

### Personal Philosophical Orientation

Tisdell and Taylor (2000) proposed that an educational philosophy is rooted in what one believes and does in *practice*, however, one's adult education philosophy is not necessarily a fixed belief but can change with the educational context in which one works (Tisdell and Taylor, 2000). Upon reflection on my most successful education sessions/workshops, my own beliefs about adult education align primarily with the purpose, roles and concepts of a progressive adult education philosophy. These reflections are congruent with the scores I obtained on the Philosophy of Adult Education Inventory by Zinn (2007), which is a validated assessment instrument used to help identify one's personal philosophy of education.

The progressive orientation resonates with me because I see teaching as a professional and collegial relationship between myself and my learners. I have a deep respect for my learners and the work that they do in health care. In keeping with this philosophy, I value and build on my learner's experiences and incorporate them into the learning process by drawing out their stories, and asking for their real-life examples. I am comfortable in a role of instructor-guide rather than portraying myself as a lofty expert. I assist learners to gain new understandings and perspectives of their real-life clinical dilemmas by using collaborative learning activities where knowledge exchange is promoted. As a nurse educator, I teach both theory and hands-on skills. Practical and problem-solving learning are some of the key purposes of a progressive orientation. Another purpose is to teach social responsibility which I have incorporated into my courses with the consideration of ethics and the pharmaceutical industry. Pharmaceutical companies market wound supplies to nurses because they have the ability to influence

sales. Nurses have a responsibility to the public to engage in ethical behaviour; they need to consider the outcomes of their actions on societal well-being and benefit, and on our health care system.

Collaborative learning is an integral concept of this philosophy. By solving problems in groups, more facets of the situation are likely to be explored. In the past I created a community of practice forum called a "Clinical Sharing Circle". It was an opportunity for nurses in rural and remote practice to come together virtually to work through puzzling patient issues and to celebrate successes. These informal learning sessions gave me a feeling of accomplishment as a teacher. I felt I had succeeded in building capacity in the nurses to learn from one another and support each other in their remote and isolated contexts.

### **A Critical Analysis of Philosophical Orientation**

While my education practice best exemplifies a progressive philosophy, there are other philosophies that have a definite influence on my practice. In the realm of workplace education, I acknowledge the influences of both radical and behavioural philosophies. These influences sometimes create internal tensions and challenges that I attempt to balance with my teaching methods, and in the lesson content.

Nursing is a female science. To me this means nursing incorporates active inquiry, as well as experimental methods and evidence-based practice which are all elements of the progressive philosophy. However, the use of somatic knowledge and intuition are also part of the science of nursing, and these fit better with feminist theory, which is one way in which the radical philosophy of adult education is enacted (Quigley, 1996). Brookfield (2010) purports that learning from a feminist perspective involves

emotional, kinetic and spiritual dimensions, as well as cognition. I believe in 'gut feelings', intuition and somatic knowing and have acted on these in the course of providing care for my clients. I encourage other nurses to consider their intuition as part of the subjective aspects of holistic client assessments. I find the feminist orientation is an empowering way of knowing for the female-dominated profession of nursing.

Another belief is that workplace education almost always has a political agenda; a view associated with a radical orientation. It has been my observation that increasingly learning is only supported by the employer if it has clear outcomes tied to financial gains for the company. Literature published by the human resource sector has revealed to me that education for the sole purpose of performance management is a common ethos in business (Rouda & Kusy, 1989). In these times of austerity, long gone are the days of an employer 'investing' in staff education at learning events that do not have clear, strategic and measurable outcomes. Conference attendance is one of the most highly scrutinized education forums in my present job, and I have overheard many staff agree with this! However, learning at these types of events comes not only from the presentations (often about promising practices), but from the informal learning we do when we meet and exchange with colleagues from across the country. Employers, under severe fiscal restraint, eschew thoughts that learning is a joy (liberal philosophy) that can broaden the mind (humanist philosophy), and rely heavily on outcomes measurement of education (behavioural philosophy) to justify the financial expenditures in staff time and training. While I understand the employer's position on conferences, I also believe that learning comes in multiple ways and is not always immediately or tangibly measurable.

Until recently, I would have argued that there is no way of ensuring learning has taken place if it isn't proven with empirical testing. Although this assertion seems to demonstrate a strong personal association with a behavioural orientation, my teaching methods incorporated a progressive philosophy . An example of this was when I proposed an 'innovation' to a web-based course. I introduced a pre-test and post-test to an education module to enable the company to be able to measure the change in scores. However, because I believed it would be more respectful of the learners if they did not have to complete a mandatory course on what was already known about the subject, I designed the module so that the learners would only have to complete the sections for which they got an incorrect answer on the pre-test. This adapted prior-learning assessment was a concession that created a bridge between the behavioural and progressive orientations. Happily, this design was embraced by the company for whom I worked, and it was applied to other online courses.

I recognize the value of a behavioural orientation for certain learning content. I acknowledge the need for competency assessment of nurses because they deal with high risk procedures. Many skills required by nurses are honed by repetitive practice. I believe I successfully combine progressive philosophy with a behavioural orientation by using a respectful approach as a teacher, and not setting myself up as an expert in what I teach while incorporating the technical aspects of teaching for measurable outcomes.

My career goals include a transition to a formal teaching environment in the near future. I believe that my successful integration of behavioural and progressive adult education philosophies would be an asset in a formal educational environment in nursing. I challenge myself to incorporate more feminine ways of knowing such as intuition,

inquisitiveness and reflection in favour of cognitive-scientific domains of thinking into any online educational development. This will likely be played out in my research project. To enhance the praxis of progressive and radical education philosophies, I would also like to raise nurses' awareness of neoliberal trends, and its' effects on the health of marginalised populations, and the work environment of nurses.