

Special Article

Does Interprofessional Caring Exist in the Health Professions? Transcending Profession, Transforming Practice, and Linguaging Caring

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Abstract

Background: *Does interprofessional caring exist in the health professions? How does interprofessional caring come into existence?* These inquiries require a critical reflection to understand caring within the context of interprofessionalism.

Aim: To introduce the concept of interprofessional caring as it seeks permanence within the parlance of the health professions.

Method: This concept paper provides a prefatory understanding about the interprofessional caring as a *lingua franca* of the health professions in developing a collaborative practice, transcending the profession through interconnectedness, and transforming practice through a universal language of caring.

Results: The health professions require a communal practice rather than a practice characterized by antiquated and fragmented ideologies. Interprofessional caring is a meeting of the body-mind-soul, a mutuality in *belonging–becoming–being*, an ethical intimacy, an aesthetic expression of love, a connection, and a homily in celebrating–with, embracing–with, suffering–with, risk-taking for the love of others and a symbolic altruism.

Conclusion: The interprofessional caring dismantles a self-dominating control and hierarchical view along with the socially structured dogma leading to a fragmentation of the practice. Hence, interprofessional caring solidifies the value of collaboration where all persons are viewed equally communing.

Keywords: Caring, communalization, health professions, individualization, interprofessional caring

From Individualization to Communization: Are the health professions there yet?

Beck (2014) surmised that “individualization giving rise to an ego–society in which everyone is fixated on himself” (p. 95). The insurmountable

changes in social, economic, cultural, political, and intellectual nomenclature of the postmodern era compel many institutions to develop a social identity and to create a biography of an institutionalized individualism in dire need of power (Beck, 2014; Beck & Beck-Gernsheim,

2002). However, excessive power distorts communication, dialogue, and engagement. Individuals may disintegrate because of the elusive renunciation of obedience without a choice and the feeling of being controlled.

Blaug (2016) surmised a pathologic power linked to a “tyrannical, hubristic, or corrupted thinking” (p. 75) as evidenced by “inflation of the self, devaluation of subordinates, organizational separation, and loss of awareness” (p. 77). When individuals mired with extreme hubris, a feeling of being right, and superiority in judgment, the institution becomes egoistic, narcissistic, and tyrannical. Consequently, it corrupts the minds of others, mislays reverence, and impoverishes empathic accuracy that only sycophants can endure.

Walker and Replogle (1905) in their seminal work mentioned that apart from individuals, various groups cling to an obscure power associated with the “prevailing beliefs educible to ignorance, awe and submission in the mass of the members” (Walker & Replogle, 1905, p. 10).

Those groups demonstrate egoism that infiltrates individual conscience to compel a specific duty as self-sacrifice of a false sense of justice. Walker and Replogle (1905) added that there is a physical force, controlling ideas or a threat to those groups where biases are prevalent and pronounce a group bias that blocks reasonableness and intelligence. Further, it becomes damaging, develops blind spots, and reinforces conformity (Rosenberg, 2017).

Elites “those who are generated by dominant relations as the authorities governing various circuits of power. They control the nodal points through which legitimacy flows. Some node occupants are born; others are made; and some succeed on merit” (Clegg, Courpasson, & Phillips, 2006, p. 16). Elitism resonates a demonstrative arrogance when group segregates themselves because they believe having particular distinct attributes. Elitism discriminates whenever there are existing situations where a group claims privileges at the expense of the others, implicates power, and dissociates solidarity. The structures and work activities forming the ceremonial adherence maintained a projected identity but considered problematic and ethically questionable.

Egocentrism or egoism, hubris or elitism constitute many institutions, organizations, or groups. The group-centrism further emboldens individualization of *Me, Myself & I*. Kent and Burnight (1951) introduced the concept of the group-centrism in complex societies where individuals own their beliefs and value systems. Kruglanski, Pierro, Mannetti, and De Grada (2006) describe group-centrism as “a pattern that includes pressures to opinion uniformity, encouragement of autocratic leadership, in-group favoritism, rejection of deviates, resistance to change, conservatism, and the perpetuation of group norms” (p. 84). The group labors an expansion of supremacy, competitiveness, and compliance.

