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

International Philosophy Of Nursing Society

and

Chaire de recherche universitaire en soins infirmiers médico-légaux

University Research Chair in Forensic Nursing

uOttawa

L'Université canadienne
Canada's university

Welcome!

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 tirelessy 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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IPONS

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 occured 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: Virginaia 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

UCI Sue & Bill Gross School of Nursing

Center for Nursing Philosophy

The Mission of the Center of Nursing Philosophy (CNP) is twofold:

- 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.

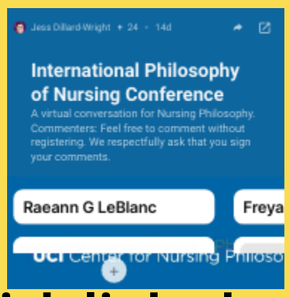
Ongoing multidisciplinary seminar series and philosophy reading groups

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

Virtual Conversations via padlet

Access accepted abstract authors & conference participants around the world through your computer, tablet or phone



Click link above or scan QR code below to connect

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!

View these Selected Abstracts throughout the conference timeline

Converse with Authors

Participate in Virtual Discussions

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

KEYNOTE SPEAKERS

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*

- **Ismalia 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*

KEYNOTE SPEAKERS

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.

Keith Robinson is professor in the Department of Philosophy and Interdisciplinary Studies at the University of Arkansas Little Rock, USA. Dr. Robinson’s recent area of research has revolved around a critical exchange between phenomenology and perspectives drawn from poststructuralist and process thinkers. It has centered principally on temporal themes, especially the concepts of "event" and "process," across a range of contexts and problems. Dr. Robinson has published one book (with a second in preparation), two edited book collections, two special journal issues, and some 20 published articles and book chapters along with several invited conference presentations.

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.

Olga Petrovskaya is assistant professor in the University of Victoria School of Nursing in British Columbia, Canada. Dr. Petrovskaya’s program of research combines her interest in eHealth and Health Information and Communication Technology. She has published over 20 peer-reviewed articles and 4 book chapters. She has presented at numerous conferences and her work has appeared in *Nursing Philosophy*, *BMJ Open*, and in *JAMIA* and *JMIR*—top journals in the health informatics field. Her first book, in press with Routledge, is titled Nursing Theory, Postmodernism, Post-Structuralism, and Foucault. In her teaching journey, her goal is to open insights to diverse theoretical perspectives in the discipline of nursing, nursing philosophy, and its relevance for nursing and healthcare practices.

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*.

IPONS Student Award

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

INTERNATIONAL PHILOSOPHY OF NURSING & NURSING PHILOSOPHY CONFERENCE

DAY 1 | Wednesday August 17th

Registration 11-5 at information desk

1:00 - 1:30 PM | **Huntington Room and Zoom**

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

1:30-3:00 PM | **Huntington Room and Zoom**

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

3:00 - 3:30 PM

BREAK: Refreshments and snacks available

3:30-5:00 PM | **Huntington Room and Zoom**

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
- Ismalia De Sousa, RN MSc, PhD student, University of British Columbia, Canada
- Janice Gullick, RN PhD BFA M.Art
- Amélie Perron, RN PhD
- Claire Valderama-Wallace, RN PhD MPH

5:00 - 5:30 PM

BREAK

5:30-7:00 PM | **Patio**

COCKTAIL RECEPTION WITH HORS D'OEUVRES

Thank you to our anonymous donor for sponsoring drink coupons for guests!

7:00 PM

ADJOURN FOR THE DAY

INTERNATIONAL PHILOSOPHY OF NURSING & NURSING PHILOSOPHY CONFERENCE

DAY 2 | Thursday August 18th

Registration 8-5:30 at information desk

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 **panel abstracts list first author only, full details starting on page 15

Approaches to antiracism in nursing

Moderated by Jessica Dillard-Wright and featuring:

- Andréa 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 **panel abstracts list first author only, full details starting on page 15

Critical-empirical scholarship on nursing issues

Moderated by Catherine Green and featuring:

- Etienne 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 Hoeck, 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) **panel abstracts list first author only, full details starting on page 15

Critical reflections on nursing

Moderated by Claire Valderama-Wallace and Miriam Bender and featuring:

- Olesya Kolisnyk: Baccalaureate nursing education
- Sarah E Jorgensen: Epigenetic leadership - The ripple effect of your words, actions, and behaviors
- Kristy Gonder: What happened to nursing's metaparadigm?
- Ana Choperena: Nurses' political dimension in pandemic times
- Jamie B Smith: From "if_then" to "what_if?" Rethinking healthcare algorithmics with posthuman speculative ethics
- Kristin Thorarinsdottir: The usefulness of the assessment tool Hermes in primary care of the elderly: An action research
- Chloé 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
- Odette Griscti: The nature and application of existential crises theory in nursing

10:30-10:45 AM

BREAK: Coffee/tea/drinks

INTERNATIONAL PHILOSOPHY OF NURSING & NURSING PHILOSOPHY CONFERENCE

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

**panel abstracts list first author only, full details starting on page 15

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 benefit, nursing as a profession, and environmental pollution as a community health need

1:00-2:30 PM | **Backbay Room and Zoom**

PANEL

**panel abstracts list first author only, full details starting on page 15

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)

**panel abstracts list first author only, full details starting on page 15

Philosophical Writings Through Critical Reading

Moderated by Mark Risjord and Jess Dillard-Wright featuring work produced in the Center for Nursing Philosophy's 2022 inaugural writing worksop

- 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, Fundacíon H. A. Barceló, Argentina: Questioning spaces. The notion of alterity in nursing.
- Kristin Ringstad, University of Victoria, Canada: Pragmatic genealogy: Implications for nursing scholarship
- Martha Whitfield, Queens University, Canada: Determining salience as a pre-requisite for capability in nurse practitioner practice
- Jo Gibson, University of Canberra, Australia: 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 Luiking, Leiden University, Netherlands: How to value and recognise 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 **panel abstracts list first author only, full details starting on page 15

Productive intersections in nursing and philosophy

Moderated by Catherine Green and featuring:

- Daniel A. Wilkenfeld, 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 **panel abstracts list first author only, full details starting on page 15

What can critical posthuman philosophies do for nursing?

Moderated by Jessica Dillard-Wright and Jamie Smith and featuring:

- Brandon Brown, Univeristy 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 **panel abstracts list first author only, full details starting on page 15

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 ethico-ontological importance for nursing
- Jasmine Lavoie, Université Laval, Canada: The numerous applications of Guattari's work; making headway for the emancipation of nurses

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

INTERNATIONAL PHILOSOPHY OF NURSING & NURSING PHILOSOPHY CONFERENCE

DAY 3 | Friday August 19th

Registration 8-12:30 at information desk

8:00 - 8:45 AM | **Huntington Room and Zoom**

IPONS ANNUAL GENERAL MEETING: tea, coffee, light breakfast

9:00 - 10:30 AM | **Huntington Room and Zoom**

PANEL **panel abstracts list first author only, full details starting on page 15

Radical ethics: what it is and why it's needed in nursing

Moderated by Janet Holt 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?

9:00-10:30 AM | **Backbay Room and Zoom**

PANEL **panel abstracts list first author only, full detail starting on page 15

The complexities of 'knowledge' in relation to nursing; philosophical explorations

Moderated by Miriam Bender 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

9:00 - 10:30 AM | **Newport Room and Zoom**

PANEL **panel abstracts list first author only, full details starting on page 15

Unpacking current practice issues using philosophical tools

Moderated by Catherine Green and featuring

- Rochelle Einboden, University of Ottawa, Canada: The visibility paradox within contemporary child neglect and abuse responses
- Jim Johansson, 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

10:30-10:45 AM

BREAK: Tea, coffee, refreshments and snacks available

10:45 - 12:15 PM | **Huntington Room and Zoom**

KEYNOTE ADDRESS

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

Olga Petrovskaya, PhD, RN, assistant professor, School of Nursing, University of Victoria, BC

12:15 - 12:30 PM | **Huntington Room and Zoom**

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!

12:30 PM

CONFERENCE ADJOURNS SEE YOU NEXT YEAR!

Thursday 8/18 9-10:30am Huntington — PANEL: Approaches to antiracism in nursing

Monteiro, A. Relations of marginality and privilege: Who is talking about anti-racism in nursing?

And when we speak, we are afraid our words will not be heard nor welcomed but when we are silent, we are still afraid. So, it is better to speak remembering we were never meant to survive. Audre Lorde (1978). Intersectional, Afro-Indigenous, anti-racist, Chicana, transnational, Latinx, cross-border, and black feminists, be they scholars, theorists, poets, or activists of colour who, even though they were afraid, spoke. So did ten BIPOC nurses who participated in my doctoral work, entitled Re: Turning the gaze: Racialized nurses' insights into their nursing education in Canada (2018). In my dissertation, women of colour feminism as a theoretical framework engaged all other feminisms mentioned above. Take, for example, the work of theorists bell hooks, Patricia Hill Collins, Gloria Anzaldúa, Audre Lorde, Patricia Monture, and Chandra Mohanty. hooks addresses sexuality, mass media, education and women of colour feminisms. Hill Collins theorizes intersectionality, black, and women of colour feminisms. Anzaldúa's scholarship involves lesbian, Chicana, border-cross, and women of colour feminisms. Lorde theorizes cancer experience, lesbian, black, and women of colour feminisms. Monture integrates law, Indigenous, and women of colour scholarships. Mohanty's theories involve transnational, third world, and women of colour feminisms. Women of colour is a common intersection within the body of work of these scholars. In fact, "intersectionality, the practice of recognizing the intersection of differences, has become the shorthand for methodological practice of women of colour" (The Santa Cruz Feminist of Colour Collective, 2014, p. 32). To come together as having a shared identity, despite differences, is tough work because we are ingesting ideas on a daily basis of what normal should be (Rojas, 2009). However, women of colour feminists have argued that collective identities are political constructions based on a common struggle for justice defined in alliance with others across differences (Desai, 2010). Women of colour feminism disrupt hegemonic spaces and make traditionally marginalized voices central to knowledge creation. Scholars of colour, through their complex scholarship and lives, have shown that it is worth claiming their identity while denouncing the visible and invisible structures of power imbalance. "Women of colour feminisms shows us the way to think and act with a larger vision of the world that exceeds the territorial, political, emotional, economic and spiritual limits of the nation-state and fixed categories of identity" (The Santa Cruz Feminist of Colour Collective, 2014, p. 32). In both historical and current relations of marginality and privilege, the question of who is talking about anti-racism in nursing has never been more crucial.

