Discourses with potential to disrupt traditional nursing education: Nursing teachers’ talk about norm-critical competence

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This paper describes the discourses underlying nursing teachers’ talk about their own norm-critical competence. Norm criticism is an approach that promotes awareness and criticism of the norms and power structures that exert an excluding effect in society in general and in the healthcare encounter in particular. Given the unequal relationships that can exist in healthcare, for example relationships shaped by racism, sexism and classism, a norm-critical approach to nursing education would help illuminate these matters. The studied empirical material consisted of focus group interviews. Nursing teachers discussed their norm-critical competence based on the university course “Norm-Aware Caring” in which they had recently participated. Through a critical discourse analysis, three discourses were identified in their talk, all of which had the potential to disrupt traditional, normative nursing education. However, in all three discourses there was an underlying discourse of normality, clearly positioning the teachers as exemplifying the “normal.” The binary constructed between normality and otherness contradicts a basic tenet of the norm-critical approach and may hamper the development of genuine norm-critical competence in nursing education.

KEYWORDS
competence, critical discourse analysis, focus groups, healthcare disparities, norm criticism, nursing education, social norms

1 | BACKGROUND

Several authorities and researchers have pointed out the lack of equity in the healthcare system and noted that some inequities between patient groups likely result from the biased encounter between patient and care-giver (Clancy, Uchendu, & Jones, 2014; Myndigheten för Vardanalys, 2014; O’Loughlin et al., 2011; Smedley, Stith, & Nelson, 2003; Socialstyrelsen, 2011). Reasons for this may include care-givers’ own norms, stereotypical beliefs, values, and (unconscious) prejudices (Smedley et al., 2003). This is true for all healthcare personnel but may be of special interest to nurses, as they spend more time assessing and managing patients than do other healthcare providers (Calvillo et al., 2009).

Over the last decade, the discussion within nursing pointing to the need for a more critical perspective in research and education has evolved and grown stronger; this has led to studies and theory development (see, e.g., Falk-Rafael & Betker, 2012; Hall & Carlson, 2016; Kagan, Smith, Cowling, & Chinn, 2010). Anderson (2000) emphasized the importance of including “othered” voices when developing nursing education, research, and policy, in hopes of advancing the nursing profession towards its goal of social justice and equity for all. Several authors have claimed the necessity of introducing critical caring science and emancipatory caring praxis to improve and protect human rights and health equity (Falk-Rafael & Betker, 2012; Kagan, Smith, & Chinn, 2014). Aluwihare-Samaranayake (2014), noting that many of those whom nurses encounter are marginalized, voiceless, and dispossessed, has called for a framework that can compel nurses to pay attention to these conditions. New theory is required to awaken a critical and practical nursing praxis that is affirmative, emancipatory, and transformative and can in turn help nurses expose and disrupt dominant
representations of, for example, power, ethnicity and class (Aluwihare-Samaranayake, 2014).

Norms play a major role in every human encounter. Norms can be understood as cultural forces that regulate and control human notions, identity, and behaviour (Martinsson & Reimers, 2010). Norms can be necessary and helpful in everyday life, as they help make sense of oneself and others, making meaning, identity, and society possible. Nonetheless, norms also possess the power of exclusion. Every norm is associated with certain feelings, desires, and actions, but only some norms are given dominant positions in society (Butler, 1993). Dominant norms lay out structures for how to feel, desire, and act in order to be seen as normal, and those who do not comply with them risk exclusion and possibly discrimination (Martinsson & Reimers, 2010). Heterosexuality, for example, is a norm that dictates how sexual desire should be addressed, causing nonheterosexual persons to be viewed as "abnormal" and subjected to homophobia and other excluding mechanisms (Martinsson & Reimers, 2010). An understanding of norms can thus expose the power dynamics of dominance and subordination in any context and any relationship (Foucault, 1991). Using Bourdiesian theory, one can explain people’s internalization of social discourse and norm formation. Bourdieu (1977) states that habitus, the organizing principle of people’s actions, possesses people more than they possess it. The "customary rules" formed in the habitus are products of group memory, but are never constituted as explicit principles (Bourdieu, 1977, p. 16). Individual actions, behaviours, norms, and beliefs thus appear “natural,” as if coming from a fixed biological core (Phillips, 2014). Nurses’ encounters in healthcare can be seen as ruled by their habitus and are not excluded from the influence of norms. Working life is a significant place for norm construction and struggle (Martinsson & Reimers, 2010). Again taking heteronormativity as an example, the norm that all mothers-to-be are heterosexual can obstruct lesbian clients from discussing their needs with midwives (Porter, 2005). Being aware of their own normative preconceptions and their consequences would help nurses provide high-quality care even to patients who do not comply with the dominant societal norms.

