Caring as Emancipatory Nursing Praxis
The Theory of Relational Caring Complexity

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In the culture of health care, nurses are challenged to understand their values and beliefs as humanistic within complex technical and economically driven bureaucratic systems. This article outlines the language of social justice and human rights and the advance of a Theory of Relational Caring Complexity, which offers insights into caring as emancipatory nursing praxis. Recommendations provide knowledge of the struggle to balance economics, technology, and caring. As nurses practice from a value-driven, philosophical, and ethical social justice framework, they will find “their voice” and realize the full potential that the power of caring has on patient and organizational outcomes. Key words: caring, human rights, nursing praxis, social justice, Theory of Relational Caring Complexity

Peace power reflects a feminist ideal where the focus shifts to chosen values [caring ethics, love, human rights, and justice] that guide the exercise of power, and to considering what happens to people’s relationships when power is used.1(p18)

CHINN’S ASSERTION of the importance of peace power is a call for respect for a feminist moral philosophy, related to power that energizes peace “praxis, empowerment, awareness, cooperation, and evolution”1(p10) and ensures human rights and justice. The assertion reflects, in essence, a social caring ethic, a practice of how we think after identifying through critical reflection, dialogue, reasoned argumentation, beliefs and values of human dignity, human rights, and justice (or fairness) that must be woven into the cultural fabric of daily life.1-4 As such, this social caring ethic is caring as emancipatory praxis. It is a science and art, “...the simultaneous reflection and action directed towards transforming the world...”.5(p67) and the subsequent understanding, through reasoned evaluation of meaning for participants in moral community life.1,6,7 Overall, critical caring science or caring as emancipatory praxis (transformative practice) is reflective values-in-action1(p18) to improve and protect human rights and social justice by means of creative approaches to inquiry, critique, and praxis in the social world. The social world includes social-economic-political, transcultural knowledge development, and evaluation and implementation of rules of law and systems to cocreate the meaning of critical human caring ethical action.1,4 [In this article, the use of hyphens orients the
reader to the structure, process, and social action of reflective practice.] In the postmodern era of professional nursing praxis, this moral way of life is a complex critical relational caring science which calls for a renewal of our humanity, our spirituality, and the meaning of being-in-relationship by addressing ethical action–values-in-action in the complex nursing situation.\(^1,^6-^9\) The challenge to nursing today is not only seeking understanding of the language of social justice, human rights, and peace for self and others in current national or international sociopolitical systems but also for self-in-relation to environments that are complex, highly medicalized, and economically focused bureaucratic health care systems. To meet this test of caring-as-emancipation-as-praxis science and art of highly medicalized and bureaucratized health care systems, research was conducted over a decade-long period by Ray and Turkel\(^8,^10\) to facilitate awareness, understanding, and choice for transformation. A theory was discovered by using both quantitative and qualitative research methods, including patient and professional tool development to study economically centered practices. The theory of Relational Caring Complexity is the focus of this chapter.\(^8,^10\) It is a unique contribution to advancing our understanding of social justice and human rights and particularly the importance of the call for caring as emancipatory nursing praxis. The theory emphasizes socio-economic-political communitarian, spiritual, and ethical caring in the world of nursing in complex health care organizations.

THE LANGUAGE OF SOCIAL JUSTICE AND HUMAN RIGHTS

Both social justice and human rights are foundations for caring praxis and peace. Watson advanced the idea that "...when we proceed with knowledge and practices [of caring] that others do not know or see, we then have responsibility to offer it to others...In this line of thinking, there is a connection between Caring (as connecting with, sustaining, and deepening our shared humanity) and Peace in the world."\(^11\) Although social justice and human rights are articulated in society, there is opportunity for more clarity. For the purposes of this chapter, the concepts are shared in the following way. Social justice (the application of the ethical principle of equity-fairness or impartiality) is considered a central value of democratic societies and social institutions. Although not all scholars are in agreement, according to the theorist, Rawls\(^12,^13\) justice as fairness or equity incorporates the following principles: (1) all persons have equal rights to basic liberty; (2) social and economic inequalities, for example, inequalities of wealth and authority are just only if they result in compensating benefits for everyone, in particular the least advantaged; (3) offices or positions are to be open to all; and (4) that the system works to benefit the least advantaged as well as the advantaged (distributive justice). Moral reasoning by treating each person as a moral person is required to deal with the ideas of fairness and equality of opportunity. Social justice thus relates to both reward and punishment. As such, impartiality or fairness is concerned with everyone whose welfare might be affected by what we do, for good or evil within moral and legal frameworks. Impartiality not only affects individual fairness or rights but also embraces the whole moral community or humanity across space and time (in all cultures, organizations, and nations) with no boundaries of race, religion, class, or sexual orientation.\(^1,^12-^16\)

