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Abstract

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Keywords

Nursing history, education, reflective practice, leadership, critical thinking

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History as reflective practice: a model for integrating historical studies into nurse education

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Abstract:

The role of history in developing professional identity in nursing is well known, and the discipline of nursing history research continues to flourish. Yet this work often struggles to find its way into undergraduate university nurse education courses.

We put forward a model for “History as Reflective Practice” in which we suggest that historical studies can be used a form of evidence to develop critical thinking and clinical reasoning, as well as situate nursing practice within its social and political context.

In this model, we draw on historical scholarship related to the Profession, Practice and Person, focusing on work which demonstrates nursing’s contribution to broader systems of health care.

Drawing on Lewenson and Lynaugh’s ‘history by stealth’ approach, curriculum mapping and constructive alignment techniques are used to identify the moments in an existing program where historical scholarship is relevant to an intended learning outcome. We then use an interdisciplinary team to develop learning activities and assessment tasks drawing on both primary and secondary sources that are then embedded within existing subjects.

This model encourages students to consider history as a way of knowing and as a form of evidence within their reflective practice. Furthermore, it creates knowledge that continues to foster and acknowledge nurses’, and nursing’s, contribution to the development of human health.

Introduction

The role of ‘history’ in nursing has been the subject of much discussion for some time (D'Antonio, 2006b; D'Antonio & Fairman, 2010; Lynaugh & Reverby, 1987; Nelson, 1997b) with scholars arguing that it serves a number of important purposes for the profession in relation to identity, education and research (Borsay, 2009; Lewenson, 2005; Lewenson & Herrmann, 2007; Toman & Thifault, 2011). At the same time, the field of nursing history as a research discipline continues to flourish, with a great deal of work being produced that tells the many and complex stories of nursing's rich past. The significance of this research is that it demonstrates the role of nurses and nursing in the

development of modern approaches to health and health care, situating nursing practice in its broader historical and social context. However, this research does not often find its way into Western, university based nurse education programs, despite attempts to develop strategies for its use (Madsen, 2008; McAllister et al., 2010). These scholars have identified that there are a number of factors which contribute to the overt sidelining of history in nurse education, namely lack of space in the curriculum, lack of expertise in historical teaching and research, and a perceived lack of relevance to the requirements of clinical practice (Lewenson, 2004; McAllister, et al., 2010). Yet there are many aspects of historical knowledge and method that resonate with nursing practice (D'Antonio, 2006b) and are essential to the development of 'clinical reasoning' (Levett-Jones, 2013). In this paper, we explore existing strategies for integrating history into the curriculum and put forward a model for 'history as reflective practice'. In this model, we organise historical scholarship into three areas of relevance: Professional, Practice and Personal, and argue that 'History' can be thought of as both a form of evidence, and a way of knowing; especially where it used for developing critical skills relevant to contemporary nursing practice. To do this, we argue, historical scholarship must be used critically, and should fully integrated into the curricula.

History for teaching and learning

While there are strong arguments as to the importance and role of history and historiography within the nursing curriculum, it is only recently that attention has been paid to specific types of sources and evidence to work with (Bates, 2010; Toman & Thifault, 2011), the ways of conducting both historical research and the issues and/or themes that could be focused on (Boschma & Grypma, 2010; McPherson & Stuart, 1994), and finally, ways to integrate this within curricula (Lewenson, 2004, 2005; Padilha & Nelson, 2009). Within history-oriented subjects in a nursing curriculum in Canada, for example, Toman and Thifault have identified the positive use of primary source analysis, both textual and non-textual, available to nursing students through an online course (2011). The

course enables the analysis of the changes and continuities experienced by Canadian nurses, through the examination of primary and secondary sources focusing on what nurses carried in their nurse bags/kits. Similarly, Bates has suggested that nursing artefacts offer a fruitful lens through which to analyse socio-cultural shifts and trends relevant to nursing (2010). Their use provides students with a visually stimulating way to come to terms with historical continuities between the past and the present. Boschma (2012) argues that the use of oral history interviews offers a significant and fresh source of historical evidence. This is because oral history is understood to explore in a subjective fashion the creation of identity through 'stories, language, memories and life experiences' (Boschma 2012: 106). The very act of gathering patient information in order to make a clinical assessment is itself an overt historical practice. The nurse is required to listen, to sift through evidence, to understand the patient in the context of their broader lives, and to work with subjective information as if it is a fact as important as any other. Thus, oral history as a scholarly research method complements the core clinical competencies required of nurses (Boschma, 2012; Goldman et al., 2003).

