

Willingness and Its Relevance to Nursing

Lynda Vogel, BSN

Nursing practice is embedded in contexts that inhibit or constrain emancipatory relationships. This article explores willingness in relation to agency and actualization fostered by emancipative relationships in nursing practice. Opportunities for emancipative choice are possible only when nurses are willing to engage in critical reflection, authentic discourses, and risk congruent action within the constraints of dominant paradigms. **Key words:** *as-sociative choice, dialectical paradigms, dissonance, dominant paradigms, emancipation, second-order change, willingness*

WILLINGNESS is a “surrendering of one’s self—separateness, an entering into, an immersion in the deepest processes of life itself...a realization of one’s connectedness...an attitude...a response...a reverence to wonder, mystery,” and to uncertainty.^{1(p148)} In this article, I have explored willingness in relation to agency and actualization fostered by emancipative relationships in nursing practice. Contextual constraints in nursing practice contribute to a web of tensions that could act as a catalyst triggering deeper insight, willingness, and emancipative change. In addition, I have explored the dynamics of this recursive progression and heed the guidance of ideologies and principles that foster an emancipative willingness.

Opportunities for emancipation are informed by moral sensitivity and an “ethics of intimacy” as opposed to uniformity.^{2(p133)} Historically, nursing has been wedded to dominant paradigms of hierarchy favoring medical and military models of control, cure, and prediction. More recently, we have carried

out our duties within corporate paradigms prizing efficiency and productivity. For the most part, nurses have been passive recipients of other paradigms bestowed upon us by dominant ideologies.³ Thankfully, nurses are now less receptive to, and more troubled by, our prescribed roles. Rather than passively internalizing our assigned roles, nurses are becoming critically aware of the personal cost to their own well-being. This is evidenced by emotional upheaval and turmoil. Nurses are experiencing more dissonance between their emancipative capacities and scripted selves or public stereotypes. One result has been reactive blame directed toward each other, sometimes referred to as horizontal or lateral violence.⁴ These negative sentiments are accompanied by disillusionment and frustration at what it means to be a nurse.²

Opportunities for emancipative choice exist only when there is a willingness to engage in critical reflection and authentic discourse that serve to expose dissonance among value systems. Moral distress is often associated with dialectical tensions between internal and external values. Dialectical thinking helps to integrate opposing positions by examining the tension between them, thereby arriving at a greater understanding of underlying social relationships and structures. Dialectical thinking contributes to the transformation of

Author Affiliation: Malaspina University College, Nanaimo, British Columbia, Canada.

Corresponding Author: Lynda Vogel, BSN, 471 Summit Dr, Nanaimo, British Columbia, Canada V9T 5A4 (lynvog22@hotmail.com).

either/or dilemmas to broader understandings and holistic perspectives. It helps to shift dualistic thinking toward constructivist discourse.⁵

Nursing practice is embedded within dialectics of opposing paradigms. Inherent constraints and challenges to emancipative agency and relationship are evidenced in practice settings dominated by hegemonic ideologies and patriarchal values. *Hegemonic influences* refer to the persuasive efforts of a dominant sociopolitical elite to sway the general populace into embracing uniform ideologies that serve the aspirations of the dominant class. Persuasive efforts are often cloaked in rhetoric.

When nurses explore and question particular circumstances and differences in relational complexities, perspectives are liberated from hegemonic influences to some degree. For example, rhetoric related to the term equality has no bearing on effective action unless we question and explore particular attributes and determinants of substantive equality. Equality will have different meaning and value depending upon ones' history, context, and personality.

In addition, rhetoric can be an effective means of gaining total power and control through notions of uniformity. For example, during the Holocaust, a whole nation was mesmerized by discriminatory rhetoric that evoked overwhelming collusion with a dehumanizing ideology. The "continuum of speech-act-restore" dimension of personhood was lost to rhetoric and rationalizations.^{6(p140)} An elitist ideology galvanized the hearts, minds, and actions of an entire nation.

The veil of uniformity is exposed by discourse that authentically engages multidimensional perspectives. Willingness applies to the recognition and inclusion of difference as well as to a deepening appreciation for our interconnectedness. Willingness relates to the capacity and commitment to negotiate dialectical tensions in a way that deepens understanding and appreciation of emancipative encounters.

