

# A Critical Hermeneutic Circle to Reimagine Professional Selfhood

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### A Critical Hermeneutic Circle to Re-Imagine Professional Selfhood

Caring, as descriptive language and practice, provides a voice and direction for embodying intentionality and facilitating understanding of social practices and structures which may lead to wisdom (phronesis). This wisdom reflects our understanding of being in and with the world (Heidegger, 2010) which is the antithesis to the current reality where nurses may view themselves as being acted upon; being *voiceless* or *helpless*. This wisdom may lead to self-determination, re-engagement, courage, mysticism, self-compassion, curiosity, and balance to actualize professional selfhood (Maykut, 2021a). Professional selfhood (PSH) is the embodiment of social location and the external influences of being *in* and *with* the world (Heidegger, 2010). This embodiment is made visible as - what we value, what inspires us, and what frees us as professionals, which may ultimately transform our practice (Maykut, 2021a).

PSH was explored with six registered nurses (RNs), to be referred to as “artists” in this manuscript, utilizing body mapping (BMap) as a unique methodology (Gastaldo et al., 2018). BMap created an opportunity to visibly express the tension between *what they desire to do* and *what they were able to do* in their current practice. The individual aesthetic expressions and sharing of narratives fostered self-awareness in which to inform reflexivity within the larger community as artists and researchers. The term *community* was specifically chosen over participants and researchers as an approach to dismantle the power and privilege ingrained in the research process (Galvez & Muñoz, 2020).

The community included in order of authorship: a professor, a clinical nurse educator, an experienced clinician, and five of the six artists from the original research study. One of the artists did not join due to external commitments. The process of a critical hermeneutic circle (CHC) provided a brave space for all individuals to share and integrate meaning, thus re-

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3 imagining their PSH (Heidegger, 2010). The purpose of this article is three-fold. First, to  
4 describe the plural methodology of a critical hermeneutic circle and BMap. Second, to explore  
5 life after engaging in the process of BMap from the five artist's perspective. Finally, to analyze  
6 the effects of a CHC for being with another (Heidegger, 2010; Kinsella, 2006) in fostering  
7 awareness of PSH for all in the community as an ethos of relationality (Halldórsdóttir, 1991).  
8 This is our story as a community inspired by a CHC to re-imagine our evolving PSH.  
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## 17 **Background**

### 18 **Critical Hermeneutic Circle as Methodology**

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21 A CHC was adopted as a sense-making approach to forefront bodily experiences (BMap)  
22 and also as a shared-meaning process. This dual process provided the community the space to  
23 understand, from a Heideggerian perspective, coming to know self in relation to others (Gyollali,  
24 2020). This intentional embedment of a CHC and a BMap methodological approach nurtured the  
25 collective to expose the sociopolitical influences on a PSH; our being situated *in* and *with* the  
26 world (Heidegger, 2010; Kinsella, 2006; MacIntyre, 2018).  
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36 This embedment fostered understanding of self *in* and *with* the world first expressed as  
37 BMaps and then illuminated through the shared-meaning process within the CHC. Receiving the  
38 personal narratives provided an opportunity to consider the influences of PSH within clinical  
39 practice environments which may transform the community within this CHC. This collective  
40 interpretation offered another step for understanding external influences on one's PSH. Being in-  
41 relationship informs our interpretation objectively as an individual with the creation of a BMap  
42 and in context as a community who interprets through their own lens (MacIntyre, 2018). This  
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## Professional Selfhood

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3 revealing unknown sociopolitical influences on our being as nurses (Kinsella, 2006; Maykut,  
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5 2021a).  
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## 7 **Body Mapping as Methodology**

10 The dominant narrative of intellectual interpretation does not provide an opportunity to  
11 explore our situatedness from Heidegger's (2010) perspective of being both *in* and *with* the  
12 world. What has been missing is the interpretation of sociopolitical structures and processes to  
13 determine what has influenced who we are as individuals and professionals within our personal  
14 location and an evolving PSH. BMap as a holistic aesthetic expression created a much-needed  
15 opportunity to ensure a bodymindspirit connection with self, others, and the world.  
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24 Solomon (2002) initiated the concept of BMap as an arts-based form of self-exploration  
25 for individuals living with HIV/AIDS. This approach rapidly was adapted for a variety of uses  
26 including but not limited to community building for advocacy and political action (Gastaldo et  
27 al., 2013), as therapeutic (Nöstlinger et al., 2015), as educational (Maina et al., 2013), and as a  
28 research methodology (Gastaldo et al., 2018). Utilizing BMap as a methodology strengthened the  
29 congruence between an aesthetic expression which was enhanced through narration in which to  
30 inform the reflexivity process, situated in a CHC. The final part of the methodological process of  
31 BMap is exhibition. de Jager et al's (2016) suggestions of digitization of body mapping were  
32 considered and a novel virtual reality approach to global display has been developed by the  
33 authors. This final step in the larger dissemination process of the work is ongoing and will make  
34 the artists' contributions to the understanding of professional selfhood within nursing evident to  
35 a global audience.  
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## 51 **Research Study**

