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Concept Paper

Empowering Nursing Knowledge: A Postmodern Feminist Analysis of Breast Screening Practices in Qatar

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Abstract: Background: Breast cancer remains the most common cancer among women in Qatar, with a high mortality rate partly attributed to low participation in breast cancer screening (BCS). Nursing practice in Qatar operates within hierarchical healthcare structures that often marginalize nurses' knowledge and limit their autonomy, impacting their ability to contribute to breast health promotion.

Aim: To explore how postmodern feminist perspectives can address the marginalization of nurses' knowledge and contributions within breast screening practices in Qatar. **Methods:** A philosophical inquiry using postmodern feminist analysis was conducted, drawing on a case study of breast screening practices in Qatar. The study compared two paradigmatic perspectives: logical positivism and postmodern feminism. **Results:** The findings highlight systemic barriers limiting nurses' roles in breast health education and advocacy. Logical positivism, with its emphasis on measurable outcomes, reinforces hierarchical power structures, while postmodern feminism advocates for inclusive, context-sensitive approaches to nursing practice. This analysis demonstrates how empowering nurses through a postmodern feminist framework can enhance their contributions to patient care and health promotion. **Conclusions:** Adopting a postmodern feminist perspective enables a reevaluation of nursing practice, emphasizing the value of nurses' knowledge and advocating for collaborative healthcare models. These findings suggest the need for policy changes to support nurses' autonomy and expand their roles in breast health promotion, particularly in culturally sensitive contexts like Qatar. **Implications for Profession and/or Patient Care** Empowering nurses in Qatar could improve participation in breast screening by fostering trust and enhancing patient education. This shift would enable nurses to engage more actively in health promotion and patient advocacy.

Keywords: breast screening; healthcare power dynamics; nursing autonomy; nursing knowledge; postmodern feminism; Qatar

Introduction

The first author's experience in Qatar of caring for a woman whose cancer was discovered in its advanced stages and her dismay about the implications of the late diagnosis provided the impetus for our thinking in this paper. Additionally, the first author was part of the research team with Donnelly et al., who contributed to a published paper titled "Breast cancer screening among Arabic women living in the State of Qatar: Awareness, knowledge, and participation in screening activities."^[1]

As we applied some of the tools and ideas of philosophy, we came to understand that a systemic marginalization of nurses' knowledge in Qatar may be linked to women's lack of access to information about breast health and breast screening practices. As our understanding evolved, pressing, broader questions arose such as: How is nursing practice socially constructed? Whose interests are served by the nurses' work? How is nursing practice supported by health care administrators and policymakers in Qatar?

These philosophical questions that underpin the practical issues of a nurse's efforts drew our focused interest on the organization of nurses' work. In particular, we turned our attention to two opposing paradigmatic views, logical positivism and postmodern feminism. The term *paradigm* refers to patterned thinking and established relationships between ideas that become widely accepted by a group or community. A paradigm provides particular ways of thinking that underpins how problems and questions are addressed in that community. The terms *paradigm* and *worldview* are often used interchangeably.

We explored the philosophical stance and assumptions of the two approaches to articulate their knowledge claims. We describe how examining the topic from these two different perspectives uncovers concealed tensions that arise for nurses. The exemplar from Qatar provided the foundation upon which we elaborate on our own philosophical position on broader issues of nurses' contributions, and finally, the implications of nurses' philosophical thinking for advanced nursing practice.

Background

Breast cancer is the most common cancer among women in the State of Qatar, accounting for 39.41 percent of cancer cases in women. Women in Qatar are at significant risk for a high mortality rate for breast cancer disease as evidence in 2016 it reportedly accounted for 19%.^[2] The diseases are often diagnosed at advanced stages due to the low participation rates in breast cancer screening (BCS).^[3] The World Health Organization (WHO) recommends early BCS and detection in order to promote women's health and increase successful treatment.^[4] In Doha (capital of Qatar) which has a population of 2,669,368, BCS is available at three primary health care centers and a mobile screening unit,^[5] which is not sufficient. Outside of Doha, women living in semi-urban and rural areas encounter difficulties in accessing the services as they have to travel long distances thereby limiting their participation in breast screening services.^[6]