The concept of human rights incorporates a foundational social goal of respect for human dignity. All human beings are born with equal and inalienable rights and fundamental freedoms.\(^14,^15,^16\) Freedoms consist of thought, conscience, and religion or belief.\(^17\) In juxtaposition to social justice, human rights underpin the ethical principle of equity by moral participation and the rule of law highlighting “doing the right thing.” Commitment to human rights reinforces respect for initiating and protecting civil rights for all people, including cultural rights, the rights of...
women, men, children, the elderly individuals, immigrants, refugees, stigmatized groups, animals, and the environment. Moreover, the concept of human rights incorporates the right to information, determining economic rights, and seeking understanding of social, economic, and environmental sustainability (outcome of the United Nations Millennium Development Goals Mandate). Protection of individual autonomy, doing no harm, and doing good (beneficence) also comprises the provision of health care for all (a goal of the World Health Organization) and other international organizations, especially nursing.

In a globalized and digital world, social justice and human rights’ challenges face all leaders of nations and corporations in terms of issues of interpretation and meaning. How the domain of human rights and imparting justice are interpreted or complied with is both the test and challenge of sovereign nations. National, cultural, or religious “rules of law” put side by side with international “rules of law and goals” often increases apprehension for leaders and citizens of the world. The goal of the United Nations Declaration of Human Rights Charter, however, is human rights for all people of the world no matter what national or religious interpretations may be articulated.

THE VOICE OF SOCIAL JUSTICE IN NURSING

In their examination and analysis of a Nursing Manifesto, Kagan et al identified ideas to engage nurses to be more cognizant of the meaning of the values of social justice by turning to the meaning of emancipation in nursing research, practice, and education and leadership. The Nursing Manifesto highlighted ways to facilitate “raising the voice of nursing” to assume “... ethical responsibility to work towards humanizing health care practices and promoting the ideals of social justice.” Moreover, ideas from books and position statements, such as the book Peace and Power: New Directions for Building Community, the Transcultural Nursing Society Position Statement on Human Rights, the Standards for Culturally Competent Nursing Care: 2011 Update, and the conceptualization Social Justice: A Framework for Culturally Competent Care examined and reinforced nursing’s commitment to social justice and human rights. Competent caring, that is, seeking understanding of and transforming health care organizations by setting up ethical standards and policies for the workplace bring awareness and support to nursing’s social responsibility around the world.

SOCIAL RESPONSIBILITY IN NURSING

Historically, social responsibility has been a rallying cry for nursing since the time of Florence Nightingale. Human rights and social justice were advanced since that time and in the United States by scholars and nurse activists, such as, Dock, Nutting, Wald, Lloyd and others, until the present time. The principles of social responsibility have been situated in scholarship (see, for example, Advances in Nursing Science and the Journal of Advanced Nursing), codes of ethics, diverse schools of nursing university curricula, and national and international nursing organizations. Nursing science in general and as it relates to the tenets of contemporary social justice and human rights has been advanced and strengthened locally and globally over the last 40 years. Scholarship and the call for sociocultural action in nursing practice has concentrated attention on the following:

- the nursing manifesto as emancipatory praxis;
- peace and power for community building, empowerment, and transformational leadership;
- critical theoretical interpretation;
- cultural health care rights, for example, via the Transcultural Nursing Society Position Statement on Human Rights.
a model of cultural competence and advocacy; 
• a moral construct of caring as communicative action; 
• a model of caring science as a sacred and hopeful paradigm; 
• communitarian/transcultural ethical caring; and 
• critical caring theory advocating health equity.

Ray, Turkel, and Ray and Turkel, and Davidson et al began advancing ideas and conducted research of complex sociocultural, political, legal, technological, and economic dimensions in relation to relational, spiritual, and ethical caring in bureaucratic health care organizations over the last 3 decades. The research reflects the dialectic of the emergence of relational caring complexity and how structures or patterns emerge and are synthesized from the study of the meaning of relational caring actions in complex health care organizations.