IMPLICATIONS OF DOMINANT PARADIGMS IN HEALTHCARE FOR NURSING PRACTICE

Nursing is situated within structures where competing worldviews coexist and values, roles, and protocols are consistent with implicit dominant paradigms. Clark asserts that nursing has ascribed to "the constraints of the embedded dominator social system" by focusing on predictable problems and instrumental barriers to practice rather than on the bigger issue of developing a cohesive and solid core identity.^{7(p13)}

Willingness could foster critical examination of our initiation into and complicity with dominant paradigms and help us to remember bigger issues such as identity and core values.⁸ Willingness involves a process of clarifying our values and beliefs in order to risk authentic expression. When we validate personal and holistic ways of knowing, it is possible to relinquish our allegiance to discordant paradigms and to act more congruently with deeper values. A sense of meaningful participation is restored.

Willingness means engaging in a process of undoing our allegiance to discordant influences by risking the expression of our own authority.^{9,10} Finally and most profoundly, willingness relates to nurses ability to tolerate ambiguity, anxiety, and conflict in the process of detaching from paradigms that are counterproductive to meaningful and emancipative practice.

THE IMPACT AND OPPORTUNITIES OF DISSONANCE

Emotional response to dissonance

Some degree of emotional turmoil is often indicative of disparity between core values and ways of being. For example, nurses may question their recruitment into positions and roles that *feel* inconsistent with meaningful and emancipative practice. This in turn could stimulate a willingness to engage in deeper

questions and critical reflection that give rise to moral sensitivity, risk, and action.

Critical reflective practices contribute to a deeper understanding of how and why discourses are taken up in the way they are through the reproduction of language. Both the process and content of reflective practice and discourse “are value-laden [and] embody sets of interests; the ability to promulgate and reproduce them are keys to social organization and the maintenance of privilege.”^{3(p168)} Incongruence and internal dissonance experienced as emotional dis-ease often signify an opportunity for further exploration into the source and impact of language and meaning attributions and how they are acquired and privileged within social systems. Through commitment to reflective practice and meaningful dialogue, relational systems and processes that serve and oppose dominant paradigms may be explored and confronted.

Postures characteristic of willingness

Willingness relies on the authority of inner wisdom and critical discernment to understand the implications of political and socio-cultural “norms.” Meaning and interpretation are bounded by cultural “norms.” Emancipative discourse requires the capacity to imagine possibilities and reflect from the margins of mainstream thinking. It also requires an attitude congruent with the notion of willingness. In accordance with a reverence for life and well-being, willingness endorses compassion, curiosity, and effective response rather than blame or judgment within contexts of dissonance between beliefs, values, and practice paradigms. In other words, respectful and authentic dialogue is privileged over competitive and defensive postures. When these relational values are breeched, however, willingness toward emancipative choice may be evidenced by the courage to walk away or to detach.

Just as empiricism gives credence to dominant ways of knowing that underpin

goals of control and prediction, willingness privileges subjective and intuitive processes as *not only warranted but also essential* to entering into and sustaining emancipative practices. Negotiating sources of dissonance within work environments in a manner that fosters emancipation requires rigor and commitment. Uncertainty, fear, and chaos are inherent to transformative change.⁷

Discourse and dialectics

Currently, nursing ascribes to and privileges knowledge consistent with the medical paradigm. Empirical knowledge trumps personal, aesthetic, and ethical knowing within professional discourse.¹¹ We enable this when we do not give voice to subjective experiences of frustration and despair within contexts that hinder partnership and empowerment.¹²

Nurses who are willing to risk the inclusion of their authority within formal structural systems have been referred to as *boatrockers* and *resisters*.^{13,14} Undoubtedly, they have negotiated internal and interpersonal tensions in such a way as to become authors of a script divergent from the dominant story. They have risked authenticity despite the risk of reprimand or exclusion.

Thus, to enact this sort of emancipative choice, nurses must disentangle themselves from patriarchal paradigms that adhere to hegemonic, disembodied, and objectified views of women. For example, the dominant lens rewards engendered *virtuous* behaviors, such as selflessness, and punishes “selfishness” through implicit or explicit means (indifference, emotional disengagement, anger).¹⁵

In response to traditional ideologies, critical feminist paradigms unveil hegemonic motives and contribute to constructivist discourse regarding the nature of power, knowledge, and agency. Selfishness, from a feminist perspective, is an essential characteristic of identity reformation. It highlights the importance of fundamental associative processes of interdependence and connectedness—not

only with others but also most critically within the *self*.^{16,17} The literature also claims that "self-interest" is an essential stage to political development and, therefore, a precursor to emancipative action.¹⁸

A feminist perspective offers emancipative possibility, whereby we may begin to detach ourselves from paradigms fueled by fear and domination. Transcending oppressive ideology requires far more than effort and motivation. Invisible aspects of willingness derive from deep reflective practices aligned with authenticity, transparency, intention, moral sensitivity, and action. Integrity is valued over dominance and power. In contrast, effort and motivation serve multiple paradigms regardless of value system or ideology.

