

## Special Article

# Situated Knowingness of Caring and Bureaucracy: A Student's Growth

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### Abstract

Caring and its entity are the base of a nurse's practice, which makes it necessary to explore the depth and complexity of this topic with undergraduate nursing students. The authors, a professor and a new registered nurse, highlight the importance and implementation of nursing theory in a scholarly assignment. The Theory of Bureaucratic Caring was utilized to examine the complex issue of human trafficking (which was the topic of the second author's assignment) from both a nursing and healthcare system perspective. Through the discussion, common themes evolved which emphasized the impact of having students participate in developing the ability to integrate caring throughout their practice through a multifaceted lens.

**Keywords:** caring science, human trafficking, nursing education, student, theory

### Situated Knowingness of Caring and Bureaucracy: A Student's Growth

Disciplinary knowledge, inclusive of theory, philosophy, and research, provides the language and perspectives to examine those concepts which matter to nurses (Günay & Kilinc, 2018; Jairath et al., 2018; Nwozichi et al., 2021; Roy, 2018; Waller & Wicks, 2021). This examination and application in practice has been contentious with both sides, academics and clinicians, supporting or opposing the need specifically for nursing theory and philosophy (Waller & Wicks, 2021; Younas & Quennell, 2019). Bender et al. (2021) proposes that for nursing philosophy to survive and thrive adopting a fluid non-binary approach to examining concepts is necessary to understand the unique contributions of nursing in the health experience. Embracing ambiguity to nurture inquiry is reflective of *situated knowing*, an iterative process of understanding how contextual influences inform

the application of disciplinary knowledge, in the practice environments (Reed, 2021).

Praxis has been defined as the integration and examination of those influences on the tangible and intangible aspects of nurses' work informed by disciplinary and social justice knowledge (Kagan et al. 2009; Maykut, 2021). This iterative process requires critical reflexivity grounded in a nursing science lens to discover, inform, and question current nursing practice to prevent complacency and over-reliance on borrowed knowledge (physical and social sciences) (Maykut, 2021). This knowing in action must be introduced and nurtured during nursing education to foster higher order thinking skills for graduates; where nursing knowledge is fore fronted to inform their future practice.

The purpose of this article is to highlight the utilization of nursing theory to examine a

healthcare trend in a fourth-year baccalaureate course taught by the first author. The second author, at the time a fourth-year nursing student, submitted a scholarly paper analyzing human trafficking (HT) utilizing the Theory of Bureaucratic Caring and aspects are provided in a text box. The importance of embedding a nursing theory in an assignment will be discussed to facilitate knowledge transfer and ongoing critical thinking development, from a professor's and a new registered nurse's perspective.

## Background

### The Scholarly Assignment

*Future Directions in Healthcare*, is a compulsory fourth-year theoretical course in an undergraduate bachelor of science in nursing program in Western Canada. One of the outcomes of the course is to foster awareness of how trends and emerging issues in healthcare and nursing might influence a student's future practice. Nursing students must be cognizant of local and global influences on the profession; notably those specific to healthcare delivery. The Theory of Bureaucratic Caring was intentionally chosen to increase awareness of the ambiguity and complexity embedded in healthcare systems whilst providing understanding of the dialectical synthesis of humanistic caring and bureaucracy (Ray, 1989, 2021; Ray & Turkel, 2010).

**Theory of Bureaucratic Caring:** Ray's (1989) original theory examined the intersection of the antithesis (corporate culture AKA as bureaucracy) and the thesis of caring (nursing practice grounded in humanistic actions). *Bureaucracy* as a social-construct was viewed as neither positive nor negative but as an essential structure of society with clear delineation of roles and reporting lines (Ray, 1989). As nurses, understanding the influences of bureaucratic systems on our practice, enables us to examine power and privilege (Ray, 1989, 2021). This provides the context to foster political acumen and enact advocacy for the profession and ultimately for quality health outcomes for the client (Ray, 2021). A paradigm shift must occur, where bureaucracy moves from the sole focus to only a piece of the puzzle in which all aspects of caring are essential to create a complete image (Ray, 1989, 2021; Ray & Turkel, 2010).