Shasanmi-Ellis, R. & Risjord, M. Structural Racism and Moral Distress: A Theoretical Framework

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 Paley (2021) has recently reminded us, Jameton's (1984) original characterization treated moral distress as a conflict between what institutional structures permit and what the nurse thinks is right. Understood 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 response of the individual. Even Varco et al (2012), who argued that both structure and agency are necessary to the conception, even defined moral distress as "the experience of being seriously compromised as a moral agent" (Varcoe et al. 2012, 59 emphasis added). The insidious character of structural racism makes a focus on the experiential character of moral distress problematic. Jones (2000) distinguished between institutionalized, personally mediated, and internalized forms of racism. Popularly called "structural racism," the institutionalized form of racism is "codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator" (Jones 2000, 1212). Because there may be no overt acts of discrimination, structural racism can be invisible, taken for granted by both those oppressed and those advantaged by the institutional structures. The effects of structural racism thus need not engender the experience of conflict. It follows—surprisingly—that if moral distress is understood as the "the experience of being seriously compromised," then moral distress need not be a consequence of structural racism. To resolve this conundrum, this essay will develop a theoretical framework for understanding moral distress in the context of structural racism, and explore its methodological consequences. The framework presented in this essay develops Varcoe et al.'s recommendation that moral distress depends on "an interaction of individual and structural factors" (Varcoe et al. 2012, 55). We deviate from Varcoe et al. by clearly distinguishing the problematic relationship between the individual and the institution (what Jameton emphasized) from the troublesome psychological consequences of that relationship (what Wilkinson emphasized). Structural racism operates in the first arena, creating a decision-making discordance between what the structure of the institution demands and the nurse's moral sense of right and wrong. Yet because of the insidious nature of structural racism, the nurse may not be conscious of a moral conflict or compromise. This, on our view, is moral distress in the context of structural racism. When nurses come to understand their decision-making discordance as the result of structural racism, it can give rise to the experiential dimension of moral distress. Moral distress has been distinguished from moral stress and moral reckoning. In the final part of our presentation, we will turn to examples drawn from an ongoing study of nurses in Brazil by one of the co-authors. In these complex cases, our theoretical framework distinguishes between moral distress associated with structural racism from the closely related phenomena of moral stress and moral reckoning.

Padgett, S.M. 'The theory tells us where to look': On the need for (re)theorizing the social in nursing practice, research, and education

The relationship of nursing to social theory has a long and vexed history; see for example the Routledge collection edited by Lipscomb (2017). These issues remain unresolved, and our theories of 'the social' remain sadly under-powered and under-examined, especially though not only in US academic nursing. The title is a slightly misremembered quote from Einstein about the role of theory in directing our attention toward certain phenomena or topics, and in framing where and how we make our observations. I use this phrase to indicate a broadly pragmatist approach to philosophy, in which theories are tools, never perfect or all-encompassing, and more or less useful for various projects. The tools that nursing needs most urgently at the moment are theories that help illuminate the social, especially in reference to political and economic forces. This need is in response to increasing concerns about racism, poverty, inequality (regional and global), and other social problems, as well as increasing evidence of the influence of those social systems on health and healthcare. The COVID-19 pandemic has made all too visible the wide gaps in risks and resources for various sectors of society. While we have begun (tentatively) to talk about structural racism, for example, we have hardly any vocabulary for talking about the influence of global capitalism on health and healthcare. Instead, nursing theories generally remain resolutely focused on individuals (the patient, the nurse), with occasional gestures toward social conditions, "advocacy", or policy-making. There is rarely any analysis of how those social conditions came to be, however, or why some policies are enacted and not others. Building on and extending the analysis of the social construction of illness by Conrad and Barker (2010), I will propose 3 levels of social influence on health and healthcare: socially embedded, socially constructed, and socially determined. These 3 levels are progressively more disruptive to conventional nursing models, but politics and economics operate at every level. I will also suggest more briefly some implications for nursing practice, education, research, and social action. My goal is not to develop 'a social theory' per se, but rather to articulate the pressing need for social theories in nursing, to suggest some possible resources, and to identify what we want them to do – where we need to look.

Thursday 8/18 9-10:30am Backbay — PANEL: Critical-empirical scholarship on nursing issues

Hoeck, B., Delmar,C., Clancy, A.M.G, Punsvik, J., Kitzmüller, G., Glad, T. & Kvande, M.E. The paucity of nursing theory and philosophy in nursing education curricula - a Nordic perspective

Nursing knowledge in the form of nursing-specific theories and theory development is essential to nursing care because it helps nurses reflect on and develop their nursing practice for the purposes of helping patients to be cured and recover, alleviating patient's suffering, and comforting patients. Nursing texts, theories, and philosophies should therefore comprise a major part of the nursing curricula at both bachelor's and post-graduate levels. The Nordic caring tradition is rooted in a care-ethics, philosophical and theoretical tradition. Relationship-based care is situational and concerned with caring encounters and a focus towards the patient as being ill and the significance of life phenomena in the suffering. Thus, there is no predetermined or standardized way of performing nursing care that nurses can follow and rely on. However, in the Nordic countries, the nursing knowledge base is influenced by political statements. Therefore, it mirrors current political development, which is based on neoliberal thinking and discourse on efficiency and competitiveness. It is a system characterized by both New Public Management and New Public Governance. These views of the welfare state might have a special narrow sighted focus on evidence-based practice, which may increase instrumentalized and rationalized nursing care. There is a lack of focus on caring and relationships, which should reflect patients' demands for tailored care and treatment. This development has led to a more instrumentalized 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. Unfortunately, this latter approach is not sufficiently reflected in nursing education curricula in the Nordic countries. Another consequence of the political focus on efficiency in health care is the increased emphasis on shared interdisciplinary modules that are not 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 own logic, philosophies, and theories. This development can be recognized not only in the Nordic countries but also in nursing education worldwide. It raises important questions about what should be done regarding 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 should be able to do at any given time in this political context. We will also address how we might move forward at the global level in the current political climate.

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 least once during a clinical rotation with bullying behaviours becoming more frequent as their program progresses. Bullying not only impacts the nursing student's mental, emotional, and 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 identified as a particular race (Black, Indigenous), age (younger/older), or class (immigrant/English as a second language). However, 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 future nurses. From the lens of relativism, understanding the truth about bullying intertwined with intersectionality is more than just acquiring insight pertaining to this phenomenon. It is about ascertaining empirical knowledge related to the context of culture, and historicity that has been woven into the profession, highlighting truth to bring about positive change in nursing. The purpose of the presentation is 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 intersectionalities by creating positive learning experiences.

Paradis-Gagné, E. The relevance of Robert Castel's 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 carried out in an eastern Canadian city. Interviews were conducted with individuals who are experiencing homelessness and who use the services of a nurse-led clinic (outreach 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) 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 Castel, a French philosopher, provided the theoretical foundation for this critical ethnography. Castel'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, Castel's innovative conceptual model is conducive 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. Castel's critical and engaged approach incites mobilization for social justice and greater protections for marginalized and vulnerable persons. Castel's theory of social disaffiliation, which is still rarely discussed in nursing, will therefore be presented to demonstrate how it has been relevant as a conceptual framework in this research project on community outreach nursing. We will therefore present how the use of critical approaches in nursing research can highlight the epistemic injustice and social and health inequalities that continue to prevail in our so-called advanced societies.

Thursday 8/18 9-10:30am Newport — ABSTRACT SLAM: Critical reflections on nursing

Choperena, A., González-Luis, H. & Errasti-Ibarrondo, B. Nurses' political dimension in pandemic times

From the perspective of the nursing profession and its philosophical dimension, the global emergency caused by the spread of SARS-CoV-2 has been consolidated as a catalyst for change. On the one hand, it has posed an unprecedented challenge for the sustainability of the health systems, so on the basis of a former scenario in which nurses' political involvement was marginal, policy health nurses' position has become really decisive. On the other, the pandemic challenge has led to give visibility to nurses' contribution, in a context where the culture of person-centred care and humanity have 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 miscellaneous narrative underlying the nursing profession has become a trend. On this basis, the interest on addressing how the pandemic has led to delineate the image of nursing disseminated by media, and more specifically, what kind of role nurses have played concerning politics in a panorama of uncertainty may be enlightening.