COMPLEXITY SCIENCES AND RELATIONAL CARING COMPLEXITY SCIENCE

Complexity science, or now the more comprehensive term—complexity sciences, is the science/s of wholeness and quality incorporating theories of change. Complexity sciences are also known as complex adaptive systems that emerge from nonlinear interactivity. Complexity scientists state fundamentally that all things in nature are interconnected, integral with the environment, interrelated, nonlinear, structurally similar, holonomic, organized into patterns, and self-organizing. (Complexity science applications in nursing revealed that the idea of self-organization is a relational self-organizing process by virtue of caring, the action of love.) After Einstein’s theory of relativity, quantum theorists and complexity scientists developed theories such as, quantum theory, nonlinear systems’ theory, particle theory, string theory, fractal theory, chaos theory, and so forth. In nursing, the science of unitary human beings, holographic theory, and relational caring complexity theory have reflected some (but not all) of these selected concepts. Within the sciences, the discovery of constructs, such as interconnectedness, belongingness, uncertainty, patterning, hysteresis (patterns reflect their past history), and pattern transformation facilitate understanding of change over time. These patterns reveal, for the most part, no rational predictable behavior, but the emergence of new, more complex structures known as nonlinear emergent properties. In this process, the observer cannot be separated from the observed (Heisenberg’s Principle of Uncertainty); the future is always open, self-organizing yet always changing (emerging). Rather than a view of science previously established as mechanistic, controllable, objective, and predictable, there is now acknowledgment of views such as spontaneous activity, uncertainty, and unpredictability that are dynamic, holistic, and complex within complexity sciences. The ontology and epistemology of nursing science as interconnected and relational is congruent with some of the principles of complexity sciences.

Four decades ago, Rogers’ conceptual system of the science of unitary human beings illuminated the integrality of the human and environment. Her ideas highlighted the view that human beings are patterned energy fields without boundaries and are continually changing and creatively emerging. As such, Rogers’ conceptual system of mutual patterning of the human-environmental field characterizes human life and complex whole systems (known by their patterns that reflect wholeness). Rogers claimed that “[t]he capacity of life to transcend itself, for new forms to emerge, for new levels of complexity to evolve, predicates a future that cannot be foretold.” Rogers rejected the notion of self-organization in preference for
the coevolving, integral nature of the mutual process, which is also supported by the research of Ray and Turkel, and Davidson et al. In the treatise on the contemporary state of nursing science grounded particularly on the Science of Unitary Human Beings followed by related theories, relationships emerged as the central focus of the discipline. Relationships in this view incorporates notions of a patterned energy field, the undivided whole of the mutually unfolding human environmental field. Leininger, Newman et al, Roach, Watson, Ray, and Ray and Turkel to name a few nursing scholars envisioned this energy in the universe and in nursing as caring relationships—an ethic of caring and love and a spiritual force, for example, immanent (relational process within the world) and transcendent (spiritual, inspired, intuitive, and eternal) energy forces wherein inspired value-based ethical choices in networks of relationship unfold. This process secures conscience in critical self-reflection within the moral tradition. Relational caring complexity thus is a power that binds by definition and frees by spiritual and ethical choices so that creativity and “values-in-action” can continually emerge, flourish, and transform.

THE THEORY OF RELATIONAL CARING COMPLEXITY IN NURSING LEADERSHIP

Nursing practice and health care leadership are driven by a complex system of humanistic, spiritual, and ethical caring dimensions; economic, technological, and legal regulations; and politics in local, national, and international organizations. Ray advanced a grounded Theory of Bureaucratic Caring that emerged from a study in the complex organization of a hospital and identified these phenomena with differential caring discovered as a quality of caring in diverse clinical and administrative units. Use of Hegelian philosophy components of thesis, antithesis, and synthesis fostered the emergence of the formal theory of bureaucratic caring (structure in the complex organization) that became apparent in the study of the hospital organizational culture. The thesis of caring as humanistic, spiritual, ethical, and social in relation to the antithesis of the bureaucratic (political, legal, economic, and technological) was discerned as a new synthesis—the theory of bureaucratic caring. By researching and understanding the meaning of caring as an expression of the complex human-environment mutual process, insight about the complexity of caring in nursing and organizations as holographic was revealed showing the relational self-organizing quality of the interrelationship of parts and wholes (holism) in the complexity of nursing as caring in organizational cultures. Caring, therefore, is a complex, transcultural, relational process, grounded in an ethical and spiritual complex organizational context of sociopolitical, economic, and technological patterning. Right action and justice or fairness in terms of the social-cultural and relational caring dynamics were reflected upon, debated and/or enacted within the complex dynamical structure of the organizational moral community. Following the discovery the Theory of Bureaucratic Caring, Ray and Turkel studied the “economics/business” of caring in nursing and health care organizations for 2 decades. Subsequently, they discovered the Theory of Relational Caring Complexity (economic caring theory). This theory is grounded in the Theory of Bureaucratic Caring and additional research and theory development, such as Turkel’s “Struggling to find a balance: A grounded theory of the nurse-patient relationship within an economic context.” With both the knowledge gained from this research on economic caring and ideas inspired by the theorist Foà on the relationship among goods, money, services, and interpersonal resources such as love (caring), status, and communication, the Relational Caring Complexity theory highlighted how important it is for administrators and practicing nurse leaders to invest in human...
capital and social justice. From 2 decades of research and the transtheoretical evolution of the study of economic caring within complex health care organizations, Ray and Turkel’s Relational Caring Complexity theory illuminates the enfolding of an organizational community as a living organism where patterns and processes of nursing and caring in the contemporary organizational culture of health care systems unfold to influence, improve, and transform nurse and patient outcomes. The source of life in these organizations is the critical dimension of reflective dialogue, ethical values, action, and choice making within the network of relationships.52,53,55 The what, why, when, where, and how of choice making by the moral community affect the lives and well-being of the members of the community (patients and families, nursing and health care staff, physicians, and administrators), and ultimately the social system at large. Thus, the meaning of an organizational moral community unfolds as spiritual and ethical to protect human rights and enact social justice within the structure of relationships—a communitarian caring ethic.4,55