Qatar is a fast-developing country. It has relied on attracting ex-patriot nurses from advanced practice nurses, nurse managers, educators and scholars (mainly from the USA, UK and Canada) into leadership positions. The work of the nursing leadership is focused on developing a predominantly (so-called migrant) nursing workforce that is dominated by nurses recruited from less wealthy Arabic countries (i.e Jordan) places such as India, the Philippines, and various African countries. There is currently a concerted effort to advance nursing education in Qatar, with many nurses upgrading to a required baccalaureate degree and select nurses achieving graduate degrees.^[3] The University of Calgary in Canada has a comprehensive agreement with the government of Qatar to establish a nursing campus that meets all Canadian standards and is currently accredited by the Canadian Association of Schools of Nursing (CASN).^[3] However, despite over 10 years of concerted professional effort, the traditional image of nursing has been slow to change. Nursing work is not prestigious or valued and nurses are constrained in their bid to practice more autonomously in expanded roles as clinical nurse specialists, researchers and educators. The authors, who have on the ground experience in Qatar, can attest to the current situation in Qatar whereby nurses have little power and authority. It is not uncommon for physicians to be aggressive and intimidating, so much so that nurses (for the most part) are treated and act in markedly subservient ways. Nurses are expected to be obedient and compliant. They are discouraged from taking initiative and are not authorized to suggest screening tests such as mammograms. Nor are they allowed to make referrals to preventive health care services such as counseling and health education clinics. Occasions when a nurse would question a physician about the basis for decisions are rare. For the most part, on collaborative interprofessional teams, nurses' voices are absent.^[7] Consequently, negative stereotypes about nurses prevail and, among much of the public. Many administrators, even nursing administrators, uphold a narrow view of nurses as servants of physicians; servants who are perceived to lack the skills and knowledge required to perform many aspects of care without a physician's order.

Positivism Paradigm: Logical positivism emphasizes an ontological view that reality is concrete, measurable, and objective.[8,9] Within this paradigm, knowledge is generated through observation, examination, and measurement using scientific processes that attempt to isolate phenomena from the natural context in which they arise. In nursing, this translates into practice bounded by highly structured, standardized procedures focused on achieving measurable outcomes.[10] It reduces complex health conditions into quantifiable data, such as laboratory results, diagnostic metrics, and health outcomes, which can then be aggregated and used by administrators to make decisions regarding efficiency and resource allocation.[11] While this approach has been beneficial for establishing consistency and supporting evidence-based policy, it often fails to accommodate the nuanced, experiential aspects of human health that lie beyond empirical measurement.[8] This has significant implications for nursing practice, as the emphasis on objective, measurable data can limit a nurse's ability to respond to unique patient needs and contexts.[9] In Qatar, where hierarchical structures dominate healthcare settings, nurses often have limited autonomy, with their knowledge and clinical insights being undervalued in comparison to that of physicians and administrators.[12,13] This dynamic perpetuates a rigid, task-oriented view of nursing that prioritizes compliance over critical thinking and individualized care. Furthermore, the dominance of logical positivism risks reinforcing power imbalances that position nurses as subordinates rather than as collaborative partners in patient care.[14] The constraints placed on nurses' voices and professional judgment limit their ability to advocate for patients or offer comprehensive care, thus reducing the effectiveness of the nursing profession as a whole.[13,15]