Perhaps the most comprehensive attempt to integrate historical studies into nursing curriculum has emerged from North America. In a number of important works, including the edited collection *Capturing Nursing History* (Lewenson & Herrmann, 2007), Lewenson and her colleagues draw on Joan Lynaugh's 'history by stealth' approach (Fagin & Lynaugh, 2000; Lynaugh & Reverby, 1987), to suggest that historical analysis be integrated throughout a curriculum, rather than offered as a stand-alone unit. In this way, historical content is seen to be an integral part of nursing education at all levels.

Specifically, Lewenson suggests mapping a curriculum for spaces in which historical knowledge or methodology can be used to enhance the learning objectives. For example, where the required outcome is an understanding of the factors that affect contemporary clinical practice, students can be asked to read about and then present historical research that has influenced practice in a specific clinical area to show changes in nursing interventions over time. Similarly, in leadership or

management subjects, where the outcome is to understand the organisational or sociological factors affecting the nursing profession, students can be asked to critically analyse existing histories about nurse leaders and look for historical precedents to particular professional issues, identifying the ways these may still be active in the modern health care system (Lewenson 2004: 378). The key point in Lewenson's work is to clearly identify the required learning outcomes so as to ensure that the significance and relevance of historical knowledge to practice is made explicit.

History as reflective practice

Within our curricula we are drawing on Lewenson's approach and using curriculum mapping and constructive alignment techniques (Biggs & Tang, 2011) to develop history as a form of reflective practice, situated as a 'way of knowing' (Carper, 1978). In her seminal work Barbara Carper articulated four distinct but overlapping ways of knowing in nursing practice: the empiric, the esthetic, the personal and the ethical (Carper, 1978). As she clearly stated, while each pattern has its own distinct characteristics, they are not mutually exclusive and together form a paradigm for nursing practice that is dynamic and reflexive. Together, these 'ways of knowing' should facilitate the ability to critique, to problem solve, to reflect, to integrate evidence into practice, and to understand clients in their social context: all essential components of nursing practice (Levett-Jones, 2013; Levett-Jones et al., 2011; Watson et al., 2002).

In this sense then, the use of historical studies, in theory, method and outcome, can be used to enhance 'practice' (in its broadest sense) in nursing graduates. Carper's work has been subsequently discussed and expanded by other theorists. White argued for example, that due to changes in nursing research theory and method, a fifth way of knowing, 'the socio-political pattern', needed to be added (White, 1995). This pattern recognises the importance of broader social context because "it lifts the gaze of the nurse from the introspective nurse-patient relationship and situates it within

the broader social and political contexts in which nursing and health care take place” (White, 1995: 8). Importantly, she notes that “historical issues” are part of this socio-political context.

However, conceptualising ‘history as reflective practice’ means more than just celebratory stories about famous leaders of the past. Reflection requires critical analysis and truthful self-awareness. This is a ‘history of the present’ approach, where historical evidence is used to explicitly explore the foundations and veracity of contemporary knowledge. At the same time, the creation of new historical knowledge takes nursing history out of the confines of the discipline, and demonstrates the contribution that nursing and nurses have made to the development of health care itself. Using this approach, history is more than merely a set of stories about things that happened in the past, it is a way of thinking about the present; for example, how is nursing knowledge contingent, contextual and subject to change? How has ‘the way we do things’ evolved and still evolving? What does nursing contribute to contemporary health care? These are questions that all reflective practitioners ask themselves.

History as reflective practice follows the same process as a reflective cycle, where questions arising from practice are analysed in relation to external evidence. History can be one form of evidence which students might consult in a broader reflective process as part of their analysis and synthesis stage, as they move to create new knowledge that improves their practice. In the same way, historical practice is itself a cycle.

Figure 1: History as Reflective Practice

Situations require reflection and the analysis of evidence, the synthesis of which creates new historical knowledge, contributing to the broader knowledge and philosophy, and therefore practice, of the discipline.