WILLINGNESS AS EMANCIPATIVE CHOICE AND CHANGE

The nature of emancipative choice and change

Suffering informs choice

The enactment of willingness is inherently linked to risk, relationship, as well as affective and cognitive processes. Paradoxically, oppressive organizational contexts can generate emancipative change.^{19,20} When suffering can no longer be rationalized, the status quo can no longer be tolerated. At this juncture, an opportunity arises to move beyond complacency and comfort zones. Instead, subjective and experiential ways of knowing become more relevant and influential in decision making. Willingness manifests by the incapacity to rationalize ones' participation in discordant relationships that privilege hegemonic ideologies.

Deep versus superficial change

Willingness allows for the journey into what psychological literature refers to as second-order change, sometimes described as "non-linear, sweeping, deep structure or core change. . . ." ^{21(p176)} This is contrasted with a more superficial first-order change such as

making an uncomplicated adjustment when learning a new skill.

For nurses, second-order change means a deep reevaluation of values and beliefs instigated largely by insoluble emotional distress. Psychic disequilibrium ushers in the opportunity for this sort of deep change in which one can no longer sustain the disparity between opposing prescriptive and intuitive authorities. Risk involves a deeper connection with ones' inner knowing, as well as a public expression of subsequent growth. Enacted change is observable.¹⁰

Responsibility for emancipative choice

If our position as nurses within patriarchal and hegemonic narratives perpetuates complicity through "coherent [and] recognizable [contributions] to the development of the present story line," then we are also complicit in our own suffering. The good news is that this position could yield emancipative choice as a byproduct of protracted suffering and disillusionment.^{20(p15)} Emancipative risk would entail authentic and transparent dialogue and the insertion of other perspectives and ways of knowing within the dominant story. This process would necessitate a tolerance for ambiguity, flexibility, and contextual perspectives.

Browne²² encourages nurses to question the dominant order, to recognize partisan affiliations, and to move beyond them so that we may engage in discourses that contribute to the decentering of dominant and hegemonic ideologies. Within the junctures of dissonance, willingness applies to the *recognition and acknowledgment* of tension and forgotten or silenced realities. It also informs choice toward participation in processes of reflection, mediation, and examination of knowledge and meaning.²²

Constructivist discourse provides a starting place in which we may reflect on the microdynamics of power and become accountable to the process and cocreation of "mutual culpability and constraint."^{23(p103)} The constructivist paradigm for discourse informs

negotiation of the tension brought about through opposing ideologies or assumptions. The hallmark of constructivist discourse entails a both-and perspective of power that is emergent, processual, and temporal.^{23(p101)} Therefore, it does not reject perspectives, rather includes and realigns them through dialogical processes. For example, as nursing aligns more with partnership models that emphasize connection and substantive equality, the processes of realignment consists of *reinterpreting hierarchy*, as it informs models of actualizing goals through building trust as opposed to domination by perpetuating fear.⁷ Collective emancipative risk may therefore entail the insertion of structured and sustained discourses that integrate multidimensional ways of knowing. Hierarchical models would be reorganized in such a way as to privilege partnership over competition and emancipative processes over power and control.

Qualities of emancipative relationships

Features of emancipative milieus

Emancipative relationships are characterized by the promotion and perpetuation of human dignity through practices that demonstrate sensitivity and contribute to enhanced capacity for flexibility and choice.²⁴ They privilege qualities of mutual empowerment and growth through interactions that are respectful and reciprocal and that generate trust and integrity.²⁵ As these qualities are practiced and developed in relationship with others, they inform authentic engagement, transparency, and internal congruence. Ultimately, emancipative relationships in nursing foster health promotion for both nurses and clients.

Given that willingness endorses a shift toward empowering and participatory relationships, it entails both a process of authentic inquiry and a commitment to contextual understanding and to holistic, collaborative, and emancipative practices. We cannot develop models of enhanced capacity and practice before we intimately explore what it means to think, feel, and function from an emancipative perspective ourselves.