Postmodern Feminism Paradigm: Postmodern feminism presents an alternative perspective that challenges the reductionist nature of logical positivism by emphasizing the socially constructed nature of reality, which is understood through multiple perspectives.[8,9] Unlike the positivist approach, which seeks to generalize and standardize, postmodern feminism acknowledges that each individual's experience is shaped by unique social, cultural, gender, and economic contexts.[8,12] This paradigm is particularly well-suited to nursing because it aligns with the holistic, patient-centered approach that many nurses strive to uphold. It encourages nurses to consider the broader context of patients' lives, including their personal, social, and cultural backgrounds, and to tailor their care accordingly.[10,12] In the context of Qatar, where gender roles and societal norms heavily influence healthcare delivery, postmodern feminism provides a framework through which nurses can challenge existing power dynamics and advocate for more equitable patient care.[1,16] This perspective also highlights the gendered nature of nursing, recognizing the historical and ongoing marginalization of the profession as "women's work" and its subsequent devaluation in comparison to other medical professions.[8,12] By emphasizing the value of subjective experiences and the importance of relationships in healthcare, postmodern feminism challenges the hierarchical structures that limit nurses' authority, encouraging a more collaborative approach in which nurses can exercise their professional expertise fully.[13,17] It supports the development of nursing practices that are flexible, adaptable, and responsive to the specific needs of each patient, thus promoting a healthcare environment that values diverse forms of knowledge and the contributions of all healthcare professionals.[12] By advocating for a less hierarchical healthcare structure, postmodern feminism aims to empower nurses, allowing them to be active agents in patient care and to contribute meaningfully to health outcomes, ultimately leading to a more effective and compassionate healthcare system.[8,9]

Nurses and Nursing Knowledge in Qatar

In Qatar, the social organization of healthcare significantly impacts the role and recognition of nursing knowledge, often placing nurses in subordinate roles compared to other healthcare professionals, particularly physicians.[12,13] The professional status of nurses is shaped by cultural perceptions, gender dynamics, and healthcare policies that undervalue the contributions of nursing compared to the more recognized role of physicians.[12,18] This is further exacerbated by a lack of

formal structures that support advanced roles for nurses, which limits their ability to practice autonomously and influence patient outcomes directly.[10,13]

While Donnelly et al.[1] and Hamed et al.[16] explored the dynamics of breast cancer screening (BCS) services in Qatar and highlighted the role of various healthcare professionals, it is important to note that their findings indicate a positive contribution from nurses in breast health education. Both articles found that women who received information about breast cancer from nurses had more the odds of undergoing a clinical breast examination (CBE) at recommended times compared to those who did not receive such information. This suggests that nurses indeed play a vital role in promoting breast health, contrary to the earlier assertion that their contributions are not publicly recognized. Thus, the argument here is revised to reflect that while nurses do make significant contributions, these contributions may not always be adequately acknowledged or supported within institutional frameworks that prioritize medical authority over nursing expertise.

Furthermore, several factors continue to limit the full potential of nursing knowledge in Qatar, including the hierarchical organization of healthcare settings, which restricts nurses' authority in clinical decision-making.[12,14] Nurses are often expected to function within rigidly defined roles that emphasize task completion rather than critical thinking or patient advocacy.[11] This limits their ability to engage in health promotion activities, such as providing education about breast cancer screening, beyond what is explicitly mandated by physician-driven protocols.

The gendered nature of the nursing profession also plays a role in shaping the recognition of nursing knowledge in Qatar. Nursing is still widely perceived as a feminine occupation, which affects its status and the perceived legitimacy of nursing expertise within the broader healthcare system.[8,18] This perception limits the opportunities for nurses to exert influence within interprofessional teams, especially in comparison to their physician counterparts, who are often seen as the primary authority figures in patient care.[12,13]

In addition, Donnelly et al.[1] and Hamed et al.[16] have demonstrated the importance of empowering nurses to take on a more proactive role in patient education and health promotion. For instance, Hwang et al. found that cultural influences, including societal expectations and gender roles, impact women's participation in breast cancer screening, and nurses, being in close contact with patients, are uniquely positioned to bridge these gaps.[3] However, for nurses to effectively fulfill this role, there needs to be a shift towards recognizing and supporting their contributions at both institutional and policy levels.[10]