History as a part of reflective practice demonstrates that a historical sensibility is an integral component of clinical reasoning. The essence of reflective practice is the ability to take into account

the broader context, the subjective; the grey areas of human thought and behaviour that influence health care outcomes. It is also the ability to seek out and incorporate evidence, and to be critically aware of the subjective nature of all evidence. Furthermore, the idea that scientific research is itself somehow objective and unbiased needs to be challenged, and being able to explain the historical context of scientific developments demonstrates the contingent nature of nursing knowledge. Scholarly historical research is then, the evidence against which current knowledge can be contextualised and is the basis on which we integrate history into the curriculum.

The Three Ps

Within the broader approach of 'history as reflective practice', the historical evidence we draw on is organised around three key areas of interest: professional, practice and personal.

Professional

Padilha and Nelson (2011) recently argued that the ongoing development of nursing as a profession, including the elevation of a professional identity, has been partly enabled through the production of biographies of exceptional nurses, of which Florence Nightingale (and Lucy Osburn in Australia) is the most preeminent (Godden, 2006; Lee et al., 2013; Nelson & Rafferty, 2010). Historians suggest that contemporary notions of nursing's professional identity and the journey of identity formation and leadership can be well illustrated through the historical analysis of such biographies and professional histories (Padilha & Nelson, 2011; Schultz, 1991).

These histories are important starting points for nurse educators in that they highlight the intersection between historical knowledge and professional identity, often in terms of identifying antecedents to leadership qualities. The relevance for nursing however is not so much *who* these women were, but rather what they *did*. That is, what lessons can we learn (and how we do learn them) from their struggles, failures and achievements, given that similar social forces are still impacting broadly upon the profession (Brennan, 2011; Howatson-Jones, 2011). Critical analysis of

biographies facilitates professional identity by highlighting the ground breaking work of nurse leaders in the past and identifies these antecedents to leadership for the present. They demonstrate the resilience, the difficulties and sometimes the mistakes, of nurses in all settings, highlighting the commonalities between the past and the present. They also provide a critical basis for analysing moments where nursing as a profession made particular structural changes or decisions that continue to resonate with efforts for advocacy in today's complex health systems, and beyond that, how nursing and nurses have contributed to the development of practices and ideas about human health itself.

Practice

Historicising nurses and nursing practice allows for nurses and others to recognise the historically contingent nature of skills and knowledge within nursing and the impact nursing has had on human health (Nelson & Gordon, 2004). Nelson and Gordon (2004) identify a crucial difference between the imaginings of the development of medicine and nursing in that, in medicine, there is an identification of the expansion and development of technology and science that 'does *not* involve a rebuke of past practice' (Nelson & Gordon, 2004). Nursing, in contrast, they assert, presents its current practices as being based on novelty with little sense of continuity with the past. They argue that this leads to a sense of separation from the past, presenting nursing as both ahistorical and discontinuous, and suggest that this reflects the desire to constantly recreate nursing as 'new'. As a result, much of the significance and impact of past nursing practice and innovation on human health, and health care systems, has been lost.

In response to this tendency a vast body of work documenting 'the social history of nursing' has emerged. There are now numerous studies often informed by post-colonial or feminist theory which trace nurses or nursing practice in a particular location or time period (Bent, 1993; Flynn, 2011; Harden, 1996; Kirkham & Anderson, 2002; Wuest, 1994). Social histories also focus on a particular area of nursing (e.g. mental health) (Boschma, 2012; D'Antonio, 2004; Monk, 2008, 2009); an

innovation (e.g. practice nursing) (Keeling, 2007); the role of space or location (Connerton, 2013; Ring & Elston, 1999); or the influence of war (Hallet, 2009; Harris, 2011; Hetzel, 2000; Vuic, 2013). The histories of nurses in war time are particularly useful here as they demonstrate both the advances made in the field, under difficult conditions, whilst also raising ethical questions about the role of nurses in war and violence, and continue to raise critical awareness about the role of ethics in nursing practice.

Social history also considers the interactions between issues of race, class, gender and place and is exemplified by the work of nurse historians such as Nelson (Nelson, 1997a, 2001) and D'Antonio (D'Antonio, 2006a, 2010), whose studies locate nursing practice at the intersection of religion, gender and labour. This is work that builds on seminal texts in nursing history, in particular the political history of nursing within the UK (Rafferty, 1996), and the historically constructed nature of nursing work in the US (Reverby, 1987) . All of this scholarship helps to develop a more critical approach to nursing knowledge and thence practice as these histories remind us that nurses have often been at the forefront of advances in health care, and that they negotiated complex issues such as science, gender and race in order to do so.