THE MORAL CARING COMMUNITY AND CHAOS THEORY

The phenomenon of dialogue, values, choice making, and transformative action in the moral caring community in health care organizations can be explained by Chaos Theory and its metaphors (the paradoxical science of wholeness), a theory within the Sciences of Complexity, principally from the work of the physicists Poincare and Lorenz; and in this presentation, Relational Caring Complexity Theory that emerged from the study of caring in complex health care organizations. In Chaos Theory, patterns are interconnected in a network of relationships; how they are linked correspond to principles of order, a creative reordering or self-organization at the “edge of chaos,” a communication and information process that feeds back on itself.51 In this work and previous research in the Theory of Relational Caring Complexity, self-organization is considered relational self-organization by virtue of the focus on the nature of caring as relational—a magnetic attractor for transformation to health, healing, and well-being.8,55,55 In all evolving human and material systems including health care systems, there is a tension between order and disorder at a margin that drives change. Systems considered inflexible and unyielding are actually turbulent (witness the state of nursing and health care today). There is dynamic turbulent activity that takes place at this margin or boundary called the “edge of chaos” where forces of reciprocity between order and disorder occur. Small changes can produce similar or sometimes different huge-patterned results. At this boundary, there is a bifurcation point where change takes place, where something new emerges or disintegration occurs.51,53 At this bifurcation point, a phase space (the edge of chaos between order and disorder), the system encounters a future that is widely open.

As an example of this process, one fluctuation or change in the system will become dominant and a new pattern forms with greater order, or self-organization. In this chapter, we equate this process to economic repatterning and ethical caring action where new arrangements for order are activated. As such, the phase space is a place for potential entropy (disintegration, decay, or equilibrium) or transformation. At the potential point of decay (entropy or equilibrium state), in the phase space, a “magnetic appeal” of a system is exerted that pulls the system toward it. The system hesitates and is seemingly offered a choice among various possible directions in evolution. Through the intertwining of iterations or feedback loops in the phase space, the chaotic state (disorder and order) contain the possibilities for “self organization”—structure, processes, and patterns. The system is now free to seek out its own solution to the current situation; it chooses one possible future leaving the others behind. Chaos, rather than being a mindless movement has awareness; it seeks out and chooses its own
subtle form of order. Bifurcation points constitute a living history of the choices made in living systems from primordial beginnings to complex cellular and sociocultural forms of today.\textsuperscript{51–53} As such, systems self-organize through choice making. The processes in human sociocultural systems reflect the mutual human-environment relationship. These processes are inseparable, representing an intricate holism within chaos (disorder and order) in the networks of relationship that are continually emerging.\textsuperscript{51-53,55} (To reiterate, self-organizing or self-organization in nursing is \textit{relational} self-organization because of the magnetic appeal or attractor of relational caring [the action of love and ethical reflection] in the network of relationships.\textsuperscript{56,60,61})

Relational Caring Complexity Theory is a dynamic model of nursing, caring, inquiry, and spiritual and ethical choice-making discovered through our research on organizational caring within the network of the caring relationships that emerges in holistic systems in nursing and health care. The magnetic appeal in the “phase space” was identified and validated as caring and the spiritual and ethical processes for transformation and again as reinforced throughout this article is referred to as \textit{relational self-organization}.\textsuperscript{8,53,60,61} As such, order cocreated is that of choices made in relationship and is associated with patterns of spiritual and ethical caring. Patterns of the mutual human-environment caring relationship continually enfold and unfold in complex moral health care communities. The theory calls for new ways of continually seeking understanding of systems as living organisms and moral communities—as places where social justice and human rights within the complexity of political-economic-legal-technological bureaucratic caring systems unfold by the choices made. New ideas, new ways of relating, new ways of leading, and new ways of managing organizations make possible reasoned economic and caring responses to the challenge of systems at the edge of chaos. The “call” within and outside of the profession of nursing is caring transformation.\textsuperscript{8} The call to nurses is valuing and putting into practice relational caring science and art within highly medicalized and bureaucratic economic systems. In studies related to the emergence of the Theory of Relational Caring Complexity, relational human caring, not cost alone, was the predictor of the \textit{value} of nursing and healthy outcomes for patients.\textsuperscript{10,45-47,53,55}