**Caring**, as the central modality of these intersections became the unique expressions of healthcare personnel fulfilling their roles; later renamed to *Spiritual-Ethical-Caring* (Ray, 2021). Her qualitative research findings supported the development of a well-defined set of domains of caring; social, ethical, economic, spiritual/religious, technological/physiological, educational, and legal (Ray, 1989). These domains were created through a dialectical synthesis which merged the historically defined humanistic elements of caring with the modern bureaucratic structure; providing a unifying approach versus one of alienation (Ray, 1989).

Although domains were described singularly, they are all interconnected and support the understanding of the previously mentioned tension, to move toward creating a culture which embraces organizational justice to enhance an individual and system focus (Ray, 1989, 2021). She challenged the employers and employees within the healthcare system to navigate tension which may arise between the antithesis and thesis of caring to mitigate the risk of poor-quality health outcomes for clients (Ray, 1989, 2021). The theory is based on the premises of growth, with the hope to push nurses to take control of their practice, to evaluate their perceptions, and to find meaning within their practice (Ray, 1989, 2021; Ray & Turkel, 2010). There have been many iterations of her theory over the years to reflect changes in society.

**Analysis:** Ray has not written on human trafficking (HT). However, her theory provides the analytical perspective to understand themes and/or emerging issues affecting nursing practice and healthcare delivery. The boxed text below highlights the second author's contribution as a student assignment examining HT for the previously mentioned course. This analysis will demonstrate the need for both an individual and a system response; ensuring an intentional practice for the nurse while addressing health care barriers for a humanistic approach. Due to the length of this paper, only the spiritual/cultural and ethical domains of Ray's theory were utilized to analyze HT to foster an understanding of this dehumanizing trend from the second author's perspective.

### **Global Prevalence**

The United Nations defines HT as the "... recruitment, transportation, transfer, harboring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit" (n.d., para. 1). Human trafficking, as a modern form of slavery, encompasses the illegal act of forcefully withholding one's freedoms for financial gains by the perpetrator; commonly classified as acts of sex and manual labour (Anderson, 2020; Government of Canada, 2020). The perpetrators prey on individuals, particularly youth, through alienating, abusing, and using coercion to capitalize on vulnerabilities, often dysfunctional, parentless, or low-income households, for profit (UNODC, 2021). There is an infringement of persons' human rights to choose their actions, standard of living, and physical and mental health by withholding or infringing upon basic human rights through forceful manipulation (UN, n.d).

A survey of 181 countries, noted 169 had national laws in place congruent with United Nations Trafficking in Persons Protocol on criminalizing human trafficking; this has assisted in the rise of reported cases and conviction of traffickers (United Nations Office on Drugs and Crime [UNODC], 2021). However, numbers continue to increase with low-resource countries. Low-resource countries are experiencing a rise in human trafficking focusing on labour, and high-resource countries reflect sexual exploitation due to financial gains of upwards of 32 billion dollars (Government of Canada, 2020, para. 4; UNDOC, 2021). Utilizing Ray's Theory of Bureaucratic Caring (1989, 2021) the spiritual/religious and ethical domains will analyze this dehumanizing trend and nursing's response.

### **Social Domain**

Ray's (1989) original theory included the social domain, as the development and integration of personal relationships, the fostering of intimacy, communication, demonstration of acts of empathy, and compassion. Later iterations of her work reconfigured and renamed this domain as spiritual/religious. However, the intent and language continue to recognize the tacit knowledge and action of caring contextualized through recognizing individuals as holistic and unique (Ray, 2021; Ray & Turkel, 2010). Principles of equity, diversity, and inclusion shape and influence the relationships which should exist between the individual who requires care and the administrators/nurses who are called to respond (Ray, 2021; Ray & Turkel, 2010).

The act of HT is often viewed as a financial transaction; goods to be sold. This dehumanizing action is incongruent with caring as an intentional act of compassion and empathy and is counterintuitive to the ideologies of treating each person as a unique and worthy of respect and care (Ray, 1989, 2021). Critical for healthy human functioning is the creation of meaningful connections to foster trusting relationships (Ray, 1989). However, barriers to developing meaningful and sustained relationships are often constrained by bureaucracy within the healthcare system (Ray, 1989, 2021; Ray & Turkel, 2010).