Individualization is a universal language that embodies group-centrism. However, communalization builds a community of a leaderless connection where Aristotle’s ‘certain kind’ of natural communality becomes binding (cited in Rousseau, 1986). Inherent to communalization is an altruistic moral union, true friendship, and unifying love as denotative expressions.

Aristotle enunciates an existing mutual bond *in-between* where all can know, learn, and become one without a compromise to one’s uniqueness. As a communal group, it acknowledges, appreciates, and affirms the presence and see others as equally communing.

Further illuminates a sacredness of life upholding dignity, respect, and humility towards a communion. In this postmodern society where the group-centrism subsists, individuals, organizations or institutions may have ulterior motives, instinctual desires, and other personal drives. Thus, to avoid valorizing schism, it requires a discerning act to seek the intent of being-with-others sincerely, neither label nor weigh others with biases and predilections (Rousseau, 1986).

Transcending Professions in Caring

Husserl uttered the “world-involvement,” “world-constituting intentionality” and “worldliness” (Hart, 1992, p. 97) transcending the *I* for anew communal life found in *We*. The health professions are *coming-to-know* then, approaching a prelude to a communal exploration of the structures, practice, culture, and the language.

The commoners *I* that exist in a group, organization, or institution reinstates Max Stirner's concept of ownness "I am my own only when I am master of myself, instead of being mastered by either sensuality or by anything else" (cited in Newman, 2011, p. 202).

When the health professions understand themselves as communes rather than as commoners, develop an identity that "interweaves indigenous, local, global, and universalistic thinking" (Nuttman-Shwartz, 2017, p. 1). They further nurture a growing capacity of *being-with-others* and become co-constituting elements of the health systems. Through collective participation, the health professions sustain their value-laden altruistic services, detach from the instinctual gains or vested motives, and strengthen the integrity needed to address health issues and scandals about care (Scotland, 2016).

There is a clarion call to abrogate the existing cultural frame of centrism typical to the phenomenon of individualization (E. Pecukonis, 2014; E. Pecukonis, Doyle, & Bliss, 2008). The concept of the profession-centrism, for instance, equates construed identity – a profession's status of *Me, Myself & I*. According to E. Pecukonis (2014), an entry to other profession's boundary creates an apprehension as other feels a distortion of their identity.

Barr (2012) highlighted that others have the perception that may "devalue their distinctive expertise, erode their specialist studies and weaken their control over their education and practice" (p. 2). Thus, when health professions personify themselves as communes (*coming-to-be*), they develop a vision to transcend profession, understand the value of others, immerse with others, and acknowledge the presence of others. Such crystallizes the transcendence of co-languaging that is beyond the measure of consciousness.

Co-languaging is where the discourse of oneness flows. The language of caring builds communal connectedness and relational embeddedness that only through the concerted efforts can bring an embodied practice grounded in caring. When the health professions transcend its core in caring, it unfolds the meaning and purpose of the everydayness existence.

The *We* as to communalization also elicits *coming-to-being*, the awakening of the mutual bonds for a higher order of unity. Husserl postulated the keywords like "communalization... "common spirit," "communal person," and "total person" [are founded in the] plurality of persons in their manifold agencies and identities" (Hart, 1992, p. 257).

Communalization renounces a mutual interest, commits to other's wellbeing, bridges the gap, and cultivates a genuine culture. Then *I* become a co-constituting a quintessential element of *We* illuminating that "*I no longer live to myself, but we live in me*" (Hart, 1992, p. 259).

The mutual sharing of empathic feelings further reveals a passage that emboldens the communal awareness of others where *I* elevate to *We*, and *We* transcend to *Us*. For this reason, when *Us* emulate mutuality and relationality, there is a binding of *I* in a communion – surreal and communal (*coming-to-being*).

The *Us* commune with others in a moral realization that the presence of others cultivates honesty, empathy, compassion, altruism, conscientiousness, and caring. *Coming-to-being* is where the health professions embrace a community of caring. However, the burgeoning demands of the postmodern should not limit the health professions in the technical operations, demarcated practices, and technological dilemma. The health professions should remain committed, compassionate, conscious, connected, conscientious, and most importantly, caring.

