Welcome to the HYBRID

25th INTERNATIONAL PHILOSOPHY OF NURSING & NURSING PHILOSOPHY CONFERENCE

Hosted by

UCI Center for Nursing Philosophy

at the University of California, Irvine, USA
Sue & Bill Gross School of Nursing

in association with
Welcome to the annual International Philosophy of Nursing conference! This year marks the 25th such event, which began with a committed group of philosophers of nursing at Swansea UK in 1997 (read more about this on page 3) and has grown to encompass inquiry across the nursing-philosophy terrain, which is why this year we have also labeled it more broadly as the international nursing philosophy conference.

The conference has been generously sponsored by the UCI Center for Nursing Philosophy, the International Philosophy of Nursing Society (IPONS), an anonymous donor, and The University of Ottawa.

The 2022 conference theme, 'What has philosophy ever done for nursing anyway?' was developed back in 2019 by Derek Sellman, then editor-in-chief of Nursing Philosophy and director of the Unit for Philosophical Nursing Research at the University of Alberta, Canada. It was a humorous take on a Monty Python quote (What have the Romans ever done for us?), yet was a call for serious discussion as well. The conference was originally planned to be a joint event comprising the annual International Philosophy of Nursing conference and the bi-annual Philosophy in the Nurse’s World conference, and was originally scheduled to occur in 2021 here at the University of California, Irvine (UCI). Unfortunately, the COVID pandemic intervened. Cut to three years later and Derek Sellman is now retired. While the conference is sadly happening without his physical presence, his spirit gladly remains ever-present in the conference theme, and he asked me to pass on his "good wishes for a wonderful conference," which I do here.

Thank you to all the invited keynote speakers, invited panelists, and scholars from around the globe who submitted and will present thoughtful, critical, and engaging ideas about how philosophy makes a difference in/for/to nursing. Thanks to the following UCI Sue & Bill Gross School of Nursing PhD students for assisting with logistics; Ari Meyers (who also led the effort creating this program), Zahra Sharifiheris, Babak Saatchi, Mahkameh Rasouli, and Jon McIntyre.

Finally, a note of thanks to the 2022 conference planning committee who worked tirelessly for an entire year to ensure the conference was accessible (hence the hybrid format), diverse in voices and topics, and happening amidst the constant uncertainties that the ongoing covid pandemic has brought our way.

Sincerely, Miriam Bender on behalf of the conference planning committee

2022 conference planning committee:
Miriam Bender, University of California, Irvine, USA (Chair)
Catherine Green, Rockhurst University, USA (Chair, IPONS)
Agness Tembo, University of Sydney, Australia
Cely Dean, University of California, Irvine, USA
Claire Valderama-Wallace, California State University East Bay, USA
Heather Shannon, University of California, Irvine, USA
Jessica Dillard-Wright, University of Massachusetts Amherst, USA
Marie-Louise Luiking, University of Leiden, The Netherlands
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**CALL FOR PAPERS**

**Special Issue:**

**What has philosophy ever done for nursing anyway?**

We are excited to announce the call for contributions to the annual special issue of the journal *Nursing Philosophy* focused on manuscripts stemming from the International Nursing Philosophy Conference. We welcome submission of manuscripts from anyone whose abstract was accepted to the conference. Original papers may be up to 7,000 words in length and must address the conference theme. Please note acceptance is not guaranteed, and all manuscripts will be blind peer reviewed in line with the journal's policy. When submitting, please indicate your manuscript is for the special issue by selecting "What has philosophy ever done for nursing anyway" from the special issue drop-down menu.

The Special Issue submission period will open SEPTEMBER 1, 2022 and close JANUARY 1, 2023.
The aims of IPONS are:

- to promote and establish philosophy of nursing, and health care in general, as a credible and important field of philosophical and critical inquiry;
- to establish a growing international network for this purpose;
- to conduct and support philosophical inquiry in a manner that informs and engages with health care practice, theory, research, education and policy from national and international perspectives;
- to support philosophical inquiry into nursing and health care across cultures and countries, including those who may find it difficult for their voices to be heard.

The 1st International Philosophy of Nursing conference occurred in 1997 at the University of Swansea, UK, and was organized by Steve Edwards. The journal *Nursing Philosophy* was formalized at the 2000 conference, held at the University of Stirling, Scotland, and the Society itself was formalized at the 2003 conference held in the same location. This year marks the 25th conference, which has occurred every year except 2020, related to the COVID pandemic.

The current IPONS Executive Committee consists of:

- Chair: Catherine Green, Rockhurst University, USA
- Vice-Chair: Olga Petrovskaya, University of Victoria, Canada
- Treasurer: Roger Newham, University of Birmingham, UK
- Secretary: Mark Risjord, Emory University, USA
- Member: Virgina Souza, Universidade Federal da Bahia, Brazil
- Member: Jessica Dillard-Wright, University of Massachusetts Amherst, USA
- Member: Jane Hopkins-Walsh, Boston College, USA
- Member: Cristian Fabian Mustafa, Enfermero Universitario, Argentina
- Member: Darlaine Jantzen, Trinity Western University, Canada
- Member: Marie-Louise Luiking, University of Leiden, Netherlands
- Member: Joakin Öhlen, University of Gothenburg, Sweden
- Member: Chloe Littzen, University of Portland, USA
- Member: Agness Tembo, University of Sydney, Australia
- Ex officio member (co editor-in-chief *Nursing Philosophy*): Miriam Bender, University of California Irvine, USA
- Ex officio member (co editor-in-chief *Nursing Philosophy*): Stefanos Mantzoukas, University of Ioannina, Greece

Details can be found online at the [IPONS website](#)
The competitive fellowship program supports promising nursing PhD students and/or new faculty in their pursuit of targeted scholarship in/on nursing philosophy. The fellowship is a one academic year commitment of intensive mentored scholarship through the Center for Nursing Philosophy at UCI to support scholarship completion. The inaugural 2020–21 fellow was Zahra Sharifiheris, PhD candidate at UCI, whose project was titled "What are we doing when we say we are doing philosophy in nursing? An interpretive synthesis of the recent literature." The 2021–22 fellow was Jess Dillard-Wright, faculty at University of Massachusetts Amherst, whose project was titled "Telling a Different Story: Historiography, Ethics, and Possibility for Nursing." The 2022–2023 Fellow was just selected and is Tracey Clancy, associate professor of teaching at the University of Calgary, Canada. The working title of her project is “Articulating a paradigm of complexity in the context of the nursing educational process.”

To create a formal structure with the capacity and resources to engage school, university, and allied institutions' faculty in dialogue across the philosophical spectrum

- To lead the advancement of nursing philosophy by supporting faculty and student scholarly collaboration, publication, and dissemination

The vision of the CNP is to be recognized as a pioneering locus for nursing philosophy scholarship throughout the world.

Center for Nursing Philosophy Offerings

**PhD Student/New Faculty Fellowship Program**

The competitive fellowship program supports promising nursing PhD students and/or new faculty in their pursuit of targeted scholarship in/on nursing philosophy. The fellowship is a one academic year commitment of intensive mentored scholarship through the Center for Nursing Philosophy at UCI to support scholarship completion. The inaugural 2020–21 fellow was Zahra Sharifiheris, PhD candidate at UCI, whose project was titled "What are we doing when we say we are doing philosophy in nursing? An interpretive synthesis of the recent literature." The 2021–22 fellow was Jess Dillard-Wright, faculty at University of Massachusetts Amherst, whose project was titled "Telling a Different Story: Historiography, Ethics, and Possibility for Nursing." The 2022–2023 Fellow was just selected and is Tracey Clancy, associate professor of teaching at the University of Calgary, Canada. The working title of her project is “Articulating a paradigm of complexity in the context of the nursing educational process.”

**Philosophical Writing through Critical Reading Workshop**

Nursing philosophy has been an important part of nursing scholarship since the inception of the discipline. Philosophical writing, however, is a distinct genre. This workshop provides an opportunity for participants to learn the genre; to learn how to critically read works in philosophy and to turn their critiques into publishable nursing philosophy essays. The inaugural workshop occurred January–April 2022 and included nine participants, selected through a competitive process. Listen to their work during the Thursday 9am "abstract slam" occurring in the Newport Room! The call for the 2023 workshop will go out in October.

**Ongoing multidisciplinary seminar series and philosophy reading groups**

The Center hosts a number of multidisciplinary lectures and panels throughout the academic calendar year that are free to attend and occur virtually through the zoom platform. Past speakers have included a panel of distinguished nursing faculty presenting on "Decolonizing nursing: what? why? how?,” philosopher Brianne Donaldson on "Bioethics and Jainism: From Ahimsā to applied ethics,” and rhetoric scholar Lilly Campbell on “Rhetorical Body Work in Health Care: Embodied Communication and Technological Mediation,” among others. Reading groups have focused on Actor–Network–Theory and racism in/and philosophy. Stay tuned for a full lineup of speakers and reading groups for the 2022–2023 academic year.

Details can be found online at the [Center for Nursing Philosophy](#)
We are delighted to expand the space/time of our conference this year to include a virtual component using Padlet, a virtual bulletin board platform that allows users to share media, comment asynchronously, and connect from around the world.

20 authors have shared their abstract in Padlet through multimodal formats including papers, weblinks, and more.

Abstracts are available to conference attendees to view and comment on throughout the entire conference timeline!