Littzen-Brown, C. The Development of the Nursing Practice Worldviews Scale

The purpose of this presentation is to describe the development and psychometric testing of the Nursing Practice Worldviews Scale (N-WVS 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 (Reed, 2018). Three philosophical worldviews have been generally accepted in nursing: the reaction worldview, the reciprocal interaction worldview, and the simultaneous action worldview (Fawcett, 1993). These views are based on a synthesis of worldviews from scholars within nursing, including Parse (Parse, 1987, 2015) and Newman (Newman et al., 1991; Newman et al., 2008), as well as scholars outside of nursing (Pepper, 1942; Reese & Overton, 1970). The N-WVS Scale was developed with the purpose to measure the contemporary disciplinary perspective of practicing nurses, which refers to the general perceptions and beliefs about nursing practice held by the nurse. For the initial study, which tested the initial psychometric properties of the N-WVS 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-WVS Scale is on a 4-point Likert scale and measures three separate components of the contemporary disciplinary perspectives of nursing based upon the scholarly work of (Fitzpatrick et al., 2019; Littzen, Langley, & Grant, 2020; Reed, 2018a; Terry, 2018): human-environment-health processes (n=3), healing relationships (n=5), and nursing practice knowledge (n=10). Scores on the NWV-Scale range from 1 to 4, which is calculated by averaging the responses of all items. A score of '4' indicates alignment with a contemporary disciplinary perspective, comparatively, a score of '1' indicates misalignment with a contemporary disciplinary perspective.

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 Health Resources and Services Administration (HRSA) as delivering healthcare at a distance through using technology, is considered one way to overcome transportation barriers. To put it simply, tele-health allows patients and nurses to connect virtually instead of in-person, reducing the distance regarding healthcare access. Examples of tele-health include virtual consultation, remote monitoring, and secure messaging. Over the past decade, research has emphasized the role of tele-health in chronic disease management, hospital readmission reductions, and nursing remote-monitoring. Critics are concerned that tele-health is a dehumanizing form of healthcare, fearing that it would result in nurses caring for patients without truly knowing them. However, the philosophical lens of the Humanization of Healthcare framework by Todres et al. would suggest the opposite in that telehealth humanizes healthcare and fosters trusting nurse-patient relationships. This framework consists of the following eight bipolar humanization vs. dehumanization dimensions: "insiderness" vs. "objectification", "agency" vs. "passivity", "uniqueness" vs. "homogenization", "togetherness" vs. "isolation", "sense-making" vs. "loss of meaning", "personal journey" vs. "loss of personal journey", "sense of place" vs. "dislocation", and "embodiment" vs. "reductionism". As an example, patients experience "sense of place", defined as homeness and security, as they report feelings of familiarity and comfort when using tele-health within their own homes. Telehealth also promotes "togetherness", or interpersonal support, as patients may include more of their loved ones compared to that in an in-person healthcare setting. "Sense-making", or when patients' needs are considered holistically, occurs in secure-messaging as nurses provide patients with not only educational but also emotional and cultural support. "Uniqueness", which is defined as personalized healthcare, occurs in tele-health for patients report receiving more attention from nurses through this form of healthcare delivery compared to that in an in-person setting. The purpose of this poster is to show how tele-health humanizes care through the Humanization of Healthcare framework. This poster will define each of the eight bipolar dimensions and relate them to the characteristics of tele-health, showing how tele-health is a humanizing form of healthcare. Future directions and limitations will also be discussed. Through considering the Humanization of Healthcare framework, nurses can approach tele-health as an opportunity to build deeper relationships with patients and provide person-centered quality care.

Smith, J.B., Klumbyte, 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 healthcare and the kind of exclusions 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 produces forms of algorithmic governmentality. Relying on a critical posthumanist perspective, we show how healthcare algorithmics is contingent on the way authority over bodies is produced and how predictive healthcare algorithms reproduce inequalities of the worlds from which they are made, centering possible futures on existing normativities regulated through algorithmic biopower. In contrast to that, we explore posthuman speculative ethics was a way to challenge understanding of "ethics" and "care" in healthcare algorithmics. We suggest some possible avenues towards working speculative ethics into healthcare while still being critically attentive to algorithmic modes of management and prediction in healthcare.

Thorarinsdottir,K., Ólafsdóttir,A. & Sigthórsson, R. The usefulness of the assessment tool Hermes in primary care of the elderly: An action research

The phenomenologically derived assessment tool, Hermes, was developed in a rehabilitation setting for adopting person-centered care into nursing practices.
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.
Action research methodology was applied. Participants were: i) 10 elderly patients; ii) a nurse who conducted the health assessment interviews with them through Hermes as well as providing them with subsequent care; iii) 5 general physicians. Data collection included: i) the health interviews through the use of Hermes with the elderly participants; ii) interviews with the elderly participants and the general physicians; iii) diary which the nurse kept throughout the study. Data analysis was conducted by thematic analysis and informed by the phenomenological background of Hermes. By the adoption of Hermes in the health assessment of the elderly and subsequent care, the tool's phenomenological groundings were revealed in two main aspects whose realization in turn enhanced the person-entredness of the respective practices. Firstly, the patients' lived experience of their health situation and its disturbing impact of daily life was explored through the structure of Hermes and its open and interpretative dialogue features. Secondly, these means promoted holistic understanding of the patients' situations, and trusting relationship between the nurse and the patients through which nterventions, meaningful to the patients, were subsequently based. Moreover, interdisciplinary teamwork was promoted. The upshot is that the clinical application of phenomenology in health assessment can strengthen person-centred care.

Johnson, K. What happened to nursing's metaparadigm?

Nursing's hallmark feature is its disciplinary Metaparadigm. The Metaparadigm integrates the concepts, 'person, health, environment, and nurse.' The centrality is human care and individualism in the delivery of that care. Nursing in essence is a practice, a science, and an art. The lexicon of nursing aligns with the global platform, such as the World Health Organization (W.H.O.) On their website, the first bullet point in their comprehensive analysis of health entails, 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.' In a Wikipedia search, the following is found within the definition of 'health': 'Factors affecting health are due to individual choices'.....'while others are due to structural causes.....' Now, let's back track to nursing and the Metaparadigm of, 'person, health, environment, and nurse.' In a post via Impact Network (May 18, 2020), Florence Nightingale is quoted: "very little can be done under the spirit of fear.'" The author of the post claims, "This week, as we celebrate....our nurses, ...we can begin to honor their memory by believing – .....that the heroes we will celebrate in 200 years are working in the critical institutions that are helping us get through these darkest days.". -Reshma. Nightingale's quote highlights nursing's courage and wisdom during the Coronavirus (Covid-19) pandemic. This is a well-deserved recognition. However, I posit that we have lost sight of our purpose in health, and human care. We [nurses] had such a great opportunity to embrace the holistic approach to quality of life and well-being; yet we took an opposing position to individualism. Opposition embraced hospitalization metrics vs. therapeutic protocols, silencing fellow RNs and MDs who questioned the veracity of the disease related data, and advocated for mandatory vaccines and masking without regards to individual health status and civil liberties. Nursing became political – what emerged out of our professional standards was political activism and tribalism. Notably, Special Issue of Nursing of Philosophy'– IPON: 'abolition democracy'/decolonizing nursing." The politicization of nursing has perpetuated division and marginalizing segments of our population for whom we are to care, free of personal or collectively 'approved' biases. We have abandoned the interrelationship of the four concepts germane to our traditional philosophy as a practice, a science, and an 'art.' It is worth an insightful dialogue about what we have done to promote a political narrative that is essentially antithetical to our very existence.

Jorgensen, S.E. Epigenetic Leadership - The Ripple Effect of Your Words, Actions, and Behaviors.

Nursing is a profession grounded in caring for others. In the shift from historic models of nursing to modern health care models, it is increasingly difficult to reconcile holistic caring with a capitalistic model. Nursing leaders in clinical settings, community health, education, and elsewhere are often focused on capitalistic goals because of systems that have been normalized to veer away from a humanistic caring model. The absence of caring contributes to toxic workplace culture. In an environment that is already afflicted with pernicious understaffing, inequitable pay practices, dangerous nurse-to-patient ratios, and unsafe working conditions, a lack of caring adds insult to injury. While these problems are modifiable, they remain unmodified. The messages sent through leadership's inaction and the persistent exposure to a toxic workplace epigenetically affect those who are traumatized. Leaving modifiable variables unmodified is violent. This constant exposure to trauma creates toxicity in the workplace. Not only has workplace culture and environment been linked to nursing burnout, post-traumatic stress, poor patient outcomes, and jeopardized patient safety, but the field of epigenetics is shedding light on how trauma affects a person's health at the genetic level. Although cells are encoded with a sequence of DNA specific to a gene's function, the presence of certain DNA does not necessarily mean that a gene will be expressed. The field of epigenetics reveals that gene function may have more to do with how external stimuli "switch on/off" or "turn up/down" the intensity of a phenotype. Environmental stimuli, such as chemicals, substances, or hormones may contribute to harmful gene expression. The ripple effect generated through words, actions, and behaviors influences others' DNA expression – ultimately their health, wellness, and resilience. Nurses traumatize other nurses. Leaders traumatize clinical staff. The profession has colloquially memorialized this trauma with cliches like "nurses eat their young." Epigenetically, this trauma may very well be contributing to precisely what leaders try to prevent – sick calls, burnout, poor mental health, decreased productivity, patient satisfaction, inability to meet patient safety goals, etc. Until the pattern is disrupted, traumatized generations of nurses will continue to traumatize others. Rather than focusing on leadership through the mechanics of capitalism, caring people in positions in power need to re-focus on the impact of their leadership through the continual seeking of self-awareness, self-regulation, and self-transcendence. Understanding purpose, vision, and their own ripple effect may effect change more organically in people they are leading while avoiding inflicting harm on them. As the nursing profession is re-imagined, it is incumbent upon all nurses to realize individual leadership roles. All nurses need to evaluate what precisely it is they care about, define their vision for nursing, apply mindful modifications, then understand their epigenetic mark on humankind, now and into the future. While genetics are not modifiable, epigenetics are. As a caring leader, you have a responsibility in realizing the ripple effect you generate. How might your leadership theories and styles epigenetically affect individuals and workplace culture?