Transforming Practice in Caring

According to Roach (1987), caring is "not unique to any particular profession" (p. 4). The health professions have the inherent capacity to care. Caring acknowledges diversity, values presence, and most importantly, upholds moral and ethical obligations for the sacredness of life, human dignity, and respect. When caring embodies the health professions, they develop intuitive, holistic and universal thinking to live, grow, and care for others.

When health professions begin to understand that through participating in nurturing relationships, they further develop patterns of knowing themselves, others, and the community they serve

(Boykin & Schoenhofer, 2001). Moreover, caring transcends the health professions' core being through a relational communion to *know–emancipate*, *live–enrich*, and *grow–sustain* amid intellect divide. They sustain caring ingredients including patience, honesty, trust, humility, and courage (Mayeroff, 1971).

Transforming practice through *knowing–emancipating in caring* leads to a community of knowers who share a mutual knowledge and invite others to abrogate their contained ego-centric boundaries. On the one hand, *living–enriching in caring will* facilitate a further understanding of the coexistence of others and ossifies the opportunity in communing with others.

The health professions learn to articulate a shared interest, emancipatory willingness and create organizing acts described as a community–building, capacity–engaging, action–unifying and will–empowering. The health professions *growing–sustaining in caring* transforming practice emulsifies a path toward meanings of life-giving value, life-serving humility, and life-enriching participation. Hence, caring becomes the language intricately woven with acts of affirmation, humility, and responsibility.

Languaging Caring

Caring encompasses a worldview of unity based on a moral, philosophical, and scientific framework that illuminates a more profound value of quality of living and dying in an existential mode of participation where science and humanities amalgamate (Watson, 2005).

Caring also explores the experiences of individuals towards a sacred moment in knowing the self and others. Caring strengthens human relations and cultivates patience, trust, honesty, humility, hope, and courage (Mayeroff, 1971). Roach (2002) surmised that caring is a universal phenomenon and as a way of living. Caring becomes a human mode of being where it emulates an authentic way of living in freedom “not subservience, not subordination or subjection” (Roach, 2002, p. 7). Caring crystallizes a relational connection between harmony and human suffering (Boykin & Schoenhofer, 1989, 2001; Pross, Boykin, Hilton, & Gabuat, 2010).

Despite various definitions and attributes of caring, Boykin and Schoenhofer (2001) stressed that “all persons are caring by virtue of their humanness” (p. 2) making the view of caring as personal and not abstract. From its ontological and ethical perspective, when persons view others as caring, they nurture a deepening sense of communion as a basis of moral responsibility. It creates a nurturing experience, an all-embracing sacred moment.

Interprofessionality grounded in caring prevents profession–centrism, elitism, egocentrism, and hubris. When caring reverberates, it precludes exclusion disunion estrangement belligerence and depravity. When caring becomes the language of each health profession, it strengthens the communal connectedness and relational embeddedness. The unique understanding of caring as a language views all health professions as caring by their humanness in the process, perspective, and praxis.

The health professions grounded in interprofessional caring, critically examines the preconceived biases, group-centric or profession–centric practices threaded through underpinning ideologies and dystopic views about others. The health professions rescind the fixed ideas of individualization and reflect on how communalization provides a shared practice of values. In so doing, it builds a partnership as a groundwork for collective oneness.

Interprofessional caring views all health professions as caring allowing others to become communes equally communing. Koo (2016) mentioned “sharing a common world with others, in the sense of sharing a public understanding of the norms, practices, and roles that others also understand in their lived experience and activities.” In this sense, communing is a convergence of meanings, structures, and relationships.

Interprofessional caring invigorates the richness of others' abilities, ignites mutual recognition, empowerment, and transformation. Olthuis (1997) assumed that “in any human act of engagement, all the ways of knowing are reciprocally interwoven, simultaneously present, even when [one] of the ways of knowing stands out and marks that particular activity in a heightened way” (p. 6). Interprofessional caring is a meeting of the body–mind–soul, a mutuality in *belonging–becoming–*

being, an ethical intimacy, an aesthetic expression of love, a connection not a fusion, a homily in celebrating-with, embracing-with, suffering-with, risk-taking for the love of others as symbolic altruism.

According to Boykin and Schoenhofer (2001), “without grounding in praxis becomes amoral and meaningless... resists fragmentation of the unitary phenomenon of discipline” (p. 9). Thus, the essence defining the interprofessional caring reflects a profound interconnectedness to foster a nurturing capacity, create a *mise-en-scène* of togetherness, and continue the threads of knowing-emancipating, living-enriching, and growing-sustaining.