Multiple forces and dynamics enable or restrict the development of emancipative relationships. Emancipative qualities are constructed and supported by the nature of system priorities and personal intentions and capacities. Capacities relate to the interplay between systemic, structural, and temporal constraints and opportunities to personal agency. Within the framework of emancipation and willingness, relationship is informed and structured around values consistent with feminist paradigms such as substantive equality and caring. From this perspective, power is interpreted as *empowering processes* consistent with emancipative values.⁷ Mediational means such as “words, language, and forms of discourse which profoundly shape moral thinking, feeling, and acting” provide the substrate from which values consistent with willingness are manifest.^{26(p6)}

Values and meaning

Priorities are shaped and cocreated by values and beliefs. In turn, values and beliefs are informed by dominant systems and ideologies.²⁵ The nature and quality of personal agency and mediational means is shaped by the relationship between external influences and internal response. As nurses negotiate value discrepancies and contexts characterized by constrained agency, willingness resonates with those values that are associated with emancipative internal congruence.

Willingness embodies an attitude of hope and possibility bolstered by authentic connection, dialogue, and choice. At its core, willingness is an affective state that fuels commitment to deep reflective practices concerning the production and implication of the development of meaning and understanding.²⁷

Literature from nursing, education, and psychology affirm the role of emotion in relation to behavior and decision making. However, ways of knowing embodied by emotion and subjectivity have been ridiculed and undervalued by dominant paradigms that are complicit with the tyranny of rational objectivity, logic, and science.^{2,16,28} Therefore,

relational aspects of nursing, which would endorse willingness as a valid and viable influence in health promotion, are largely under-represented in today's healthcare.

Personal agency

Willingness is central to the notion of how we author and insert both our subjective and socialized selves into dominant paradigms. Our subjective selves represent the more authentic aspects of *self*. Our scripted or social selves are selected representations often motivated by socially sanctioned and habitual ways of being. "Through contextualized and socially understood sequences, meanings are negotiated between participants" to determine what is privileged and empowered.^{20(p15)} The quality and process of these negotiations will become more emancipative as nurses dare to insert their subjective experience.

In other words, to the extent that we have the capacity, exposure, and willingness to engage in associative processes such as mindful, reflective practices, and "circulated discourses," we fuel opportunities for agency by way of the coconstruction of meaning.^{20(p13)} From this posture, we engage in the *production* rather than the *consumption* of cultural proscriptions and interpretations.

Willingness applies to emancipative practices in nursing in proportion to the degree that we value and commit to reflective practices and mindful dialogue. As we nudge and reshape social "norms" from the perspective of an emancipative willingness, we participate in the cocreation of a more holistic and humanistic consciousness. The "meaning of any story . . . is secured temporally according to specific socio-cultural norms."^{20(p15)} As "norms" shift, so does the nature of dominant stories.

COMMUNICATING WILLINGNESS

Willingness invokes a participatory consciousness congruent with feminist values

whereby discourse is characterized by respect and moral sensitivity.^{29,30} Communication is consistent with process-sensitive models that endorse humility and curiosity rather than defensiveness and control in response to uncertainty, paradox, human limitations, and incomprehensible dialectics.²⁴

Relational postures

Presence

If there is a prescription for willingness, it is similar to Clarks' understanding of paradox and dialectical thinking within the humanist tradition of psychology: "Take nothing for granted, carry a sense of spontaneity and the ability to let go (versus holding fast to previous conceptions or knowledge), realize that the answer is inherently within the problem itself, and strive to break rigid molds of thought and behavior so as to unleash new awareness and a sense of responsibility for one's life."^{31(p259)}

Mindful practice

Willingness emulates mindfulness in that it "empowers greater life flexibility" through the practice of critical awareness and affective tolerance for emancipative experience.^{24(p319)} Willingness is a whole system endeavor that embodies affect, cognition, and behavior congruent with risk, conscious choice, and commitment to deeply congruent action. Within this paradigm, risk entails the choice to expose one's strengths and vulnerabilities, and therefore to be more authentically known. Meaningful engagement is more highly valued than control in the rendering of authentic discourse.

Risking

Stolorow¹⁷ reiterates the inherent fear of defusing from systems of control, whether they be ideological, theoretical, or relational. Willingness is an internal event embedded within socially constructed realities and history. Therefore, even emancipative choices

are formulated within, and constrained by, enduring and dominant paradigms perpetuated by sanctioned relational systems.²⁴ As nurses are willing to risk stepping outside of conventional paradigms, they begin to envision even broader horizons for their role as emancipative practitioners. Willingness lends itself to a cascade of risking ever more emancipative ways of being.