Jennifer Stephens: Transhumanism and nursing: Hints of where we are headed
Mike Taylor: Emergence and transcendence: a nursing theory of philosophy as a complex adaptive process
Agness C Tembo: The place of philosophy in nursing
Cornelia van Diepen: Subjective wellbeing of nurses in nursing homes during COVID-19 in the Netherlands
Beverly Whelton: Does nursing philosophy make nursing theory obsolete?
Barbara Wilson-Keates: Nursing philosophy and online teaching pedagogy: Application and connection to post-licensure students
Patricia R Woods: Fire, Foucault and executive nurse leadership: creating spaces for the flame to burn
Ida Bjorkman: Caring for oneself: Towards a conceptualization of self-care for person-centered nursing
Flavia Cionca: Critical social justice as radical praxis to inform nursing research and action on poverty: Reflections from a doctoral candidate in nursing
Tracey L. Clancy: Employing Deleuze’s philosophy of becoming and Whitehead’s process-relational philosophy as a metaphysical framework for understanding teaching nursing as a complex emergent practice
Raeann G LeBlanc: Tensions in advocacy and activism in nursing: Demystifying informed inaction and enacted justice
Katerina Melino: Analyzing structural competency for operationalization in healthcare: A new approach to health equity
Robin Narruhn: From biopower to liberated praxis: Justice for the Ri Majel
Roger Newham: Moral distress needs moral realism
Ivo Cristiano Soares Paiva: Missed nursing care and Orlando’s theory: An essential analysis
Tracie Risling: Actioning artificial intelligence priorities in nursing through Carper’s ways of knowing
Liliana Catarina Barroso de Sousa: A nurse on the Rubik’s Cube: A critical approach to the mass vaccination process in Portugal during the Covid pandemic
Freya Collier-Sewell: First, understand the problem: Race and racism in mental health nurse education in Scotland
Iris Epstein: Nursing students with disability — re-thinking the accommodation process in WIL
Lienne Harrington: “Healthcare Heroes Work Here”: A phrase that transformed nurses’ moral agency to distress
Continuity as patterning: A practice-based approach to continuity

Wednesday, 1:30–3:30pm in the Huntington Room and Zoom

Precarity accompanies disruption. Covid has taught us that failure to learn how to engage productively with precarity may have serious consequences for both organizational and societal outcomes. Precarity draws attention to the exigencies of daily life and how these exigencies affect our ability to move through time and achieve desired outcomes. The apparently simple acts of taking next steps accumulate to patterns – patterns of health care, patterns of nursing, patterns of work, patterns of living – that may be guided from the future (toward stated goals) but must be enacted in everyday life. These patterns have important social justice implications. I explore this emergent and consequential process in hopes of discovering how we can harness the systematic nature of organizations to engage productively in the process.

Martha S. Feldman, PhD (she, her, hers)

Martha S. Feldman is the Johnson Chair for Civic Governance and Public Management and a Distinguished Professor of Urban Planning and Public Policy, Business, Political Science and Sociology at the University of California, Irvine. She is best known for her research on organizational routines that explores the role of performance and agency in creating, maintaining and altering these fundamental organizational phenomena.

Invited Panel Session
What nursing chooses not to know: Practices of epistemic silence/silencing

Wednesday, 3:30–5:00pm in the Huntington Room and Zoom

Moderated by Jessica Dillard-Wright and featuring:

- Lucinda Canty, PhD, CNM, FACNM, associate professor, University of Massachusetts Amherst, USA: Nursing scholars of color and the utilization of their research in nursing science

- Ismaila De Sousa, RN, MSc, PhD student, University of British Columbia, Canada: Historical knowing as critical tool to understand the world of ideas and ways of knowing that nursing has and is silencing, such as Black and Chicana feminisms

- Janice Gullick, RN, PhD, BFA, M.Art, associate professor, University of Sydney, Australia: The erasure of the gender diverse person in nursing scholarship

- Amélie Perron, RN, PhD, professor, University of Ottawa, Canada

- Claire Valderama-Wallace, RN, PhD, MPH, associate professor, California State University East Bay, USA: Ecosystems of Settler Colonial Logics of Nursing: Erasure, Myopia, and Fear
Care in nursing as a contested concept? A Bergsonian perspective

Keith Robinson, PhD

Thursday, 10:45am–12:15pm in the Huntington Room and Zoom

The concept of "care" has occupied a central place in nursing philosophy and scholarship since the modern formation of the profession. Perhaps the defining character of the scholarship has been the recognition not only of the complexity of the concept of care, its elusiveness and ambiguity, but also the lack of consensus or agreement regarding its meaning and value. I will make two interconnected arguments. First, I will argue that the disputes around care are not an accidental feature or an unfortunate condition of its applicability. Rather, care is an example of what I will call, following W.B. Gallie (1956), an "essentially contested" concept. Secondly, I will employ insights from the work of the French philosopher Henri Bergson (1859-1941) to explore the concept of care and argue that the essentially contested nature of care is the source of its meaning and value.

Is theoretical anti-humanism a way to be human in the 21st century? Considerations for nursing

Olga Petrovskaya, PhD, RN

Friday, 10:45am–12:45pm in the Huntington Room and Zoom

In nursing literature the ubiquitous word humanism is typically used as a synonym for caring, kind, humane, and patient centered. While French philosophical movements of structuralism and post-structuralism have informed a significant body of work critically examining power, subjectivity, and the role of discourse, these influences are rarely recognized and described in nursing as exemplifying theoretical anti-humanism. Responding to the conference theme “What has philosophy ever done for nursing?” I will contrast Western traditions of theoretical humanism and anti-humanism and consider the benefits of theoretical anti-humanism for nursing. Limitations of the humanist tradition will be acknowledged vis-à-vis global issues in the 21st century.
INAUGURAL STEVE EDWARDS MEMORIAL LECTURE
About Steve Edwards & the IPONS Memorial Lecture Series

The International Philosophy of Nursing Society owes much of its conception, establishment and overarching goals to Professor Steve Edwards and our original founders. The Steve Edwards Memorial Lecture was established by the IPONS executive board in April 2021, to be held at the discretion of the host university, for each IPONS Annual Meeting with an Honorarium from IPONS treasury.

The first Nursing Philosophy Conference was organized by Professor Steve Edwards and was held in Swansea, UK in 1997. The journal Nursing Philosophy was first published in July, 2000 under the joint editorship of Steven Edwards and Joan Liaschenko. Building on the success of the journal and the Philosophy of Nursing annual conferences, Steve, along with Keith Cash, John Drummond, Janet Holt and Joan Liaschenko was instrumental in establishing IPONS to respond to the growing interest in nursing philosophy of a group of regular attendees at the previous six conferences. IPONS was officially launched in September 2003 at the 7th Annual International Philosophy of Nursing Conference held at the University of Stirling, Scotland.

The aim of IPONS was to support collaboration, research and scholarship in the inter-twining areas of nursing, health care and philosophy. Then, as now, such research and scholarship was neither supported nor recognized as important by academic nursing institutions. The goal was to create a venue for discussion and debate about such issues and where scholarship in nursing philosophy could reach a wider audience.

Through his leadership of the journal, IPONS and the early conferences, Steve was the catalyst in bringing together individuals (particularly in the UK) interested in nursing philosophy who have subsequently gone on to work together in furthering the discipline.

The Inaugural Steve Edwards Memorial Lecture speaker is
Janet Holt  PhD, MPhil, BA(Hons), FHEA, RGN

Whither nursing philosophy: past present and future
Thursday 4:30-5:30pm in the Huntington Room and zoom

Using the literary meaning of ‘whither’, that is ‘to what place’, I will explore the role of philosophy in nursing, past, present, and future. I will begin with some thoughts on the history of nursing philosophy, its development as a subject and the scholarly activities that have led to where it sits today. The establishment of the journal Nursing Philosophy, the Annual Nursing Philosophy Conference, the International Philosophy of Nursing Society (IPONS) and their influence on nursing both in the academy and in practice will be discussed. The concept of nursing philosophy as a discipline will be considered, and how this fits with nursing theory, and nursing knowledge. Philosophical questions central to understanding contemporary nursing in a globalised world will be explored and the use of analytical philosophy and philosophical method in addressing such questions.

The paper will conclude by looking to the future, what the role of philosophy might be in shaping nursing as a discipline and in the preparation of future practitioners.

Janet Holt is a registered nurse and midwife. Prior to joining the University of Leeds, Janet worked in clinical practice as a nurse and midwife both in the UK and Kenya as well as working as a research midwife in the Department of Obstetrics and Gynaecology at the University of Leeds. She is a member of the Ethics Committee of the Royal College of Nursing (RCN). She was awarded as a Fellow of the Higher Education Academy, a University Learning and Teaching Fellowship in 2011. Her research interests and publications are within the disciplines of Healthcare Ethics and Law and Nursing Philosophy. She is a reviewer for a number of healthcare journals, a member of the Editorial Board for the journal Nursing Philosophy, and a consultant editor for the journal Nursing Ethics.
The IPONS Student Award encourages interest and insight into philosophical issues from upcoming scholars. IPONS takes it as one of its goals to encourage and support students who are interested in the relation between Philosophy and Nursing. In that light we are delighted to offer registration stipends to students participating in the conference.