For nursing students to increase their awareness of norms, the students must acknowledge their function and how they can affect nurses’ patient encounters. This introduction to awareness should be implemented in the curricula of undergraduate nursing courses. As early as 2000, equity issues were addressed by teachers trying to change nursing curricula (Hagey & MacKay, 2000). However, this has not been done systematically, and studies identify several types of normativity in nursing education in, for example, the UK, the United States, Canada, and Sweden. “Whiteness” normativity has been described in various contexts, reflecting whiteness as the dominant norm (Allen, 2006; Hagey & MacKay, 2000; Schroeder & DiAngelo, 2010). The concept of cultural competence often depicts “culture” as something the abnormal “other” possesses, thereby encouraging overgeneralized minority stereotypes and ignoring racist structures (Calvillo et al., 2009; Clark et al., 2011; Culley, 1996; Garneau, 2016; Nairn, Hardy, Parual, & Williams, 2004). Absence of feminist pedagogy uncritically reflects a gender-neutral world of practice and knowledge (Welch, 2011). There is a widespread lack of knowledge of lesbian, gay, bisexual, and transgender issues (Carabez, Pellegrini, Mankovitz, Elason, & Dariotis, 2015; Rondahl, 2011), and a recent study acknowledges deficits in nursing education curricula regarding gender diversity and transvisibility (Kellett & Fitton, 2016).

The above studies reflect normativity in nursing education in that several dominant societal norms are not being addressed. To provide good care, however, it is crucial that nursing students become aware of how unequal relationships are created and sustained in society (Boutain, 2005). Such knowledge can help them counteract oppressing structures in their future profession: “For nurses to restructure social relationships to promote equality, they must first be educated on how unequal relationships are created and sustained in society” (Boutain, 2005, p. 404). In line with this reasoning, attempts have been made to transform nursing education: for example, in Canada, the education of community health nurses has been transformed to meet equity and human rights demands (Falk-Rafael & Betker, 2012). To change the climate of whiteness in academic nursing, one American university initiated a project with an emancipatory, antiracist perspective in which participants analysed power dynamics to foster a climate of diversity in their workplace (Schroeder & DiAngelo, 2010). Clark et al. (2011) describe an educational change, initiated by the American Association of Colleges of Nursing, based on the fact that nursing is being challenged to meet the needs of ethnically and socioculturally diverse populations.

To this emerging discussion in nursing education, we would like to add the perspective of norm criticism. Understanding norms is essential to understanding the construction of unequal relationships; for example, dominant norms on race, gender, age, sexuality and class construct racism, sexism, ageism, heterosexism and classism. The perspective of norm criticism, defined as deconstructing, undermining, and questioning the dominant societal norms (Johansson & Theodorsson, 2013), is an educational strategy that can be used to scrutinize power structures that create unequal relationships. It has developed from emancipatory pedagogy, which emphasizes helping people achieve critical consciousness so that they can teach themselves (Freire, 2013). In the present study, norm criticism refers to an approach that promotes awareness and criticism of those norms and power structures that have excluding effects in society and health-care. We believe, in accordance with Kellett and Fitton (2016), that nurses educated in settings where norm awareness is included in the curriculum will be more conscious of their own perspectives; moreover, they will possess greater awareness of normativity and of emancipatory ways to challenge excluding structures and practices in their future nursing praxis.

Nursing teachers are essential in this process, doing more than just mediating the knowledge necessary for becoming a nurse. Unconsciously, teachers transmit their own norms, values, and opinions through how they teach. Norm-critical competence is self-reflexive, meaning that norm-critical teachers must continuously question the norms they have a part in reproducing. Actions, values, norms, relationships, and identities are all involved in teaching (Johansson & Theodorsson, 2013). For example, advocates of cultural competency point out that teachers must be aware that they themselves are products of certain values, norms, and cultures (Lassenius, 2007); if not, they may uncritically transmit the view that some cultures are superior
to others. Teaching is a political activity in that it is value laden, and its neutrality should be seen as a myth (Harden, 1996). A first step towards a norm-critical approach to nursing education is therefore to make teachers aware of their own preunderstandings and normative values. Historically, and still today, the prevailing discourse within nursing has been described as noncritical and normative, asserting the neutrality and objectivity of the practical nursing knowledge and rarely questioning underlying norms and values (Falk-Rafael, 2005; Kirkevold, 2009). This actually contradicts the Högskoleförordningen [Swedish Higher Education Ordinance] (SFS 1993:100), which states that teachers must provide undergraduate students with tools for critically inquiring into various phenomena and situations. To do this, nursing teachers must have the skills to foster critical thinking among their students. Critical thinking requires that both teachers and students develop critical consciousness of taken-for-granted beliefs and assumptions in nursing education and practice (Romyn, 2000). However, Harden (1996) has claimed that nursing education for too long "has submerged its students in a situation in which critical awareness and response are practically impossible" (p. 32). There are indications that the traditional nursing education does not give students the tools for critically examining their practice.