Currently, however, the practice of nursing is embedded in contexts that contribute to inertia through prescriptive routines, intense workloads, severe staff shortages, and increased suffering for both nurses and patients.^{8,19,32} As nurses experience and grapple with the tensions inherent in competing paradigms within healthcare, an emancipative starting place would be to simultaneously insert a more subjective and authentic *self* into the mix of dialectical discourses, and at the same time consciously withdraw allegiance to dominant systems. Willingness implies personal choice and responsibility for life-enhancing use of energy that is congruent with humanistic values and reverence for uncertainties inherent to change.

EMANCIPATIVE WAYS OF BEING

Acknowledge and identify differences

Opportunities for meaningful discourse are contingent upon the acknowledgment and critical analysis of a “differend” between opposing domains or perspectives. In order for the “notion of a differend” to galvanize emancipative practices, nurses must risk authenticity, difference, uncertainty, and transparent opposition to dominant paradigms.^{33(p33)} Paradoxically, in valuing connection and partnership, nurses must first value their distinctiveness.¹⁰ Otherwise, we become the extensions of or stopgaps for others.

Emancipative growth can be frightening. Common defenses such as avoidance, blame, and complacency sustain inertia, ambivalence, and encumbered sovereignty.³⁴ In essence, defenses protect the status quo. Willingness is situated within the complexities of

an embedded and impure reality that is constantly changing.³⁵ Willingness is moral, associative, and down to earth.

Managing difficult emotions

The conditions and constraints of relational contexts inform the acquisition of mediational means and the manner in which we negotiate moral dilemmas and conflict. Gilligan¹⁴ implies that girls and women struggle to combat guilt and fear of reprisal in their efforts toward congruent and associative action. Furthermore, Stolorow et al¹⁷ emphasize that at the best of times, we *all* fear structureless chaos and vulnerability as we disentangle from the influence of traditional paradigms.

Normative developmental behavioral scripts embody insidious dissociative processes and engendered ways of being.¹⁴ The experience of prolonged internal struggle with socially prescribed codes of behavior may lead to feelings of frustration, depression, and inner turmoil.

Radical acceptance

Ironically, the initial phase of emancipation is often catalyzed by the willingness to radically accept one’s condition. *Radical acceptance* refers to the humble acknowledgment of conditions that *appear* to constrain desired change or growth. It may yield deeply personal transformative possibilities.^{1,36} It is contrasted with dissociative processes such as avoidance, denial, and conformity in that it infers critical reflectivity that is associative, emancipative, and ultimately life-enhancing.

Radical acceptance arises from direct and transparent experiencing that fosters internal congruence. It is empowering in that it channels energy away from blame and toward effective, albeit humble, action. Dissociative processes, on the other hand, defend against direct experiencing by retreating into autobiographies or fantasies that are discriminatory and “self select the knowledge” that maintains the status quo or absolves oneself of

responsibility for change.^{32(p29)} In this way, dissociative processes are primarily defensive in nature.

Associative choice, however, may be liberated through the process of radical acceptance. An example of radical acceptance is witnessed in Victor Frankl's³⁷ acknowledgment of constrained choice within the context of persecution. He wrote: "in a position of utter desolation, when a man cannot express himself in positive action, when his only achievement may consist of enduring his sufferings in the right way—an honorable way—in such a position man can . . . achieve fulfillment."^{37(p36)} Awareness and insight are key attributes to conscious acceptance and change. As depth psychology reminds us, suffering is often a catalyst for possibility. Suffering "smashes to pieces the complacency of our normal fictions and forces us to become alive in a special sense—to see carefully, to feel deeply, to touch ourselves and our worlds in ways we have heretofore avoided . . . suffering is the first grace . . . it marks the birth of creative insight."^{38(p85)}

Contextual challenges to emancipative practice

Clark advises nurse educators to facilitate student's ability to "realize connections with higher registers of values, meaning, purposes, and the *invisible aspects* that are greater than ourselves."^{7(p13)} These *higher registers* could very well emanate from deeper associative choices. Willingness is a vehicle for plumbing the depths of deeper meaning and engaging in transformative processes within contextual constraints. However, willingness comes at a price.