While Hamed et al.[16] and other literature do highlight the potential of nursing in influencing health outcomes in Qatar, the existing healthcare system's structural limitations prevent nurses from fully exercising this potential. Addressing these issues requires a more collaborative approach to healthcare, where the contributions of nurses are valued equally alongside those of physicians, and nurses are empowered through appropriate policies and structural support to take a leading role in patient education and advocacy.[12,17]

Knowledge and Power

The relationship between knowledge and power is central to understanding the dynamics that shape nursing practice, particularly in contexts like Qatar, where hierarchical power structures are prominent. In philosophical circles, the study of power and oppression is often categorized as "critical theory" that is linked to philosophers and social theorists interested in freedoms and oppressions. Feminist theory provides an essential lens through which to examine these power dynamics, focusing on how knowledge is generated, who controls it, and how it affects marginalized groups, including nurses.[9,12] Rather than relying on Foucault's analysis of power, which primarily situates power as dispersed and not inherently linked to gender, feminist theorists argue that power in healthcare is deeply gendered and has specific implications for nursing practice.[19]

Postmodern feminism, in particular, is useful in criticizing the existing power structures in healthcare that often marginalize the voices of nurses. Feminist theorists such as Dorothy Smith and Patricia Hill Collins emphasize the importance of standpoint epistemology, which argues that

knowledge is situated and that the perspectives of marginalized groups, including women and nurses, provide valuable insights that are often overlooked by those in positions of power.[20,21] In Qatar, the marginalization of nursing knowledge is not just a matter of professional hierarchy but is also influenced by societal and cultural norms that view nursing as secondary to medicine, a perception rooted in broader gender dynamics.[12,18]

This perspective highlights how nurses in Qatar can be empowered to challenge the existing norms by drawing on their unique insights and experiences, which are shaped by their direct, ongoing interactions with patients. By centering nurses' experiences and acknowledging their expertise, feminist theories argue for a restructuring of healthcare practices that value diverse forms of knowledge, including those grounded in caregiving and relational interactions.[8,9] This approach aims to dismantle hierarchical structures that prioritize physician authority and instead promotes a more collaborative model of healthcare, where nurses have a voice in decision-making and policy development.[13,17]

The notion of power-with, as opposed to power-over, is also central to feminist perspectives on healthcare. The concept of power-with, as articulated by feminist scholars, refers to a form of power that is collaborative and shared, rather than exerted by one group over another.[22] In practice, this means fostering an environment where nurses, physicians, and other healthcare professionals work together to provide patient care, rather than nurses being subject to the authority of physicians. For Qatari nurses, adopting a power-with approach could mean actively participating in decision-making processes, advocating for patients, and being recognized as equal partners in care.

Moreover, feminist theories of empowerment, as described by theorists like Carol Gilligan and Nancy Fraser, emphasize the importance of giving voice to those who have been silenced and ensuring that their contributions are recognized and valued.[23,24] This is particularly relevant for nurses in Qatar, who often find themselves without the authority to implement their knowledge in clinical practice due to rigid hierarchies. Empowering nurses involves creating policies that support their role in patient education, health promotion, and clinical decision-making, allowing them to use their expertise in meaningful ways that contribute to improved patient outcomes.[12,17]

Using feminist theory to analyze knowledge and power in the context of Qatari nursing shifts the focus from abstract notions of power to practical, situated experiences of nurses and the systemic barriers they face. By emphasizing the value of relational knowledge and advocating for structural changes that promote equity within healthcare teams, feminist perspectives provide a powerful framework for enhancing nursing practice and ensuring that nurses' contributions are recognized and utilized effectively.

Our Philosophical Position

Our philosophical position is grounded in postmodern feminism, which we believe provides the most appropriate lens for understanding and addressing the challenges faced by nurses in Qatar. Postmodern feminism is centered on the idea that knowledge is constructed through multiple perspectives, each of which is shaped by unique social, cultural, and individual experiences.[8,9] This philosophy directly opposes the singular, objective reality emphasized by logical positivism, which has traditionally shaped healthcare systems. We argue that adopting a postmodern feminist stance allows for a more inclusive and nuanced understanding of nursing practice, one that values diverse experiences and contextualized forms of knowledge.