In Sweden, higher education faces a challenge in getting people to take issues of teaching, power, and social differences seriously, and several norm-breaking pedagogical approaches have been developed over the years to raise awareness of these issues, such as feminist, queer, and multicultural pedagogy (Johansson & Theodorsson, 2013). It is important for teachers to challenge societal power dynamics that are taken for granted, whether the education concerns social pedagogy (Johansson & Theodorsson, 2013), political economics (Kalonaitytė, 2014) or the teaching programme itself (Reimers, 2010), not least because of the aim of public education to foster future citizens of a democratic society (Martinsson & Reimers, 2010).

We believe that developing a norm-critical perspective in education is demanding for teachers. Nursing education is based heavily on tradition and on dominance (McQueen & Zimmerman, 2004), resulting in a system perpetuated by the dominant discourses, accepting only those who conform to them (Paterson, Osborne, & Gregory, 2004). Researchers and teachers are part of this system and proceed from their own norms in encounters with colleagues, students, and patients. Developing a norm-critical approach to one’s teaching is a self-reflexive process that can be experienced as the opposite of the traditional teacher role.

2 | AIM

The aim of this study was to describe the discourses underlying nursing teachers’ talk about their own norm-critical competence.

2.1 | Data production

To address insufficient knowledge of issues concerning norms and inequity, improvement in the associated competence was targeted for all nursing teachers at a university college in Sweden. All teachers involved in undergraduate nursing education were invited to participate in the course “Norm-Aware Caring.” The course comprised one full day of studies per week for sixteen weeks and included lectures, seminars, and individual reflection assignments. The aim of the course was to improve teachers’ abilities to identify and question the dominant societal norms that affect patient encounters, so that they could reflect on this perspective and integrate it into their regular teaching. Of 52 teachers in the department, 33 participated in the course. The course ended with the teachers suggesting norm-critical changes in courses for which they were responsible, for example, revisions of literature lists and course curricula and goals.

At the end of the course, all participants were invited to take part in a tape-recorded focus group (FG) interview; 20 chose to do so. The FG technique was chosen because such group interviews generate unique information through interactive discussions (Morgan, 1996), evoking opinions and experiences that would not otherwise be raised. Five FGs were formed from the 20 participants. Sessions lasted 45–90 min and took place in workrooms at the university. The first author guided the sessions, following an interview guide with questions concerning how the course had given the teachers new knowledge and insights. All groups were engaged by the questions, which prompted interaction and discussion in the groups. The interviews were transcribed by the first author.

2.2 | Ethics

All participants are referred to as "she" in this manuscript to maintain the male participants’ confidentiality, as the large majority of the participants were women. Oral and written information about the study was distributed before the invitations, stressing that participation in the study would be voluntary and could be discontinued at any point without explanation and that the sessions would be recorded and used for research after the data had been de-identified. It was explained that the interviews would in no way “test” the participants’ knowledge or whether they had the “right” views and that participation would not affect the participants’ work situations in any way. The interviewer (first author) had not previously worked at the school and did not know any of the participants before conducting the interviews. The study was approved by the Regional Ethics Review Board in Gothenburg, Sweden (nr 289-15).

3 | METHODOLOGY

Critical discourse analysis (CDA) makes it possible to identify ways of talking available to people in certain contexts and to uncover relationships of dominance, discrimination, power and control as manifested in their language (Fairclough, 2015). It was deemed suitable for this study because of its constructionist standpoint that language use is a form of social action, which corresponds to a core assumption of norm criticism: through social interaction, power relations as well as identities are constructed in an ongoing process to which language
is central (Johansson & Theodorsson, 2013). Furthermore, CDA and norm criticism are both critical approaches that illuminate underlying power struggles, norms and values in social domains.

The concept of discourse can refer to spoken or written language use as well as to non-verbal communication. From a discourse perspective, language is seen as social practice determined by social structures—it is part of society, not something external to it (Fairclough, 2015). Discourse is determined by orders of discourse, which are sets of conventions associated with social institutions. A central tenet of CDA distinguishing it from other discursive approaches is that language is seen as simultaneously socially shaped and socially shaping. Fairclough (2015) states that “linguistic phenomena are social phenomena of a special sort, and social phenomena are (in part) linguistic phenomena” (p. 56). The choice of wording in a text therefore depends on, and helps construct, social relationships between the participants in a communicative event. CDA aims to expose the dialectic relationships between language and phenomena.

In CDA, the concept of discourse is seen as three-dimensional, so three aspects of any communicative event must be considered in analysis: (i) the details of the text itself, (ii) the discourse practice that produces and consumes the text and (iii) the social context in which the text is produced (Fairclough, 2015). The textual analysis focuses on the formal features of the text. The relationship between the textual and social dimensions of the communicative event is mediated by discourse practice, through which language shapes and is shaped by social practice. Social practice also contains nondiscursive elements, so social theory is needed in the third dimension of the analysis (Fairclough, 2015).