Personal

All reflective practice begins with a critical awareness of self (Johns, 2013). A historical understanding of the development of the profession and the practice of nursing, and the power relations both internal and external, places the nursing self in its broader social context. This raises questions of power, privilege and moral assumptions that nurses can bring to their practice (Holmes & Gastaldo, 2002; Perron et al., 2004; Perron et al., 2010). A historical sensibility helps put these personal values and beliefs, and the values of clients, in their historical and social context, and considers the importance of this context for whole person care. It enables a recognition, that

patients too, are people with their own histories. The idea of lived experience, the importance of the subjective; these are all essential elements of historical practice which directly enhance various aspects of clinical and reflective reasoning (Levett-Jones, 2013; Sullivan, 2012; Tonuma & Winbolt, 2000).

This self-awareness is essential for the creation of a reflective practitioner, as opposed to someone who uses reflection as an ad hoc tool. A historically minded self, combined with knowledge about past practices, is needed in order to develop true reflective nursing practice and question taken for granted 'nursing rituals'. A historical sensibility is vital for the questioning of ritual and knowing when and why to ask critical questions about the nature of nursing evidence (Biley & Wright, 1997; Chapman, 1983; Martin, 1998; McAllister et al., 2009; Philpin, 2002; Strange, 2001; Tonuma & Winbolt, 2000). The ability to question what is being done, to not accept 'we've always done it this way' as a legitimate explanation, and to reflect on possibilities for change that begin with the self, are the essence of a reflective practitioner. Furthermore, using history to demonstrate the ways in which nurses have been subject to and fought against relations of power, provides examples of the kinds of practitioner that emerging nurses may aspire towards.

Integrating history into the curriculum

Two of the main barriers to the development of nursing history in university based nurse education programs have been identified as a lack of expertise, and a lack of space in competency based curriculum (Lewenson, 2004; McAllister, et al., 2010). In order to overcome these barriers, we have developed an interdisciplinary team comprising the relevant subject co-ordinators, a lecturer in Reflective Practice (a doctorally prepared historian) and a learning designer, in order to ensure pedagogical integrity and to provide students with an interactive and flexible learning experience. The deliberate actions used to support the integration are demonstrated in Figure 2.

Figure 2: Integrating History into the Curriculum

Within each subject, the aim is to ask students to critically reflect on the material presented, to conduct historical enquiry of their own, and to consider the role of time, place and culture in the development of health care practices. Using The Three Ps, we differentiate between types of histories relevant for different purposes at different moments within subjects. For example, both secondary sources and primary archival evidence from professional biographies are used in subjects concerned with the exploration of issues related to nursing leadership. They form the springboard for an introduction to the profession in a first year 'art and science of nursing' subject and are grounds for further analysis and professional identity building in a second year reflection subject. In a third year Leadership subject they are used to identify and illustrate the antecedents to transformational leadership, and to develop awareness about the impact of broader social forces on the development of advocacy for the profession.

Practice histories are used specifically in our first year undergraduate subject "Patterns of Knowing in Nursing", in the second year subject "Family Centred Nursing" and in the third year Mental Health Nursing subject. Lectures and related online tutorials have been developed using both international scholarly histories and local primary sources which demonstrate innovation and change in practice and in the history of theory and ideas. Learning activities ask students to consider the historical background to the development of relevant practice and theoretical issues and the role of socio-cultural, political and economic factors in the provision of and access to health care. In particular, these subjects trace the history of ideas within nursing theory and practice, for example the role of 'empathy' in mental health nursing using material from the asylum reform movement in the 1800s to explore the move away from 'Bedlam' to 'moral treatment' and on towards 'recovery'.