### **Nurse's Response.**

Many individuals who have been trafficked feel responsible for their fate, resulting in sustained trauma of severe anxiety, PTSD, hopelessness, lack of trust, and depression (Office of Justice Programs, n.d). This sustained trauma continues for many after being freed from their perpetrators, emphasizing the need for spiritual/cultural perspective to create meaningful communication, trust, and relationships to guide clients to regain their desired quality of life (Ray, 1989).

Upholding this domain from the thesis of *Caring*, requires the nurse to ensure a holistic, value-informed, and authentic approach to building relationships and embodying a knowledge-seeking perspective to recognize the interconnectedness of all systems (Ray, 2021). The lack of a humanistic connection for those who have been trafficked, creates a unique opportunity for RNs to foster trust through a therapeutic

relationship (Polaris, 2020; Ray, 1989). This relationship can then serve as an avenue to provide resources and potentially a way out of being trafficked (Polaris, 2020). Also, requiring an ethical compassionate approach by the nurse.

**Bureaucracy**, as the antithesis of caring, may constrain the nurse's ability to ensure an equity, diversity, and inclusive approach due to a number of factors. Fiscal restraints and embedded systemic discrimination may influence and hinder the development of a therapeutic relationship. A robotic approach where the individual who has been HT is processed as a statistic would reinforce trauma and circumvent an opportunity to make a difference.

### **Ethical Domain**

Although this domain eventually was incorporated into the central modality, the authors will be utilizing the original proposed definition offered by Ray (1989) to analyze the trend of HT. This domain reflects the ethical and moral response of the nurse guided by standards and policies to engage in humanistic care as outlined in the original supposition of the theory (Ray, 1989). Ethical documents, such as the code of ethics for nurses, outline core responsibilities of promoting justice, accountability, health, and wellbeing (International Council of Nurses [ICN], 2020). This directly correlates to the RNs' responsibility to implement their code of ethics and show accountability for their care and prompting justice for their patients (ICN, 2020).

The act of HT is in direct conflict with not only the social mandate of the nursing profession, but also the humanistic perspective of a society to recognize the dignity of all global citizens. Individuals who have been trafficked may be reserved and may not disclose their situation to staff, making it crucial that RNs utilize caring theories to guide a trauma-informed practice (Polaris, 2020). Many individuals slip through the cracks when RNs are not knowledgeable regarding the signs of trafficking (Anderson, 2020), suggesting they are not upholding the ethical principle of "dedication to persons" (Ray, 1989, p. 36).

### **Nurse's Response.**

Ray (1989, 2021) suggests an ethical practice is reflected in upholding the legal and moral codes established by society and the profession's code of ethics to ensure respect and dedication to the well-being of others. However, knowledge of ethics is not enough; action is required to create and sustain an ethical space to foster connection. An ethical space creates an opportunity to not only share knowledge but to move towards shared understanding (Maykut, 2021; Ray, 2021).

The thesis of *Caring* encourages the nurse to embrace multiplicity, where knowledge is not absolute and invites them to recognize how social constructs have influenced the life of the individual who has been dehumanized (Maykut, 2021). This begins a process of self-examination to understand power, privilege, and oppression as a process and outcome to inform the ethical space (Maykut, 2021). Cultural understanding to inform and sustain this ethical space begins with trust, respect, dignity, kindness, and recognizing and valuing the unique contributions of all in the relationship (Ray, 1989, 2021).

However, the antithesis of caring, **Bureaucracy** as both process and outcome reflects societal norms of the dominant narrative. In North America critical conversations on addressing system discrimination in societal institutions has exposed racism to ensure survival of the privilege. As nurses are a product of their environment, exclusionary practices may be well embedded in their beliefs and values and thus prevent them from valuing the unique contributions of every human. The ethical issues of HT are complex and reflect a societal stance on who has value as a human.

