Piecing Together a Puzzle: Feminist Materialist Philosophy and Nursing Ethics

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1 Introduction

In her 2011 article, *Piecing Together a Genealogical Puzzle: Intersectionality and American Pragmatism*, Patricia Hill Collins (2011) presents a very helpful analysis of discourses in intersectionality and pragmatism. Her work, including the metaphor and method of “piecing together a genealogical puzzle”—has been an inspiration and I appreciatively borrow that metaphor of “piecing together” here. I have chosen to organize the experience of assembling this analysis as a process of working out/on a puzzle. In that approach, I’m explicitly remembering the imagery and process of feminist literary methods (Anderson 2017), i.e., “piecing together” or assembling work that is part of a greater whole. Here I hope to move toward something still not clear (to me) about nursing ethics, a hope for pattern recognition in a larger field of understanding that addresses moral agency and praxis in nursing.

To circle a feminist pragmatist/critical theory of nursing ethics, I move within and between some selected fields of work. At the outset and perimeter of this analysis, I review in broad stitch the work of feminist materialist philosopher Nancy Fraser. I privilege Fraser’s analysis to create an opening, a discursive space. Within that opening, I explore key elements and implications of her critical pragmatist, materialist feminist philosophy, relating these to nursing ethics. I view Fraser’s work as inviting a productive epistemic shift (not a rupture) in knowledge development for nursing ethics. That shift requires nurses to reconsider and engage/act on political-economic contexts of practice that are directly relevant to nursing ethics, taking into account the context of transnational corporate capitalism. Fraser’s work helps with this by providing analysis of political-economic contexts that influence moral agency. I argue that her work has important relevance for nursing ethics.
After reviewing Fraser’s work—I move to reflect on the complexity involved in engaging Fraser’s analysis in nursing. I consider some reasons for why it may be both helpful and difficult to use Fraser’s work in nursing ethics. This reflective bracketing includes some discussion of anti-socialist feminist ambivalence, tendencies Fraser identifies, that make it complicated for some nurse scholars to speak about nursing ethics using Fraser’s analysis. I counter this with reflections on the history of a critical social ethic in nursing, also identifying the presence of contemporary discourses in nursing ethics that could point toward more alignment with Fraser’s critical theory. That reflection considers how and why it may be productive at this moment to examine and use feminist materialist philosophy, as one approach (among others) that can support a critical nursing ethics.

Finally, I move on to piece together some connections between Fraser’s work and different discourses of moral agency in nursing ethics. I first consider some connections between her philosophy and the ethics of care. I take up selected pieces of work from theorists of care in nursing along with selected examples of work from feminist care ethicists. The analysis suggests that a feminist ethics of care may be coherently consistent for some feminist commitments in nursing, yielding reflective equilibrium in some cases. As Fraser suggests, however, a feminist ethic of caring risks continuing a trend of mostly “post-socialist feminist” moral reasoning, evading the critique of capitalism. To address this, I suggest that a feminist ethics of care in nursing is productively deepened/strengthened by addressing intersections with Fraser’s feminist materialist philosophy. The discussion next similarly considers discourses of the ethics of social justice in nursing. This analysis includes a brief discussion of some contemporary theoretical approaches for the ethics of social justice in nursing in Canada and the United States. While these approaches can be understood as consistent with a legacy ethics of social justice in nursing, they also are largely silent about capitalism, continuing a “post-socialist feminist” imaginary for moral agency around social justice. These discourses in nursing are viewed as being productively deepened and strengthened by addressing feminist materialist philosophy, as this is demonstrated in Fraser’s work.

Given these opportunities for connections between nursing ethics and Fraser’s critical theory, I conclude by commenting on some implications for a critical nursing ethics. I find the absence of a critique of capitalism in nursing ethics puzzling. To address this, I invite more dialogue about the emancipatory potential of using feminist materialist philosophy as one theoretical tool (among others) with relevance for a critical nursing ethics.

