
Letter to the Editor

REGARDING RECENT PUBLICATION, POLITICS OF NURSING KNOWLEDGE AND EDUCATION

Dear Dr Chinn:

I am writing to voice my dismay at the publication of the article, *Politics of Nursing Knowledge and Education*, a piece in which our disaster nursing program at The University of Tennessee in Knoxville was attacked with the most volatile, incendiary language. Inaccurate, misleading, or otherwise erroneous statements were made about the program without any effort to verify the soundness of the authors' inferences. That the authors were allowed to put forward inadequately supported, unverified claims and conclusions is cause for concern.

In this brief space, I would like to address our program and provide an honest picture of what we teach. First, we are first and foremost a program that teaches *nursing*, with a goal of producing *nursing* leaders with advanced skills and knowledge appropriate to our times. As part of their course of study our graduate students are challenged to examine where disaster nursing as a specialty fits within *nursing* theory and practice, but they are also charged with analyzing how the language and paradigms of nursing, applied in a disaster setting, mesh with the care paradigms and terminology used by a myriad of other disciplines who are part of collaborative disaster response teams; it was in conjunction with this analysis that the 2008 paper by Persell (cited in the article) was written. This kind of critical appraisal is important because evidence in literature demonstrates that when responders understand and share common disaster-related language, psychological stress among care providers is reduced, effective intervention is enhanced, and more lives are saved. Second, as part of our approach to fostering crossdiscipline understanding and collaboration, students learn not only from nursing faculty, but also from scholars and experts from allied disciplines and agencies with a stake in disaster response. We have found that this interdisciplinary approach not only enhances students' experience and increases their fund of knowledge and comfort with language, but also that it also instills in other professionals a new appreciation for the breadth

of what nurses know and can contribute to disaster leadership. Third, our curriculum is rich and complex. We teach about all hazards in equal measure, but in addition to nursing theory and research our emphasis is on things other than hazards: ethics, psychological impacts of catastrophic events on survivors and caregivers, public-health law that impacts response and intervention, economics and budgeting, crisis communication, providing care in mass-shelter settings, disaster triage. Fourth, our program is based on the realization that we are training nurse leaders to function in a global society. With that in mind, we as faculty develop and nurture a global world view among our disaster nursing students, teaching about world affairs, caring for the vulnerable domestically and abroad, international border issues that impact nursing practice in calamity, evaluation, and treatment of diseases linked to poor sanitation and poverty, and how to cope when the values orientations of the nurse are in conflict with those of the society in which the nurse provides care. Our doctoral students have conducted ground-breaking research into the psychological experiences of Haiti earthquake survivors and responders, nurses who provided care during Hurricane Katrina, perceptions of nurses who have served on humanitarian aid teams, caring within the context of faith-based disaster response, the development of situational awareness among health professionals, educational efficacy of modes of Basic Disaster Life Support training, and the lived experiences of atomic bomb survivors who subsequently immigrated to the United States. Students' and graduates' interests are as broad as what we teach.

Contrary to what the authors of the *Politics* article allege, our Tennessee disaster-nursing program has not been taken over by a military mindset. We are indeed unique, but what we are most of all is pioneering, preparing nursing scholars, and clinicians with advanced skills who can lead and practice during calamity—wherever it may be—as part of interdisciplinary teams, responding to the needs of our 21st century global society. It is my belief that every disaster response in recent memory could have been made more effective by the presence of a nurse with disaster expertise in a major leadership position. Yet, in order to be placed in major roles

of authority, nurses must have the training and credentials required. Our doctoral program provides both, and prepares nurses to apply their core, expert, nursing knowledge in the context of a global world. That is something of which we are extraordinarily proud.

It is unfortunate that the authors chose the approach that they did to examine what they called the “militarization of nursing.” Had they adopted a more scholarly stance, using language reflecting ethical consideration for presentation of well researched conclusions based on abundance of data, and absent personal attack, their argument might have generated the scholarly discourse that true scientists esteem. Instead, what they have written is an affront, not only just to our program but also to ethics, and all who value honest, dispassionate examination of ideas and thought.

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IDEOLOGY, NURSING ONTOLOGY, AND ETHICS AS POLITICS: A RESPONSE TO DR SPERAW

To the Editor:

We wish we could say that we are surprised by Dr Speraw’s letter; however, it is not the case. Dr Speraw’s letter does not address the actual content of our paper but focuses exclusively on our reference to the Homeland Security Nursing (HSN) programme, which she coordinates. She does not discuss the ontological and epistemological issues that we identify in her paper on a theory of homeland security. Although she does describe topics taught in the HSN programme and the research conducted within it, she does not refer to the partnerships established with military personnel and agencies in order to carry out some of these activities. Curiously, her letter focuses exclusively on disaster preparedness but silences entirely the overarching premise of the need for homeland security as the guiding philosophy of the programme. The tone of her letter and the accusations against the political and ethical dimensions of our article confirm that the title was chosen wisely.