In adopting this perspective, we reject the reductionist view of healthcare that limits nursing practice to measurable outcomes and standardized protocols. Instead, we advocate for an understanding of nursing knowledge that encompasses the relational, experiential, and often intangible aspects of care that are critical to patient well-being but are often disregarded by positivist frameworks.[10,12] Our philosophical position acknowledges that nursing is deeply embedded in the socio-cultural contexts in which it occurs, and thus, effective nursing practice must be adaptable and responsive to these contexts.

We also draw on feminist theories of empowerment, such as those articulated by Patricia Hill Collins and Nancy Fraser, which emphasize the importance of giving voice to marginalized groups and ensuring that their contributions are recognized and valued.[21,24] In the context of nursing in Qatar, this means advocating for structural changes that empower nurses to fully exercise their expertise in patient care. We see postmodern feminism as a transformative framework that not only critiques existing power imbalances but also provides a path forward for developing more equitable healthcare practices that elevate the role of nurses as key contributors to patient health.

Our position further embraces the concept of situated knowledge, as described by feminist scholar Donna Haraway, which posits that all knowledge is situated and influenced by the specific experiences of the knower.[25] For nursing, this means recognizing that the knowledge nurses bring to patient care is shaped by their day-to-day interactions with patients, their understanding of cultural nuances, and their role as caregivers. By adopting a philosophical stance that values these diverse forms of knowledge, we challenge the dominant medical model that often sidelines nurses' insights in favor of standardized, physician-centered approaches.

Our philosophical position is one that centers postmodern feminist principles, advocating for a shift in how nursing knowledge is understood and valued within the healthcare system. We argue for the need to dismantle hierarchical structures that limit the role of nurses and to replace them with collaborative models that acknowledge the unique and valuable contributions that nurses make to patient care. This philosophical stance aligns with our goal of enhancing nursing practice in Qatar by promoting an environment where nurses are empowered to use their knowledge to its fullest extent, thereby improving patient outcomes and contributing to a more equitable healthcare system.[8,12] Nurses are well-positioned to address women's fears and adapt breast screening experiences in ways that are culturally sensitive. This positioning is due to the unique relational role that nurses hold in healthcare settings, where they often spend more time with patients, thereby developing a deeper understanding of their social and cultural contexts. Studies have shown that nurses are trusted healthcare professionals who can effectively communicate health information, particularly in culturally sensitive matters, such as breast cancer screening, that require empathy and understanding.[3,12] Moreover, nurses' training emphasizes patient-centered care, which includes considering cultural norms of modesty, addressing beliefs about fate, and clarifying misconceptions related to health risks.[8] In contexts like Qatar, where cultural norms significantly influence health behaviors, nurses can leverage their rapport with patients to create a supportive environment that encourages participation in breast cancer screening and addresses fears and misconceptions.[6,16] In the current structure nurses' work and knowledge is harnessed to a prescriptive form of social organization, nurses are compelled to practice in a system socially organized by others, inside particular interests that frequently cannot accommodate what nurses know from being there, in that moment of practice with those patients.

Nurses in Qatar are criticized for not using their knowledge in clinical practice – not “thinking critically” (for example) to support women to engage in breast cancer screening. Despite being competent and knowledgeable about breast cancer screening, nurses often face limitations in exercising their full scope of practice due to prevailing assumptions that physicians are the primary authorities on advanced healthcare decisions. This dynamic is rooted in the traditional hierarchical structure of healthcare, where physicians are seen as the ultimate decision-makers, and nurses are often relegated to supportive roles.[12,13] These power dynamics are especially evident in Qatar, where cultural and systemic barriers further reinforce the perception that only doctors possess advanced knowledge, thereby restricting nurses' ability to initiate discussions about screening or preventive health measures.[16,18] Addressing these structural barriers and shifting toward a more collaborative model, where nurses' contributions are recognized as integral to healthcare delivery, could enhance the effectiveness of breast cancer screening initiatives and overall patient outcomes.[12,17] Moreover, the social organization and scrutiny of nurses' required duties often limits the time that is available for addressing health issues that are not directly related to the “admitting diagnosis” and its accompanying guidelines. This state of affairs casts a negative influence