History at the level of the personal particularly resonates in subjects designed to explore ethics and reflective practice in nursing. For example, in the first year "Patterns of Knowing in Nursing" subject we trace the development of 'ethics' in nursing, using both secondary and primary archival material

from medical and health experiments. We encourage students to explore the power relations in nursing and health more widely and use history to emphasise the need for vigilance and self-awareness in the face of scientific dogma. Our “Reflective Practice” subjects focus on locating the self in practice and understanding the politics and power of nursing practice, including the value of ‘evidence’ in evidence based practice. Designated lectures and learning activities raise historical and social issues designed to illustrate to students the history of the systems within which they must operate, and the historical and cultural factors that have led to both their own attitudes and beliefs, and those of their clients and patients. We specifically ask students to draw on existing historical scholarship as they research their practice events or seek to develop evidence based practice, encouraging them to consider the history of the practice they seek to improve, and to ask the critical question of “how did it become this way”?

Conclusion

Conceptualising history as a component of reflective practice highlights the importance of including historical studies within nursing education curricula. Historical knowledge demonstrates the development of the profession and highlights the continuities and changes felt in nursing between the past and the present. Importantly, it highlights to students the role that nurses can and do have in the development of theory, ideas, practice and innovation in health care more broadly. It situates nursing practice in the broader realms of social, economic and political change, and highlights the complex forces which continue to impact on the ways in which nursing is practiced. As a reflective practice, historical scholarship enables the development of critical thinking and research skills through reading, evidence and source evaluation. Such skills clearly impact beyond the history classroom, as they enable students and emerging clinicians to better understand the historical and material location of their professional identities, their workplace practices, and the location of themselves within this milieu. As nursing students themselves become more skilled at deconstructing power relations and truths within the profession, they become more enabled to

deconstruct dominant practices around skills, evidence-based practice, the application of technologies to nursing, and the place of nursing within 'health'. At the same time, they become aware of and may thus contribute to broader social knowledge about the significance of nursing in human history, demonstrating the complex origins and continuities in nursing philosophy and practice.

The critical use of historical studies in nurse education then, does more than tell self-satisfying stories to emerging nurses, but builds the capacity for a holistic way of thinking, where the empiric is contextualised within the esthetic, personal and ethical. The key to this process for us has been to develop interdisciplinary teams, use curriculum mapping and constructive alignment techniques to clearly articulate the relevance of historical teaching and learning activities to subject and learning outcomes, and embed historical material within subjects. Integrating history into existing curricula helps to protect that work and also demonstrates clearly to students, the relevance and usefulness of both historical evidence and a historical sensibility as they seek to become truly reflective practitioners.

- Bates, C. (2010). Looking Closely: Material and Visual Approaches to the Nurse's Uniform. *Nursing History Review*, 18, 167-188.
- Bent, K. N. (1993). Perspectives on critical and feminist theory in developing nursing praxis. *Journal of Professional Nursing*, 9(5), 296-303.
- Biggs, J., & Tang, C. (2011). *Teaching for quality learning at University*. London: Open University Press.
- Biley, F. C., & Wright, S. G. (1997). Towards a defence of nursing ritual. *Journal of Clinical Nursing*, 6, 115-119.
- Borsay, A. (2009). Nursing History: An Irrelevance for Nursing Practice? *Nursing History Review*, 17, 14-27.
- Boschma, G. (2012). Community Mental Health Nursing in Alberta, Canada: An Oral History. *Nursing History Review*, 20, 103-135.
- Boschma, G., & Grypma, S. (2010). New scholarship in nursing history. *Canadian Bulletin of Medical History*, 27(1), 61.
- Brennan, D. (2011). 'Telling stories about ourselves'" historical methodology and the creation of mental health nursing narratives. *Journal of Psychiatric and Mental Health Nursing*, 18, 657-663.
- Carper, B. (1978). Fundamental Patterns of Knowing in Nursing. *Advances in Nursing Science*, 1(1), 13-23.
- Chapman, G. E. (1983). Ritual and rational action in hospitals. *Journal of Advanced Nursing*, 8, 13-20.
- Connerton, W. (2013). American nurses in colonial settings: Imperial power at the bedside. In P. D'Antonio, J. Fairman & J. Whelan (Eds.), *Routledge Handbook on the Global History of Nursing*. New York: Routledge.
- D'Antonio, P. (2004). Relationships, reality and reciprocity with therapeutic environments: An historical case study. *Archives of Psychiatric Nursing*, 18(1), 66-72.
- D'Antonio, P. (2006a). *Founding friends: Families, staff and patients at the Friends Asylum in early nineteenth century Philadelphia*. Bethlehem PA: Lehigh Press.
- D'Antonio, P. (2006b). History for a practice profession. *Nursing Inquiry*, 13, 242-248.
- D'Antonio, P. (2010). *American Nursing: A History of Knowledge, Authority, and the Meaning of Work*. Baltimore, Maryland: The Johns Hopkins University Press.
- D'Antonio, P., & Fairman, J. (2010). Guest Editorial: History Matters. *Nursing Outlook*, 58, 113-114.
- Fagin, C., & Lynaugh, J. (2000). An agenda for nursing education. In C. Fagin (Ed.), *Essays on Nursing Leadership* (pp. 141-158). New York: Springer Publishing Company.
- Flynn, K. (2011). *Moving Beyond Borders: A History of Black Canadian and Carribean Women in the Diaspora*. Toronto: University of Toronto Press.
- Godden, J. (2006). *Lucy Osburn, a Lady Displaced. Florence Nightingale's Envoy to Australia*. Sydney: Sydney University Press.
- Goldman, R., Hunt, M., Allen, JD, Hauser, S., Emmons, K., Maeda, M., & Sorensen, G. (2003). The Life History Interview Method: Applications to Intervention Development. *Health Educ Behav*, 30, 564-581.
- Hallet, C. (2009). *Containing Trauma: Nursing Work in the First World War*. Manchester: Manchester University Press.
- Harden, J. (1996). Enlightenment, empowerment and emancipation: the case for critical pedagogy in nurse education. *Nurse Education Today*, 16(1), 32-37.
- Harris, K. (2011). *More than bombs and bandages: Australian army nurses at work in World War I*. Sydney: ABC Press.
- Hetzel, B. S. (2000). Historical perspectives on indigenous health in Australia. *Asia Pacific Journal of Clinical Nursing*, 9(3), 157-163.
- Holmes, D., & Gastaldo, D. (2002). Nursing as a means of governmentality. *Journal of Advanced Nursing*, 38(6), 557-565.