Despite each health profession has a distinct body of knowledge, the interprofessional caring connects and reconnects the bridges and as an impetus for boundaryless collaborative practice and leaderless connection.

Being-with-other professions cultivates the spirit of compassion, appreciates the presence of others, and outpours love to dismantle the individualized-profession-centrism. The health professions through a reflective inquiry (

Figure 1) can imbibe interprofessional caring towards communalization of the process, perspectives, and praxis where:

1. “persons are all caring by virtue of their humanness” (Boykin & Schoenhofer, 2001, p. 2),
2. there is an ontological view of mutuality, relationality, communality, and interprofessionalism,
3. there is a rhythmical cadence of *coming-to-know, coming-to-be, coming-to-being (belonging-becoming-being)*
4. there is an ethico-moral awareness,
5. there is an inherent mode of participation to know-emancipate, live-enrich, and grow-sustain transcending profession and transforming practice,
6. it becomes an everyday discourse and language,
7. an aesthetic expression opens a more reflexive awareness,
8. amalgamation of the process, perspective, and praxis leads to a collaborative partnership,
9. an emancipatory knowing widens understanding with the socio-political domains of practice,
10. the practice upholds the sacredness of life, mutual respect, and human dignity,
11. all health professions are living, growing, and communing in caring interprofessionally.