The following section presents examples of how starting small in organizations makes a huge difference in nursing practice and health care systems. A critical reflective action-learning framework has been identified to initiate change in select health care organizations.\textsuperscript{10} With relational spiritual and ethical caring at the center of choice making, nurses are translating the Theory of Relational Caring Complexity in practice and facilitating \textit{relational self-organization} to emancipate nurses, patients, administrators, and others from many organizational issues, especially economic or bottom line and political issues. Relational Caring Complexity Theory provides a framework to help nurses understand human rights and justice and the complexity of health care organizations in terms of how meaning and choices are made within the context of these complex organizations. The theory addresses how new \textit{meanings} of knowledge generated by dialogue, participation, and critical reflexive and reflective interpretation\textsuperscript{17,55,55} (the \textit{emancipatory interest}) can support or evaluate the choices made to transform the moral community.

\section*{THE PRAXIS ENVIRONMENT OF NURSING IN THE COMPLEX SYSTEM OF HEALTHCARE NETWORKS}

Social justice, caring values, and economic realities of nursing practice and health care policy, as we have learned, are not new challenges or concerns for the discipline and profession of nursing. Registered nurses have contributed to the scholarly discourse on and practice of the principles of social justice and human rights within economic health care systems for more than 75 years. Nursing has
been committed to a moral ideal of protecting, preserving, and enhancing human dignity and translating that ethical ideal and right into practice by means of integrating the language of human caring into moral action (caring values-in-action) from a theoretical and philosophical perspective. Within large health care organizations, registered nurses value integrating caring into practice but often leaders and administrators do not value caring as a practice framework, or empower nurses to implement their values throughout the organization. Hospital leaders focus on customer service approaches to care and patient satisfaction scores instead of valuing theory-guided professional nursing practice models. Concepts related to human caring in the past have not been a dominant aspect of the educational curriculum for the majority of registered nurses. Baccalaureate education continues to focus on the medical paradigm, the disease process, and empirical knowledge; however, change is emerging with attention in university education to the identification of caring, culture, and complexity within the Essentials of Nursing of the American Association of Colleges of Nursing. With these changes in the area of nursing scholarship, the authors trust that new knowledge development will focus not only on clinical interventions, disease prevention, and the response to disease from the perspective of pathology and traditional empirical science but also on the human caring perspective. Funding from the National Institute for Nursing Research is primarily focused on scientific research related to symptom management, disease prevention, or response to disease. But change is occurring also with funding; for example, consideration is being given to palliative and end of life care. One can question, however, will concepts such as relationships, peace, social justice, caring, humanity, morality, and consciousness become central to the discipline of nursing and funding sources or remain the core values and areas of discourse for a select group of scholars? The bigger question is how will the traditional and nontraditional outcomes of esthetic praxis, caring-healing modalities, and social justice be studied and disseminated if there is insufficient funding for scholars to pursue in-depth systematic research?

**PRAXIS EMERGING FROM HISTORICAL CONSTRAINTS**

Moral conflict ensues primarily because of issues related to health care economics and human caring, which have been either neglected or not reconciled by the majority of leaders in health care. As an example, in 1929, Fox wrote about the concerns related to the economics of nursing when private nursing was a luxury and of which only 10% to 15% of the public could afford. Fox questioned whether the need for nursing should be based on the patient’s need for care rather than income. She expressed concerns related to inequality in the distribution of nursing services and the high cost of care within the current system. Fox concluded that the health care system of the future must “conduct the entire undertaking according to the most enlightened economic, social, and professional standards.” Historically, before Fox’s vision became a reality in terms of social justice within the economics of nursing, the Great Depression of the 1930s significantly influenced health care financing as hospital and physician organizations struggled with the growing inability of patients to pay their hospital bills. Nurses’ passion for social justice prevailed, not as forcefully in hospitals but more with public health/community nurses. When public health began to expand, registered nurses proved themselves as capable and courageous in the 1930s and 1940s as during the period of World War I and beyond. The irony of the era was that the nurses in practice continually faced social injustice from hospital administrators. Hospitals maintained control over nursing practice and education for a long period of time. Salaries for registered nurses were inadequate and nursing students provided the labor. Administrators made no attempt to identify the real cost value of nursing...
care. As always, the focus of nursing care was doing for the patients even though nursing practice was dominated by the medical model and physicians’ orders.