It has been claimed that a discourse analysis not based on grammar is merely a “running commentary on a text” (Halliday, 2004, p. xvi). Systemic functional linguistics (SFL) is of special interest to CDA analysts, due to its emphasis on the functional aspects of language and the relationships between language and social context (Lê & Wang, 2009, p. 34). SFL deals with the metafunctions of language, which are analysed using linguistic features in terms of vocabulary and grammar. Building on SFL, CDA claims that language can have one or more of the following values (Fairclough, 2015): experiential value expressing knowledge and belief systems, relational value expressing social relations and expressive value expressing social identities.

In nursing research, CDA is used in several ways to analyse policy documentation and nursing records as well as interview transcripts. Subjects may range from patient education (Bergh, Friberg, Persson, & Dahlborg-Lyckhage, 2015) to healthcare policymaking (Smith, 2007), care of older people (Schofield, Tolson, & Fleming, 2012), forensic mental health (Berring, Pedersen, & Buus, 2015) and identifying racism among nursing students (Hagey & MacKay, 2000). The advantage of using CDA lies in its potential not only to describe the content of language but to link discourse to the social practice of nursing, illustrating how language functions to constitute nurses’ reality. However, the concept of “discourse” in discourse analytic studies can refer to various aspects of language, depending on the theoretical roots of the particular study, which is bound to cause some confusion. Furthermore, there is no established methodological standard for either conducting (Smith, 2007) or evaluating (Buus, 2005) CDA studies, which may undermine the trustworthiness of the methodology.

### 3.1 | Process of analysis

A CDA investigates the language of a particular discursive event. However, there is no given analytical procedure for conducting a CDA. The following procedure, inspired by Schofield et al. (2012), was established for the present study. The transcribed interview sessions were read repeatedly by the first author to identify the main discursive constructions. Statements that described the teachers’ views on norm criticism in nursing education were highlighted and copied into a separate document. Patterns of meaning in the statements were noted, giving rise to preliminary themes. Each statement was analysed for the following linguistic properties: key words, which illustrate the knowledge and beliefs of the text producer; metaphors, which have ideological associations and imply certain ways of dealing with things; unclear agency, which can be used to obfuscate agency, causality and responsibility; pronouns, which signal different relational values; and modality, which refers to speaker/writer authority and expresses the likelihood of something. Relational modality expresses the authority of one participant relative to others, while expressive modality describes the writer’s authority with respect to the truth. Analytical tools with examples are presented in Table 1.

We then analysed the discursive practice of the statements. The discursive practice comprised the teachers’ reflections on the knowledge that constituted their actual nursing teaching practice. Together with the textual analysis, the discursive practice helped us elaborate on or disprove the discourses underlying the teachers’ talk, presented in the “Findings” section. The procedure is shown in Table 2.

Finally, the reasons for the discourses’ unique manifestations were explored by connecting them to broader theory of the social context, presented in the “Discussion” section.

### 4 | FINDINGS

#### 4.1 | Discourse of teaching

As the teachers discussed their norm-critical competence, a discursive pattern emerged regarding their present teaching. Their vocabulary was characterized by an eagerness to identify clear rules to work from. The modalities used indicated an insecurity regarding and a respect for the new knowledge field of norm criticism.

_That we as teachers should think that all sorts of people are present in the classroom ... that’s a good thought. In this class of twenty, or a hundred, there might be ... someone homosexual, some transsexual person, and so on._

_I think that’s a good tip, a good thought to keep in one’s mind._

(FG1)

This statement expressed a view of homosexual and transsexual persons as different from other students. It illustrated a particular discursive
practice, in which the teacher illustrated the importance of respect for marginalized students. Her choice of wording revealed that she did not see herself as belonging to either of these categories. The modality of “should” revealed her relationship to authority, implying that she considered norm criticism a set of rules to be followed. “Might” is another modal expression indicating that it was only the exception for these minorities to be present in the classroom. This also positioned the teacher as not belonging to either of these categories. If they were present in the classroom, however, it was important to be aware of the fact. Teaching practice was presented as an activity carried out from a normative standpoint, taking for granted that the teacher herself would be identified as “normal.” The teacher saw the benefits of improving her norm-critical competence, as she seemed to believe that there were certain appropriate ways of approaching homosexual and transsexual students. This way of talking created a sense of community between the speaker and other teachers through appealing to the “fact” that they all upheld the majority norm. Norm criticism was to be learned for the sake of marginalized students.

Because norm criticism was new to most of the teachers, it was spoken of in terms of instructions.

There is perhaps one man and the rest are women [in the classroom]. In that case, in your approach, the guy shouldn’t be the one you pay the most attention to. That’s something I think one can bear in mind in all situations.

(FG1)

Again, the modality “should” revealed the speaker’s relationship to authority: she hoped there would be one “correct” approach to norm-critical teaching. She knew the nursing education world as one where male students may be encouraged even though they do not deserve it, and the quotation indicates past difficulties managing such issues. Teaching practice was discursively constructed as in need of norm-critical strategies to prevent unfair situations, because unspoken gender norms would otherwise result in male students receiving disproportionate attention. This struggle between male students and female teachers, suggesting a heterosexual norm, was raised as something to be changed given the new knowledge.
The evaluation of men and women during their traineeship... Years ago, we started to discuss it, because the guys just drifted along. Since we are women, meeting male students, and, this female–male thing ... one is not aware of the game, one can be duped, so that one doesn’t apply the same criteria or the same evaluation [when evaluating male students].