Thursday 8/18 9-10:30am Newport cont. — ABSTRACT SLAM: Critical reflections on nursing

Griscti, 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 about life and death (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 (Henoch and Danielson 2009) or that address existential issues or dilemmas that nurses themselves face when they encounter patients and families experiencing these emotional crises (Pessin 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 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 currentCOVID -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).

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

Health care undergoes tremendous challenges as a result of geopolitical, economic, and demographic changes globally. The increase in the aging population, urbanization, and migration are factors contributing to increased health care complexity (World Health Organization [WHO], 2015). The efficiency and effectiveness of a health care system is dependent on the health workforce's capacity to respond optimally to issues associated with global trends. Nurses, as the largest part of the health workforce (WHO, 2009) have an important role to play in addressing the complexity of the health care demands.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 variability in nurses' entry-to-practice educational preparation, from apprenticeship models to graduate degrees (WHO, 2009). The variability is of concern because a decreased level of education may compromise health care outcomes, and the Nursing professional advancement. Examining discourses related to the establishment of nursing education and standards for Nursing 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 discourses taken in relation to the establishment of nursing education and standards.The Intellectual Capital Theory (ICT) (Bontis, 1999) was used to analyse the current state of nursing education. The analysis builds on work completed by Haggraven (2005). Haggraven implemented the post-modernist perspective of Foucault (1979), which suggests a pluralism of discourses and includes different positions used to analyze nursing, and social and health policy (Smith, 1960), socio-economic policy (Dingwall, Raffertey, Webster, 1988), militarization (Starns, 2001), and image (Hallam 2000). There are numerous discourses focusing on Nursing professional development and associated educational requirements. Hargreaves (2005) identified six discourses: nursing as a reform, nursing at times of medicine 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" (Haggraven, 2005). 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) (Bontis, 1999) suggests the increased need for highly prepared nurses. Nurses with a baccalaureate degree (BN) positively contribute to optimal patient outcomes and safety (Aiken et al., 2014), and lead to graduate education and career advancements. Higher nurses' education is emphasized by scholars, academics, professional regulatory bodies, and health care authorities (WHO, 2015). To become a universally professionalized discipline, within and outside health care organizations, nurses need to pursue higher education, work in challenging environments demonstrating their knowledge, and present themselves clearly to the public (Hoeve et al., 2013). The BN as entry-to-practice requirement internationally is essential to enhance nurses' practice, public awareness of nurses' contributions to society, and advance the evolution of Nursing as a discipline.

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

Background: There has emerged a social issue in Korean nurses committing suicide 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 inferiority of the working environment of nurses in Korea. Frequent reports of nurse 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 nurse suicide. The perspective of philosophy, post-structuralism, contributes to the effect of subversive analysis: how things happen and how we understand the phenomenon, which also affects our daily lives. As looking 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 dramatically improve them.Significance: By questioning the philosophical framework of post-structuralism and cultural nuance, researchers may 1) interpret 'Taeum' which 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 to 'Taeum', 4) and 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 'burning' or 'to make a fire burn' in Korean. However, 'Taeum' is a type of slang that when translated, means 'burns until the spirit becomes ashes' in the Korean nurse community. The term refers to a culture of 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' to each other and eventually choose the path of suicide to turn into a handful of ashes. Nurses end their lives on their own because of the nursing culture, despite their commitment to providing the best professional care to patients and saving their lives. Conclusion: '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.

Thursday 8/18 1-2:30pm Huntington — PANEL: Healthcare is the problem, not the solution

Larocque,C. & Foth,T. Knowledge translation and the hidden neoliberal assault on liberal democracy

Knowledge translation (KT) is a broad term encompassing the generation, synthesis, and application of research findings in practice. Knowledge is understood as "scientific" knowledge that is "useful," directly applicable to clinical practice, and which can be further distilled into knowledge products such as decision aids or best practices. Many KT approaches champion a "social contract" between society and science, a "partnership approach" to research predicated on collaboration, consensus, and pragmatism. Proponents of KT claim this approach challenges traditional hierarchical authorities (medical and scientific) through an appeal to reason—fully embracing the Enlightenment's motto sapere aude. However, despite claiming to be inclusive and emancipatory, KT's consensus and action orientation are fundamentally undemocratic. This is evident in both the hidden axioms of KT and its role as an instrument of new governance. Masquerading behind inductive methods and falsification, KT antithetically insists on a universalism which makes predictions and explanations of human actions possible. Thus, KT follows a rational choice model which provides nomologic-deductive explanations by deducing explanations from axioms. In other words, if initial conditions are met, the event (or action) under study will occur. Thus, fundamental assumptions of KT are people always act rationally; people base their actions on certain types of information (according to Bayle's Rule); people evaluate their options based on the values defined in the theory (non-altruistic or utility); relevant nursing "commodities" are homogeneous and infinitely divisible; preferences remain fixed for the duration of the time frame in question. Thus, a rational choice model construes individuals as homo economicus. As described by Wendy Brown (2015; 2019), neoliberal rationality has permeated every sphere of our society. The primary administrative instrument of neoliberal rationality is new governance, which manages the conduct of conduct of subjects at a distance through the fusion of business (economic) metrics with the management of the public sector. KT promotes policies, partnerships, and consensus —all buzzwords taken directly from private industry, steeped in neoliberal ideals of (cost)effectiveness, responsibilization, and limiting the possibility for dissensus to discussions of budget and finding efficiencies. From this perspective, KT appears as a technology of new governance. What can be gleaned is these aspects—assuming a rational choice model and neoliberal rationality—are indivisible and together evidence how KT is profoundly undemocratic. The very foundation of KT is predicated on a paradox: an appeal to reason which precludes the very possibility of questions of justice which challenge the hierarchical authorities it claims to critique. This manifests contemporarily in neoliberal rationality; as an instrument of new governance, KT claims to be inclusive and able to address "real-world" issues, but in fact simply spreads a neoliberal rationality. This presentation will unpack the implications of KT's entrenchment and ubiquity in nursing and how it brings a fundamental reconceptualization of how we as nurses perceive ourselves, our profession, and our world. We will highlight that KT is a profoundly undemocratic way of conceptualizing nursing and thus deprives nurses of any means to critique the racist, capitalist, and increasingly unequal societies in which we live.

Valentine, S. Social Contracts for Strengthening the Common Good : Community Benefit, Nursing as a Profession, and Environmental Pollution as a Community Health Need

I propose that an intellectual grounding in the political philosophical concept of social contract supports consideration of a renewed operationalization of both hospital community benefit and nursing as a profession. Further, I propose a point of synergy for this transformation in work to assess and address environmental pollution as a community health need. The primary notion of social contract is that the nation state holds granted authority and that this authority is paired with attendant responsibility for protection of both liberty and common good. Elements of these responsibilities may, in part, be distributed to private actors. In the case of private non-profit hospitals, social contract takes form in community benefit. In community benefit the hospital takes on a partial proxy role for the nation state in the expectation for the hospital to contribute to the common good of the community (beyond paid services). In turn the hospital is granted non-profit status and tax obligations are reduced or eliminated. Community benefit for non-profit hospitals is a political philosophical concept; a set of related federal regulations; and the actual processes and practices of non-profit hospitals in response to these regulations. US federal community benefit regulations now require non-profit hospitals to conduct triennial assessments of identified community health needs and engage strategic planning to address those needs. A full engagement of this responsibility to community benefit calls for broad assessment of and response to community health needs. Such an approach should appreciate and respond to the impacts of both distal and proximal determinants of health, including social and environmental determinants. Although many hospitals have applied population health principles to community benefit practices and have begun to address socio-environmental determinants of health such as healthy food availability and walkable streets, little has been done to address environmental pollution as a community health need. Such lack of action is the case, even as evidence builds regarding the magnitude of environmental pollution as a determinant of health. Nursing also claims a social contract, that of professionalism: in exchange for self-regulation and protections of scope and domains of practice, we hold an obligation to serve the well being of society. Environment is established as a core domain of nursing, yet actualization of this domain is limited. Nursing may take leadership through a deeper embodiment of professionalism - a fuller expression of our values and domains through an actualization of our environmental domain. In doing so we will strengthen the common good.The hospital is primarily a site of nursing practice and care. Nursing should engage and lead in hospital community benefit policy and practices so that environmental pollution is included as an element in community health needs assessments and, when such needs are identified, that there is critical appraisal of utility and feasibility in strategic decision making that will direct best actions (institutional and collective) for communities. I advance that such action would represent a synergy in broader fulfillment of the social contracts of both nursing as a profession and of non-profit hospital community benefit.

Thursday 8 / 18 1-2:30pm Huntington cont. — PANEL: Healthcare is the problem, not the solution

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

As an expansion of a recently published paper by Jenkins, Burton, and Holmes (2021) titled "Hospitals as Total Institutions", this presentation will examine the ways in which modern acute care hospitals embody Erving Goffman's definition of 'total institution', and the mechanisms by which mortification of self is operationalized behind contemporary hospital walls. The image of the hospital is presented to the public as a patient-centered place of healing; a haven for people to recover from injury and disease, receive necessary treatments and monitoring and above all, a safe place to receive care. Though the oft-criticized total institutions of the past, including tuberculosis sanitaria and large mental institutions, have been nearly dismantled, the totalizing institutional practices embodied therein have found a way to remain extremely present within our actual health care system. This presentation will explore the totalizing practices which, through mortification of self, a person within an institution exercises little control, and is essentialized to serve the needs of the institution. Within the commodity-driven health care system in the United States, the corporatization and capitalist-driven heartbeat of health care, as well as a dearth of community and public health resources, has led to the institutionalization of hospitals. These institutions in turn exhibit varying degrees of totalizing practices. In privatized, corporate healthcare models, the needs and desires of the patient may be incongruent with the productivity of the organization, and various methods of control may be exerted to preserve productive caring operations. The bureaucratic practices, policies, and rules associated with the administration of care and safety in hospitals may serve as barriers to their oft-espoused person-centred narrative, as well as act against the preservation of the autonomy of patients and nurses upheld by the nursing profession. Particularly, methods of control and surveillance over patients and nurses alike, usually most strictly used on the most marginalized of populations, may result in poorer outcomes for patients and role conflict for nurses. At a time in history in which the US health care system experiences great destabilization, there is an opportunity to rebuild. As we examine the past, present, and future of health care, and the nursing profession, it is essential that we both examine and make visible the ways in which these demonstrated totalizing practices may disrupt the agency of both patients and nurses alike. Although totalizing practices impact all participants in the hospital ecosystem, this presentation will explore the ways in which patients and nurses undergo similar experiences of mortification.