Award Recipients 2022

**Rebecca Shasanmi-Ellis**
Structural racism and moral distress: A theoretical framework

**Elaine Sang**
Telehealth through the philosophical lens of the Humanization of Healthcare framework

**Wonkyung Jung**
Workplace bullying and suicide among nurses in Korea on lens of post-structuralism

**Catherine Larocque**
Knowledge translation and the hidden neoliberal assault on liberal democracy

**Kristin Ringstad**
Pragmatic Genealogy: Implications for nursing scholarship

**Martha Whitfield**
Determining salience as a pre-requisite for capability in nurse practitioner practice

**Thomas Hughes**
It’s Not a Bug, It’s a Feature: Why defaulting to experiential knowledge is an essential feature of evidence-based practice

**Jasmine Lavoie**
The numerous applications of Guattari's Work; making headway for the emancipation of nurses

**Ivo Cristiano Soares Paiva**
Missed nursing care and Orlando's Theory: An essential analysis

**Jim Johansson**
The Clean and Proper Self: The Relevance of Kristeva’s Concept of Abjection for Nursing &
Pastoral power, confession and the neo-religious conversion of patients to homo-economicus: A Foucauldian critique of recovery in forensic psychiatric settings

**Rachel Cummings, RN**
Intra-active' touch and its ethico-ontological importance for nursing

**Freya Collier-Sewell**
First, understand the problem: Race and racism in mental health nurse education in Scotland

**Katerina Melino**
Analyzing structural competency for operationalization in healthcare: A new approach to health equity

**Patricia R Woods**
Fire, Foucault and executive nurse leadership: creating spaces for the flame to burn

**Flavia Cionca**
Critical social justice as radical praxis to inform nursing research and action on poverty: reflections from a doctoral candidate in nursing

**Lienne Harrington**
"Healthcare Heroes Work Here": A phrase that transformed nurses’ moral agency to distress

**Liliana Catarina Barroso de Sousa**
A Nurse on the Rubik's Cube: a critical approach to the mass vaccination process in Portugal during the COVID pandemic
DAY 1 | Wednesday August 17th
Registration 11–5 at information desk

WELCOME & INTRODUCTION
- UCI Sue & Bill Gross School of Nursing Dean Mark Lazenby, PhD, APRN, FAAN
- Center for Nursing Philosophy Director Miriam Bender, PhD, RN, FAAN
- IPONS Chair Catherine Green, PhD, RN

KEYNOTE ADDRESS
Continuity as patterning: A practice-based approach to continuity
Martha S. Feldman PhD, distinguished professor of urban planning and public policy, Johnson Chair for civic governance and public management, University of California, Irvine, USA

BREAK: Refreshments and snacks available

INVITED PANEL SESSION
What nursing chooses not to know: Practices of epistemic silence/silencing
Moderated by Jessica Dillard-Wright and featuring:
- Lucinda Canty, PhD, CNM, FACNM
- Ismailia De Sousa, RN MSc, PhD student, University of British Columbia, Canada
- Janice Dallko, RN PhD BFA MA
- Amélie Perron, RN PhD
- Claire Valdenama-Wallace, RN PhD MPH

BREAK

COCKTAIL RECEPTION WITH HORS D’ŒUVRES
Thank you to our anonymous donor for sponsoring drink coupons for guests!

ADJOURN FOR THE DAY
**INTERNATIONAL PHILOSOPHY OF NURSING & NURSING PHILOSOPHY CONFERENCE**

**DAY 2 | Thursday August 18th**  
Registration 8–5:30 at information desk

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**8:00 – 9:00 AM**  
Huntington Room  
**NETWORKING:** Coffee/tea/drinks/light breakfast

**8:00 – 8:45 AM**  
Newport Room and Zoom  
**IPONS executive committee meeting**

**9:00 – 10:30 AM**  
Huntington Room and Zoom  
**PANEL**  
Approaches to antiracism in nursing  
Moderated by Jessica Dillard-Wright and featuring:
- Andrea Monteiro, University of British Columbia, Canada: Relations of marginality and privilege: Who is talking about anti-racism in nursing?
- Rebecca Shasanmi Ellis, Emory University, USA: Structural racism and moral distress: A theoretical framework
- Stephen M. Padgett, Salisbury University, USA: ‘The theory tells us where to look’: On the need for (re)theorizing the social in nursing practice, research, and education

**9:00 – 10:30 AM**  
Backbay Room and Zoom  
**PANEL**  
Critical-empirical scholarship on nursing issues  
Moderated by Catherine Green and featuring:
- Étienne Paradis-Gagné, Université de Montréal, Canada: The relevance of Robert Castel’s theory of social disaffiliation in a study of outreach nursing for people experiencing homelessness
- Bente Høegh, University of South Denmark, Denmark: The paucity of nursing theory and philosophy in nursing education curricula: A Nordic perspective
- Crystal Jardine-Garvey, Queen’s University, Canada: Understanding the role of intersectionality in the student nurse bullying experience

**9:00 – 10:30 AM**  
Newport Room and Zoom  
**Abstract ‘slam’ (1 slide, 5 minutes)**  
Critical reflections on nursing  
Moderated by Claire Valderama-Wallace and Miriam Bender and featuring:
- Olesya Kolosnyk: Baccalaureate nursing education
- Sarah E Jongens: Epigenetic leadership - The ripple effect of your words, actions, and behaviors
- Anny Glander: What happened to nursing’s metaparadigm?
- Ana Cifuentes: Nurses’ political dimension in pandemic times
- Jamie B Smith: From “if, then” to “what, if?” Rethinking healthcare algorithmic with posthuman speculative ethics
- Kristin Thorburn: The usefulness of the assessment tool Hermes in primary care of the elderly: An action research
- Chloe Littzen-Brown: The development of the nursing practice worldviews scale
- Wonkyung Jung: Workplace bullying and suicide among nurses in Korea on lens of post-structuralism
- Elaine Sang: Telehealth through the philosophical lens of the humanization of healthcare framework
- Odetta Grice: The nature and application of existential crises theory in nursing

**10:30 – 10:45 AM**  
**BREAK:** Coffee/tea/drinks
DAY 2, cont. | Thursday August 18th
Registration 8–5 at information desk

10:45 – 12:15 AM
Huntington Room and Zoom

KEYNOTE ADDRESS
Care in nursing as a contested concept? A Bergsonian perspective
Keith Robinson, PhD, professor, Department of Philosophy, University of Arkansas, Little Rock USA

12:15–1:00 PM
Patio

LUNCH: Boxed vegetarian/vegan sandwich lunch boxes with refreshments

1:00 – 2:30 PM
Huntington Room and Zoom

PANEL
Healthcare is the problem, not the solution: critiques from a nursing lens
Moderated by Miriam Bender and featuring:
- Catherine Larocque, University of Ottawa, Canada: Knowledge translation and the hidden neoliberal assault on liberal democracy
- Danisha Jenkins, University of California, Irvine, USA: Hospitals as total institutions
- Sarah Valentine, Empire State College, USA: Social contracts for strengthening the common good: Community benefits, nursing as a profession, and environmental pollution as a community health need

1:00–2:30 PM
Backbay Room and Zoom

PANEL
Approaches to decolonizing nursing
Moderated by Claire Valderama-Wallace and featuring:
- Favorite Iradukunda, University of Massachusetts, USA: Decolonizing ways of knowing in nursing: Using storytelling conversations to actions
- Christina Rivera Carpenter, Regis University, USA: Relationality and the centering of indigenous knowledge systems — Implications for decolonizing nursing
- Wendy Gifford, University of Ottawa, Canada: A visionary platform for decolonization: The Red Deal

1:00 – 2:30 PM
Newport Room and Zoom

Abstract ‘slam’ (1 slide, 5 minutes)
Philosophical Writings Through Critical Reading
Moderated by Mark Rigord and Jess Billard-Wright and featuring work produced in the Center for Nursing Philosophy's 2022 inaugural writing workshop:
- Thomas Hughes, University of California, Irvine, USA: It’s not a bug, it’s a feature: Why defaulting to experiential knowledge is an essential feature of evidence-based practice
- Kirk Sanger, Keene State College, USA: Can nurses care for someone, without caring about someone?
- Ursula Serdarevich, Fundacion H. A. Barceló, Argentina: Questioning spaces. The notion of alterity in nursing
- Martha Whitfield, Queen's University, Canada: Determining salience as a pre-requisite for capability in nurse practitioner practice
- Jo Gibson, University of Ottawa, Canada: The hidden curriculum
- Mary Ellen Biggerstaff, Frontier Nursing University, USA: Virtue ethics and white savior complex in nursing
- Lian Lee, Oxford University Hospital, UK: A philosophical inquiry into transhumanism and autonomy nursing practice in AI robotics-assisted surgery
- Marie-Louise Luinge, Leiden University, Netherlands: How to value and recognize autonomy in the nursing profession

2:30–2:45 PM

BREAK: Refreshments available
INTERNATIONAL PHILOSOPHY OF NURSING & NURSING PHILOSOPHY CONFERENCE

DAY 2, cont. | Thursday August 18th
Registration 8–5 at information desk

2:45 - 4:15 PM Huntington Room and Zoom
PANEL
Productive intersections in nursing and philosophy
Moderated by Catherine Green and featuring:
- Daniel A. Wilkenfield, University of Pittsburgh, USA: Understanding, diagrams, and conceptual models
- Jane M. Georges, University of San Diego, USA: What has philosophy ever done for nursing: A discursive shift from margins to mainstream
- Casey Rentmeester, Bellin College, USA: A Gadamerian approach to nursing: Merging philosophy with practice

2:45 - 4:15 PM Backbay Room and Zoom
PANEL
What can critical posthuman philosophies do for nursing?
Moderated by Jessica Dillard-Wright and Jamie Smith and featuring:
- Brandon Brown, University of Vermont USA: The Vitruvian nurse
- Jane Hopkins-Walsh, Boston College USA: What is person-centered care if you were not considered a person in the first place?
- Annie-Claude Laurin, Université Laval, Canada: From transhumanism to a critical posthumanism: An ontological dehierarchisation of living beings

2:45 - 4:15 PM Newport Room and Zoom
PANEL
Deconstructing nursing subjectivity
Moderated by Claire Valderama-Wallace and featuring:
- Jim Johansson, University of Ottawa, Canada: The clean and proper self: The relevance of Kristeva’s concept of abjection for nursing
- Rachel Cummings, University of London, UK: ‘Intra-active’ touch and its eco-ontological importance for nursing
- Jasmine Lavoie, Université Laval, Canada: The numerous applications of Guattari’s work; making headway for the emancipation of nurses

2:45 - 4:15 PM Huntington Room and Zoom
PANEL
Productive intersections in nursing and philosophy
Moderated by Catherine Green and featuring:
- Daniel A. Wilkenfield, University of Pittsburgh, USA: Understanding, diagrams, and conceptual models
- Jane M. Georges, University of San Diego, USA: What has philosophy ever done for nursing: A discursive shift from margins to mainstream
- Casey Rentmeester, Bellin College, USA: A Gadamerian approach to nursing: Merging philosophy with practice

4:15 - 4:30 PM BREAK
Refreshments and snacks available

4:30 - 5:30 PM Huntington Room and Zoom
INAUGURAL STEVE EDWARDS MEMORIAL LECTURE
Introduced by Catherine Green, current Chair of IPONS, and featuring:
Janet Holt, PhD, associate professor, School of Healthcare, University of Leeds, UK
Whither nursing philosophy: Past, present and future

5:30 PM ADJOURN FOR THE DAY
DAY 3 | Friday August 19th
Registration 8-12:30 at information desk

IPONS ANNUAL GENERAL MEETING: tea, coffee, light breakfast

RADICAL ETHICS: WHAT IT IS AND WHY IT'S NEEDED IN NURSING
Moderated by Pawel Krol and featuring:
- Pawel Krol, Université Laval, Canada: Nietzschean anti-philosophy: his « free spirit » for an emancipatory nursing
- Jessica Dillard-Wright, University of Massachusetts Amherst, USA: Telling a different story: historiography, ethics, and possibility for nursing
- Patrick Martin, Université Laval, Canada: What can anarchist philosophy do for nursing?