THE PARADOX BETWEEN CARING AND HEALTH CARE ECONOMICS

In 1965, Congress passed 2 health care programs, Medicare and Medicaid, both of which were amendments to the Social Security Act.\textsuperscript{64} During the era of retrospective cost-based reimbursement from 1965 to 1983, hospitals were reimbursed according to their costs. Hospitals were paid their costs, whatever they were, plus 2% resulting in the net income and cash flow for hospitals becoming greater than ever before.\textsuperscript{65} In the 1950s and 1960s, nursing practice was influenced by the writings of Peplau\textsuperscript{66} and Orlando\textsuperscript{67} who focused on the nurse-patient relationship. The concept, caring, was not specifically used by either theorist as integral to their theories but relationship was. During that time, social injustice within the practice of nursing continued; nursing was never costed out as a revenue source to hospitals or reimbursed as such. Instead, nursing costs continued to be included with room and board on a flat rate basis, regardless of what care or caring nurses provided. This meant that the economic value of nursing care or caring could not be determined or reimbursed.\textsuperscript{68}

The unregulated year after year growth in health care costs served as the catalyst for the prospective payment system for Medicare reimbursement based on diagnostic-related groups in 1983.\textsuperscript{68,69} As hospitals were reimbursed a flat fee for the entire hospitalization regardless of associated costs, hospital administrators concentrated on the salary and role of the registered nurses.\textsuperscript{14,65,68} This emphasis on cost and productivity over values and caring practices of registered nurses created a dialectical tension among hospitals, administrators, and registered nurses. In some cases, this tension continues to exist today; in other cases, nurses have found their strength by committing to practicing their own caring values.

EXAMPLES OF PRAXIS PROJECTS: CARING AS EMANCIPATORY NURSING PRAXIS

The conflict of human rights and social justice for nurses in health care organizations ensues. But registered nurses are recognizing these issues as they reflect upon the state of affairs and what is needed for their patients and themselves. Nurses have been accustomed to this parallel universe in health care organizations but now they are determined to give voice to their own anguish. They are committed to finding new ways to understand caring science, and to implement caring into their practice. The following are exemplars of caring in action being used within hospitals that reflect caring as emancipatory caring praxis:

- Creating caring-healing rooms on the nursing unit, integrating caring-healing modalities such as aromatherapy, art therapy, or music therapy into patient care
- Having self-care part of the evaluation and the traditional “skills’ day”
- Calling a “Code Lavender” when a colleague needs emotional support after dealing with a patient exhibiting aggressive or violent behavior
- Placing poems written by staff nurses within the unit and lounge to serve as a reminder to take a moment to center and reflect when providing care
- Initiating the language of caring including words such as centering, authentic presence, and listening as part of electronic documentation resulting in caring being visible and tangible. The choice to include such language is significant and is emancipatory. Nurses have discovered that hospital administrators cannot control caring practices
- Organizing caring closets for patients who have no clean clothes to wear home upon discharge
- Partnering with a school to have students create cards for patients who are forgotten on the holidays
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• Having unit-based bake sales to purchase bus passes for family members to visit more often than once or twice a week
• Adopting a school in the community, and buying warm sweaters for the children in need.

One nurse stated as follows:

We open up our hearts and sometimes our wallets to do what we need to do. It is out of love; our patients are so vulnerable and have complex social and economic needs. We just do it; we don’t ask permission and the feeling of giving to those in need is priceless. It reaffirms why we are in nursing.

These exemplars are tangible expressions of caring values (values-in-action) in practice. However, in some organizations, caring is not valued even among colleagues so one nurse practices what she referred to as the “caritas or caring conspiracy.” She shared her experience as follows:

I practice caring in interactions with patients, colleagues, and physicians without labeling the behaviors as such or asking others to participate. I move forward one nurse at a time and honor small changes. I am going beyond the traditions while creating a vision for the future. I use the analogy of being the “lone nut” and before I know it transformation begins and colleagues and physicians were commenting “something is different, what’s going on?” To me, this is an example of how as an “N of one” I created a caring movement.

RESEARCH AND NEW EMERGENCES

Turkel’s research with nurse managers illuminated a dichotomy in practice between caring values and economics. In her research, the interpretive themes of nurses’ way of being, reciprocal caring, and caring moment as transcendence reflected leadership practice grounded in caring values. Two direct quotes, “[i]t is frustrating being trapped in a bureaucracy that values money instead of caring,” and “sometimes I find it so frustrating—I do battle in the name of caring every day,” describe practice environments where caring values do not inform the philosophy and practice of leaders within complex organizations.