Thursday 8/18 1-2:30pm Backbay — PANEL: Approaches to decolonizing nursing

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

Although gaps remain, recently there has been emergent research and thought in the area of decolonization in Nursing, and an application of pre-existing models to assist in facilitation of this. However, current nursing philosophy and models of care are limited. For Indigenous Peoples in the Western Hemisphere, and globally, allowing for cultural competence, humility, and safety in themselves do not decolonize. These are ways in which care can be provided in an often still-colonized health care system, and care provided in these systems may knowingly or unknowingly continue harmful colonial practices, as they remain centered on a Western, often biomedical approach to health and Wellness for Indigenous Peoples. The same may be posited for continued use of Nursing philosophies which are centered in Western worldviews.Authentic and effective approaches to the decolonization of nursing and healthcare are in need of a philosophical and practical shift- that from Indigenous Knowledge as folk/alternative therapies and adjunct to mainstream healthcare, to Indigenous Knowledge Systems, worldviews, and lifeways being centered in a holistic system focused equally on health and wellness. Rather than overlay the biomedical model, or apply externally developed Nursing theories that are not derived from Indigenous worldviews, ontologies, epistemologies, axiologies, etc., efforts should be made to support the development and implementation of local/global theories, model, and systems in Indigenous communities. The process of centering Indigenous Knowledge in the provision of nursing care is a process of decolonization. It removes the implicit superiority of the Western, or biomedical model (itself a descendant of the Catesian split) as the sole 'owner' of knowledge and evidence-based practice, In centering Indigenous Knowledge Systems, it is understood that these systems and resultant lifeways are health-protective and health-promotive for Indigenous Peoples, are evidence-based upon their own merit, and are legitimate reservoirs of scientific knowledge. This process may be supported and achieved through relational processes, accompaniment, and openness to a process of learning/unlearning. Relationality, and relational accountability are necessary in this endeavor, and represent a fundamental shift in Nursing philosophy, models, and the therapeutic relationship. These shifts may promote a goal beyond health equity – that of health sovereignty for Indigenous Peoples.

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

"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. Storytelling is one of the trusted approaches to generating knowledge about the past in many cultures, but unfortunately, many stories have been/continue to be erased or misrepresented. For many racial and ethnic groups and cultures, colonialism has been imposed as central to their narrative. Their stories are often told in a way that glorifies colonialism as the genesis of knowledge. As if without colonialism, there would be no story, no knowledge, no existence. This narrative is very much embedded in nursing. It is difficult to imagine what a "decolonized" nursing would look like without looking at how care and healing looked before and during colonialism. This understanding offers knowledge about ways of knowing, healing, and caring, and forms of resistance that protected specific ways of caring and healing and passed them on to other generations. These forms of caring and healing continue to be part of nursing in many cultures, but they are undervalued and rarely discussed. One of the main problems contributing to this is that most conversations and movements to "decolonize" nursing, as well-intended as they are, fail to connect the history of nursing and colonialism or offer practical steps to moving forward. This happens because even conversations about decolonizing nursing tend to be framed using colonial frameworks and exclude those who have been/are still harmed by colonialism. Current calls to decolonize nursing often encourage scholars to "reimagine" nursing. While there is an appeal to reimagining nursing, especially for those who hold power over the profession, I argue that the call should be centered on reconnecting with philosophies of care and healing and ways of knowing that have been/continue to be erased. In this presentation, I will discuss practical steps toward decolonizing nursing using a storytelling approach and ensuring this process centers on scholars who have been historically excluded. • Understanding 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.• Examining and addressing the impact of colonialism on nursing epistemology and centering excluded ways of being, knowing, teaching, and caring. • Acknowledging and addressing the harm associated with colonialism, racism, and exclusion in nursing• Shaping a path for decolonized futures built on respect and collaboration

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

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…" (Scott 1920, Indian Affairs Canada). The ongoing impacts are well documented; Indigenous Peoples continue to experience intergenerational trauma, health and social inequities, and structural violence. Centuries of forced relocation and violence has resulted in Indigenous people becoming "economic and political refugees" (The Red Nation, 2021) in their own homeland, and their knowledge, values and practices have been effaced from nursing and health practices. The COVID-19 pandemic has had devastating effects on Indigenous communities across Canada and the United States with catastrophic outbreaks and deaths. To manage these, a number of communities closed their borders and set up health protections and supports for community members. We are working with a First Nations community in Canada to understand how they responded to the COVID-19 pandemic and supported members of their community. There were no cases of COVID-19 in the community in the first one and a half (1½) years of the pandemic. The Red Deal is a manifesto dedicated to structural transformations of Indigenous lives through anti-colonial resistance and widespread community engagement. While not a 'theory' per say, it encompasses theoretical concepts of postcolonial/decolonial theories and the violent legacy of colonization on Indigenous peoples and their lands. Developed by the Red Nation, a coalition of Indigenous and non-Indigenous activists, educators, students and community organizers, the Red Deal offers a vision for the future and a path to address the marginalization of Indigenous struggles, knowledge and ways of life. It is a counter narrative to the capitalist-colonial philosophy and modus operandi that prioritizes individualism and economic profits and while extracting the life from Indigenous peoples including their health, cultural traditions, social functioning and political order. Concepts within the Red Deal included caretaking human and non-human worlds, establishing a social context of relationality and reciprocity, tribal sovereignty and just relations, and envisioning other possibilities for Indigenous life. In this presentation will illustrate how concepts from the Red Deal were revealed within the communities' responses to the COVID-19 pandemic as they closed their borders to the outside world, built on community strengths and traditions. We held six sharing circles with community members, Elders, and the health team (n=55) 1½ years into the pandemic. Using concepts from the Red Deal as overarching categories, we inductively analysed the data to understand how community members supported each other and together protected the community from the COVID-19 virus.

Thursday 8/18 1-2:30pm Newport — ABSTRACT SLAM: Philosophical writings through critical reading

Gibson, J. The Hidden Curriculum

Nursing education in the higher education context communicates more to students than might be recognised. The hidden curriculum has a persistent and pervasive presence within educational settings. Features of the hidden curriculum include historically rooted tacit rules power dynamics and uncritical acceptance of perceived normative practices and expectations that carry a false sense of objectivism (Raso et al, 2019). (Dewey (1938) wrote that perhaps the greatest of all pedagogical fallacies is the notion that a person learns only the particular thing 'he' is studying at the time. Academic teachers of nursing and nursing students are continuously interactive and reciprocally influential co-participants in creating the formal, informal, and hidden curricula of nursing education and nursing practice. The relational processes of the hidden curriculum assure the perpetuation of its content (Haidet & Stein, 2006). 'Much of social life, including what happens in educational settings, takes place 'beneath the radar' because the predominance of daily life, educational or otherwise, is routinized and thus taken for granted. (Hafferty & Gaufberg, 2021 p. 35). The hidden curriculum hides between the taken for granted, the regulated and relationships between nursing students and academic teachers that are critical as contexts of learning. Critical reflection about what nursing students and academic educators know and what knowledge is valued and the perspective represented in terms of formal and informal knowledge is needed. Who people are and what they do, how they relate to others, and what and how they think and know take shape within a dialectic between individuals and their cultures. Opening engagements between discursive representations of practices and the substance of material reality including the becoming of humans who exist in relationality is to quote Barad (2007, p185) – 'because the becoming of the world is a deeply ethical matter'. Feminist scholarship, critical reflection on our own lives, helps us to reconsider matters of identity, relationship, and epistemology (Aranda, 2019).If curricula always have a hidden dimension how should we think about that dimension if we want to design curricula in nursing that does what we want relationally and ethically?

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 care for patients. But this description alone is not sufficient to describe expert or capable NP practice. In this paper, I explore one aspect of what it means for NPs to fulfill their distinct role in healthcare. While NP practice is often assessed using competency-based models, I propose that competence, while a necessary condition for NP practice, is not sufficient. Specifically, the NP must register what is salient in choosing which competencies, knowledge, and experience are relevant in order to develop and manifest an integrated approach to any practice situation. Only by applying this combination of knowing within new and unfamiliar situations is the NP able to respond to present and future healthcare needs. The notion of developing a reliable sensitivity to salience, and of applying salient skills and knowledge in new situations fits with proposed definitions of capability in professional practice. Further, capability is dynamic: NPs must continue to develop new skills and knowledge throughout their professional careers. I argue that capability as the definition of what an NP can do and be is defined by their ability to: register salient features of practice situations; draw on prior competencies, knowledge, and experience; integrate salient knowledge and information in new and unfamiliar situations; and to engage in ongoing development of their professional skills – all in the service of meeting the needs of individual patients and addressing public health priorities.

Thursday 8/18 1-2:30pm Newport cont. ABSTRACT SLAM: Philosophical writings through critical reading

Sanger, K. Can nurses care for someone, without caring about someone?

