

Review article on research discourses and their implications for nursing education

Gary Rolfe, 'Faking a Difference: evidence-based nursing and the illusion of diversity', *Nursing Education Today*, 22, 2002, pp. 3-12

'Faking a Difference' appears in a journal that is aimed at educators in nursing, midwifery and health visiting. It seeks to act as an interface between theory and practice in nurse education. I chose this article because it reopens the debate about what constitutes 'valid evidence', calls for an equal appreciation of qualitative research, and reasserts the importance of integrating complex critical theories into the sphere of clinical practice, rather than being seduced by the dominant discourse of quantitative methods.

While writing for an academic journal, Rolfe adopts an almost playful stance towards the myth of 'diversity' within nursing research. According to Rolfe, there is an illusion of diversity but the reality is that competing discourses, such as small-scale qualitative pieces of research are forced to conform to the rules of the dominant discourse. The dominant discourse is taken to be empiricism and the medical model, and the 'gold standard' for what constitutes evidence is taken to be randomised control trials, which are abundant in medicine and nursing.

Rolfe starts off with a definition of 'diversity' which he restricts to the debate between the merits of quantitative versus qualitative research. He contextualises the term 'diversity' as generally being a 'good thing' which is even lauded in government documents such as 'Making a Difference' (DOH, 1999) which calls for questioning and autonomous questioning practitioners. However, he views 'diversity' as being problematic for any democratic institution be it education or nursing. He argues that there maybe an air of diversity, but the harsh reality is that all professions, particularly nursing, demand 'convergence rather than divergence'. He cites the obvious signs of hierarchy within nursing, for example the deferment to rank and the wearing of uniform.

One of Rolfe's main concerns is that 'behind the liberal façade of diversity and the promotion of difference lies a core value of convergent conformism that serves to constrain individuality and stifle conformity'. He refers to a simplified account of Foucault in justifying his argument but fails to explore the debate about competing discourses in any depth. *Discourse* for Foucault means those sets of ideas or possible statements held about a subject which are dominant at particular times among certain groups of people. Social control is not something that others do to us but something we participate in by an acceptance of ideas which are dominant and we accept as normal. The dominant discourse is internalised and we effectively police ourselves and others by acquiescing to these norms.

Rolfe also ignores the critics of Foucault who claim that he has a reductionist concept of power that underplays the concept of resistance. For example, Porter (1996) explores the ways in which nurses and soldiers adopt strategies of inducement, encouragement or persuasion. He suggests that nurses may disrupt surveillance if this is not felt to be in the best interests of the patient as much as they may

encourage the patient to comply. Critics, such as Porter, argue that there are competing *powers*, and there can be meaningful resistance to the dominant discourse.

Rolfe's viewpoint is at times bleak. As a Practice Educator, if I were to accept that the dominant discourse was all encompassing and prevailed, any meaningful reflective discussion about interactions with clients may leave me in a state of nihilistic despair, as I juggled the complexities, tensions, anxieties and dilemmas of a role demanding psycho social surveillance and pastoral care. Rolfe calls for us all to 'become philosophers' but is himself guilty of a reductionist view of individuals and society. He seems to regard individuals as passive and unable to act with intentionality or to read behind the lines, which is what much of the qualitative research he favours sets out to achieve, as a means of offering diversity to a discourse consumed with randomised control trials and being quite prescriptive as to what constitutes valid *evidence*.

While he is critical of the proliferation of randomised control trials within the sphere of nursing and medicine, Rolfe does little to bolster the importance of qualitative research with its differing use of language. Qualitative research is not preoccupied with 'reliability' and 'validity'. He makes no mention of the different use of research terms, which considering his preoccupation with the importance of 'diversity' is of some surprise. The importance of 'credibility, transferability, dependability and confirmability' (Holloway and Wheeler, 1996), which are key concepts for much qualitative research, is ignored by Rolfe.

An important theme for me, as a Practice Educator, is Rolfe's acknowledgment of the ways in which notions such as the deferment to the gold standard of randomised control trials as constituting 'real evidence', in effect, denigrates the importance of intuition. Intuition and listening to one's 'gut feelings' are important, but often neglected skills within nursing in general and health visiting in particular. Health visitors are required to make judgements as they fulfil their role in psychosocial surveillance. As a Practice Educator I hope to find meaningful and innovative ways in which to heighten student engagement with their intuitive powers within the context of a work arena which is becoming less holistic in its approach, and more 'competency' driven in its approach to service delivery.

In demonstrating his complete disdain for 'evidence based practice', Rolfe brings a simplified but innovative offering of Derrida to his article. He offers a 'deconstructive' reading of the word *evidence*, scoring it out with derision and playfulness, hoping to alert his readers to the contradictions and conflicts contained in the very use of the word *evidence*. Visually, at least Rolfe makes his point with some originality and poignancy. However, he does offer a simplified interpretation of deconstructionist writers, such as Derrida.

When addressing the inequality and lack of acceptance of diversity within research, I am also struck by Rolfe's comments that large-scale quantitative research is favoured over small-scale qualitative research. Within the specialist practice programmes (in nursing education), the curriculum demands that students carry out a piece of research to fulfil the course requirements. The reality of this for specialist practice students is that they have to navigate a complex Ethics Committee which favours large scale quantitative pieces of research, and maybe seen as stifling 'diversity'. Similarly, NHS Trusts often demand some ownership of the piece of research undertaken and may dictate question, methodology and methods to be researched. This is not only constraining but may yield poor research whereby there is little or no acknowledgment of the importance of matching the question with an appropriate methodology.

Rolfe, then, brings a playful and original analysis of well trodden ground of the debate between quantitative versus qualitative research within the context of valuing diversity. He offers his analysis within the context of the political rhetoric and government documents currently circulating throughout health care and education. His article is highly relevant to my own teaching practice and makes me more aware of the importance not only of helping students in the field link theory to practice and playing a part in helping them develop critical skills, but also highlights the importance of helping students to tune into those unquantifiable, but highly valued skills, such as intuition when working within the complex and competing demands of health visiting.

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