The objective of our paper¹ was to discuss the various ways in which military speech and ideology can make its way into nursing idiom and education. We believe we have done this successfully by raising the ontological, epistemological, and ethical concerns that result from this process. Neither we are sure which portion of our paper constitutes a personal attack on Dr Speraw, nor can we identify volatile or incendiary language in our argument. The issue we raise may be contentious and we do not expect consensus around this issue. This, however, should not serve as an argument to avoid or dismiss the issue altogether. At the risk of offending Dr Speraw, other than citing the article Dr Speraw cowrote with her colleague, our paper is not about her or the HSN programme. The programme is used as one example of many techniques and strategies through and by which military agencies have made their way into civilian spheres, including the universities and their research traditions. As shown in our paper, this trend has been observed in most academic disciplines and we highlight the fact that nursing constitutes a fertile space for such an incursion.

There is no need for personal attacks when one engages in a philosophical debate about current trends in nursing, whether these trends concern the evidence-based movement, the postmodern turn in nursing, practice development, or the influence of pharmaceutical industries. All the tools needed to engage in such debates are readily available to those who pursue a philosophical analysis. Philosophy allows us to take a step back and reflect on what it is that we do as nurses and to what purpose. Importantly, it also teaches us the various ways in which ideology operates and creates effects in everyday life.

Certainly, nurses, wherever and by whomever, will continue to be trained as “nurses”. But one can legitimately wonder what kind of nurse is being educated and for what purpose. What is meant by “nurse”? The ontological answer we seek here goes beyond the usual rhetoric of “responding to today’s needs”. This statement has become quite empty on the simple basis that different interests and agendas spawn different needs, and a consensus around what might constitute “today’s needs” is difficult to come by.

Nurses trained in a programme that is explicitly geared toward the preservation of national security will respond to a specific set of interests that powerfully dictate “today’s needs.” Although the ideology of terrorism is a matter of focus in the HSN programme, we respectfully doubt that the very concept of “homeland security”, which in many respects has functioned as a powerful (totalitarian) ideology since September 11,²⁻⁴ is awarded the same critical examination. Other than the matter of finances, which certainly restrict one’s disposition to question certain things (the University of Tennessee received significant funding from the Department of Homeland Security to develop its homeland security programmes and research centers⁵⁻⁷) one must account for the very way ideologies function.

Arendt^{8(p469)} defines ideologies as such:

An ideology is quite literally what its name indicates: it is the logic of an idea. (...) Ideologies pretend to know the mysteries of the whole historical process—the secrets of the past, the intricacies of the present, the uncertainties of the future—because of the logic inherent in their respective ideas.

Ideologies operate through a narrow mental framework that makes possible a shared (re)interpretation of particular events. They do not “have the truth as [their] purpose but [aim] at the fulfillment of the idea.”^{9(p124)} They function because they carry their own powerful internal logic, often backed up by moral discourses. Their logic operates to create conformity (of thought and conduct) as well as lack of questioning. Ideologies work because they deploy through (usually well-intended) agents who do not realize that they are a part of them. In producing consensus and homogeneous thought, they also exclude other ways of thinking, doing and being. Ideologies breed intolerance for differing opinions, all the while appearing neutral, apolitical, and benevolent. Ideologies supplant reflection and opinion⁸; they position themselves above reason—and critique. Since September 11, 2001, in the name of “homeland security” or the “War on Terror,” there has been a massive surrendering of reasoning and decision making to the forces in power (largely military) which, by situating matters of national security above all

else,^{2,4} have achieved massive restructuring of civilian (including professional) structures, institutions, and responsibilities.^{3,4} This (self-)abdication is key to the success of ideology,⁸ whereby personal agencies are blurred and individual aspirations dissipate into one communal, self-confirmed, conviction, leading to a collective experience largely typified by fear and suspicion and the cultivation of “warfare personality.”^{9(p126)}

Dr Speraw adamantly insists that the HSN programme was not overtaken by the military and that it trains nurses in disaster preparedness. Unfortunately, this argument misses the mark because in today’s post 9/11 context, disaster planning and management neither can be spoken about *outside* of the military idiom, nor can disaster-prepared nurses practice outside of militarized contexts of care, as though military matters do not concern them. Disaster (natural or man-made) enjoys a strong (constructed) interreliance with issues of national security, an ideological space where the military holds a dominant position. Homeland security and disaster management speech are powerful because they are laden with assumptions about civilian responsibility and duty, portrayed as patriotic, natural, and hence can be used unproblematically. As stated in our paper, we are not suggesting that nurses should not intervene when and where disaster strikes. Instead, we are highlighting the way powerful (ideological) discourses shape nursing work but also the way they further perpetuate themselves *by and through* nursing work. Nurses can become effective mediators of particular ideologies because of their privileged relationship with populations, but also because their work is typically viewed as benevolent and grounded in commonly held moral obligations. The multiplication of education and research endeavors (including, but not limited to, the HSN programme) further legitimizes militarized ideological discourses making them that much more difficult to challenge.

Despite their stellar track record of “doing good,” nurses are not exempt from the risk of perpetrating acts that are not in accordance with nursing philosophy, even though their intentions are honest (see for instance nurses’ involvement

in capital punishment).¹⁰ In our paper, we provide several scenarios regarding the way this may occur. What we highlight is that nurses are ideally positioned to carry out actions that are not of their doing and that fulfil an agenda that is not theirs, whether they may (inadvertently or not) promote a particular policy, product or procedure, or follow questionable policies about restraints, confinement, or access to personal health information. We assert this political discussion, although difficult for many, is highly ethical and it falls within the scope of nursing academic work—toward an “ethics of discomfort,”^{11(p121)} we might say.

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