Is it possible to provide as nurses, 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 claims, inherently different from those who are not nurses, then how do nurses themselves care for or about people differently in different settings, for instance in carceral settings? In the course of their day, these nurses care for some people that the nurses themselves may feel are morally repugnant or have committed heinous crimes. 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 Wrubels (1989) concept of ontological caring. Here, Edwards provides clarification delineating the term 'caring' to represent 'intentional caring' as distinctly different from ontological caring. Edwards then further splits general ontological meaning to represent 'deep' care vs. 'identity-constituting care'. I will demonstrate that when the nurse does not care about a patient, it is the inheritance of the obligation of duty to the patient, vis a vis 'Nursing' as well, that has been passed down through nursing history that drives the nurse to provide care for the patient in the ontological sense. While I make use of and further develop 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 whom they would not normally care about. While Edwards' use of these three delineations in the concept of care helps further define nursing's 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 carceral setting.

Ringstad, K. Pragmatic Genealogy: Implications for Nursing Scholarship

Nursing comprises dynamic, internally diverse, historically inflected practices shaped and guided 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 paradigmatic 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 being 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 to evaluate and subsequently revise or vindicate them? This paper explores pragmatic genealogy, a form of conceptual reverse engineering, 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 Leuenberger's (2021) functional genealogy of essentialist authenticity as an exemplar, it is then shown how such an inquiry 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: What does it mean to be human 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 of self in connection with humans and machines. Current accounts of relational autonomy distinguish between choices that express both objective and subjective social norms in practice 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 human 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 surgical practice, the profession is expected to genuinely promote a greater understanding about 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.

Luiking, M.L. How to value and recognise 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 a patient. As a result, nurses get to know those in their care, their needs, and wants. They are in a suitable position to advocate for their patients' needs and to make certain decisions that can improve the outcome of care. Professional clinical autonomy means having the authority to make decisions and the freedom to act in accordance with one's professional knowledge base. Thus, it is essential for nurses to exercise clinical autonomy, the authority, freedom, and discretion of nurses to make judgements about patient care they give. An example of clinical autonomy is when a nurse may reflect on a conversation with a peer or recall a patient from the past that offers guidance and relevant information about various care options. Nurses make autonomous decisions all of the time, sometimes without knowing for example raising the head of the bed when a patient is short of breath. However, considering clinical autonomy just as a freedom of will does not give the full picture and leaves the nursing profession undervalued. When our self- conceptions are partially informed by processes of our social circumstances, it seems that clinical autonomy should not just be about the freedom of will but also about the rich pallet of societal thought, impressions, and interactions with others. Clinical autonomy should be seen as a concept consisting also of a set of socially acquired practical competencies . Derived from a nurses take up of responsibility and choices made when free to do so. It is important to know when is taking up responsibility suitable. This seems to be the case when nurses and society consider nurses capable, the situations are appropriate, and nurses and society are willing for nurses to take up that responsibility. Therefore, the nurse is expected to become a person who thinks, makes decisions, and takes responsibility for his/her decisions, not just someone who takes orders. The most basic way for nurses to fulfill this expectation is to have individual and professional clinical autonomy.

Biggerstaff, 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 hidden under the guise of altruism. While this criticism has been primarily focused on unskilled white volunteers working in Sub-Saharan Africa, it is also present within white nurses working with non white populations. One lens that White Savior Complex can be viewed through is that of Virtue Ethics. Virtue ethics examines the totality of a person and their action, and evaluates both internal motivation and external consequences when looking at moral action. Virtue ethics looks at a moral individual's balance of vices and virtues. Traditional nursing virtues include beneficence, autonomy and justice. Vices are "traits that inhibit effective and responsible intellectual inquiry and hence effective practice" (Greenhalgh, 2016) Arrogance is one such vice, where an individual believes themselves to be superior to others, blinds them to the harm that they may cause, and overestimates their capabilities. Arrogance can be a result of pride and compassion that become overdeveloped and are not constrained by humility and realistic self awareness. In the case of White Savior Complex, arrogance is a result of racism that leads an individual to believe that their whiteness makes them more capable and effective than they actually are. There has not been much discussion of White Savior Complex through a philosophical lens, and a better understanding of the problem through virtue ethics can help us better understand why it is wrong and how white nurses working with non white populations can avoid arrogance to be better moral actors in their profession.

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 the interventions suggested by Rosser (2016) represent a brute-force approach to EBP uptake to nurses working 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 empirical 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., knowing what type of solutions or dressings are advantageous for use in particular wound care situations), there are other forms of evidence which are 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 other(s). The mark left by the biologist model in nursing training has contributed to consider the notion of alterity from an ethnocentric 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 crosses in 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 process of colonization. The argument of this paper is that nursing is a cultural profession that has a ch´ixi (R. Cusicanqui, 2010) way of existence and inhabiting spaces. 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.

Thursday 8/18 2:45-4:15pm Huntington — PANEL: Productive intersections in nursing and philosophy

Rentmeester, C. & Liebzeit, M. A. Gadamerian Approach to Nursing: Merging Philosophy with Practice

In a way befitting of his general attitude towards philosophy, Karl Marx once stated that "one of 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 Marxian descent from the clouds and merge philosophy with practice. Edmund Husserl's invocation 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 philosophical engagement with practical realms, 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 in general and patient communication in particular. We look particularly at Gadamer's Truth and Method as a helpful starting point to understand the role that the human sciences play in nursing in which "a truth is communicated that cannot be verified by the methodological means proper to [natural] science." We argue that Gadamer's claim that cultivating phronesis, that is, practical wisdom, requires experience and reflection, is particularly useful in explaining how excellent patient care requires clinical experience: one cannot be a great nurse simply through reading textbooks. Moreover, reflecting on one's clinical experience—what worked and what didn't and why—is crucial for professional growth, thus indicating that clinical care journaling is good practice. We then turned more pointedly to Gadamer's hermeneutics and unpack his argument that fruitful dialog occurs when both parties—in this context, 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 or lacking, thus 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, Diagrams, and Conceptual Models

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 visual 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, Hills 2018) but succeed at causing understanding in accounts that understanders to be able to think more efficiently about a target phenomenon (e.g., de Regt 2017, Wilkenfeld 2019). By contrast, more elaborate models might provide the basis for new explanations and thus count as understanding-conferring on the former accounts of understanding, while failing 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 idiosyncrasies 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 use them. Moreover, I then extend the point that we should be catholic in how we expect information to be consumed and produced beyond education. For example, we should think carefully 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 nurse 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 race, gender, and sexual orientation. An increasingly self-critical discourse characterized by the explication 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 discourses, most notably the recently developed American Association of Colleges of Nursing (AACN) position statement (2022) on the future of the research doctorate in nursing. This presentation uses the work of Georges as one exemplar of this discursive shift, including her work in collaboration with Benedict in identifying the ways in which professional nurses participated actively in state sanctioned violence during National Socialism in Germany. Out of this historical documentation, Georges draws upon the work of Agamben to draw parallels of similar contemporary nursing participation in state sanctioned violence, focusing on the concept of the zoe/bios dichotomy as a theme in Eurocentric social processes. The recognition of contemporary nurses' active participation in racist and sexist practices, while rarely seen in mainstream nursing literature prior to 2001, evolves into a growing body of nursing philosophical literature foregrounding oppressive practices and begins to influence mainstream discourses of nursing research and education. The AACN position statement developed in 2022 on the future of the research doctorate in nursing is used as an exemplar of a mainstream document sensitized by this discursive shift, with profound differences from its 2010 predecessor document in scope, language, and context in which the nursing PhD is situated. Implications for this discursive shift within the context of current political movements such as QAnon and Black Lives Matter are described, with a specific focus on nursing's potential futures as both/either a continuing agent of state sanctioned violence or a locus of resistance and force for social transformation.

Thursday 8/18 2:45-4:15pm Backbay — PANEL: What can critical posthuman philosophies do for nursing?

Hopkins-Walsh, J & Willis, E. What is person centered care if you were not considered a person in the first place?

In this paper, we look at person-centred care (PCC), one of the most prominent contemporary understandings of the patient in healthcare and embraced by organisations such as theInternational Council of Nurses (ICN). As models develop together with and from others, so did the model of PCC as response to the biomedical model of the patient. However, the concept of person centeredness is not bound to nursing and was developed with philosophical thoughts and influenced by thoughts of psychologist Carl Rogers, who developed person-centred therapy. Despite the international and national influence person-centred care has had in 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 influences of person-centred care with a critical posthuman framework, examining assumed and embedded concepts, such as the colonial, homo- and transphobic, racist, disabilist, and ageist, consequences of uneven power distributions on a societal level that person-centred care reproduces without critique. We do this with a critical posthuman framework, "concerned with the underlying conditions that structurally reify inequality and ultimately undermine nursing practice". In a next step, we critique person-centred care by positioning our critique within others who have done this work before us and by presenting evidence of shortcomings within person-centered care. We then critique the approach we choose as we highlight the problematic realities that might be produced in healthcare, possibly leading to some people being disenfranchised from healthcare. We advocate for choice and self determination of patients and staff. We emphasize that we support the fundamental mechanisms of PCC enabling patients' choice, however, without critical introspection these will always be limited to a portion of humans. A theoretical critique of PCC with critical posthumanism to us "is a form of organised estrangement from dominant values" in the hope to rethink care. Last, we present limitations to our perspective by pointing to the fact that any reimagining of models such as PCC should be carefully done by engaging with people with diversity dimensions and the academic expertise that exists.

Brown, B. The Vitruvian Nurse

Emblematic of the "ideal man," the Vitruvian man is a proposition advanced by critical feminist posthumanism philosopher Rosi Braidotti. We extend Braidotti's axiom of the Vitruvian man to think about the Vitruvian nurse, elaborating on the production of the Vitruvian nurse as an idealised and perfected form of nurse, and how this contributes to burnout in nursing. Self-sacrificial language in nursing habituates self-sacrificing expectations and how the conditions of possibility are created through collective imaginations and institutionalised through regulatory frameworks. The domineering expectations instigated by the Vitruvian nurse metaphor and codified by regulatory frameworks gives rise to boredom and burnout. We then suggest possible ways to diffract regulatory frameworks to practice with affirmative ethics and reduce feelings of self-sacrifice and exhaustion amongst nurses.