2 Nancy Fraser’s Feminist Materialist Philosophy

U.S. critical theorist Nancy Fraser has worked carefully over three decades to articulate a complex and hopeful feminist ethics. In her moral and political philosophy, Fraser insists that gender matters in the struggles and wishes of our times—and that an adequate understanding of gender must be located historically and
accurately within political-economic contexts of capitalism (Fraser 1985, 1989, 1990, 1995a, b, 1997, 2005, 2009, 2017; Fraser and Honneth 2003; Fraser and Jaeggi 2018; Fraser and Sunkara 2019; Arruzza et al. 2019). Feminist materialist leanings in her work insist that intersections of social, political, and economic relations under capitalism are deeply organizing, i.e., that capitalism contextually shapes phronesis/or ethical conceptions of what is right and what is good in our current age. This sensitivity to capitalism acknowledges that power relations (like sexism, racism, classism, heteronormativity, ableism, ageism) do intersect to produce institutionalized social practices in democracies. She argues that the intersections of class, race, and gender are best explained by locating them in the political-economic context of capitalism—with an adequate understanding of how capitalism operates.

Unlike theories of intersectionality, which tend to be descriptive, focused on ways in which extant subject positions crosscut one another, my account is explanatory. Looking beyond those subject positions, to the social order that generates them, I identify the institutional mechanisms through which capitalist society produces gender, race and class as transecting axes of domination. (Fraser and Jaeggi 2018, p. 109)

Fraser’s political philosophy is a critical theoretical approach, a strand of moral and political philosophy that focuses on how power is constituted and reproduced in capitalist democracies. While not agreeing fully with Marxist materialist philosophy, her work nevertheless does draw on materialist influences in critical theory. She emphasizes the effects of capitalism, focusing on relations that exist in capitalist modes of production and their influence. She also insists that gender matters deeply in how power relations are constituted under capitalism—thus providing a feminist materialist perspective. In this, she has challenged masculinist assumptions in critical theory (Fraser 1985, 1989) while also disagreeing with assumptions in the liberal feminist analysis (Fraser 1990, 1995a, b).

In the last decades of the twentieth century, Fraser (along with other feminist thinkers) was focused on political and moral questions about how best to correct gender injustice. An ally of women’s liberation, she nevertheless challenged several assumptions present within second wave and radical feminist activism (Fraser 1995b). This included questioning the presumption of a unified, single, and common group-based identity among all women. Fraser argued that under capitalism, important differences exist between women, based on political-economic group identity as well as sociocultural group identities. She argued that gender injustices based in sociocultural group or political-economic group identity could not be effectively addressed in activism that superficially celebrates the common gender identity for all women. In her articulation of a feminist materialist alternative analysis, Fraser proposed the need to address gender injustices by tending to capitalism and the differentiated ways in which it operates. She specifically emphasized the need to consider sociocultural group-based identities among women, simultaneously accounting for their political-economic group-based identities. She emphasized that these two types of identity are associated with interests that do not synchronously align (Fraser 1995b).
To address gender justice, Fraser proposed three interrelated “scales” or components of social justice. She named these elements “moral recognition,” “redistribution,” and “representation” (Fraser 1995a, b, 1997, 2005, 2009, 2017; Fraser and Honneth 2003). The scale of moral recognition addresses institutionalized relations of status subordination. This element of justice corrects for status inequality. Moral recognition includes social practices of “empowerment” and related approaches that cultivate shared moral respect of persons as social, political, and cultural peers. Fraser also emphasizes that moral recognition focuses on institutionalized power relations, and as such, it contributes to full and equal political and social participation in democracies (i.e., what she terms participatory parity) (Fraser and Honneth 2003, p. 101 note 39).

The scale of redistribution addresses economic inequality. By focusing on institutionalized class relations in the political economy of capitalism, Fraser addresses injustices that reproduce economic disadvantage. In this element of her materialist feminist perspective, she describes economic redistribution as an important and necessary counterpart to moral recognition. Redistribution is described as a transformative practice, rather than an affirmative one. Fraser is especially concerned that under capitalism, the affirmative outcomes of moral recognition are not in themselves capable of correcting economic disadvantage. She argues that economic redistribution must be considered for how it aligns with or synergizes political efforts to achieve moral respect; also that redistribution must be considered for how it competes with, challenges or impedes prospects for moral recognition. Her analysis presents a more complex and differentiated understanding of how simultaneous remedies of moral recognition and redistribution are both needed (Fraser 1995a, b; Fraser and Honneth 2003).

