjective condition of individual clients
- We come to know the individual's interpretation and reactions to their illness experience
- Traditionally, nursing research/knowledge has followed in medicine's footsteps = quantitative
- Since the 1970s nursing has turned to qualitative research to give a holistic perspective to care



Bias against Qualitative



- Qualitative research in nursing was portrayed as the ‘handmaiden’ to scientific methods
- Nurses must explore how best to study their own concerns – we ARE different from medicine
- Interpretative approaches attempt to understand the nature of social reality through people’s narrated accounts of their subjectively constructed processes and meanings, not the measurement of quantity, frequency & distribution across a popn

Qualitative Pluses



- **Subjectivity:** generates data that is rich in the subjectivity of actions, interactions, emotions, culture, symbols and rituals – critical to nursing
- **Pluralism:** offers an interpretative flexibility that is both reflexive and reactive to the concepts and theories, which emerge from data = epistemological pluralism to gain valuable insights to complex phenomena, associated with the varied dimensions of human behaviour occurring in naturalistic settings

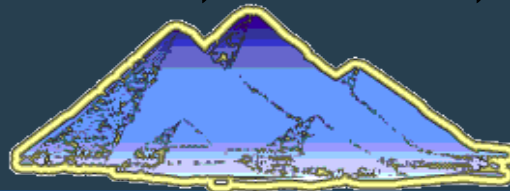
More Pluses



- **Understanding:** of the phenomena that occur within the varied context of nursing practice to identify, interpret and provide meaning, which helps to explain what makes phenomena what they are.
- **Reliability and Validity:** still important but judged differently – through Credibility, Clear mapping of process used (audit trail), Fittingness, Confirmability

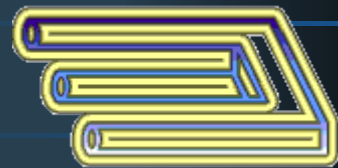
PROFESSIONALISM

- What distinguishes nursing as an occupation vs a profession?
- Possible definition: any occupation whose members can find work only when they possess a credential testifying to successful completion of a training program connected with higher education
- Leaves out commitment, devotion, caring though

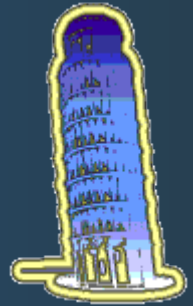


THREE MODES OF CONCEIVING OF WORK

- The perfectly free labor market – consumer is key; chooses services to use, worker is individual, moves towards highest paying work
- The rational-legal or bureaucratic labor market – administration is key; decide what services to offer, worker is standardized and policed
- The occupationally controlled labor market – specialized worker is key; self-governing, monopoly over own tasks – exclusive jurisdiction



Occupation to Profession



- Collegiality or solidarity – long training period, socialized into the work, a common culture
- Emphasis on quality of their work – not cost
- Recognizes those who contribute new knowledge
- Trust in the competence & integrity of the worker
- Do the workers have an autonomous position?
- Is nursing a special form of profession?

What IS Nursing?



- Nurses seem to have difficulty claiming a set of tasks whose boundaries are clearly defined, stable from one circumstance to another, and performed exclusively only by those with their special training. Many of their claimed tasks can be performed by members of other occupations, some by those with considerably less training. Hospital administrators and physicians are often free to choose between nurses and others to perform particular tasks. Furthermore, few if any of their tasks can be performed routinely at their own discretion except within a framework established by the "orders" of a physician who is ultimately responsible for the case. What they do is "ordered" and evaluated by members of the medical profession, and dependent upon the central diagnosis and prescription of medical treatment.

Nursing in the Hospital



- Collegial relations are cooperative, based on a shared commitment to performing a special kind of work well. Relations with consumers are based on trust.
- A nurse's capacity to exercise discretionary judgment is limited not only by medical dominance, but also by the bureaucratic rules and procedures established by the hospital administration, and by the resources available.

The Quandary



- The intake, staffing and other resource allocation policies of the administration, & the structure of institutional governance have a profound influence on how nursing can be practiced. They limit the possibilities for giving care in a caring way, and for practicing ethically.
- Nurses are not often free to be moral.
- Must seek to free nursing practice from its 'hospitalonian captivity' like education was freed.

Becoming Autonomous



- The position of nursing as a profession would be enormously strengthened if it could claim jurisdiction over a body of knowledge and skill that can be practiced independently of medicine, a body of knowledge and skill whose use is not contingent on the direction provided by medicine.
- caring reinforces the resolve to speak for the patient's needs and well-being independently of both physician and hospital. But caring cannot thrive without the nurturance and support of the institutional settings in which it is practiced. Nursing must struggle to realize the institutional conditions that allow its caring to be realized.

Steps to Enhancing Position

- Determine own practices yet still have protective bargaining units in place
- Have representation in resource allocation
- Have strong voice on governing boards
- Organizational change to allow more voice
- Ensure & maintain professional accountability
- Resist cost and standardization as central foci



Where does Nursing Inquiry fit?



Common Reasoning Types		
Types	Questions	Disciplines
Policy	What should be done?	Political Science, Law
Value	Is it good or bad?	Literature, Philosophy
Consequence	Why did it occur? What effect will it have?	History, Economics Psychology
Definition	What is it?	Natural Science
Understanding	What does it mean?	Human Science, Naturalism
Change	Who controls what is happening?	Critical Social Theory