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3 The research study had Research Ethics Board approval and adhered to all ethics  
4 procedures outlined by MacEwan University. Caring Sciences (Halldórsdóttir, 1991) provided  
5 the lens and impetus for exploring the phenomenon. The research design was further refined and  
6 informed by van Manen's (1990) six activities to understand the phenomenon of interest. These  
7 included: (1) a phenomenon of interest for practice and education; (2) an examination of how it  
8 is lived rather than supposing how it is lived; (3) a reflection on main themes which arise; (4) the  
9 articulation of themes through writing and rewriting (or in this instance through BMap and then  
10 CHC); (5) the orientation of the phenomenon to a pedagogical interpretation; and (6) the  
11 recognition of both parts and whole aspect of the phenomenon.  
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24 Caring Science, as a theoretical approach, is about critical scrutiny to extend knowledge  
25 of self and the other; in this instance to inform nursing practice and education. The phenomenon  
26 of interest was to create a visible representation of the professional world of novice RNs and the  
27 tension they experience therein. Explicitly, of interest was how *what a nurse desires to do* and  
28 *what they are able to do* lives as an aesthetic expression on their body. Engagement in an  
29 aesthetic expression of PSH as BMap provided the starting point for understanding sociopolitical  
30 influences on current nursing practice.  
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**Research Design.**

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42 The study consisted of multiple in-person and online sessions. Session one (face to face)  
43 was an overview of the study, completion of consent forms, and the outline of their preferred  
44 body posture on a life-sized canvas. Homework included identification of a power symbol and a  
45 personal slogan to be placed outside their drawn bodies but on the canvas. Session two (face-to-  
46 face) was the actual engagement in the artistry of imprinting their experiences on their life-sized  
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nursing, of interest for the researchers was the artist's enhanced knowledge of self and the collective as CHC, which informed their PSH. As participants are usually anonymous in research studies, it was made explicit that participation in writing would expose their involvement.

However, the gain in knowledge shared with the profession of nursing would be invaluable. Five of the six artists agreed and as a caring expression of community were added as authors for their insights on this remarkable journey of discovery.

Five attributes were identified by the first author to guide the ongoing narratives to reveal the insights and evolving PSH of the artists. A question(s) was introduced to begin their narrative; however, it was hoped that an organic and fluid revelation of their journey would unfurl. The five attributes were: trusting, embodying, legitimizing, knowing, and revesting.

Narratives for each of the five attributes were summarized by the PI. Similarities and differences were described, with a direct quote highlighting the attribute by one of the artists. An email was sent to the five artists following this summarization to ensure agreement of the text prior to submission of the manuscript for consideration.

**Trusting**

Our narratives as nurses are a compilation of external and internal influences. Trusting evolves over time with integration of experiences and knowledge; self-awareness, empathy, and emotional intelligence may foster the evolving process of PSH. The question asked to begin this narrative was, "*How did you come to trust your story?*"

All five artists alluded to the difficulty of trusting their own stories. Many spoke about previous experiences (childhood, nursing education, and their current role as a RN) which influenced their self-talk and worth as humans and professionals. They highlighted their inability to be authentically present to validate their stories as a result of fluctuations in their own internal

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3 worlds (bodymindspirit well-being), overwhelming expectations of others, and difficulty  
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5 deciphering their evolving PSH as a novice clinician.  
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8 Through self-examination and support by all within the CHC group, the artists remarked  
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10 on their increased confidence in owning and valuing their stories. This is reflected in the  
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12 statement by Artist Barroma, *“Although it still continues to be difficult to trust and validate my*  
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14 *own story within myself, the body mapping process has really assisted me in understanding my*  
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16 *capability to continue to try and accept, love, and share my own story. I’ve learned that my*  
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18 *experience as a POC (person of colour), a woman, and as a first-generation immigrant has*  
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20 *really influenced my nursing more than I initially expected. I’ve always known that my childhood*  
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22 *would impact my personal life - however to be asked to embody my lived experience in relation*  
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24 *to nursing has really been liberating.”*  
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**Embodying**