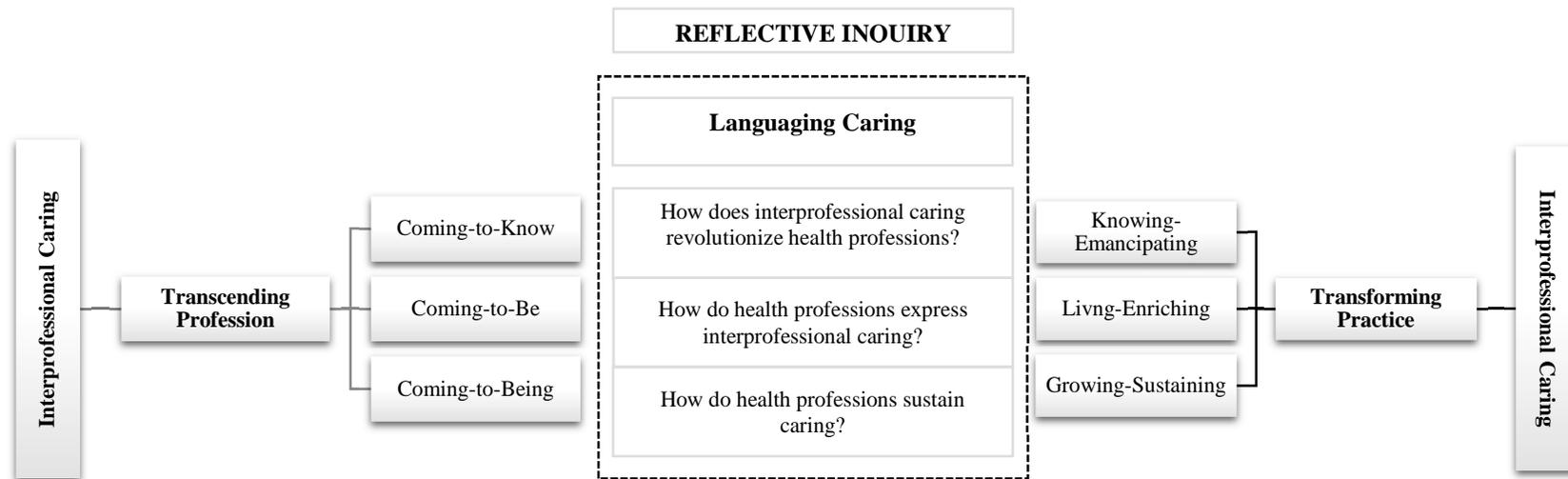


Figure 1. Reflective inquiry guiding the health professions

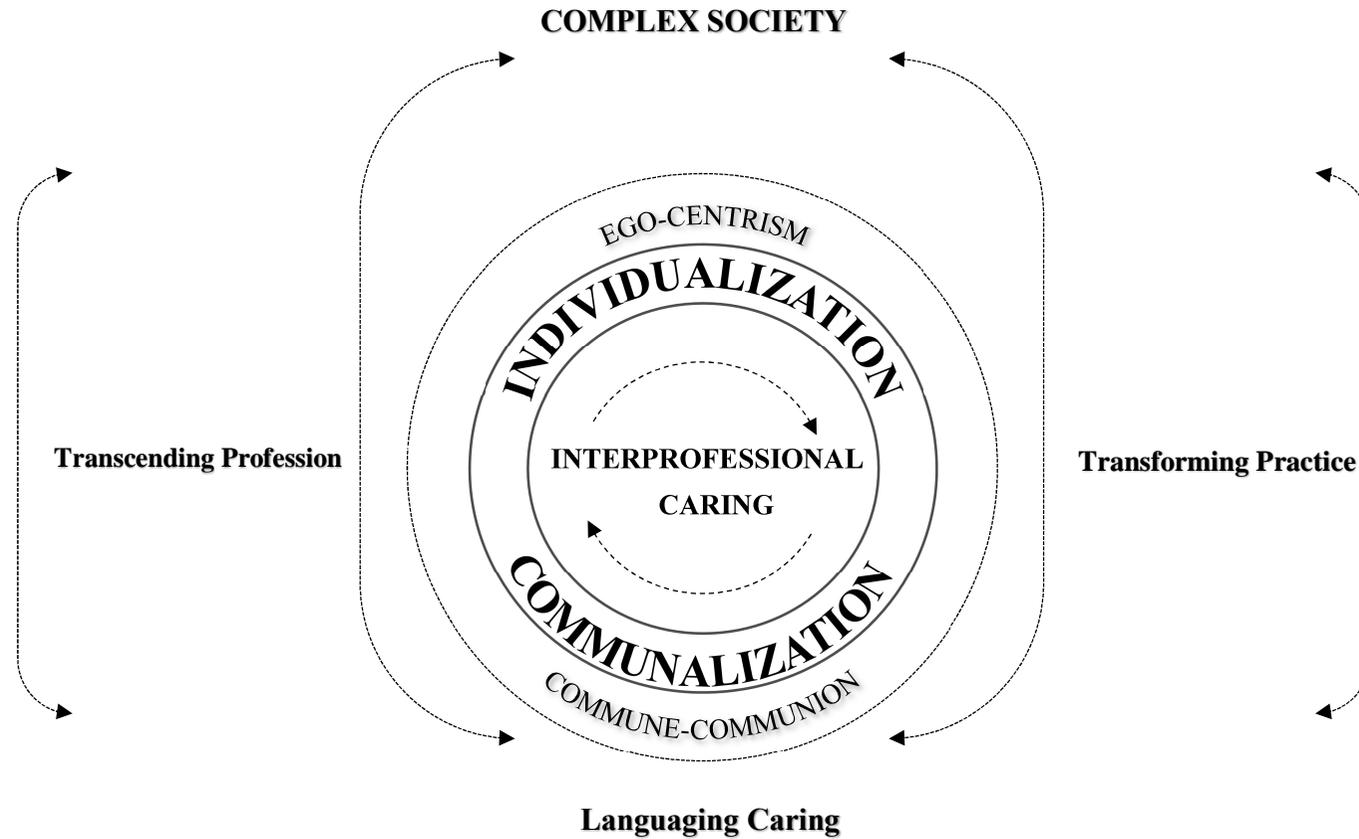


Figure 2. Interprofessional caring in transcending professions, languaging caring, and transforming practice

Conclusion

From individualization to communalization, the health professions in postmodern require a dynamic process of transcending profession and transforming practice where interprofessional caring intercedes.

From then, interprofessional caring develops in time as a lingua franca of the health professions, becomes a mode of participation and a mode of being, cultivates relational embeddedness, shares mutuality in meanings, pure intentionality, professes communality, lives and grows in communion with others.

The interprofessional caring in this sense dismantles the self-domineering control and hierarchical view along with the socially structured dogma that and fragmentation of practice. Hence, interprofessional caring further solidifies the value of being human and humane, where all persons are equally communing.

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