(FG3)

The metaphor of “game” implied there was a contest between (female) teachers and (male) students and that there was a winner. The winners appeared to be male students who passed their examinations without meeting the criteria, and the female teachers were not really challenging this order. Teaching practice was discursively constructed as contaminated by sexism and in need of strategies to prevent this.

4.2 | Discourse of caring

The second discourse was norm criticism expressed as a set of values that could be fitted into a caring ideology.

There are certain concepts that kind of get ‘big’—now it’s all about being person-centred. We use the concept, but what do we really mean by it? What’s the meaning? And after all, that’s what I think this course can point out, a little. [Person-centred care] means all that. How do I have good dialogue with something that isn’t exactly the norm—or that’s how I’ve been thinking, anyway. And what meaning do we give to person-centred care? It can have to do with sexuality, and it can have to do with class and gender and all of it. (FG3)

The teacher here made sense of norm criticism in relation to the concept of person-centred care, a familiar but somewhat vague concept for her. In the light of her newly developed knowledge of norm criticism, she interpreted person-centredness as having “good dialogue” with all kinds of patients. Her view seemed to be that it was difficult to have such dialogue with patients who did not uphold the majority norm and that norm criticism might help her in this. The statement expressed self-critique directed towards a whole group, as the pronoun “we” was used inclusively to refer to the collective of nurses in general. A relational value was created, describing nurses as generally careless in using the concept of person-centred care. Norm-critical knowledge, however, might help them imbue the concept with meaning. The teacher talked about “something that isn’t exactly the norm”; this would likely be a person, but is referred to as a thing, an object. Hesitation is displayed in the modality “can.” The speaker was not prepared to use the categorical present tense (which would be “the course points out”) but expressed a less certain confidence in the norm-critical approach.

In the context of caring, norm criticism appeared as of obvious value, as a principle already familiar to the teachers but expressed in other terms.

In another context it would perhaps be more controversial. But it’s not, really. You have, like, the naked body, you have everything. So it’s not really that strange. (FG5)

The speaker used several words to express possibility—“perhaps,” “really,” “like,”—which suggests she felt insecure in her statement. “The naked body” can be understood both literally and metaphorically. As a metaphor, the expression refers to something completely unbiased. It was also used as a literal synonym for “everything.” Everything that is important to know about the patient can be seen on the naked body, which is something nurses already know.

The teachers’ descriptions of caring and their ensuing reflections on how to apply their new knowledge of norm criticism emphasized the discursive practice of nursing care. Through this practice, the identity of the nurse who acknowledges norm criticism was constructed.

4.3 | Discourse of personal learning

The discourse of personal learning differed from the other two discourses, as it was not connected to a professional identity. Instead, norm criticism was talked about in relation to the teachers’ own personal learning processes. The teachers stressed the value of learning, but also the insufficiency of their new knowledge. One metaphor used was that of being “equipped,” suggesting that strong student reactions were to be expected if the norm-critical perspective were implemented in teaching.

But I wonder, are we equipped to handle the reactions? (FG2)

This signalled respect for the new knowledge, perhaps even anxiety about using it and awareness that it might be provocative. It also suggested that the teacher’s personal learning process was not finished. The teacher’s own learning was constructed as insufficient, as she doubted whether her own knowledge was sufficient. The learning process included certain discomforts, such as the fear of insulting someone.

One goes out of one’s way, for fear of crossing the line. (FG5)

The word “fear” conveyed a negative evaluation of the teacher’s personal learning and described an obstacle to using the new knowledge. Someone who was anxious about doing wrong was constructed: she felt forced to stay on a certain side of “the line.” The metaphor of “crossing the line” implied that norm criticism had established a line between “right” and “wrong.” It created a distinction between people who do not belong to a majority norm, and therefore merit consideration, and those struggling not to offend them. Norm-critical knowledge was demanding, as the speaker had to “go out of ... [her] way” to use it correctly. The effort not to insult any marginalized person was expressed as a struggle.

Also constructed was a learner having faith that the new knowledge could actually change how she looked at the world.

1 In Swedish, ‘equipp’ (rustade) refers to the preparation for going to battle/war.
Norm-critical insights were presented as revelations, negatively indicated by the impossibility of closing one’s eyes to the new knowledge. Using the pronoun “you” instead of “I” in everyday speech is common in Swedish, as it is in English. However, here the use of the general “you” as an indefinite pronoun indicated a collective opinion, as if this revelation encompassed more people than just the speaker herself. The modality of “can’t” emphasized the irreversibility of the learning process: norm criticism was constructed as an irreversible process that could permanently change one’s worldview. A self-reflexive and learning subject was constructed in statements like the following:

*I write a lot of information texts and publish them where the students and public can access them. I have to go and look at them now. How do I write, how do I express myself in those texts? So that’s something that’s been hitting me. There’s probably something there ... that needs to be changed.* (FG3)

This teacher expressed awareness that her new knowledge could improve old texts and formulations, and she was willing to change her former ways of expressing herself in writing. She seemed prepared to go over her old work, aware that certain written materials could be improved by a norm-critical analysis. The last sentence signalled the potential of the new knowledge and an understanding that it could contribute to change.