THE COMPLEXITIES OF 'KNOWLEDGE' IN RELATION TO NURSING: PHILOSOPHICAL EXPLORATIONS
Moderated by Clémence Dallaire and featuring:
- Clémence Dallaire, Université Laval, Canada: Popper and Kuhn: How did they influence nursing science?
- Mark Risjord, Emory University, USA: Mind, body, spirit, ... and poo? Microbiome research and the holistic imperative in nursing
- Miriam Bender, University of California Irvine, USA: From fixing belief to reasoning the new: The evolution of Peirce’s method of inquiry and its relevance to nursing

UNPACKING CURRENT PRACTICE ISSUES USING PHILOSOPHICAL TOOLS
Moderated by Rochelle Einboden and featuring:
- Rochelle Einboden, University of Ottawa, Canada: The visibility paradox within contemporary child neglect and abuse responses
- Jim Pihlakius, University of Ottawa, Canada: Pastoral power, confession and the neo-religious conversion of patients to homo-economicus: A Foucauldian critique of recovery in forensic psychiatric settings
- Joakim Öhlén, University of Gothenburg, Sweden: Person-centred conversations: a theoretical analysis based on perspectives on communication

BREAK: Tea, coffee, refreshments and snacks available

KEYNOTE ADDRESS
Is theoretical anti-humanism a way to be human in the 21st century? Considerations for nursing
Olya Petrovskaia, PhD, RN, assistant professor, School of Nursing, University of Victoria, BC

CLOSING REMARKS
- Thank yous and goodbyes from the 2022 International Nursing Philosophy planning committee and the Chair of IPONS
- Announcement of host for the 2023 conference!

CONFERENCE ADJOURNS
SEE YOU NEXT YEAR!
Monteiro, A. Relations of marginality and privilege: Who is talking about anti-racism in nursing?

Thursday 8/18 9:30-10:30am Huntington

In this presentation, we will discuss how our research has demonstrated that a lack of critical awareness of structural racism and the consequences for a caring practice. The paucity of nursing texts in nursing curricula and the consequences for a caring practice. Our presentation will focus on the important discussion about who decides what a nurse profession specific. This has led to curricula modules that use general theories and philosophies suitable for all disciplines. This presents a serious threat to nursing as an autonomous discipline with its intrinsic identity. We will therefore present how the use of critical approaches in nursing research can highlight the political and ethical dimensions of patient care.


Since moral distress arises from power imbalance, we would expect structural racism to give rise to moral distress. Surprisingly, however, the current understanding of moral distress undermines its relationship to structural racism. As Pooley (2021) has recently reminded us, Jametron’s (1984) original characterization treated moral distress as a conflict between what institutional structures permit and what the nurse thinks is right. In this way, moral distress might be expected in the context of racist institutional structures. Most authors, however, follow Wilkinson (1987) in focusing on the psychological stressors that arise from individual dispositions and personality characteristics.

Shasamni-Dennis, E., R. & Rij Rodríguez, M. The societal and political context of anti-racism in nursing: An analysis of the increasing frequency of racist incidents

Thursday 8/18 9:30-10:30am Backbay

The societal and political context of anti-racism in nursing: An analysis of the increasing frequency of racist incidents. The research was conducted with a qualitative approach) Direct observation in the field was also conducted. Three central categories were identified in the qualitative analysis: 1) worrisome health and social needs; 2) non-use of health care; and 3) bullying.

Students who experienced bullying identified as a particular race (Black, Indigenous), age (younger/older), or class (immigrant/English as a second language). Physical health, but it also plays a pivotal role in negatively shaping their learning experience and future clinical practice. Increasingly, researchers are reporting that nursing students who experience higher rates of bullying are representative of various intersectionalities, which play an important role in their perceived bullying experience. Intersectionality is defined as a combination of attributes (seen and unseen) that comprises a person’s identity. Students who experienced bullying identify as a particular race (Black, Indigenous), age (younger/older), or class (immigrant/English as a second language). Researchers did not identify if gender and sexuality intersected with the bullying experience. The narrative of the student nurse representing these intersectionalities must navigate social inequality, social context, complexity and power that include gender and sexuality. It is important to understand the relationship between intersectionality and bullying in order to better prepare nurses. This has led to a more instrumented and standardized view of nursing. This may be efficient in an economic and management sense. However, it may have serious consequences for patients in clinical practices leaving less or no room for relationship-based and ethically rooted caring.

Jardine-Garvey, C. Understanding the Role of Intersectionality in the Student Nurse Bullying Experience

Bullying has existed for decades within the nursing profession and is recognized to be a part of the nursing culture. A growing concern is that undergraduate nursing students now report experiencing bullying at higher rates than in previous decades. Bullying can also happen at the workplace, in community outreach programs, and in clinical settings. The purpose of the project was to identify how intersectionality is an antecedent to bullying, how it can negatively shape the student learning experience, and discuss how to support student nurses in identifying to have different racial identities as antecedents to bullying.

Paradis-Gagné, E. The role of Robert Castells’ theory of social disaffiliation in a study of outreach nursing for people experiencing homelessness

In this presentation, we will discuss the results of a qualitative study conducted with people living in a homeless situation in relation to access to health care. The critical ethnography approach was used for this research. This approach allows for an understanding of the context and the relationships between homelessness and the use of the services a nurse-led clinic (outreach approach). Direct observation in the field was also conducted. Three central categories were identified in the qualitative analysis: 1) worsom health and social needs; 2) non-use of health care; and 3) what connects us to health services. In order to bring out the social and political dimensions of the issue of homelessness, a critical theory perspective was used in this research. The work of Robert Castells, a critical theorist, provided the theoretical foundation for this critical ethnography. Castelli’s view of the process of social disaffiliation and the possible interventions that can be derived from it proved to be very appropriate for the study of the problem of homelessness. Indeed, Castes’ innovative conceptual model is conduits to research on vulnerability and social inequalities. The concepts he developed and utilized provide a critical reading of contemporary health issues, particularly in studies with vulnerable populations. Castelli’s critical and engaged approach incites mobilization for social justice and greater protections for marginalized and vulnerable people. Castelli’s theory is not only relevant for understanding the lived experience of people who are homeless, but also for identifying how anti-racism in nursing has never before been more crucial.

Friday 8/19 9:30-10:30am Backbay

The role of Robert Castells’ theory of social disaffiliation in a study of outreach nursing for people experiencing homelessness. In this presentation, we will discuss the results of a qualitative study conducted with people living in a homeless situation in relation to access to health care. The critical ethnography approach was used for this research. This approach allows for an understanding of the context and the relationships between homelessness and the use of the services a nurse-led clinic (outreach approach). Direct observation in the field was also conducted. Three central categories were identified in the qualitative analysis: 1) worsom health and social needs; 2) non-use of health care; and 3) what connects us to health services.

Refugee Critical Nursing: Reflections on Research and Practice
Choperena, A., González-Luís, H. &Errasti-Ibarondo, B. Nurses’ political dimension in pandemic times

From the perspective of the nursing profession and its philosophical dimension, the global emergency caused by the SARS-COV-2 has been consolidated as a catalyst for change. On the one hand, it has induced a redefinition of professional roles and responsibilities. On the other hand, the role and position of nursing have been accentuated. This change has translated into a new definition of nursing's role, which now includes political involvement and public health nursing's position has become really decisive. On the other, the political challenge has led to give visibility to nurses' contribution, in a context where the world of nursing, and healthcare in general, has been reinforced. Indeed, the image of nursing disseminated by pervasive media has experienced a qualitative and quantitative radical transformation, and a new global interest on approaching the complex and multidisciplinary nature underlying the nursing profession has become a trend. On this basis, the interest on how the pandemic has led to delineate the image of nursing disseminated by media allows us to focus on this professional category. 

Littman-Brown, C. Telehealth and the Nursing Practice Viewpoints Scale

The purpose of this presentation is to describe the development and psychometric testing of the Nursing Practice Viewpoints Scale (N-PV Scale). In the discipline of nursing, philosophical worldviews about nursing have been described as the values and beliefs on the nature of human beings, knowledge, health, change, the environment, and nursing practice (Lee, 2018). Three philosophical worldviews have generally been accepted in nursing: the reception worldview, the reciprocal interaction worldview, and the simultaneous action worldview (Frawcut, 1993). These views are based on a non-humanist, humanist, and posthumanist form of nursing, respectively. The N-PV Scale was developed with the purpose to measure the contemporary disciplinary perspective of practicing nurses, which refers to the general perspectives and beliefs about nursing practice held by nurse. For the initial study, the initial psychometric properties of the N-PV Scale, the population of focus was young adult nurses who are currently practicing and ages 18 – 30. Consisting of a total of 17 items, the N-PV Scale is a 4-point Likert scale and measures three separate components of the contemporary disciplinary perspectives of nursing based upon the philosophical worldviews. The tool's phenomenological groundings were revealed in two main aspects whose realization in turn enhanced the person-centeredness of nursing: (1) the tool's philosophical basis, which allowed the tool's developers to explore the contemporary disciplinary perspectives of nursing, and (2) the tool's philosophical basis, which allowed the tool's developers to explore the contemporary disciplinary perspectives of nursing. 