- Howatson-Jones, I. (2011). Using an auto/biographical approach to investigate nurses' learning. *Nurse Researcher*, 19(1), 38-42.
- Johns, C. (2013). *Becoming a reflective practitioner* London: Wiley Blackwell.
- Keeling, A. (2007). *Nursing and the privilege of prescription 1893-2000*. Columbus: Ohio State University Press.
- Kirkham, S., & Anderson, J. (2002). Postcolonial Nursing Scholarship: From Epistemology to Method. *Adv Nurs Sci*, 25(1), 1-17.
- Lee, G., Clark, A. M., & Thompson, D. R. (2013). Florence Nightingale - never more relevant than today. *Journal of Advanced Nursing*, 69(2), 245-246.
- Levett-Jones, T. (Ed.). (2013). *Clinical reasoning: Learning to think like a nurse*. Sydney: Pearson.
- Levett-Jones, T., Gersbach, J., Arthur, C., & Roche, J. (2011). Implementing a clinical competency assessment model that promotes critical reflection and ensures nursing graduates' readiness for professional practice. *Nurse Education in Practice*, 11, 64-69.
- Lewenson, S. (2004). Integrating Nursing History Into the Curriculum. *Journal of Professional Nursing*, 20(6), 374-380.
- Lewenson, S. (2005). Using nursing history to educate for leadership. In H. Feldman & M. Greenberg (Eds.), *Educating Nurses for Leadership* (pp. 101-109). New York: Springer Publishing Company.
- Lewenson, S., & Herrmann, E. (2007). Why do historical research. In S. Lewenson & E. Herrmann (Eds.), *Capturing Nursing History: A Guide to Historical Methods in Research* (pp. 1-10). New York: Springer Publishing Company.
- Lynaugh, J., & Reverby, S. (1987). Thoughts on the nature of history. *Nursing Research*, 36(1), 4.
- Madsen, W. (2008). Teaching history to nurses: Will this make me a better nurse? *Nurse Education in Practice*, 28, 524-529.
- Martin, G. W. (1998). Ritual action and its effect on the role of the nurse as advocate. *Journal of Advanced Nursing*, 27, 189-194.
- McAllister, M., John, T., & Gray, A. (2009). In My Day: Using lessons from history, ritual and our elders to build professional identity. *Nurse Education in Practice*, 9, 277-283.
- McAllister, M., Madsen, W., Godden, J., Greenill, J., & Reed, R. (2010). Teaching nursing's history: A national survey of Australian Schools. *Nurse Education Today*, 30, 370-375.
- McPherson, K., & Stuart, M. (1994). Writing Nursing History in Canada: Issues and Approaches. *CBMH/BCHM*, 11, 3-22.
- Monk, L. A. (2008). *Attending Madness: At Work in the Australian Colonial Asylum*. Amsterdam, New York: Editions Rodopi B.V.
- Monk, L. A. (2009). Working in the Asylum: attendants to the insane. *Health & History: Journal of the Australian & New Zealand Society for the History of Medicine*, 11(1), 83-101.
- Nelson, S. (1997a). Pastoral care and moral government: early nineteenth century nursing and solutions to the Irish question. *Journal of Advanced Nursing*, 26, 6-14.
- Nelson, S. (1997b). Reading nursing history. 4(229-236).
- Nelson, S. (2001). *Say Little, Do Much: Nurses, Nuns, and Hospitals in the Nineteenth Century*. Philadelphia, Pennsylvania: University of Pennsylvania Press.
- Nelson, S., & Gordon, S. (2004). The rhetoric of rupture: Nursing as a practice with a history? *Nurse Outlook*, 52, 255-261.
- Nelson, S., & Rafferty, A. M. (Eds.). (2010). *Notes on Nightingale: The Influence and Legacy of a Nursing Icon*. Ithaca: Cornell University Press.
- Padilha, M., & Nelson, S. (2009). Teaching nursing history: The Santa Catarina, Brazil, experience. *Nursing Inquiry*, 16(2), 171-180.
- Padilha, M., & Nelson, S. (2011). Networks of Identity: The Potential of Biographical Studies for Teaching Nursing Identity. *Nursing History Review*, 19, 183-193.
- Perron, A., Fluet, C., & Holmes, D. (2004). Agents of care and agents of the state: bio-power and nursing practice. *Journal of Advanced Nursing*, 50(5), 536-544.