Finally, concerning a third scale of justice, Fraser addressed the element of representation. Representation includes institutionalized symbolic practices that legitimate political participation among subordinated groups. These institutionalized practices include symbolic strategies of deconstruction needed to undo stereotypes, encourage political participation among members of subordinated groups, and achieving full parity in political representation (Fraser 1995b, p. 180; Fraser and Honneth 2003, pp. 73–88; Fraser 2005, p. 305). In considering representation, Fraser emphasizes that parity in political representation is complicated by an increasingly globalized world. The relevance of Fraser’s complex analysis of gender justice becomes clear in nursing practice when considering contemporary challenges related to women’s health in global contexts, refugee health, population health related to forced migration/immigration, human trafficking, and other transnational phenomena. Health equity in these contexts would require consideration of the dynamic reinforcing effects of moral respect, correcting for maldistribution, and parity in political representation.

This more complex transnational understanding of twenty-first-century capitalism is taken up in Fraser’s later work, reflected for example in Scales of Justice (Fraser 2009) and Capitalism: A Conversation (Fraser and Jaeggi 2018). In these publications, Fraser traces a decline in the twentieth century of a Westphalian economic paradigm where autonomous corporations were regulated by individual
sovereign nation-states. She also discusses the related decline and loss of the international Breton Woods Agreement which had temporarily stabilized post-WWII economies in Europe and the United States. In the second half of the twentieth century, those agreements were replaced with entities like the International Monetary Fund (IMF), the World Bank, central banks, and Trade-Related Intellectual Property Regimes (TRIPS), created to “govern” or regulate international/global trade.

Fraser explains that given the support of these entities, financialized global capitalist economic expansion has produced starkly different outcomes in the twenty-first century. She refers to this twenty-first-century reality as a new phase of capitalism, “financialized transnational corporate capitalism” (Fraser and Jaeggi 2018, pp. 75–77). Fraser insists that this new phase of capitalism has been accompanied by radical change in scales of justice. She points to growing challenges among many nation-states. These are defined by increasing popular unrest, also growing populist movements linking social and economic justice to transformative tasks of correcting economic maldistribution. Fraser cautions about diminishing capabilities among individual nation-states to adequately address these challenges within their own borders—given transnational financialized corporate arrangements. She also identifies steadily growing gaps in wealth, precarious economic conditions, predatory debt, and increasing political complexity as influencing the international emergence of conservative populist movements.

Most recently, Fraser coauthored three texts with analyses of current political and economic challenges relevant to this chapter (Fraser and Jaeggi 2018; Fraser and Sunkara 2019; Arruzza et al. 2019). In these texts, Fraser carries forward earlier analyses of social justice, but her work demonstrates an important and noticeable epistemic shift (Fraser and Jaeggi 2018, pp. 29–31). This shift depicts capitalism by metaphorically describing it, in part, as a “front story” of political-economic activity that is related to other necessary noneconomic backstories (Fraser and Jaeggi 2018, pp. 48–50). She analyzes how the front story of capitalism influences and is influenced by “backstories” that operate in interconnected ways to perpetuate the social relations and practices of capitalist political economies. Specifically, Fraser describes storied struggles as occurring in four spheres: Between (1) production and social reproduction; (2) between polity and economy; (3) between human and non-human nature; and (4) between exploitation and expropriation. Her critical theory suggests that capitalism is characterized at a system level by “inter-realm struggles” within, among, and between these four spheres of activity (Fraser and Jaeggi 2018, pp. 143–144). Her theory also suggests that understanding these struggles or “backstories” produces better explanations of the structural or root causes of capitalism’s oppressions.