on nurses' sense of autonomy and confidence to act. Nurses can be disciplined for overstepping the accepted, limiting norms of their contributions and this situates nurses in a powerless position wherein physicians' and administrative knowledge outranks nurses' expertise.[12] This inequality of power and knowledge relationships between nurses and doctors, and more recently the powerful influence of managerial technologies mediates their behavior and practice.[12] Medical and managerial professionals view nurses' knowledge and expertise regarding patient care management as being less valuable.

Gender also thwarts the image of nursing. It is common in Qatar that nursing is seen as a feminine occupation whereas medicine is seen as a masculine profession. The stereotype of men is one of dominance, power, strength and higher status. Indeed, to maintain their masculine identity, men tend not to choose nursing unless they foresee their future as being in administration or leadership positions.[18] Thus, nursing knowledge and practice continues to be rendered as powerless and positioned at the bottom of the healthcare professional hierarchy reflecting Rodgers' assertion that "Ideas of marginalization and power are consistently present whenever gender enters into discussion".[8]

The postmodern feminist perspective addresses injustices in society by questioning the "status quo". It aims to uncover when knowledge is marginalized and to give voice to vulnerable persons.[12] When marginalization and oppression occur within nurses' working environments, as a result of their work being undervalued and the beliefs and attitudes vested in hierarchical administrative or organizational structures, professional relationships are affected and conflict is created.[13] Nurses' and doctors' roles are best shaped by a professional organizational philosophy that supports collaborative teamwork and engenders trusting relationships at both organizational and personal levels[5,17]. Conversely, an organization language that emphasizes medical doctors and people in managerial positions gives those groups power while marginalizing nurses, nurses' work and nursing knowledge.[13]

In an environment influence by postmodern feminism, the goal would be to treat everyone's knowledge with an explicit view towards justice and equality,[8,9] thus promoting equitable and collaborative relationships among those people involved in providing and receiving health care.[12] Health care managers would coordinate organizational action and consciousness to support and advance nurses' professional knowledge. Nurses would be enabled to practice in ways that promote individualized holistic care and enhance nurse-patient therapeutic relationships.[13] Policies would be developed in collaboration with nurses providing them with nursing related authority, justice, and power comparable to that of physicians. The explicit outcome of the adoption the paradigm views of postmodern feminism would be to expand of the scope of nursing practice in Qatar and to promote and value nurses. Implementing legitimate power at the staff level of the organization that provides nurses with the authority to implement select, non-standard approaches that can be individualized for each context of practice would enable nurses to empower their patients. It is our view that organizations will benefit from examining the connection between knowledge and power relations and endeavoring to construct and sustain a liberating paradigm that enables healthcare professionals "to create a world which satisfies the needs and powers of human beings".[26]

In relation to Qatar, there is a need to enhance the understanding of the role of social organization in structuring nurses' work. Nurses must not be blamed for lack of autonomy in their practice. In relation to the specific issue of BCS nurses need to be granted the power to actively influence women's breast health promotion. In acknowledging the Qatar/Canadian collaboration of the authors, we cite the 1986 Canadian Ottawa Charter for Health Promotion and its claim that "Policies that are healthy help to set the stage for health promotion, because they make it easier for people to make healthy choices".[27] In regard to nurses' contribution to early detection of breast cancer in Qatar, our postmodern feminist analysis, suggests that policy makers in the State of Qatar must review the current state of nursing specifically (in the case of our exemplar) with a view towards responding more effectively to the contextual factors that influence women's breast cancer screening practices. Strategies for change must include a commitment to valuing nurses' knowledge in the

design of appropriate intervention strategies that will increase participation in breast screening. In the Canadian experience, this is best accomplished by aligning policy makers and management roles with health care providers, including nurses to create and implement the desired strategies.[27] As part of the implementation phase, nurses must have the authority to discuss with and advise the women regarding appropriate decisions related to their breast health and this must be in the absence of any formal control.