Sang, E. Telehealth through the philosophical lens of the Humanization of Healthcare framework

The prevalence of chronic disease, such as heart failure, cancer, chronic obstructive pulmonary disease (COPD), and diabetes, among adults is increasing, leading to a desperate need for improved healthcare access. Transportation continues to be a necessity for healthcare access as approximately 25% of missed appointments are due to transportation problems. Barriers regarding transportation are associated with delayed care, more hospital readmissions, more emergency room visits, chronic disease exacerbation, worse health outcomes, and lower medication adherence. Telehealth, which is defined by the WHO as the delivery of healthcare services, also known as telemedicine, using electronic information and telecommunication technologies to support the provision of healthcare services. Telehealth is a technology that allows providers and patients to connect electronically through the internet, telephone, or other electronic platforms to provide, receive, or share health-related information.

John, B.M., Klimbyte, G. & Britton, R. From "if then" to "what if?" Rethinking Healthcare Algorithmics with Posthuman Speculative Ethics

This poster illustrates the role that algorithmic thinking and management plays in the healthcare industry and the kinds of exclusion this might create. We argue that evidence-based medicine relies on research and data to create pathways for patient journeys. Coupled with data-based algorithmic prediction tools in healthcare, they establish what could be called health algorithmics – a mode of management of healthcare that forms products of algorithmic governability. Relying on a critical posthumanist perspective, we show how health algorithmics is contingent on the way authority over bodies is produced in our current society. The invisibility of the posthumanist trajectory within health algorithms will be demonstrated. The impact of algorithmic protocols is revealed through critical algorithmic biopower. In contrast to that, we explore posthuman speculative ethics as a way to challenge understanding of 'ethics' and 'care' in healthcare algorithmics. We suggest some possible avenues towards working speculatively ethics into healthcare while still being critically attentive to algorithmic modes of management and prediction in healthcare.

Thorarinssdottr, K., Olafsdottir, A. & Sigthorsslon, R. The usefulness of the assessment tool Hermes in primary care of the elderly: An action research

The aim of the study was to explore the usefulness of Hermes for enhancing a person-centred approach to health assessment and care practices of elderly patients in primary care.

Choperena, A., González-Luís, H. &Errasti-Ibarondo, B. Nurses’ political dimension in pandemic times

From the perspective of the nursing profession and its philosophical dimension, the global emergency caused by the SARS-COV-2 has been consolidated as a catalyst for change. On the one hand, it has induced a redefinition of professional roles and responsibilities. On the other hand, the role and position of nursing have been accentuated. This change has translated into a new definition of nursing's role, which now includes political involvement and public health nursing's position has become really decisive. On the other, the political challenge has led to give visibility to nurses' contribution, in a context where the world of nursing, and healthcare in general, has been reinforced. Indeed, the image of nursing disseminated by pervasive media has experienced a qualitative and quantitative radical transformation, and a new global interest on approaching the complex and multidisciplinary nature underlying the nursing profession has become a trend. On this basis, the interest on how the pandemic has led to delineate the image of nursing disseminated by media allows us to focus on this professional category.
Confronting the COVID-19 Crisis in Nursing: A Scoping Review of the Existential Aspect of Nursing Practice

Griest, O. & Sammut, R. The nature and application of existential crises theory in nursing

An existential crisis is defined as a demoralised state when an individual starts to question the meaning of life, and the purpose of their existence and becomes continuously preoccupied with thoughts of death and dying (Yalom 2008). Nurses are in a central position where they often encounter individuals who are experiencing such existential issues. However, there is a paucity of studies that look at how prepared nurses are to support patients who are experiencing existential crises (Hench and Danielson 2009) or that address existential issues or dilemmas that nurses themselves face when they encounter patients and families experiencing these emotional crises (Pesin et al, 2015). The purpose of this research project was to conduct a scoping review, with the aim of bringing together all the studies that have been done on this topic. The main contribution of this scoping review is to build on existing nursing knowledge. The proposed systematic review is conducted in accordance with the Joanna Briggs Institute methodology for systematic reviews of qualitative evidence (Lockwood et al, 2017). This review maps out the studies that used existential theory and/or interventions, identifies research gaps in the existing literature, as well as showcases the research that has been conducted in this field. This information generated from this scoping review has important implications for practice. We hope it will equip nurses with the skills to recognise the desolate symptoms of existential crises experienced in patients and in nurses themselves. This is quite timely, particularly in consideration of the current COVID-19 crisis. Nurses on the frontline who are battling this pandemic, are constantly confronted with situations of death, isolation, and meaninglessness (Lia et al, 2020).

We hope it will equip nurses with skills on how to recognise the desolate symptoms of existential crises experienced in patients and in nurses themselves. This is quite timely, particularly in consideration of the current COVID-19 crisis. Nurses on the frontline who are battling this pandemic, are constantly confronted with situations of death, isolation, and meaninglessness (Lia et al, 2020).

Kolinsky, O., Andrusyszyn, M.A. & Oudshoorn, A. Baccalaureate Nursing Education

Health care undergoes tremendous changes which is a result of geopolitical, economic, and demographic changes. The increasing the age population, urbanization, and migration are factors contributing to increased health care complexity (World Health Organization [WHO], 2015). The effectiveness and health of a care system is dependent on the health workers’ capacity to respond adequately to the health needs they face in their practice. Therefore, basic education of Baccalaureate nurses is an important component of the health care system. Nurses’ substantial contributions to health-delivery systems are evident (Aiken, et al, 2014); however, less visible is their involvement in policy development or in high-level strategic decision making (WHO, 2009). There is significant variance in nurses’ entry-to-practice educational preparation, from apprenticeship models to graduate degrees (WHO, 2009). The variability of education is of concern because the absence of a uniform education is an obstacle for the advancement of nurses’ roles. Nurses play an important role in patients’ care outcomes. Furthermore, nurses provide key information to patients and families about the care and care standards for nurses may highlight nurses’ vision to contribute to the health care system. These standards will contribute to the consistency in nursing preparation and service globally. The purpose of this presentation is to analyse the discourse taken in relation to educational preparation and standards. The Intellectual Capital Theory (ICT) (Bonis, 1999) was used to analyse the current state of nursing preparation and educational standards that have been presented the post-modern occupational outlook (V.V., which suggests a pluralistic, dynamic, and includes different positions used to analyze nursing, and social and health policy (Smith, 1990), socio-economic policy (Dongnag, Raftery, Webster, 1988), militarization (Stams, 2001), and image (Hallam 2000). There are numerous discussions focusing on Nurses professional development and associated educational requirements. Hargreaves (2005) identified six discourses: nursing as a reform, nursing at times of medical and hospitals’ development, nursing as social control, nursing as a vocational ideal as influenced by military, nursing as a female vocation, and “the good nurse” (Hargraven, 2000). Concurrently, numerous types of nursing education programs have been developed; however, in the media, nurses tend to be belittled and the public does not view nurses as educated professionals (Summers & Summers, 2009). The idea nurses as subordinate to medicine persists (Hoeve et al., 2013). The Intellectual Capital Theory (ICT) (Bonis, 1999) suggests the increased need for highly prepared nurses. A Baccalaureate degree (BN) positively contribute to optimal patient outcomes and safety (Aiken et al, 2014), and lead to graduate education and career advancement. The Baccalaureate preparation is a fundamental part of the nursing education and prepares the nurse to be an active member of the professional regulatory bodies, and includes different positions used to analyze nursing, and social and health policy (Smith, 1990), socio-economic policy (Dongnag, Raftery, Webster, 1988), militarization (Stams, 2001), and image (Hallam 2000). There are numerous discussions focusing on Nurses professional development and associated educational requirements. Hargreaves (2005) identified six discourses: nursing as a reform, nursing at times of medical and hospitals’ development, nursing as social control, nursing as a vocational ideal as influenced by military, nursing as a female vocation, and “the good nurse” (Hargraven, 2000).

Jung, W. Workplace Bullying and Suicide Among Nurses in Korea on Lens of Post–Structuralism

Background: There has emerged a social issue about nurses committing suicide in Korea since 2018. It is believed that one of the reasons the nurses commit suicide is bullying at work, named ‘Taeum’ in Korean. The suicide of nurses due to ‘Taeum’ is related to the intensity of the working environment of nurses in Korea. Frequent reports of nurses suicides through the media are a reflection of the seriousness of the problem facing Korean nurses today and the growing social concern for them. Purpose: This paper aims to apply a post-structural perspective to address the traditional Korean workplace culture for nurses to reduce the risk of suicide. The perspective of philosophy, post-structuralism, contributes to the effect of subversive analytic; how things happen and how we understand the phenomenon, which also affects our daily lives. As living at the culture of the nursing field in Korea from a post-structural perspective, it allows us to see how strongly it exerts itself on nurses and the need to challenge these networking norms that may limit nurses. The ‘Taeum’ is a unique cultural aspect of Korean nursing, 2) diagnose the problems of the culture, ‘Taeum’ and understand the difficulty of nurses at work in Korea, 3) improve awareness of suicide-related ‘Taeum’, and 4) build healthy work environments and systems for preventing suicide among nurses in Korea. Results: The concept of the culture is analyzed from post-structural and cultural nuance perspectives. The word ‘Taeum’ literally means bullying or to make the hurt. However, ‘Taeum’ is a type of bullying when translated, means hurts and the spirit becomes extinct in the Korean nursing community. The term refers to a culture of a discipline in which senior nurses train their junior nurses by harassment or bullying. The term ‘Taeum’ only exists in the nursing profession in Korea and has been a common phenomenon. The problem of ‘Taeum’ is a cyclical culture in which newly hired nurses who were victims of ‘Taeum’ become career nurses and perpetrators of ‘Taeum’ to the new nurses. They are the subjects who do ‘Taeum’. Nurses, in turn, are not only the victims of ‘Taeum’, but also the perpetrators of ‘Taeum’, as they too experience bullying. These nurses have a role in perpetuating the culture and taking responsibility for its effects. Conclusion: The ‘Taeum’ is a unique and tragic culture that can influence suicide among nurses in Korea. In order to respect the human rights of nurses and to prevent suicide, nurses and others must work on improving the workplace culture and building a healthy working environment. They must also continue research to support their movements for a better future and explore the philosophy that underlies the building of new constructive cultures in nursing.
As an expansion of a recently published paper by Jenkins, Burton, and Holmes (2020) titled ‘Hospitals as Total Institutions’, this presentation will examine the ways in which modern acute care health systems embody many of the features of total institutions described by Erving Goffman. In this process, we propose that ‘knowledge’ must be understood in new ways for the purposes of self-care, patient relations, and transformative practice. This pursuit of knowledge and patient care practice is at the forefront of organizational change in acute care settings and will be examined in the context of learning from Indigenous knowledge systems and the creative arts to shape meaningful educational change for nursing practice. This presentation will examine a new conceptual framework to shift knowledge from individual to collective and to place the patient at the center of the clinical experience.