## Discussion

As introduced earlier in this paper there has been tension with the role of nursing theory in education and clinical practice (Günay & Kiliç, 2018; Jairath et al., 2018; Nwozichi et al., 2021; Roy, 2018; Younas & Quennel, 2019; Waller & Wicks, 2021). There is evidence of the importance of nursing theory guiding curricular design decisions and as a concept foundational for future nursing practice (Günay & Kiliç, 2018; Jairath et al., 2018; Nwozichi et al., 2021; Roy, 2018; Waller & Wicks, 2021; Younas & Quennel, 2019). However, the fore-fronting of nursing theory in curricula is diminishing (Waller & Wicks, 2021); we suspect it is not a sole country's issue and is affecting the nursing profession globally. Inclusion and threading of theory within programs of study, provides the student a unique science lens to view the world influenced by nursing's shared beliefs, values, and assumptions (Günay & Kiliç, 2018; Jairath et al., 2018; Nwozichi et al., 2021; Roy, 2018; Waller & Wicks, 2021).

Healthcare delivery and nursing practice have a delicate and intertwined relationship which must be understood in practice by the nurse as complex and often ambiguous (Olsson et al., 2020). This understanding of theory informs the nurse's response as a unique contribution in the individual's healthcare experience, with awareness of all the structural influences on their actions (Olsson et al., 2020; Ray, 1989, 2021; Waller & Wicks, 2021). "The relationship between charity and right action, between love as compassion in response to suffering and need, and justice or fairness in terms of what ought to be done within an understanding of cultural/organizational dynamics" (Ray, 2021, p. 166). Therefore, nursing students must utilize nursing theory in undergraduate education to acquire the skills of examination to expose the influences of both the thesis and antithesis of caring in their future practices. This will provide the necessary knowledge, skills, attitudes, and attributes to ensure their practice fosters social justice for all (Ray, 2021; Ray & Turkel, 2010).

Nursing theory provided a lens to examine those concepts and phenomena which matter to nursing, in this case HT. The Theory of Bureaucratic Caring enabled the nursing student to explore the issue of

HT from a nursing science lens in which to inform her nursing response from both a *Caring* and *Bureaucracy* perspective. This dual examination provided a balanced understanding of what a nurse may want to do (Caring) and what they are able to do (Bureaucracy) as noted in tension in the nurse's response. Awareness of this dichotomy may encourage ongoing critical reflexivity with peers to mitigate the divide and foster interconnection of the antithesis and thesis of caring.

Since graduating, the second writer has been immersed into the healthcare system as a novice nurse. Heightened awareness of the navigation between the complexity and ambiguity of this intricate balance between the thesis and antithesis of caring is more visible and tangible. The knowledge base provided during formative education years, is what allowed for the necessary foundation for the second writer to utilize nursing theory to guide her practice. At the time of the course, full appreciation for caring and its entity may not be present. However, by planting the seed it created a bridge for the student to grow and develop her practice in a meaningful way.

## Conclusion

Although Ray has never commented on human trafficking as a scholar, one could infer from her life's work the importance of nursing theory informing and guiding practice. Individuals who have been trafficked may be reserved and may not disclose their situation to staff, making it crucial that RNs utilize caring theories to guide a trauma-informed practice (Polaris, 2020). The integration of Ray's theory, specifically the social and ethical domains, creates an intentional dance between bureaucracy and caring, intertwining the two and providing an avenue for caring to be made visible by the nurse's response (Ray, 2021; Ray & Turkel, 2010). Trafficking as a dehumanizing act is not aligned with either the social or ethical domains and reflects a lack of a compassionate relationship and an absence of social justice.

Human trafficking is only one example of a dehumanizing practice and a human right's violation. Nurses must incorporate core values of honest concern, curiosity, respect, and dignity to build authentic relationships with individuals who have been HT. As nurses we must engage in discussions to enact social justice by dismantling

and disrupting health inequities (Maykut, 2021) to ensure caring must also become a basic human right within the healthcare system. Nursing theory provides a mechanism introduced in nursing education to facilitate a nursing student's understanding of their future practice setting. This action is critical if we are to prepare students to transition as advocates, clinicians, leaders, and researchers to advance disciplinary knowledge, strengthen client outcomes, and engage in healthcare system transformation (Günay & Kiliç, 2018; Jairath et al., 2018; Nwozichi et al., 2021; Roy, 2018; Waller & Wicks, 2021).

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