In relation to struggles occurring between production versus social reproduction, Fraser explains that commodity production (wage labor) is not a stand-alone sphere of institutionalized economic relations. Rather, commodity production under capitalism emerged historically as institutionalized activity in social practices that were stereotypically gendered and male. Also historically, the sphere of activity involving social reproduction emerged under capitalism as an institutionalized realm of
activity conforming to practices that were stereotypically gendered and female. Fraser describes the sphere of social reproduction as including all

“forms of provisioning, care giving and interacting that produce and maintain social bonds. Variously called “care,” affective labor,” or subjectivation, this activity forms capitalism’s human subjects, sustaining them as embodied, natural beings while also constituting them as social beings, forming their habitus and the socio-ethical substance in which they move. Central here is the work of socializing the young, building communities and producing reproducing the shared meanings, affective dispositions, and horizons of value that underpin social cooperation, including the forms of cooperation-cum-domination that characterize commodity production.” (Fraser and Jaeggi 2018, p. 31)

Like other feminists, Fraser critiques the dominant/subordinate gendered assumptions and essentialized stereotypes historically tied to activities of production and social reproduction. Her critical theory is more than gender-sensitive; she is explicitly critical of institutionalized power relations demonstrated in these stereotypes and her work is animated by a strong justice critique of that institutionalized array of power. She argues that far from being subordinate to production, social reproduction is essential and necessary, i.e., production could not exist without the paid and unpaid activities of social reproduction.

Sharing analytic ground with socialist and Marxist feminists, she explains social reproduction as a necessary backstory in capitalism. The activity of social reproduction ensures that human beings are fed, protected, nurtured, sustained in health, and returned to health from illness. But beyond this embodied care activity, social reproduction also forms human beings as human subjects; it ensures that individuals are socialized as “human,” that they internalize common social norms, e.g., norms of cooperation, mutual aid, justice, and freedom from oppression. The effects of social reproduction are crucial then not only to the sustained activity of commodity production. They are a necessary backstory contributing to species being, ensuring that for a period of history, there is sustained normative agreement about enduring political, economic, and environmental relations.

From one angle of vision, social reproduction could be understood to ensure the replenishment of a sustained workforce. But Fraser’s conceptualization of social reproduction is not functionalist in this way. She argues that social reproduction creates and sustains capitalism’s common shared ethical sphere:

I am deliberately casting a broad net here. My aim is to develop an expanded conception of capitalism that can incorporate the insights of (several) paradigms...I would argue that insights of (philosophers) who focus on “ethical life” only receive their full meaning and importance when they are situated in relation to capitalism as a historically elaborated social totality. I think a full account of social reproduction must integrate the concerns of Marxist-feminists and socialist-feminists with those of theorists of subjectivation, habitus, culture, lifeworld and “ethical life.” (Fraser and Jaeggi 2018, p. 33)

Fraser deploys this wider conception of capitalism and social reproduction to explain how socioethical dimensions of capitalism are challenged and how capitalism changes at a system level. She suggests that socioethical crises and transitions for capitalism emerge at intersections where front story and backstories meet. Those intersections include “boundary struggles” at sites were production meets...
reproduction, where polity meets economy, where struggles of exploitation and expropriation meet, and where human society meets nonhuman nature (Fraser and Jaeggi 2018, p. 167).

A recurring example of boundary struggles between production and social reproduction is presented in Fraser’s analysis of current times. She describes changes that have occurred under financialized corporate capitalism resulting in the now widespread requirement for two incomes in most households. For those who are working poor, working class or middle class, the post-WWII norm of a single income household is no longer common. When added to this, intersecting influences of race and gender find women and minorities disproportionately employed in service sector jobs, experiencing wage stagnation and the erosion of benefits such as private or public health care insurance and other sources of public support. In this context, the norm has shifted to widespread prevalence of multiple individuals in a household working multiple jobs (McJobs) without social benefits. As Fraser explains, time constraints involved in this economic arrangement produce “crises” around care for children, care for elders or parents, or care for disabled or ill family members living in the household. Among two income households, these “care” responsibilities grow increasingly difficult or unsustainable. In contrast, for those individuals in upper middle-class or wealthy households, “care” activities can be commodified by employing others (usually women who are economically or socially disadvantaged) to provide housework, provisioning, food preparation, child/elder care, etc.).