5 | DISCUSSION

The present study revealed three separate discourses belonging to nursing education as an overarching order of discourse. All of them possess potential to disrupt traditional, normative nursing education in that they can challenge present nursing education curricula, underpinning them with new, critical perspectives.

5.1 | The potential to disrupt traditional nursing education

The teaching discourse acknowledges the diversity of nursing students. The content of the discourse presents norm criticism as a tool for managing teachers’ own prejudices towards and ignorance of students seen as “different,” and for encouraging these students to feel comfortable with their own positions and identities. To respect individuals regardless of their identities is one of the aims of norm criticism (Kumashiro, 2000), and achieving this aim can help disrupt nursing education in which student diversity and inclusion need promotion (Bleich, MacWilliams, & Schmidt, 2015). Increasing norm-critical competence among teachers and faculties may help nursing education programmes attract students who currently feel excluded from this educational context. Nursing students who enter a programme with attributes of race, gender or disability that differ from those of the majority face the challenge not only of being accepted but of being allowed to stay (DeBrew, Lewallen, & Chun, 2014).

In the caring discourse, norm-critical competence is understood in terms of well-known nursing concepts, such as person-centredness (McCormack & McCane, 2006) and empathy (Morse et al., 1992). The teachers easily compared norm-critical competence to encountering a patient without any prejudice or preconceptions. Acting in an empathic and person-centred manner was regarded as an obvious way to achieve the goals of norm criticism, as these behaviours were presented as ways of seeing and respecting each person. In this way, the caring discourse embraces disruptive potential: it can offer a way to understand the concept of norm criticism, which otherwise is often met with scepticism and resistance (Johansson & Theodorsson, 2013; Kumashiro, 2000). Perhaps most importantly, the caring discourse entails legal obligations for all accredited nurses: to uphold the right of everyone to health (United Nations Office of the High Commissioner for Human Rights, 1966) and to provide care to patients on equitable terms (Halsö- och sjukvardslag [Health and Medical Service Act], SFS 1982:763). Highlighting this in nursing education can constitute an important incentive for educators to embrace the norm-critical perspective.

The personal learning discourse represents teachers as self-reflecting subjects intending to continuously develop their norm-critical competence. The importance of self-reflection and self-examination is also stated in the framework of person-centred nursing (McCormack & McCane, 2006). The knowing self is central to treating people as individuals and to respecting their personal rights: to be able to help others, it is necessary to have insight into how one functions as a person, and to be aware of one’s own beliefs and values (McCormack, Karlsson, Dewing, & Lerdal, 2010). The potential to disrupt is therefore strong and lies within nursing teachers’ self-reflections about who they are, as challenging inequalities—for example, healthcare inequalities—requires changing the self (Kumashiro, 2000). The personal learning discourse exemplifies self-reflection, which is necessary for developing a competence that is inherently critical. Furthermore, the teachers’ discursive practice emphasized that the way back to their previous viewpoints was blocked. Although emancipatory strategies that focus excessively on personal awareness and on identifying personal biases have been criticized (Canales & Drevdahl, 2014), awareness is an important first step in the norm-critical process. It calls on everyone “to reflect on his or her positioning in history, the contexts of oppression, and the ways in which each one of us colludes in oppression” (Anderson, 2004, p. 245). Van Herk, Smith, and Andrew (2011) note the importance of being aware of historical relationships and power dynamics; otherwise, nurses, even with all the right intentions, risk imposing dominant discourses on marginalized populations.

5.2 | The invisible “normality” of nursing teachers

According to Fairclough (2015), a text can assume commonality of values with the readers, thus creating social identities. In the articulation
of the three discourses, the social identity of being "a normal teacher" was constructed. A distinction was thus constructed between the "normal" teachers and the "different" others for whom they were learning norm criticism.

Despite their norm-critical potential, the three discourses included elements that discouraged genuine norm-critical competency. The teachers talked about students or patients differing from themselves who would benefit from their increased norm-critical competence. By identifying some individuals as "different," the teachers distinguished between these individuals and themselves. It is impossible to distinguish "normal" behaviour without simultaneously differentiating it from "abnormal behaviour" (Phillips, 2014): through their statements and indications about abnormality, the teachers positioned themselves as the opposite to abnormality—normality. They seemed unaware that they had constructed themselves as the "normal" group, as they never directly addressed the issue of their own normality. This unspoken assumption that "we" all belong to the norm can be understood as "invisible normality," with the consequence that norm-breakers are seen as "other" people. Reproducing the categories of "normal" and "other" in this way can hamper the development of norm-critical competence, because norm criticism has as its goal the questioning of norms and hierarchies and, above all, rejecting the binary thinking that divides "normal" from "abnormal" (Martinsson & Reimers, 2010).