Laurin, A C. & Martin, P. From transhumanism to a critical posthumanism: an ontological dehierarchisation of living beings

Posthumanism, as a growing area of interest in many disciplines, has been associated as an umbrella term for many movements such as transhumanism and critical posthumanism. However, these movements have different tenets and philosophical bases, born out of Enlightenment ideals and postmodernist views, respectively. While medicine, and nursing participates in this transhuman desire to offer treatments and technologies to push the boundaries of the human body, they inadvertently espouse an anthropocentric view which casts aside other considerations like inequalities in the human experience and how our choices impact the natural world. Transhumanism reprises the hegemonic humanist precept which considered the human as a single identity, a white, European, able-bodied man. Posthumanism, as a form of resistance to transhumanism, views humanity, ecology and technology as intertwined, which allows us to rethink our ways of being in the world, in relation to humans and non-humans. It decenters our areas of concern from solely human experiences to consider other vantage points and deconstruct ontological hierarchies. As posthuman scholar Francesca Ferrando states, it is urgently time to consider the posthuman turn, by including voices from different disciplines to consider posthumanist precepts through multiple lenses. As we rethink hierarchies and relations between humans and other organisms, let us not forget the still unresolved challenges that remain in the way we organize ourselves as humans in societies. In healthcare and elsewhere, hierarchical relations lead to inequalities for different groups. While not promoting an anthropocentric view, we believe hierarchies and inequalities between humans should be addressed concurrently with the post-human hierarchies of humans and non-humans. In this presentation, we will look at the genesis of transhumanism and posthumanism, to address the persistent dehumanizing relations between humans, specifically as it applies to healthcare and the experience of nurses in these systems. Professional and social hierarchies limit the human experience, especially in healthcare institutions since the vantage points of the less privileged are systematically devalued. We will then explore how resistance to these persistent uneven power relations becomes essential in response to rising technological imperatives, and in the face of mounting and unpredictable ecological change which characterize our posthuman world.

Thursday 8/18 2:45-4:15pm Backbay — PANEL: Deconstructing nursing subjectivity

Lavoie, J., Martin, P. & Laurin, A.C. The Numerous Applications of Guattari's Work; Making Headway for the Emancipation of Nurses

Félix Guattari was a French philosopher and psychiatrist that has participated in numerous experiments of an emancipatory nature notably the CERFI, a collective of researchers in the field of social sciences that he founded in 1967. He was also one of the militant thinkers of the 1960s and 70s who turned to the emancipatory potential of new social subjects in response to a growing distrust 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 collaborative nature. More precisely, this presentation focuses on his conceptualization of subjectivity that emerged from his time as a psychiatrist 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 that lies among the institution resembles the waves of an ocean; each of them unique but part of the ocean nonetheless. The subjectivity therefore cannot be controlled but can be exercised through psychoanalytic techniques of analysis and, as a result, soften hierarchies, open walls, decentralize levers 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 how his work can contribute 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 concept of institutional analysis and its benefits for nurses will be presented through the study of Martin et al. (2022).

Johansson, J. & Holmes, D. The Clean and Proper Self: 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 Julie Kristeva described feelings of disgust within her psychoanalytic concepts of abjection and the clean and proper self. Abjection signals the 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 abject 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 nurse's 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 patient care. An enactment of rituals to avoid the uncomfortable feelings of abjection and an effort to maintain the clean and proper self is widespread in nursing practice. 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 abject encounters.

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. These skills have often been understood as a form of pattern recognition (Benner and Kyriakidis 2011). I will argue that while important, pattern recognition also 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 Ranciere (2010) argues all aesthetics should: to break down the unanimity of experience (Doda-Wyszynska 2014). It reminds us of the particularities of each encounter and in doing so foregrounds the problematics of translating specific corporeal moments into the generic. Sensory experience is then a counterpart to feminist care ethics (Gilligan 1982; Noddings 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 process of mutual co-constitution of subject and object. Intra-action is an ethico-ontological proposition because of this undercutting of traditional subject/object relations. It rejects, in Puig de la Bellacasa's words, the 'untouched position of the master subject-agent that appropriates inanimate worlds' (2017: 115). 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 idea of care enacted on a fixed and stable other, suggesting instead the mutual entanglement of nurse, patient, glove, drugs, forceps and more. Building on existing work in nursing philosophy 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 entangled in world-making activities and how we sustain the ethico-ontological importance 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.

Friday 8/19 9-10:30am Huntington — PANEL: Radical ethics: What is is and why its needed in nursing

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

With this paper I will interrogate 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 consciousness constructed 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 ontology, which is demonstrative of our disciplinary values and the ethics we practice today. I assert that how we choose to constitute ourselves as a discipline is itself an ethical endeavor, bound up with how we choose to be and what we allow as knowledge in nursing. To animate this discussion, I will outline the received historiography of nursing and dwell in the possibilities of thinking about Kaiserswerth, the training school that prepared Nightingale for her exploits in Crimea and beyond. I will briefly consider the normative values that arise from this received history and consider the possibilities that these normative values foreclose upon. I then shift the frame and ask what might be possible if we centered Kaiserswerth's contested legacy as a training school for formerly incarcerated women, letting go of the sanitary and sanitized visions of nursing as Victorian angels in the hospital. Much energy over the past 250 years has been invested in the professionalization and legitimation of nursing, predicated (at least in our shared imaginary) on the interventions of Florence Nightingale, but this is one possibility of many. I conclude with a speculative dream of the terrain opens up for nursing if we shed this politics and ethos of respectability and professionalism and instead embrace community, abolition, and mutual aid as organizing values for the discipline.

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 also contaminated care. Based on the Hobbesian logic of "all against all", this concept is certainly not born out of the most salient points of Darwin's theory. In reality, natural selection rewards organisms that are good partners, more than those who are the best competitors. The notion of mutual aid, which Peter Kropotkin introduced in the 19th century, goes against this logic of competition as a natural condition, and instead shows how mutual aid is a more important factor to consider for the survival of a group. The best cooperation strategies allow organisms to adapt to different types of changes in their environment – and we have witnessed a lot of these changes since the start of the Covid-19 pandemic. This propensity towards cooperation is not a foreign concept, despite how it seems to be overshadowed by individualism in Western societies. If the anarchist theorist Kropotkin had observed, at the end of the 19th century, that the species who were most successful in the hostile environment of Siberia were species who cooperated with each other and with other species, the First Nations have always relied on this cooperation. Recent discoveries by biologists like Janine Benyus also lead us to realize that the oldest living systems on our planet, the trees, owe their success to mycorisian symbiosis, that is, to their work in symbiosis with the fungi in mutual care. These reflections lead us to wonder if it is possible to apply the anarchist philosophical principle of mutual aid to our social organizations, rather than giving priority, again and again, to competition and professional hierarchies, especially in our healthcare systems, and particularly in hospitals were the majority of nurses work. For us, anarchist philosophical precepts can be the key to the optimal functioning of our healthcare systems. Anarchism can not only allow us to imagine a radical utopia, but it can also definitely help to imagine the first steps to take to gradually move away from ideologies that encourage competition and professional hierarchies. In this presentation, we will first explore anarchist philosophical percepts before proposing several concrete ways they can be applied to nursing, nursing discipline, hospitals, and healthcare systems. Finally, we will also discuss the several constraints to the application of anarchist thought, notably in nursing research and education, which include the prioritisation of competition and hierarchies in research and financing opportunities, from which innovation should emanate.

Krol, P. Nietzschean anti-philosophy: his « free spirit » for an emancipatory nursing

Nietzsche's work is known as most influent on certain branches of contemporary philosophy, influencing avant-garde works by Heidegger, Foucault or Deleuze; therefore, making Nietzsche's work a masterful contribution to critical theory or continental philosophy. Nietzsche claimed his mission was to break with and adventure beyond the philosophy and ethics that had been erected before him: his greatest philosophical enemies were metaphysics and the logos, both impeding the « free spirit ». For Nietzsche, the « free spirit » is a companion of the modern man of idealism (utilitarian and science-laden) but he is not to be confused with him: the « free spirit » is a contemplative and creative being/attitude, suspicious on his own passions and inner drives. For Nietzsche, the "free spirit" overcomes modern man imbue of science and utility by acting for himself as a realist and deeply ethical man, he opens his heart to nature / life and its inherent and necessary brutality, he fears idealistic philosophy, normative ethics (deontology) and feeble politics, always sought to criticise and go beyond them. In this presentation, I explain some of the Nietzschean augments to foster the fight for the "free spirit", aiming at two of his greatest enemies (philosophical arguments bound in/for 1) : metaphysics – Schopenhauer and 2) logos – Socrates. Then, I argue this fight will contribute to the necessary reshaping of the thought and the action of today's nursing, bringing it closer to its needed emancipatory practice in modern settings who deal every day more with ramifying injustices, viscous oppression and scheming narratives of lavish productivity and dystopian utilitarianism. My point is to forego 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.

Friday 8/19 9-10:30am Backbay — PANEL: The complexities of 'knowledge' in relation to nursing

Dallaire, C., Hardy, M.S., H. & Moubarak, N. Popper and Kuhn: how did they influence nursing science ?