While Fraser’s analysis preceded the context of the COVID19 pandemic, her explanation of boundary struggles between commodity production and social reproduction has profound relevance for the present moment. One example of that relevance is found in the challenges experienced among personal care workers employed in home care or congregate elderly care settings. These settings would be home for senior residents and patients from many income categories, including those whose investments have provided resources to pay for residential care outside of their families’ homes as well as those who rely on their families or public funding. In the United States, elder care has become increasingly marketized and in that context, personal care assistants (still largely women) frequently carry the challenges of two income households that Fraser discusses. Among them, the norm may involve juggling multiple jobs or multiple shifts at more than one setting to make ends meet, while ironically and tragically not being able to afford health care insurance themselves. The time constraints of this arrangement for caregivers produce ubiquitous challenges for managing their own childcare requirements, provisioning their own homes, or caring for their own aging parents. The struggles involved in these backstories are extraordinarily challenging.

Most recently, the related pattern among elder care providers giving close personal care to vulnerable elders during the COVID-19 pandemic has produced profoundly complex “boundary struggles” with devastating unanticipated effects. Those effects in the United States have included early unintended asymptomatic transmission of the SARS–CoV-2 virus both by visitors and caregivers in elder congregate care settings. These effects have been due at least in part to consequences of insufficient production, planning, and implementation of pandemic-related testing—another example of how crises in spheres of production and social
reproduction are related. Given a corporatized model of staffing with personal care assistants necessarily moving between more than one employment context, and the asymptomatic transmission risks of this arrangement, a “storied struggle” in the sphere of caring can be understood as tied tragically to the institutionalized practices of capitalism.

This backstory illustrates how a corporatized model of commodified “care” among personal care providers can intersect with stagnated wage arrangements and the realities of two+ income households under this phase of capitalism. Corporatized arrangements produce crises in more than one sphere of activity, i.e., production, social reproduction, and as the pandemic continues, in the sphere where polity–economy meet. Emerging news confirms growing disparities in COVID 19-related infections and deaths among racialized minorities in the United States (African Americans, Latinyx, Native Americans). These data provide catalytic evidence of how the exploitation of structural racism yields health inequity under capitalism. Finally relevant are the geopolitical contexts of many elements of this as a pandemic story, e.g., involving globalized production chains for vaccines, personal protective equipment, testing and treatments, patterns of international transmission via leisure or business-related travel, the fate of international caregivers, and finally the financialized transnational corporate capitalist economic landscape and framework for addressing global economic stability. (Referenced in “Health Care Workers Risk Spreading Covid-19,” Eleanor Laise, (Barrons) April 9, 2020, retrieved 4/9/2020 at https://apple.news/ApW_)

Moving next to Fraser’s discussion of intersections between polity and economy, she notes that capitalism relies on the polity (public political powers) to establish and enforce its norms. She explains that a market economy is inconceivable in the absence of a legal framework that enforces private enterprise and market exchange. These arrangements include guaranteed property rights, enforced contracts, adjudication of contractual disputes, managing or preventing labor unrest, and other politically institutionalized practices focused on maintaining the financial arrangements that constitute capitalism’s existence (Fraser and Jaeggi 2018, p. 38). Fraser explains that struggles at the interface of polity and economy have been essential in transitions from feudal capitalism to mercantile, liberal-market capitalism, and to financialized transnational corporate capitalism. Addressing the “backstory” of struggles at this interface, she emphasizes growing contradictions between an increasingly globalized, transnational capitalist economy, organized as a “world system,” and a political world order still organized as an international system of sovereign, territorial nation-states.

Fraser names a third sphere or backstory of struggle as capitalism’s “annexation of nature.” She discusses this as a sphere of activity based on socially, politically, and economically constituted divisions between human and nonhuman nature. In describing this sphere, she emphasizes the necessity of normative understandings that constitute nature as “nonhuman.” Activity in this sphere is metaphorically described by invoking the image of faucet and sink—with nature operating both in the form of a “tap providing inputs to production” and as a sink “to absorb the waste” of production.
Nature here is made into a resource for capital, one whose value is both presupposed and disavowed. Capitalists expropriate it without compensation or replenishment and treat it as costless in their accounts. So they implicitly assume it to be infinite. In fact, nature’s capacity to support life and renew itself constitutes yet another necessary background condition for commodity production and capital accumulation. After three centuries of capital’s predation, capped by neoliberalism’s current assault on what remains of the ecological commons, the natural conditions of accumulation have now become a central node of capitalist crisis. (Fraser and Jaeggi 2018, pp. 35–36)