It is important that nursing students critique the taken-for-granted reference point against which patients are measured and that they be aware of the mechanisms underlying unequal relationships in society and health-care (Boutain, 2005). One way inequalities are created is through the construction of an unquestioned "normality," as opposed to different "others" (Kumashiro, 2000), in the form of white, middle-class, female nursing (Schroeder & DiAngelo, 2010). The three discourses revealed the teachers' unawareness of this antithetical relationship. Because teachers transmit not only knowledge but also conceptions and values (Lassenius, 2007), this unawareness may be transmitted to nursing students during their education. Future nurses' values thus emerge from a value-based, normative nursing science that claims to know what constitutes a "good" nurse and "good" nursing (Kirkevold, 2009). With education impregnated with normativity, students' future caring practice risks being characterized by unquestioning acceptance of power structures and normative categorizations.

The teachers' discursive practice addressed learning not to disrespect any "different" person, and the teachers seemed insecure about how to use their developing competence and eager to learn how they should act so as not to insult anyone. They wished to become familiar with the norm-critical "rulebook." Their insecurity about how to use words and concepts mirrored a general conception of what language was "politically correct." From a linguistic perspective, word choices are never inconsequential (Cameron, 2012), which makes them interesting from a norm-critical perspective. Language is an important carrier of deeper-rooted power structures. Nevertheless, societal voices, of which there are traces in the teachers' insecurity, are being raised to claim that political correctness threatens our freedom to speak as we choose (Cameron, 2012). However, a central point of norm criticism is resistance to rigid claims of "right" and "wrong." Because the perspective is a critical one, it encourages thinking differently and critically, rather than laying out a framework to be followed (Kumashiro, 2000). It rejects preset rules and truths about what is and is not "allowed," while simultaneously drawing attention to the consequences of unconscious actions and language use. This presents the teachers in our study with challenges.

Other problems are associated with understanding norm criticism as mainly a matter of interindividual behaviour, as it is not only one's speech that must change if one wants to challenge social hierarchies and inequity. The roots of inequality are not addressed simply by acting in an unprejudiced and empathetic manner towards a marginalized patient or student (Kumashiro, 2000). It is accordingly problematic to value the meaning of individualistic nursing concepts as final goals of norm criticism. Harden (1996) stated two decades ago that only after critical consciousness has been achieved among nurses will it be possible for "true humanistic care" to be given (p. 32). This critical consciousness concerns structural oppression as well as individual oppression. Oppressing ideologies are internalized in social structures, and if students are not offered tools with which to critique them, racism, sexism, ageism, and the like will continue to operate in unexamined ways (Harden, 1996). Norm criticism provides these tools, but cannot be confused with existing nursing perspectives. Norm criticism must address the historical, political and economic conditions of oppression, rather than merely acknowledging one's actions towards individual patients. Nursing scholars have previously pointed out that individualism in nursing obscures understandings of the more fundamental causes of health equity (Browne & Reiner-Kirkham, 2014), a concern that is raised by the present study.

Consequently, the goal of norm criticism is not only to encourage teachers to act more inclusively towards "different" students or patients; it is also to counteract the normative categorizations that construct inequity people in the first place (Martinsson & Reimers, 2010). Although the studied teachers started to identify and question their own normative actions, they did not challenge the underlying structures and processes that privilege them as normal. It has previously been demonstrated that the tolerance extended by a majority group often requires the abnormalization of the minority group (see, e.g., Blommaert & Verschueren, 2002). Similarly, identifying homosexual students as needing special approaches is well meant; the act of doing so, however, casts these students as deviant and problematic "others" (Johansson & Theodorsson, 2013). Conceptions of the "normal" are thereby reproduced, and a discursive order of normality continues to guide the education of nursing students. Schroeder and DiAngelo (2010) concluded that an ongoing retreat from the discomfort of authentic racial engagement results in a perpetual cycle that serves to keep racism in place. This can be transferred to the present study: it would be easy to refrain from questioning restricting norms just because doing so is uncomfortable. Questioning one's surroundings as well as one's own internalized norms is uncomfortable (Kalonialityté, 2014). The unpleasantness of this discomfort keeps normality in place.
5.3 | The social practice of nursing education

Bourdieu’s concepts of habitus and field (Bourdieu, 1995) can explain the social practice of the discourses found here as well as highlighting the production of the order of discourse (Fairclough, 2015). With the aid of Bourdieu’s concepts, nursing education can be understood as a social field of certain values and norms. This study described the field as characterized by conceptions of normality, with the field constituting the structure that shapes individual nursing teachers’ resources, their habitus. Previous nursing research has described nurses’ habitus as their embodied knowledge and culture, restricting and reproducing social activity in their field (Bergh, Karlsson, Persson, & Friberg, 2012), and it has been stated that discursive practice is what constructs nurses’ habitus (Gedda, 2001). Habitus is a result of previous experience and hence limits what can be thought and done; however, habitus can be transformed in response to societal demands and expectations (Bourdieu, 1995). Norm criticism is an approach not yet generally discussed in society and yet to be integrated into the discursive practice of nursing; likewise, nursing teachers’ habitus does not yet encompass norm-critical experiences and competences.