Gibson, J. The Hidden Curriculum

Nursing education in the current era requires that nursing students develop a critical understanding of the hidden curriculum. Given that the hidden curriculum is contextual and continually evolving, it is essential that nursing educators are prepared to engage in scholarly research and transformative practices. This presentation will explore the ways in which the hidden curriculum is experienced by nursing students and the potential impact on their development as nurses. The presentation will examine the ways in which the hidden curriculum impacts the development of nurses and the potential role of nursing educators in shaping their understanding of the hidden curriculum.

Whitfield, M. Determining salience as a pre-requisite for capability in nurse practitioner practice

Nurse practitioners (NPs), as one subset of advanced practice nurses, are autonomous clinicians who integrate knowledge acquired through graduate education with complex decision-making skills to provide comprehensive care across the continuum of health care. A central challenge for NPs is to develop the capability to provide care that is informed by evidence, yet also meets the needs of individual patients and addresses public health priorities.


The nearly 400-year colonial project in Canada has systematically stripped Indigenous peoples of their cultures, languages, identities, traditional practices and, at the core of this erasure, their land. Recent events such as the ongoing discovery of unmarked graves at residential schools across Canada, have highlighted the concerted effort on the part of the colonial state to “get rid of the Indian problem...” The nearly 400-year colonial project in Canada has systematically stripped Indigenous peoples of their cultures, languages, identities, traditional practices and, at the core of this erasure, their land. Recent events such as the ongoing discovery of unmarked graves at residential schools across Canada, have highlighted the concerted effort on the part of the colonial state to “get rid of the Indian problem...”

Utazi iyo ava ntamenya iyo ajya” This Rwandan proverb can be translated as “Who knows not their past, knows not their future.” It has a distinctive emphasis on how “knowing” the past informs the future. The Red Deal: Decolonizing ways of knowing in Nursing: Using storytelling conversations to actions.

Iradukunda, F. Decolonizing ways of knowing in Nursing: Using storytelling conversations to actions.

In this paper, I explore the concept of decolonization in the context of nursing education and practice. Decolonization is a process of examining and critiquing the ways in which the Western biomedical model has dominated nursing education and practice, and the ways in which it has contributed to the marginalization and oppression of Indigenous peoples. I propose a storytelling approach to decolonization that draws on the strengths of Indigenous knowledge systems to provide a framework for understanding and addressing the impact of colonialism on the nature of care, healing, and nursing by examining and documenting narratives of care and healing before/outside colonialism and centering the voices of nursing communities harmed by colonialism.

Carpenter, C.R. Relationality and the Centering of Indigenous Knowledge Systems - Implications for Decolonizing Nursing

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Gifford, W., Laronce, C., Coburn, V., Redick, K. & Modanloo, S. A visionary platform for decolonization: The Red Deal

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Jenkins, D. & Burton, C. Hospital as Total Institutions

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Sanger, K. Can nurses care for someone, without caring about someone? Is it possible to provide care, as care for someone, while at the same time not caring about them? Jean Watson distinguished nursing care from the curative aspect of the traditional medicine view. If the ways in which nurses provide care for people are, as Watson suggests, inherently different from the ways that are not nurses, then how do nurses themselves care for or about people differently in different settings, for example, in the context of their occupational practices? Does the nurse care for someone different from the ways that nurses care for someone in the context of their occupational practices? How is it, in the face of such anger or resentment towards this person, they still provide care? In this paper, I argue that nurses do not have to care about patients in order to care for them. To start, I briefly recall the arguments as posited by Steven Edwards (2001) when clarifying Brenner and Wrbules (1989) concept of ontological caring. Here, Edwards provides clarification delineating the term ‘caring’ to represent ‘intentional caring’ as distinctly different from antecedent caring. Edwards then further splits antecedent caring into representing ‘deep care’ vs. ‘identity-constituting care’. I will demonstrate that when the nurse is asked to provide care, as care for someone, it is not a nursing, as well as the possibility that, has been reviewed throughout nursing history that the nurse to provide care for the patient in the ontological sense. While I make use of and further Edwards’ three concepts of intentional care, deep care, and identity-constituting care, I also add a way to frame an ethics that allows nurses to care for those who cannot normally care about. While Edwards’ use of these three delineations in the concept of care helps further define nurses’ place in care, I feel that there is still an element of ethical duty that is missing. I argue that instead all three manifest themselves, not in support of the patient in those moments, but rather to support the aforementioned historical obligation of duty to other nurses and the profession itself. I make this perspective clear by making frequent reference of and demonstrating through the example of the nurse in the carcer setting.

Ringstad, K. Pragmatic Genealogy: Implications for Nursing Scholarship Nursing comprises dynamic, internally diverse, historically infused practices and shaped by conceptual norms or reason such as caring, making and denying assertions, justice, and authenticity. Interrogation into such practices is integral for the continued growth and development of nursing practice and the individuals and communities we serve. However, such practices often lack a concrete example or obvious connection to generic needs required by many contemporary forms of conceptual analysis. Moreover, the point and function of some practices may range from visible but not the primary motivation for one’s engagement to not being visible, which, if unaccounted for, may result in a descriptive account lacking the depth required to be informative. This level of complexity raises the question of how we make such practices intelligible and subsequently revise or vindicate them? This paper explores pragmatic genealogy, a form of conceptual reversal, as a methodological approach that can provide a comprehensive explanatory account of practices displaying such a level of complexity. To this end, an overview of pragmatic genealogy’s origins, philosophical framework, and methods are offered. Using Leunbergers (2021) functional concept of essentiality authentic as an exemplar, it is then shown how such an approach can reveal the reasons we have for or against cultivating a given practice and the extent to which they prove beneficial to the individual who engages in it and the larger social community and thus inform the evaluation and subsequent revision or vindication of our practices.

Lee, L. A philosophical inquiry into transhumanism and autonomy nursing practice in AI robotics-assisted surgery (RAS) Robot is more than a tool in robotics assisted surgery (RAS), it’s built-in artificial intelligence (AI) makes it an integral part of the decision-making in a Human–Technology Interface (HTI) environment. The robotic assistance thus changes the dynamics of the power relationship including communication and decision-making. Hence, the following questions raised an interest from the perspective of RAS and nursing practice: in what way does AI influence the autonomy in a complex HTI environment in RAS? What is the relationship of autonomy when decision-making and nursing practice are influenced by understanding a socially constructed communicative practice where humans and technology converged? In response to this problem, I will present a brief overview of surgical robotics nursing encounters as relational and practical while attempting to navigate the transhumanism landscape in RAS. In this view, relational autonomy consists of socially acquired practices that demand a deeper understanding of knowledge, moral and ethical boundaries, and evidence-based choices that lead towards making reflective and responsible practices and those that result from a critical ‘self-reading’ and reflection on practice. These social norms and critical self-readings in the context of RAS are socially established where there are subtle influences of the AI interface on decision-making capacities and socially constituted statuses. A plausible account of relational autonomy supersedes individualistic autonomy in practice requiring us to rethink decision making responsibility. The dynamic embedded in the social milieu creates an inter–dependence of actors (humans and AI). Assuming that nurses claim their position in adopting or implementing AI robotics as a new technology is expected to genuinely promote a greater understanding of relational autonomy from the lens of transhumanism in the space of Human–Technology Interface (HTI) before machines take over some assistance functions in RAS. The fact that autonomy in RAS from the perspective of transhumanism inhabits shared social spaces offers a rich array of conceptual resources by which nurses can better appreciate their unique position. I conclude that this practical conception of autonomy makes much higher demands upon nurses, when AI-associated decision-making may dominate the nursing role.

Luijkx, M.L. How to value and recognize autonomy in the nursing profession Registered nurses play a central part in the delivery of care in all healthcare institutions, whether in hospital, in the community and social care settings. Out of all the healthcare professionals, nurses spend the most time caring for patients. As nurses, we have the responsibility to care for others. How is it, in the face of such anger or resentment towards this person, they still provide care? In this paper, I argue that nurses do not have to care about patients in order to care for them. To start, I briefly recall the arguments as posited by Steven Edwards (2001) when clarifying Brenner and Wrbules (1989) concept of ontological caring. Here, Edwards provides clarification delineating the term ‘caring’ to represent ‘intentional caring’ as distinctly different from antecedent caring. Edwards then further splits antecedent caring into representing ‘deep care’ vs. ‘identity-constituting care’. I will demonstrate that when the nurse is asked to provide care, as care for someone, it is not a nursing, as well as the possibility that, has been reviewed throughout nursing history that the nurse to provide care for the patient in the ontological sense. While I make use of and further Edwards’ three concepts of intentional care, deep care, and identity-constituting care, I also add a way to frame an ethics that allows nurses to care for those who cannot normally care about. While Edwards’ use of these three delineations in the concept of care helps further define nurses’ place in care, I feel that there is still an element of ethical duty that is missing. I argue that instead all three manifest themselves, not in support of the patient in those moments, but rather to support the aforementioned historical obligation of duty to other nurses and the profession itself. I make this perspective clear by making frequent reference of and demonstrating through the example of the nurse in the carcer setting.