Watson acknowledged human care to be the basic core value of nursing and developed a philosophy and human science of caring. Watson made explicit that human caring in nursing is a moral ideal with the intention of illuminating the nurse-patient relationship as a transpersonal caring moment. Ray reminded nurses that although caring may be expressed in various ways, nurses have a social covenant to society to preserve human caring in an increasing economically driven health care system. Ray encouraged members of the nursing profession to value interpersonal resources such as love and caring, communication, and education as a way out of the conflict in health care by legitimizing and expanding traditional economic models to include interpersonal resources.41 Ongoing research on the economics of caring showed that the preservation of caring values expressed within the nurse-patient relationship and humanistic caring was growing despite the heavy emphasis by administrators and insurance companies on cost control.45-47

With the emergence of the American Nurses Credentialing Center’s Magnet Recognition Program (Magnet), nursing theory moved from academia and research to practice. With new emergence and visions comes discourse and at times critical critique. From a scholarly perspective, one research study demonstrated that although Magnet hospitals have greater nurse retention, enhanced nurse autonomy, and shared decision making, there was no difference between Magnet and non-Magnet hospitals in terms of working conditions including nursing practice environment, patient safety culture, and overall job satisfaction.70 Nursing unions such as the California Nurses Association and the Massachusetts Nurses Association have been highly critical of Magnet in terms of Magnet being a health promotion tool for hospitals while only superficially implementing key Magnet principles71 and questioned if Magnet only offered an illusion of nurse empowerment. On the Web-based blog, “The Nurse...
Unchained”, nurses have voiced concern that after Magnet is obtained, short staffing and being excluded from decision making returns, and that unsafe practices are in place in Magnet facilities.

However, the majority of scholarly research findings related to Magnet consistently demonstrate increased nurse empowerment, increased nurse satisfaction, increased patient satisfaction, and improved quality indicators.\textsuperscript{72,74} One important outcome is the integration of theory-guided practice within Magnet hospitals. Integration of caring theory into contemporary nursing practice allows for creating caring environments for nurses, patients, and families within today’s complex health care organizations as registered nurses restore caring values to inform practice.\textsuperscript{8,48,55} Theory-guided practice advances both the discipline and profession of nursing. Ray and Turkel’s research on organizational caring, and subsequently the Theory of Relational Caring Complexity,\textsuperscript{8,10,45-49,55} helps nurses begin to appreciate the complexity of caring in organizations, translate the theory into practice, and transform their knowledge and skill of spiritual and ethical choice-making to cocreate caring-healing environments at all levels. Practice outcomes demonstrate that the creation of caring-healing environments through spiritual-ethical caring action facilitates both human and environmental well-being.\textsuperscript{1,8,10,48,60,75}

By continually giving voice to the value of caring in nursing and focusing on the intentionality of creating caring interactions within complex organizations, cultural transformations become a reality. Caring theory is manifested in many practice environments through the intentionality of nurses engaging in caring interactions promoting positive outcomes of improved health and well-being for patients, families, and employees. As registered nurses are acknowledging the humaneness of nursing through caring practices, new visions for the future are being cocreated. As new ways of practice emerge, traditional linear outcome measures, such as, alleviation of physical symptoms for patients or traditional quality improvement appraisals, are no longer the only measures of success within an organization. Practicing from a caring as emancipatory nursing framework in complex organizations provides a unifying structure that guides moral choice making and allows for creative solutions of \textit{human flourishing (transformation)} in organizations to emerge. For example, in organizations designated as Caring Science Affiliates by the Watson Caring Science Institute, the following strategies are in place: starting a board meeting with a caring reflection, initiating practices such as deep breathing and intentional focusing before entering a patient’s room, acknowledging and valuing caring moments as part of nurse evaluations, and using nurse-patient relational stories and narrative for quality improvement. These examples reflect \textit{human flourishing}\textsuperscript{75} and allow nurses and administrators to change the conversation of conflict over “bottom-line” issues toward the \textit{valuation} of caring resources, and moving from disorder to order within the complexity sciences chaos theory framework. Moreover, attention to human flourishing as transformation provides an opportunity to think about issues from another way of knowing. Fundamentally, these caring-as- and emancipation-as-praxis activities highlight the depth of the ways of knowing of Carper’s\textsuperscript{76} empirical, ethical, esthetic, and personal knowing; Ray’s\textsuperscript{37,40,42} and White’s\textsuperscript{77} sociopolitical and economic knowing; and Chinn and Kramer’s emancipatory knowing.\textsuperscript{78} At the same time, new approaches to the intricacies of the ways of knowing underscore the meaning of the interconnectedness of the human-environment relationship and also reenergizes the meaning of the moral community in an organization as a “living” organization.