Amid a somewhat pervasive anti-science context in nursing, some efforts were and are still being engaged in developing part of it as a science and in proposing scientific nursing knowledge as being of value in caring. In the last few decades, nurses have drawn on philosophy of science and philosophy of knowledge to answer questions about the nature of nursing knowledge, the nature of science, and the congruence between the nature of knowledge and research methods. More specifically, this presentation will look at the influence of philosophy of science on nursing and on discussions about nursing science and nursing knowledge. In particular, the presentation will look at how two philosophers of science, Popper and Kuhn have had profound influence in the quest for recognition of nursing science and the production of nursing knowledge. From a review of some publications that have analyzed or promoted those particular views of science over the year, an analysis has uncovered some implications. Results of the analysis show that they have been used to give legitimacy to nursing science, to nursing knowledge development, to explain the progress or lack of progress of nursing knowledge. However, one also finds that the influence of those philosophical perspectives on nursing, range from simple misunderstanding, confusion on terms, to promotion of ideals based on disputable premises as well as constructive support claimed to be from one or the other. In conclusion, some remarks will discuss the influence of those philosophers of science on the intellectual discourse of nursing and how it has contributed to a maturation of a part of the discipline called nursing science.

Risjord,M. & Wissel,E.Mind, Body, Spirit, ... and Poo? Microbiome Research and the Holistic Imperative in Nursing

Integrating research on biological micro-mechanisms into nursing knowledge has been a persistent challenge to nursing because of what we might call the holistic imperative: in order to support holistic nursing practice, nursing knowledge must be holistic. On one hand, biological research supports many valuable nursing interventions and has always been a central part of the knowledge that supports nursing practice. On the other, knowledge of micro-mechanisms is a paradigm of reductionism, and appears to stand opposed to holism. Microbiome research falls squarely in the middle of this dialectical tension. Many authors resolve this tension by calling for a radically new approach to nursing metaphysics and epistemology. On such revisionist views, it is hard to see how microbiome research would have any place at all in nursing science. This presentation will take the opposite tack. We will use recent advances in microbiome research to show that, ironically, a reductionist approach to cognition and the microbiome gives us a more holistic framework for understanding the microbiome in health. To put the point paradoxically: to advance the holistic imperative, we need more reductionistic science. The value of a reductionist understanding becomes particularly evident when examining the microbiome for its potential role in human cognition. A number of suggestive lines of research point to possible cognitive functions of the gut microbiome. Were the microbiome to play the right kind of role in cognition, our mind would not only extend into our body (cognition is embodied), it could extend outside of our bodies (cognition is extended). More than showing that thought is embodied and extended, microbiome research could expand our conception of a thinking being to include one composed of multiple organisms (cognition is holobiontic). Whether the gut microbiome's functions are cognitive, however, depends on how the line between cognitive and non-cognitive function is drawn. The character of such a “mark of cognition” has been hotly disputed in the philosophy of mind. This presentation draws on the philosophical literature to articulate a criterion for cognitive function that would apply to the gut microbiome. It will then argue that the present state of microbiome research satisfies the criterion. According to this argument, it seems likely that the microbiome functions in ways akin to the sensory receptors. The holism that might emerge from the reductionist science of the gut microbiome would be one where we think of persons as emerging from and depending on a system of relationships among our brains, our bodies, our microbiome, and the environment. Knowledge of such relationships would not be speculative, but based on knowledge of concrete micro-mechanisms. While the science remains nascent, it opens the possibility for dimensions of nursing care that would integrate a patient’s subjective experience, including cognitive and emotional well-being, with micro-mechanisms that shape the microbiome, such as diet, past traumas, and broader environment.

Bender, M. From fixing belief to reasoning the new: The evolution of Peirce’s method of inquiry and its relevance to nursing

Peirce was a scientist who recognized that variation was always the only stable outcome of measurement. Throughout his career Peirce inquired into this ‘fact’ of instability/uncertainty, and his genius was in not explaining it away as anomaly or error. Rather, he admitted that the world was ‘chancy,’ and philosophically worked out the consequences of a chancy world in terms of a method of inquiry.
This paper provides a brief overview of the evolution of Peirce’s method of inquiry, called semiosis. Peirce overcame the philosophically troublesome dualism of mind and substance by reconceiving the world as a logical production via signs interpreted through the process of semiosis. In this way Peirce could demonstrate continuity between the natural and the human, and indeed every part of the world. Peirce’s semiosis addresses an inexhaustible world, transforming traditional notions knowledge as the predicates of pre-existing entities, towards a notion of knowledge qua function. In this way ‘what exists’ is transformed into that which awaits inquiry. Thus, knowledge of the world becomes an ongoing evolutionary semiotic process of interpretation which is expressed ontologically - the world qua metaphysical product of a method of inquiry. Peirce’s method of inquiry reconciled guessing/intuition and reasoning/logic so that instinct became of-a-piece with reasoning. Peirce reconceived ‘instinct’ or intuition as an esthetic process permitting into inquiry that which can evolve into regularity. It involves the sense of feeling that-which-does-not-yet-signify, meaning, chance. This ‘apprehension’ of chance constitutes the work of bringing the new into the fold of the interpretative process and thereby “further the development of concrete reasonableness.” Nursing scholars and clinicians keenly understand that nursing happens amidst a dynamic, ever-changing context and it happens through ‘knowledgeable action’ and not through an unknowable process of ‘guessing.’ Peirce’s philosophical method of inquiry affords a ‘pragmatic’ orientation to ‘knowledgeable action’ that does not bifurcate reasoning into distinct domains, such as explicit/objective and tacit/subjective, which at minimum begs as-yet unanswerable questions as to how each domain functions and interacts with each other to result in ‘knowledgeable’ action. Peirce’s method of inquiry emphasizes how feeling and fact are not opposed. It also explicitly foregrounds indeterminacy/chance for reasoned discourse. If the world consists of the metaphysical products of a method of inquiry that is forever in a state of incipiency, then the world constitutes an ongoing temporal affair of which there is currently limited scholarship to help describe and understand. Peirce’s work removing the boundary separating esthetic and logic (and 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, elucidating creativity and emergence in ways that can inform the “cultivation” of esthetic inquiry in nursing.

Friday 8/19 9-10:30am Newport — PANEL: Unpacking current practice issues using philsophical tools

Johansson, J. & Holmes, D. Pastoral power, confession and the neo-religious conversion of patients to homo-economicus: A Foucauldian critique of recovery in forensic psychiatric settings

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 settings has occurred, wherein the significant restrictions of the setting are overcome to enable the ‘secure recovery’ of patients. Recovery proposes a shift away from the more custodial and authoritarian nursing approaches typical of forensic psychiatric settings. This presentation will adopt a Foucauldian perspective to offer a critical analysis of recovery in forensic settings. 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 fails to meet the purported goals of this paradigm in secure settings. Recovery cannot exist independent of the power relations, discourse and ultimately coercive neoliberal apparatus that is the forensic psychiatric milieu. Alternative and more radical alternatives are explored that exist outside the carceral logic of forensic psychiatry.

Öhlén, J. & Friberg, F. Person-centred conversations: a theoretical analysis based on perspectives on communication

Person-centredness as an idea has a strong heritage in nursing and is a clear theme in the current nursing and broader healthcare discourse. We notice, however, that person-centred conversation is usually discussed as a distinct and unitary approach to communication, primarily related to the philosophy of dialogue – the philosophy of Martin Buber. In this paper we take the concept of person as our point of departure to critically reflect on theoretical perspectives on communication in order to understand person-centred conversations in the context of nursing. We position the concept of the person through the use of Paul Ricoeur’s philosophy and follow by distinguishing four theoretical perspectives on communication before reflecting on the relevance of each of these for person-centred communication. The perspectives are: a linear view on communication as transfer of information, communication as relation out of philosophy of dialogue, practice-based communication out of constructionism, and community of practice. In relation to the concept of the person, we find transfer of information not relevant as a theoretical underpinning for person-centred conversations, while the other three are relevant. From these three perspectives, we distinguish five types of person-centred conversations relevant to nursing: problem identifying conversations, instructive conversations, guiding and supportive conversations, caring and existential conversations, and therapeutic conversations. Through this analysis, it is argued that person-centred communication and conversations are substantially different from transfer of information. We will also discuss the significance of communication adjusted to specific situations, including emphasis on how we talk in relation to the aim of a conversion or what it deals with (topics).

Einboden, R. The visibility paradox within contemporary child neglect and abuse responses

Despite a high prevalence of less spectacular forms of child neglect and abuse, experts engage in practices to substantiate abuse by performing detailed physical assessments of children’s bodies, creating photo-documentation, and collecting forensic evidence to support legal proceedings. These practices have developed alongside imaging technologies, and although these technologies continue to be refined, visible signs of abuse on children’s bodies remain rare. The purpose of this paper is to examine the production, operations, and effects of contemporary medico-legal responses to child neglect and abuse. Data includes interviews with 21 practicing nurses in British Columbia, Canada as well as relevant guidelines, polices, and legislation. Fairclough’s dialectical-relational critical discursive analytic approach is used (Chouliaraki & Fairclough, 1999; Fairclough, 1992, 2009), theorised by drawing together Donna Haraway’s (1997) ideas of technobiopower; Spinoza’s (1677/2000) ontological understandings of human perception and knowledge; and Žižek’s (2009) insights on violence, specifically on the relationship between subjective and objective violence. This analysis demonstrates how concentrating responses to child neglect and abuse on the most obvious forms moves attention away from more common, but less visible forms of violence. This spectacularisation of child abuse narrows understandings of violence within visual forms and paradoxically requires these images to justify children’s need for protection. Relations of power are concealed within interpretations of images as neutral and unmediated representations. Prioritisation of knowledge produced within the discourse of objectivity limits nurses’ potential contributions to child protection by ignoring their ability to assess and intervene through relationships with families. Thus, children’s access to both retributive justice and protection are undermined by contemporary practices, which are infused with biopolitics that distract from the pervasiveness of violence and negate other ways of responding to it.

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