A short course such as “Norm-Aware Caring” is insufficient to transform the habitus, disrupting the order of discourse. Before transformation can happen, the teachers must overcome certain difficulties. Most of them worked as nurses before they became nursing teachers, and nursing has traditionally rested on a noncritical and normative base, something that several researchers have highlighted (see, e.g., Allen, 2006; Falk-Rafael, 2005; Kellett & Fitton, 2016; Kirkevold, 2009; MacDonnell, 2014). Societal analyses of inequality, norms and power have not traditionally been part of nursing education curricula (Vickers, 2008), and the worldview of nursing has been narrower than is desirable when it comes to questions of student diversity and inclusion (Bleich et al., 2015). This is the structure that is shaping the discursive practice in the field, as well as nursing teachers’ habitus.

Bourdieu’s concepts can offer an explanation of stability and change in the field of traditional nursing education. From a discourse theoretical perspective, the discourses prevailing in any context are likely to be reproduced (Fairclough, 2015). The order of discourse must be transformed before any social change can occur, meaning that new discourses must struggle with prevailing ones to enter social practice. In the context of nursing education, normality’s order of discourse is not yet struggling with a norm-critical discourse, probably because the norm-critical perspective is still immature among the teachers. It is insufficient for nurse educators simply to be aware that the norm of whiteness, for example, operates interrelationally; it is also important that they understand how it operates (Schroeder & DiAngelo, 2010). Through actual education in norm criticism, the studied teachers were equipped with a framework for conceptualizing how power and norms jointly construct a “we,” opposing “others.” Until nursing teachers reflexively use this framework, they will remain trapped within their habitus (Bergh, 2016), without their discourse practice being challenged.

Nonetheless, this study also indicates that norm criticism can itself become a separate discourse. Issues of exclusion, norms and equity have to some extent entered the order of discourse. The teachers have at least begun to reflect on alternative ways of thinking and acting in the light of norm criticism, stating that they cannot unlearn what they have already learned. In line with Schroeder and DiAngelo (2010), we argue that a workplace with a shared framework for conceptualizing multiple norms can enable systematic self-reflection in collegial groups, as a form of continuous norm-critical work.

5.4 | Methodological considerations

Practitioners of discourse analysis in nursing have been accused of being uninterested in establishing methodological rigour (Buus, 2005). To strengthen the trustworthiness of the present study, we have accurately described the analytical steps by citing quotations from the transcripts and providing tables illustrating the analytical phases. This illustrates the analytical process, enabling readers to confirm or disprove the interpretation (Schofield et al., 2012).

FG interviews can be criticized for exerting group pressure, and individual interviews might have provided more variation among teachers’ responses. However, discourses are by definition constructed in social interaction in the actual work of nursing education, which is why FGs were considered a suitable data collection method for the critical discourse analysis of this field.

With the first author being new to the field, the analysis was conducted from an “outsider” perspective, which may be advantageous when conducting a critical analysis. So as not to overlook any significant details in the data, however, the second author, who has long experience of nursing and nursing education, assisted in the analysis. Both the interviewing and analysis challenged our ability to respond openly to our own normative assumptions. Being theoretically knowledgeable researchers in this area does not automatically mean that we are aware of all the restraining norms that influence us. We therefore sought to apply a reflexive approach to all parts of the manuscript work, and we hope we have confronted our own prejudices, in order to do the material justice.

6 | CONCLUSION

When norm criticism is integrated into traditional nursing education, it becomes a tool with which to scrutinize power structures and unequal relationships in healthcare and the classroom. This study demonstrates that traditional nursing education can be disrupted by the norm-critical potential of the discourses of teaching, caring and personal learning. However, nursing teachers’ own normality is not questioned in any of these discourses, which may prevent the development of genuine norm-critical competence. To reshape the social practice of nursing education, norm criticism must be continuously discussed, problematized and enacted in the educational context, as well as being combined with self-reflection and the confronting of one’s own privilege. This knowledge can be used in the future development of norm-critical competence among nursing teachers. In the long term, the disruptive potential of the prevailing order of discourse can promote social change in nursing education and nursing care.
ACKNOWLEDGEMENT

We would like to acknowledge University West for funding this research.

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How to cite this article: Tengelin, E. and Dahlborg-Lyxhage, E. (2016). Discourses with potential to disrupt traditional nursing education: Nursing teachers’ talk about norm-critical competence. *Nursing Inquiry, 00*(1), 1–11. doi: 10.1111/nin.12166