Implications for Advanced Nursing Practice

Postmodern feminism opens an opportunity for alternative ways of responding to problems.[8,9] For nurses, postmodern approaches support the idea that each person's knowledge contributes to the capacity to capture the multiple, unique realities that are the essential fabric of the human condition. If the postmodern feminist approach to knowledge is to be honored, the dominance of scientific ideology as the means of understanding and responding to situations must be questioned; a philosophical process to deconstruct and examine taken-for-granted assumptions and the implications of those for nursing is a cornerstone of better understanding some of the tensions that arise both for the discipline of nursing and for individual nurses.[8–10]

Advanced practice nurses can play a significant role by using their exposure to philosophy gained during graduate education to examine the organizations of the health systems where nurses practice. In our philosophical exemplar, we suggest that by removing the barriers to valuing nurses' knowledge and autonomy, women's breast health might be improved. Using a beginning understanding of philosophical ideas advanced practice nurses can better articulate meaningful and collaborative roles that expand the traditional scope of nurses' practice to encompass more decision-making, education, leadership, and research participation.[12] In delivering health education, nurses convey the knowledge they apply in daily practice. Embracing the concept of feminist "wholeness," which is pivotal in health, aligns with a postmodern feminist perspective. Advanced practice nurses advocate for a comprehensive approach to patient care, emphasizing the importance of holistic care in supporting the well-being of the whole person. [8,9]

A significant premise of postmodern feminism is that nurses need to develop a (non-unitary) professional identity and proficiency that will promote and overcome gender issues related to the nursing profession as it is linked to the status of women.[8–10] In Qatar, advanced practice nurses play a crucial role in challenging the persistent gender stereotypes that influence the nursing profession. To counteract gender-based power dynamics in the workplace, these nurses should employ "self-managing strategies"[28]through skilled, ethical practice, by advocating for their patients, and by clearly communicating what works and what doesn't in their professional activities, grounding their actions in nursing knowledge. Most critically, nurses must recognize and articulate how everyday practices are subtly influenced by underlying structures of domination and power.

Moreover, nurses' must use their skills and knowledge to challenge and overcome barriers inherent in managerial knowledge.[10] Perhaps policy makers in Qatar can be enticed to advance the image of nursing by developing policies supportive of an expanded role of nurses and communicating them to health care organizations and to the public through a media campaign. In turn, this would motivate nurses to be proactive in expanding their roles, gain respect from the public as health care professionals, and finally, filter down to those women who need encouragement to participate in breast cancer detection and prevention BCS.

Conclusion

In this paper, we have endeavored to introduce novice nurse scholars to some of the tools of philosophical thinking. Using an exemplar of breast screening in Qatar, we have introduced and demonstrated how to apply the concepts of paradigms, ontology and epistemology. We started with a personal experience of a nurse encountering a woman whose breast cancer was not diagnosed until it was in the advanced, terminal stages of the disease. We considered this instance of practice within

scientific knowledge indicating that breast screening participation rates in Qatar are very low.[1,16] We used these issues related to breast cancer and breast screening in Qatar to engage readers in a simple philosophical analysis.

In our view, there is no single philosophical approach that is superior to all others, diverse situations lend themselves to different paradigms.[11] The logical positivism paradigm emphasizes that knowledge is reliable when it is objective, empirical, measurable, verifiable and replicable. We posit that, in contrast to the current, more highly structured, prescriptive system of health care delivery characteristic of logical positivism, postmodern feminism contributes a useful alternate lens that can accommodate the experiential perspectives of differently located people. Each person is recognized as having a unique reality with unique needs. We used a postmodern feminist perspective to shed light on the broader social construction of nurses' work and breast screening practices in Qatar.

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Ethics: This study is a philosophical inquiry and does not involve human or animal participants, thus ethical approval was not required. The authors have adhered to ethical guidelines for research and publication throughout the preparation of this work.

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