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31 This attribute focused on exploring the dominant narrative of the intellect and the  
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33 struggle to interpret and find meaning in our bodily experiences. PSH is often situated in an  
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35 objective measurable world of cognitive interpretation. However, although we are encouraged to  
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37 use our intellect as professionals predominantly, our bodies have experiences. This was the  
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39 question offered to the artists to begin their narrative, *“Was it difficult to embody the experience*  
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41 *bodymindspirit, instead of the dominant perspective of processing experiences through our*  
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43 *minds?”*  
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47 All artists referred to their own awakening of recognizing how dominant *thinking*, as the  
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49 interpretive approach, was compared to starting their story from their bodies. They spoke of  
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51 overthinking, overanalyzing, making pro and con lists, and the pressure to problem-solve in their  
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3 practices. However, they came to realize the importance of relying on the relationship with self,  
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5 holistic self as bodymindspirit, as an intuitive guide for sense-making.  
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8 This evolving process of embodying authentic self as a much-needed approach to ground  
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10 one's nursing practice, is reflected in the comments by Artist McLeod. *"If I am not practicing*  
11 *being present, it is SO difficult to determine what is happening in the body. It takes so much*  
12 *patience to slow things down and breathe. It also takes a lot of emotional energy to actually*  
13 *process stress and difficult memories and how they've affected your body. Being able to pinpoint*  
14 *those areas on my body map felt like a definite release and it also made it easier to practice*  
15 *releasing that stress and focusing on that part of my body when I know I'm in a*  
16 *stressful/difficult/sad situation."*  
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**Legitimizing**

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28 Narratives provide the basis for a sense-making approach of understanding self. In this  
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30 instance to forefront bodily experiences made visible as BMap to inform the creation of shared  
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32 meaning. Engaging as a CHC provided the opportunity to share self with others in a brave space.  
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34 This process-initiated knowledge development of self while incorporating other's narratives  
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36 became the birthplace to inform the evolution of each individual's PSHs. Expanding on the  
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38 attribute of embodying we were interested in knowing if BMap and CHC as a plural  
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40 methodological approach strengthened individuals' narratives. Therefore, the question to  
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42 stimulate their thoughts was *"Did this process of body mapping help legitimize your narrative?*  
43 *Why or why not?"*  
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50 There were mixed responses to this question. Some artists still found difficulty moving  
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52 from a cognitive approach as they felt their artistic skills were not as developed and they couldn't  
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54 capture explicitly their feelings in this medium. The dominant expression of words in our  
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society, left many of the artists struggling as they compared their BMaps with others. However, other artists spoke about the optimal timing of the research project when they were in need of self-expression and a community of others experiencing similar moral distress.

This struggle is highlighted in the following statements by Artist Trotter. *“Doing this process alongside colleagues who have experienced other seemingly devastating experiences in their nursing careers thus far was very validating for me. I felt heard through this process. I learned that my experiences, although sometimes very difficult, have really helped shape me to be the confident and competent nurse that I am. I also felt a sense of relief that some of these feelings I have kept to myself for so many years were able to be expressed and validated”*.

## Knowing

As we move through life, our experiences *in* and *with the* world, influence who we are becoming. Knowing is about peeling the layers of self to the core through understanding how experiences influence who we are becoming as professionals, noted as PSH. Knowledge of self is crucial to inform not only present actions, but to enlighten future endeavours. The questions asked of the artists included: (1) *“What have you learned about yourself on this journey”*? and (2) *“What words or phrases would you utilize to describe this research process?”*

Many of the artists had already experienced significant moral distress in their novice (less than two years clinical experience at the time of the research and pre-COVID 19) work lives. The process of capturing those experiences in an aesthetic medium enabled them to let go of the tension and gain awareness of their capacity to chart their own future. Words such as enlightenment, acceptance, and trust (Baddun); relief, understanding, unique, and vulnerable (Barroma); encouraging, connecting, and rewarding (Cheung); relief, validating, connection, and

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3 big picture (McLeod); and therapeutic, enlightening, validating, and supportive (Trotter) became  
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5 the new words the artists embraced to positively revision their own realities.  
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8 Knowledge of self, especially in light of moral distress, can be complex as we attempt to  
9  
10 move onwards as a professional with new insights about ourselves and our practice. This process  
11  
12 was illuminated by the Artist Cheung's comments about herself and how she is making a  
13  
14 difference in her co-worker's lives. *"Since the introduction of this topic last year, I have found*  
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16 *myself being more open to talking about this kind of tension with other co-workers who*  
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18 *experience the same frustrations and limitations in the workplace as me. However, hearing*  
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20 *about how differently they personally perceive and process it, their coping mechanisms, and how*  
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22 *they balance the tension, has made me reflect on how I can improve on how I cope with the*  
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24 *tensions as well."*  
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**Revesting**