Biegstraff, M. E. Virtue Ethics and White Savior Complex in Nursing White Savior Complex is the described phenomenon of a white person working with non white people who views themselves as superior to and uniquely capable of saving non white people. It is racism and subsequent revision or vindication of our practices.

Hughes, T. It’s Not A Bug. It’s a Feature: Why Defaulting to Experiential Knowledge is an Essential Feature of Evidence-based Practice One discussed advantage of evidenced-based practice (EBP) is that it is suited to change nursing practice towards empirical, peer-reviewed evidence and away from non-empirically tested evidence (i.e. personal knowledge based on experience). However, despite efforts over the past 25 years to increase indoctrination of EBP into nursing practice via more emphasis in educational preparation, studies have shown that nurses regularly default to personal experience and knowledge obtained from their work environment to inform their care (Thompson, 2004; Winters et al., 2007). Proponents of EBP often suggest that to increase EBP adoption in clinical settings, it is beneficial to consider certain solutions (e.g. changing the culture of the work environment to be more EBP friendly, increasing EBP training of nursing students, altering the research curriculum away from how to do research and towards how to use research, developing clinical research nurse career trajectories, and others) to shift nursing practice more forcibly towards a greater emphasis on EBP. Although these approaches may seem like practical and common-sense approaches to increase EBP uptake, there are deeper underlying reasons related to how evidence is used by nurses based upon their unique patterns of practice that represent a fundamental mismatch in how EBP is used by clinical nurses. In this presentation, I will discuss how nurses use evidence by examining EBP uptake in clinical settings. Using the concept of reflection-in-action by Schön (1983) and following the example provided by Rolfe (2015) in its application to nursing practice, I intend to discuss that defaulting to experiential and work-based knowledge is a fundamental element of nursing practice that assists nurses merge experiential knowledge (i.e., EBP) with nurses’ unique contextual environments to provide optimal care. Although there are instances in which applying EBP evidence to nursing practice would be appropriate and advisable (e.g., new types of intervention or technology), there are also contexts in which the evidence is not verifiable in the same manner as EBP, yet remain invaluable to the suite of tools nurses use to provide care in everyday settings. I argue that greater emphasis ought to be placed on merging and synthesizing nurses’ multiple forms of evidence. Furthermore, I posit that when nurses default to experiential knowledge and work-based information, it is a feature, and not a bug of nursing practice that should be emphasized rather than displaced.

Serdarevich, U. Questioning spaces. The notion of alterity in Nursing Nursing is a profession that provides care by embodying practices. Care provision involves an idea of otherness that could be interpreted as an encounter, or a vision centered on the hegemony of the caregiver that can invalidate other identities. Alterity can be defined as a relation that involves a cultural idea about the existence of others (α). The mark left by the biologist resonates in the work of the sociologist and philosopher, who, in an attempt to propose an ontological perspective, where individuals become interpreted through personal cultural categories, invalidating, and delegitimizing their knowledge. Alterity as domination has contributed to the rising image of Nursing as a profession of collaboration, feminized and subordinate to medical knowledge, with the consequent difficulty in considering nurses as autonomous and equal. Questions such as: How does the image of others cross the configuration of Nurse’s professional identity? Could find possible answers in the conceptual tools provided by decolonial theory. Decolonial theory is a theoretical framework that has interest in exploring the matrix of power created by the colonial experience. The decolonial approach has provided in all academic decolonial theory provides structure that could help understand the contingent role of Nurses in Argentina.The potential of decolonial theory lies in the consideration of constructs such as alterity in the training of nurses as a philosophical challenge that could open new ways of analyzing nursing nature, its autonomy, and agency.
Rentmeester, C. & Liebeltz, M. A. Gadamerian Approach to Nursing: Merging Philosophy with Practice

In a way somewhat not too far off the point for the public, it has been stated that the most difficult tasks confronting philosophers is to descend from the world of thought to the actual world. Since Aristophanes’ famous play way back in ancient Greece, “The Clouds,” which provided a notorious caricature of the philosopher Socrates spending all of his time with his head in the clouds, the general public seems to have relegated philosophers to the ivory tower of academia with no connection to the real world. And yet, there have been some traditions in the history of philosophy in which the explicit goal has been to embrace the Manian descent from the clouds and merge philosophy with practice. Edmund Husserl’s invitation to “get back to the things themselves” is a call for philosophers to stop engaging in merely abstract and theoretical reasoning and engage with everyday life in its various contexts. His foundational movement of phenomenology has sparked more and more philosophers with practical engagement with real worlds, including healthcare, particularly in recent decades, as seen with the emerging movement of phenomenology of healthcare. In this presentation, a philosopher and an experienced nurse think through how Hans-Georg Gadamer, one of Husserl’s most famous students, provides concepts that can inform what it means to be a nurse and offer a lens for nurses’ approaches to patient care. This presentation will explore how the relational and communicative potential of nursing can be understood within the context of human communication, particularly in particular situations where the nurse and the patient—have an attitude of openness and a sense that each serves as an authority to each other—the nurse as the authority in regard to healthcare and the patient in regard to one’s life. We provide specific examples from nursing in which that attitude of openness and sense of deference to authority was either present, leading to positive or negative results. On the whole, we make the case that Gadamer’s philosophy provides a fitting example of a way in which the theoretical realm of philosophy can inform the practical realm of nursing.

Wilkenfeld, D.A. Understanding, Conceptual Models and Posthumanism

In this presentation, I aim to consider the intersection between the reliance on visual models and diagrams (particularly of conceptual models) in nursing higher education and publications on one hand and innovations in current accounts of understanding in philosophy of science on the other. While models and diagrams can almost certainly organize information and can potentially be used as mnemonic devices, do they engender understanding of the target phenomenon? I argue that we need to look at the question at a much finer grain of detail—for example, diagrams that primarily taxonomize information can fail to engender understanding on (for example) accounts of understanding that require understanders to be able to produce new explanations (e.g., Hannon 2018, Hils 2018) but succeed at guiding understanding in accounts that understanders are to be able more efficiently about a target phenomenon (e.g., de Rijt 2017, Wilkenfeld 2019). By contrast, more elaborate models might provide the basis for new explanations and thus count as understanding-confering on the former accounts of understanding, while falling to be sufficiently efficient to confer understanding on more pragmatic accounts. Beginning by considering the case of education, I argue that there is an orthogonal axis of analysis on which whether such a visualization confers understanding depends on ideosynchronies of the individual student. Bearing all of these complexities in mind, I argue that educators should be flexible in how they employ visual models and diagrams and what burden they place on students to engage with them. Additionally, I argue that philosophers of science should think more about proper expectations regarding visualizations for researchers and writers. I conclude with some recommendations for best practices for producing understanding as well as for judging the works of others. These conclusions are consonant with a more general best practice of making our educational and work-place environments maximally inclusive to individuals with diverse ways of looking at the world. In so doing I also demonstrate proof-of-concept that work in philosophy of science can have practical upshots on how we should think about actual nursing research, publication, and education.

Georges, J.M. What Has Philosophy Ever Done for Nursing: A Discursive Shift from Margins to Mainstream

The principal thesis of this presentation is that a growing discursive shift has occurred within mainstream nursing discourse during the past 20 years as the result of a growing body of work by nurses and philosophers. The discourse of nursing as a praxis-based discipline has shifted significantly from an uncritical acceptance of and participation in oppressive power relations regarding socially constructed differences such as gender, geography, and sexual orientation. An increasingly self-critical discourse has characterized the discussion of ways in which nursing has participated actively as an agent of state-sanctioned violence and promoter of health inequities is now emerging in multiple venues. This discursive shift has been shaped by a growing body of philosophical literature by nurse scholars which began in “marginal” venues limited to select journals and is now making its way into “mainstream” nursing discourse, most notably the recently developed American Association of Colleges of Nursing (AACN) position statement on person-centered care.

In a next step, we critique person-centred care by positioning our critique within others who have done this work. It is clear that person-centred care has had influence on nursing, there is no general agreement over the assumptions and the meaning of person-centred care as a concept. We show some of the problematic historical conditions that structurally reify inequality and ultimately undermine nursing practice. In so doing I also demonstrate proof-of-concept that work in philosophy of science can have practical upshots on how we should think about actual nursing research, publication, and education.

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Lavio, J., Martin, P. & Laurin, A.C. The Numerous Applications of Guattari’s Work: Making Headway for the Emancipation of Nurses

Felix Guattari was a French philosopher and psychiatrist that has participated in numerous experiments of an emancipatory nature notably the CEPI, a collective of researchers in the field of social sciences that he founded in 1970. He was one of the millennial figures of the 1960s and 70s who turned his subversive potential of new social subjects in response to a growing disgust of the modern political apparatuses. Even if – arguably – most of Guattari’s notorious work have been written in collaboration with Gilles Deleuze, the core of this presentation draws on the work Guattari (2003) published on his own which is of a more radical nature. More precisely, this presentation focuses on his conceptualization of subjectivity that emerged from his time as a psychoanalyst at the La Borde Clinic. The concept of subjectivity is to Guattari the real power that lies within all institutions, it is invisible and flows through all levels of the hierarchy and thus cannot be detained. In comparison, the subjectivity of the individual is ephemeral and part of the oceanic unconscious. The subjectivity therefore cannot be controlled but can be exercised through psychoanalytic techniques of analysis and, as a result, softer hierarchies, open walls, decentralize levels of power and promote initiatives coming from the bottom. Thus, the concept of subjectivity deserves further exploration when it comes to modern issues like the ones Quebec’s health system is currently facing. Based on an ongoing research project (Martin et al, 2022), this presentation will focus on the conceptualization of subjectivity by Felix Guattari and explain how it can be useful to improving nurses’ work conditions and more broadly Quebec’s health system. It will attempt to demonstrate the different applications of Guattari’s conceptualization of subjectivity, also known as unconscious subjectivity or worldwide subjectivity (subjectivité mondiale), in the hopes of contributing to the process of emancipation of nurses among other applications, the institutional analysis and its benefits for nurses will be presented through the study of Martin et al (2022).