Politics of emancipative practice

Immediate contextual pressures and short-sighted survival often eclipse core issues related to constrained autonomy and agency. Essentially, nurses often feel that things go smoother in the short term if we tow the line and *do not rock the boat*. Nursing is situated

within complex and multifaceted contexts where both micropractices and macrodynamics are informed by competing paradigms. Processes inherent to grasping, understanding, and integrating "multifarious, paradoxical, and antagonistic" value systems and ideologies are necessary to nurses identity and possibilities for emancipative practice.^{34(p374)}

Current efforts to disassociate from, rationalize, or transcend inherent ideological tensions and "just do the job" are sanctioned by the postemotional trend of corporate globalization and practice settings burgeoning with discontent, burnout, and moral outrage.^{4,39} The alternative is an engaged and meaningful practice where constraints are acknowledged and the valence of authority issues from a deeply reflective and mindful way of being.¹⁶

Willingness inspires the choice to authentically engage in constructivist discourse that is both critical and appreciative. The ends in view must be personally meaningful to risk marginalization and opposition within systems of dominance and polarization. Practical hindrances to discourse require proactive coalitions and a reordering of priorities.¹⁸ For example, rather than a win-lose mentality, emancipative conflict is collaborative and inclusive. One emerges from "the encounter with a larger sense of self than one brought into it, in which we learn that the self is not a scrap of turf to be defended but a capacity to be enlarged."^{40(p38)}

Ultimately, willingness resides within junctures of choice between safety and growth. It embodies risk inherent to emancipative choice. It informs conscientious reflection and intention with response to the dialectics inherent to nursing practice: such as disparities between our capacity and our limitations, tolerance and intolerance, and the is-ought of nursing practice. The actualization of willingness can be politically risky when it reveals and opposes substantive inequities embedded within hegemonic paradigms and neoliberal forces.

Current practice settings are characterized by hierarchal competitive systems generated

by practices of reductionism, polarization, and intolerance. "Fear is the key component or 'glue' which keeps the system together, functioning, and proliferating."^{7(p4)} Dominant values are expressed in the ranking of competencies, knowledge, and professional classifications such as "technological competence over caring competence; reductionism over holism or complexity; doctors over nurses; professors over students; behavior and skills demonstration over reflection and personal inquiry; science over arts and humanities."^{7(p4)} Likewise, abstract concepts and unrepresentable qualities inherent to meaningful relationship receive little recognition within healthcare disciplines.³³

Clarifying the role of willingness

As willingness resonates with deeply associative and congruent processes, patterns and paradigms hindering emancipative purpose become more obvious. As obstacles to emancipative change become more obvious, they help define the particular nature and form of willingness. For example, policies and protocols create standards that either contribute to or constrain associative choices and emancipative practices. Constraints may be exemplified in policies and practice guidelines that ignore the complexity of nursing practice or demonstrate a disregard for a contextual perspective or moral sensitivity. It has been suggested that the current focus on safety concerns may be "just another movement" functioning as a smoke screen to more fundamental issues such as identity and meaningful agency for nurses.⁸ From a critical lens perspective, it behooves nurses to question the context of nursing practice and to inquire as to why safety is a concern in the first place.

Willingness to act in meaningful and emancipative ways within current work settings is akin to rocking the boat. Dominant values drive goals related to efficiency and economic gain. They hinge upon the capacity for healthcare workers to do more with less. Meaningful interactions and health promo-

tional relationships are sacrificed within the current paradigms of most medical institutions. Willingness to engage in emancipative practice means that nurses must create and tolerate conflict, chaos, and turmoil. Nurses would be wise to become well acquainted with habits of mind that sharpen their critical thinking so that they will have the confidence, creativity, and perseverance to initiate, endure, and grow from the storm of change.⁴¹

CONCLUSION

Nurses function within patriarchal ideologies that enforce and sanction hierarchical power structures where competition is valued over connection and dominance over partnership. Dissociative rather than associative processes of identity formation are rewarded. Critical sensitivities that embody associative qualities, such as emotion, subjectivity, and appreciation for complexity, are avoided or subdued rather than valued.³¹

Connections that characterize moral practices and health promotion are eclipsed by a constellation of hegemonic uniformity that is dehumanizing and politically powerful.⁴² Relational systems and discourses aligned with corporate ideologies are characterized by emotional disengagement, empirical knowledge, and rationalization. Trends inherent to globalization privilege efficiency and productivity.^{7,23,33}

Willingness, as it relates to processes of agency and change, entails dialectic thinking and critical reflective practice, acknowledgment of core discrepancies, and constructivist, politically sophisticated discourse that weaves together diverse perspectives and ways of being.^{7,19,34,43} Participation in emancipative processes and interactions enhances self-worth and confidence and informs our ways of knowing. Pivotal junctures of dissonance and tension energize opportunities for willingness to risk emancipative participation.

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