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31 As this research methodology is unique, we were interested in the artist's opinions of the  
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33 strengths and areas for growth for future studies to guide nursing knowledge development for  
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35 clinical practice and education. This opportunity to inform research design, enabled them to  
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37 revest and recognize their own contributions to the profession. Questions included: (1) *"What*  
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39 *could be done differently with other groups"?* and (2) *"What should remain the same"?*  
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43 As this was a new methodological approach for the researchers, the artists had many  
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45 suggestions to inform future designs and implementation. Although they appreciated the  
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47 meditative script and guidance, a further and more in-depth explanation of the power symbol and  
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49 personal slogan would have proved helpful. As this was an act of vulnerability, one artist spoke  
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51 about the need for private space to engage in reflection and creation of their BMap. Finally, all  
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3 expressed the importance of shared meaning making during the group interpretation and wanting  
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5 more time as a community.  
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8 Community cohesion during the interpretive sessions was beneficial and recognized as a  
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10 strength of the project, reflected as cathartic and enlightening outcomes. This is clearly  
11  
12 articulated by Artist Baddun's comments, "*The facilitated and open discussion amongst our*  
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14 *peers was very fruitful. Therefore, I only have one choice but to trust myself, my story and my*  
15  
16 *journey and accept it for what it is, what it has made me and what it will bring me in the future. I*  
17  
18 *know it can be difficult for some to be so candid in front of others, but I truly thrived on this*  
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20 *aspect of the project. I wanted to be happy and hopeful, and I had to do that myself without*  
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22 *relying on anyone or anything to change that.*"  
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**Ethos of Relationality**

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28 Of interest is noting the moral distress imprinted physically on the artist's bodies and  
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30 reflected in their BMaps all of which occurred pre-COVID-19. There is a plethora of literature  
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32 on the effect of the pandemic on the nursing profession - ranging from burnout (individual) to an  
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34 opportunity to reinvent our contributions (profession) to society. Although not anticipated, the  
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36 CHC, became an avenue for authentic support and belief in each other's capacity and capability  
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38 as marked by the consequences of the pandemic.  
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43 Although the BMaps were completed pre-COVID-19, the interpretation as a community  
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45 occurred when social restrictions were lifted during the context of the pandemic (Spring 2020  
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47 and Fall 2020). This resulted not only in the interpretation of the BMaps but also a brave space to  
48  
49 share professional experiences as the pandemic unfolded. We, as authors, were able to engage in  
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51 this critical interpretive work and support each other in community grounded in caring  
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53 relationships which was an additional outcome not anticipated during the initial design of the  
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3 project. Although the research process was draining, the cathartic outcome was rewarding, and  
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5 the findings added and validated the importance of caring science as foundational for nursing  
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7 practice (Halldórsdóttir, 1991).  
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10 The plural methodological approach of BMap and a CHC was an intentional choice to  
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12 create a sense of community for all during the research project. As the project was grounded in  
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14 theoretical assumptions of caring science (Halldórsdóttir, 1991), the importance of being with  
15  
16 another (Heidegger, 2010) was critical as an outcome to foster an ethos of relationality to support  
17  
18 ongoing evolution of PSH. Being in-relationship provides the necessary emotional support and  
19  
20 the opportunity to respectfully challenge each other to shift from an ethnocentric focus to  
21  
22 understanding self in and with the world (Maykut, 2021a). This brave space was the birthplace  
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24 for exploring our social location; challenging, examining and integrating other's perspectives and  
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26 experiences; grounding our actions in nursing science; and re-imagining our evolving PSH.  
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### 30 **Conclusion**

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33 A professional practice with common language, values and beliefs enables us to look for  
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35 commonalities in our shared humanity ~ attunement to oneself and the other authentically  
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37 (Maykut, 2021a). As nurses we have the capacity and capability to re-imagine our PSH through  
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39 respectfully challenging, integrating, and nurturing each other within a CHC as a community  
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41 (MacIntyre, 2018). The utilization of unique methodologies, a plural approach of CHC and  
42  
43 BMap, to capture how our bodies live and interpret our professional experiences illuminates  
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45 hidden knowledge of self and others in which to continue to inform growth as expressed by our  
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47 PSH.  
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51 Caring theory provides the opportunity to connect with another - acknowledging this  
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53 shared humanity expressed in professional practice (Halldórsdóttir, 1991). We must have vital  
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3 courage and compassion to accompany each other through difficult situations which is best done  
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5 in relationship as a community. We come together to listen and to learn; unmaking of our inner  
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7 self (detangling to re-tangle) to discover connections through relationships in which to discover  
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9 and create a positive future for ourselves and for the discipline of nursing (Maykut, 2021a).  
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