Johnson, J. & Holmes, D. The Clean and Proper Practice: The Relevance of Kristeva’s Concept of Abjection for Nursing

Nurses regularly encounter feelings of disgust in practice, from bodily fluids and wounds to the criminal histories of patients. Though these experiences are widespread in nursing practice, there exists a culture in which they are regularly and intentionally ignored, and have received little attention in the literature. A poststructuralist examination of patient and nurse subjectivity provides opportunity to re-examine these encounters from a critical perspective. French-Bulgarian philosopher Julia Kristeva described feelings of disgust within her psychoanalytic concepts of abjection and the clean and proper self. Ablution and the process of formation of subjectivity, and remains a constant threat to the boundaries nurses attempt to erect and maintain around their clean and proper selves. Encounters with the other in nursing practice pose regular threats to nurse subjectivities. However, a culture of avoidance in acknowledging experiences of abjection in nursing results in a series of rituals developed to ward off these regular threats to a nurses’ subjectivity. This paper will employ a conceptual analysis to explore the implications of abjection and the maintenance of the clean and proper in nursing practice, with a specific focus on forensic nursing. The work of Kristeva provides the theoretical framework for this analysis. The analysis illustrates that nurses erect both physical and emotional boundaries between themselves and patients, with significant consequences for the safe and professional care patients. An examination of rituals to avoid the uncomfortable feelings of abjection and an effort for the clean and proper self care is a necessary step to improve the professional care for patients. In forensic settings, in particular, the boundaries set and rituals developed contribute to the production of ‘monstrous’ subjectivities of patients. Acknowledging the presence of abjection in nursing practice, recommendations are given on how to both embrace and overcome this experience. In particular, the concept of vulnerability is explored as an opportunity to reconceptualize abjection and its impacts.

Cummings, R. Intra-active ‘Touch’ and its Ethico-Ontological Importance for Nursing

Aesthetics has long been important in nursing philosophy. This presentation will build on emerging interest in the ethico-ontological – rather than solely epistemological – significance of aesthetics for the profession (Neff 2019, Thorne 2020). I will focus on sensory experience, a form of aesthetic knowledge central to nursing practice (Gunaratnam 2007). Nurses constantly use sight, touch, sound and smell to assess, diagnose and categorise patients. Theorizing touch as an ethical dimension brings ethical risks of generalisation: patients easily become types and diagnoses rather than individual persons. By attending closely to the situated nature of sense-data we might resist such risks. Sensory experience acts as Jacques Rancière (2010) argues all experiences should: to break down the unanimity of experience (Doda-Wyzynska 2014). It reminds us of the particularities of each encounter and brings us back to the direct experience of the other. It allows the nurse to understand the moral principles involved in our experience. The concept of intra-active touch is developed from Guattari’s notion of ‘intra-action’ (Guattari 1984), in which obligations arise through messy relations rather than the neat principalism of traditional ethical frameworks. However I propose that we take the ethical import of sensory knowledge one step further by looking specifically at touch. To do so, I will refer to Karen Barad’s notion of ‘intra-action’, the idea that reality is made in the entwinement of agencies. Unlike inter-action which suggests the coming together of pre-existing phenomena, intra-action is a form of mutual co-constitution of subject and object. Intra-action is an ethico-ontological proposition because of this undercutting of traditional subject/object binaries. Relations. It is in the inter-action that the nurse ‘object’ that appropriates inanimate worlds (2017: 16). Puig de la Bellacasa argues that touch is paradigmatic of intra-action through its inherent reciprocity. Unlike sight, sound or smell, you cannot touch without being touched. Touch blurs the boundaries between self and other in the creation of the new. When applied to clinical work this helps resist the imposition of a fixed and stable order, suggesting instead the mutual entanglement of nurse, patient, glove, drugs, forces and more. Building on existing work in nursing ethics on ethico-ontological aesthetics (for example Herholdt-Lomholdt 2019) I intend to explore the potential implications of foregrounding intra-active touch for nursing practice. I will consider questions such as how care understood on this basis might differ from that influenced by existing ethical frameworks, what it means for nurses to be entertained in world-making activities and how we can work our ethico-ontological impact of touch as nursing becomes more technologically mediated.Intra-active touch’s inherent critique of power asymmetries provides an exciting ethical alternative to representation. Its emphasis on ontological agency gestures towards a radical next step for care ethics. The concept has profound salience for nursing practice that demands to be explored.

Dillard-Wright, J. Telling a Different Story: Historiography, Ethics, and Possibility for Nursing

With this paper I will investigate some of the implications of nursing’s dominant historiography, the history written by and about nursing, and its implications for nursing ethics as a praxis, invoking feminist philosopher Donna Haraway’s mantra that “it matters what stories make worlds, what worlds make stories.” First, I will describe what I have come to understand as the nursing imaginary, a shared constructed consciousness both by nurses from within and by those outside the discipline from without. This imaginary is fashioned in part by the histories nursing produces about the discipline, our historical consciousnesses. I argue that the history of nursing has been fundamentally shaped by two sources of influence, the disciplines of philosophy and aesthetics. For Hegel, the discipline of aesthetics is paradigmatic of intra-action through its inherent reciprocity. Unlike sight, sound or smell, you cannot touch without being touched. Touch blurs the boundaries between self and other in the creation of the new. When applied to clinical work this helps resist the imposition of a fixed and stable order, suggesting instead the mutual entanglement of nurse, patient, glove, drugs, forces and more. Building on existing work in nursing ethics on ethico-ontological aesthetics (for example Herholdt-Lomholdt 2019) I intend to explore the potential implications of foregrounding intra-active touch for nursing practice. I will consider questions such as how care understood on this basis might differ from that influenced by existing ethical frameworks, what it means for nurses to be entertained in world-making activities and how we can work our ethico-ontological impact of touch as nursing becomes more technologically mediated.Intra-active touch’s inherent critique of power asymmetries provides an exciting ethical alternative to representation. Its emphasis on ontological agency gestures towards a radical next step for care ethics. The concept has profound salience for nursing practice that demands to be explored.

Martin, P. & Laurin, A.C. What can anarchist philosophy do for nursing?

Today, competition rules the business world, and most aspects of our society. This antagonistic principle, known as social Darwinism, which pits people to compete against each other in the capitalist market has taken over life. Taking the next step, Francis Fukuyama, in his book “The End of History and the Last Man” (1992), called against this path, and it is through the lens of the post-political condition put forward by the French philosopher Jacques Derrida (1986). I will shift the frame not only in an ethical, but also in a political sense to explore the potential of an anarchist philosophy for nursing and beyond. The thought and the action of today’s nursing, bringing it closer to its needed emancipatory practice in modern settings which deal every day more with ramifying injustices, viscous oppression and scheming narratives of lavish productivity and dystopian utilitarianism. My point is to foreground Nietzsche’s anti philosophical fight and argue for means of integration or replacement in nursing theory and practice, the two enemies of the ‘free spirit’ / ‘free practice’ with 1) ontological realism and 2) visceral-bound creativity both sources of emancipation for the thought and action for nursing and beyond.
PANEL: The complexities of ‘knowledge’ in relation to nursing; ethics, not considered in this abstract) provides strong philosophical underpinnings to both strengthen the validity of empirical examination of emergence as a critical focus of scholarship, and to prompt future efforts, both philosophical and empirical, eliciting creativity and understanding in ways that can inform the ‘cultivation’ of esthetic inquiry in nursing.

Ohlén, J. & Holmes, D. Pastoral power, confession and the neo-religious conversion of patients to homo-economicus: A Foucauldian critique of pastoral power, confession and the neo-religious conversion of patients to homo-economicus


The recovery model of nursing care in mental health settings, emphasizing patient autonomy, hope and self-determination, has experienced widespread implementation across Western nations. Developed in response to the paternalistic psychiatric rehabilitation movement of the 1970s, recovery aims to shift control from nurses and other practitioners to the patients themselves. Working to overcome the stigma of mental illness, patients define the direction and goals of their mental health treatment, with nurses acting as guides or facilitators to this process. In recent years an adaptation of recovery to secure forensic psychiatric care has been attempted, wherein the significant restrictions of the setting are overcome to enable the ‘secure recovery’ of patients. Recovery proposes a shift away from the medical model of care towards a more nurse-led approach, allowing patients to feel safe within the setting.

In providing recovery-oriented care, nurses utilize pastoral power in guiding patients to institutionally preferred outcomes. Akin to Christian religious baptism, nurses employ pastoral techniques in a neo-religious conversion of patients to a neoliberal subjectivity of homo-economicus. The primary method of achieving this end is through patient confession, facilitated through the pastoral development of the therapeutic nurse-patient relationship. Though recovery posits opportunity for patients to define their recovery ‘journey’, within forensic settings the only acceptable pathway entails conversion to an ethos of personal responsibility and self-government. Patients who fail to adhere to the expected pathway of recovery are left to languish within forensic settings, deemed unsuitable for community transition. Despite attempts at transforming forensic nursing practice in more egalitarian directions, recovery remains a coercive practice – albeit a ‘nicer’ form of practice – and pastoral power in guiding patients to institutionalised outcomes.

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The recovery model of nursing care in mental health settings, emphasizing patient autonomy, hope and self-determination, has experienced widespread implementation across Western nations. Developed in response to the paternalistic psychiatric rehabilitation movement of the 1970s, recovery aims to shift control from nurses and other practitioners to the patients themselves. Working to overcome the stigma of mental illness, patients define the direction and goals of their mental health treatment, with nurses acting as guides or facilitators to this process. In recent years an adaptation of recovery to secure forensic psychiatric care has been attempted, wherein the significant restrictions of the setting are overcome to enable the ‘secure recovery’ of patients. Recovery proposes a shift away from the medical model of care towards a more nurse-led approach, allowing patients to feel safe within the setting.

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