- Perron, A., Rudge, T., & Holmes, D. (2010). Citizen minds, citizen bodies: the citizenship experience and the government of mentally ill persons. *Nursing Philosophy*, 11, 100-111.
- Philpin, S. (2002). Rituals and nursing: a critical commentary. *Journal of Advanced Nursing*, 38(2), 144-151.
- Rafferty, A. (1996). *Politics of Nursing Knowledge*. London: Routledge.
- Reverby, S. (1987). *Ordered to Care: The Dilemma of American Nursing 1850-1945*. Cambridge: Cambridge University Press.
- Ring, I., & Elston, J. (1999). Health, history and reconciliation. *Australia and New Zealand Journal of Public Health*, 23(3), 228-231.
- Schultz, B. (1991). *A tapestry of service. The evolution of nursing in Australia*, 1, 1788-1900.
- Strange, F. (2001). The persistence of ritual in nursing practice. *Clinical Effectiveness in Nursing*, 5, 177-183.
- Sullivan, E. (2012). Critical thinking in clinical nurse education: Application of Paul's mode of critical thinking. *Nurse Education in Practice*, 12, 322-327.
- Toman, C., & Thifault, M.-C. (2011). Historical thinking and the shaping of nursing identity. *Nursing History Review*, 20(2012), 184-204.
- Tonuma, M., & Winbolt, M. (2000). From rituals to reasoning: Creating an environment that allows nurses to nurse. *International Journal of Nursing Practice*, 6, 214-218.
- Vuic, K. D. (2013). Wartime nursing and power. In P. D'Antonio, J. Fairman & J. Whelan (Eds.), *Routledge Handbook on the Global History of Nursing* (pp. 22-34). New York: Routledge.
- Watson, R., Stimpson, A., Topping, A., & Porock, D. (2002). Clinical competence assessment in nursing: a systematic review of the literature. *Journal of Advanced Nursing*, 39(5), 421-431.
- White, J. (1995). Patterns of Knowing: Review, critique and update. *Advances in Nursing Science*, 17(4), 73-86.
- Wuest, J. (1994). Professionalism and the evolution of nursing as a discipline: A feminist perspective. *Journal of Professional Nursing*, 10(6), 357-367.