Another example of a conceptual finding in nurse caring practice from the research leading to the discovery of the substantive Theory of Relational Caring Complexity was \textit{losing trust}.\textsuperscript{47,55} Guided by a recent leadership practice approach within a complex health care system, the nursing leader Kingston\textsuperscript{79} noted that the trust between nursing administration
and nursing staff was broken and the situation causing the loss of trust was the result of an extremely complex issue. And, as a consequence, negative energy ensued and impacted everyone, including patients. All individuals in the nursing situation carried within themselves and conveyed to each other and patients the conflict, struggle, suffering, and pain of the complex issue. In this instance, in an example of “caring from the heart,” the nurse leader helped to resolve the ethical issues and heal the moral community by initiating a caring-healing practice grounded in caring science. Practices or praxis of “caring from the heart” included open forums for dialog to occur between leaders and staff, increased visibility and presence of leaders on all shifts, an intentional focus on nursing leadership to create a caring-healing environment, and practicing of authentic presence and listening with staff. D’Alfonso reminds us:

Leaders at all levels of the health care organization must awaken to new ways of leading lasting change, remaining continually aware of and seeking to balance the fiscal and often dehumanizing aspects of the health care business debate with the ethical-moral demands to care for the whole person (body mind spirit) which remains central to our “raison d’etre”…80(p186)

SUMMARY AND CONCLUSION

Nurses, including nurse leaders in hospitals and other complex health care systems, are calling for renewal to deal with critical socio-economic-political issues in today’s contemporary praxis environments. This call has been voiced for most of the “life” of professional nursing. We are between the past and future. Now is the time for continuing to illuminate this call as critical “Caring as Emancipatory Praxis,” spiritual and ethical caring science and action (values-in-action and emancipatory praxis). “Caring ethics presupposes ethical mindfulness and the development of a perceptual, contextually bound attention.”81(p22) Thus, “the simultaneous reflection and values-in-action directed towards transforming the world…”5(p67) must include significant assessment and engagement in what is critical to the well-being of both nurses and patients. The call for a dialog about human rights and social justice, not only in academia but also and most importantly in practice, must be greeted with a commitment to caring action. Beginning to resolve the economic, political, and human caring conflicts within the moral communal life of nurses and others in complex health care organizations is a necessity. This chapter sought to explicate the feminist philosophy of peace and power and explicate the processes of social justice and human rights using the history of the Theory of Bureaucratic Caring, Complexity Sciences, and the Theory of Relational Caring Complexity. The process captured the ideas of persons in the mutual human-environment process, the metaphor of chaos theory in complexity sciences, choice-making in networks of relationship, and putting a theoretical name Relational Caring Complexity to caring as emancipatory nursing praxis. It explored new ways to seek truth and understanding, especially to understanding human rights and justice at the direct level of praxis and how nurses can change the nature of their own practices and organizations. Moreover, the knowledge of spiritual and ethical human caring facilitated articulation of the difficulties, challenges, hopes, and transformations related to economic caring in current complex health care organizations. Knowledge can allow leaders of nursing to appreciate the moral voice of the community (now the moral voice of the nurse for the well-being of patients, other professionals, and themselves). Answering the call of Chinn to how the feminist ideal of love, ethics, human rights, and justice can guide our exercise of power is to be the advocates for these ideals within the practice of professional nursing at all levels.

Renewal is a transformative process. It is complex, human, and spiritual as well as a byword of history and complexity sciences. The renewal of cultivating humanity14 for human flourishing is necessary for all nurses. From
the perspectives outlined in this chapter, we can see that the new sciences of complexity, the science of unitary human beings, theories of caring science, ideas from the study of complex health care organizations and economics, the theories of Bureaucratic Caring and Relational Caring Complexity, and the reflective art of leadership and practice have enlightened the meaning of nursing practice. Within the past 40 years, this unfolding of a critically oriented caring science illuminating complexity sciences and incorporating ideas of social justice and human rights is caring as emancipatory praxis. On the one hand, nursing has to demand from health care administrators, economists, politicians, and educators moral caring action, and on the other hand, it has to demand from itself ethical knowledge, caring wisdom, and prudence (values-in-action) to permit the moral voice of all to be heard. Voices that arise out of cultivating humanity and human caring amidst knowledge of history and culture, complex science, and complex organizations will encourage and support the unfolding of right ethical principles of justice and human rights to guide moral social behaviors and human flourishing in organizations and communities. The plea to enact feminist principles through the genuine power of love and peace-building and emancipation is a challenging order. But it can be accomplished. It is based on the philosophical basis of social justice and human rights regarding fairness, equity, and protection of all people and an understanding of the historical evolution of what it means to be human in all socio-economic-political contexts. The communal mode of relationship as creative love, ethics, and caring and healing is not sentimental but a dynamic spiritual power unfolding within each of us as persons who believe in the transformative power to cocreate something important. We have to grant to the other a share in our being through loving communion and communication. If nurses demand human rights and social justice in the workplace, nurses have the obligation to understand social contexts, promote moral mindfulness, seek ethical knowledge, exercise ethical evaluation and judgment, and promote caring as emancipatory praxis within the moral community. Respect for persons, cultivating humanity through a commitment to peace, power, justice, and caring are uncompromising.

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