Finally, in relation to a fourth backstory necessary for capitalism’s existence, Fraser focuses on struggles occurring in the sphere where exploitation intersects with expropriation. She describes these struggles as “racialized regimes of capitalist accumulation.” Occurring in different geographies (geopolitical core and periphery) simultaneously, both regimes have operated in early historical stages of capitalism and today. Expropriation involves confiscation, enclosure, and plunder of land along with confiscation of human beings (e.g., racialized slavery, war, and genocide). Exploitation involves abusive practices of replenishing labor at wages unacceptably less than those necessary to sustain life. Economic predation and political subjugation show up structurally in both regimes (Fraser and Jaeggi 2018, pp. 104–108).

Fraser asserts that these regimes of accumulation and their remnants continue today. The storied struggles of colonization, exploitation, and expropriation under capitalism reflect root causes of racist oppression. Those oppressions show up in contemporary injustices centuries later, e.g., in ongoing struggles for decolonization among indigenous people, in persistent health inequities linked to structural racism and income inequality, in innumerable acts of racialized hatred, structural and individual racism. This structural explanation of expropriation and exploitation produces an understanding of racism that differs from an intersectional description of racist domination or oppression. It brings into focus an additional explanation of why intersectional aspects of racialized domination persist. That foregrounding of capitalism also draws attention to ongoing exploitation—now arranged in a fully transnational corporate context. Given that context, contemporary features of human trafficking, complex waves of refugee migration, global health crises, deepening health inequity, human rights violations of migrant workers, and other transnational phenomena come into view differently. And their resolution is better understood as requiring something more and different than neoliberal political engagement by individuals in sovereign nation-states.

Taken together, Fraser’s analysis of “backstories” in polity/economy, production/reproduction, human/nonhuman nature, and exploitation/expropriation does more than describe the intersection of gender, race, and class. Her theory explains how and why those institutionalized relations are tied to a “front story” that is fully transnational. While affirming the descriptive insights of intersectionality, and its insistence on the articulating axes of class, race, and gender, Fraser calls for more:

I am proposing a unified theory in which all three modes of oppression (gender ‘race’ class) are structurally grounded in a single social formation—capitalism broadly conceived, as an institutionalized social order. And unlike theories of intersectionality which tend to be
descriptive, focused on the ways in which extant subject positions crosscut one another, my account is explanatory. Looking behind those subject positions, to the social order that generates them, I identify the institutional mechanism through which capitalist society produces gender, race and class as transecting axes of domination. (Fraser and Jaeggi 2018, p. 109)

Fraser’s philosophy finally offers a complex oppositional or liberatory discourse, a way of understanding what would be at stake in the process of achieving wide-scale transformation and liberation. Her work looks to the four spheres or “backstories” to identify specific sites where potential exists to transform the present constellation of capitalism. She argues that emancipatory social movements do still have the potential to intervene at these points of crisis, creating momentum at locations where these spheres of struggle meet. In her latest work, she insists that in liberatory projects, progressive populist movements can act at these sites, having determined that the life being led presently under capitalism is a life requiring transformation. In those movements, she suggests that a feminist materialist explanation of capitalism holds the potential to produce deep, democratic, and ethically mediated structural transformation. Her proposed criteria for engaging these transformational, emancipatory struggles are “non-domination, functional sustainability, and democracy” (Fraser and Jaeggi 2018, p. 178).

These criteria of Fraser’s critical theory bring her work into alignment with feminist materialist and critical pragmatist commitments. While her work provides socio-ethical critique of capitalism and while she integrates neo-Marxist analysis of class divisions in capitalism, her work is not accurately characterized as classically Marxist. What she provides is coherent critical and feminist understanding of ethical challenges that reside in capitalism, refusing to evade these. Her work includes an explicit critique of failed attempts at state-managed socialism. And she provides a framework to reconsider what a progressive populist, anti-imperialist, democratic, ecofeminist, and anti-racist political-economic reality would entail. I argue here that her philosophy is relevant as one component of a critical approach to nursing ethics. I see her approach as decisive in addressing the transformation of root causes of oppression in capitalism, including the exploitation of care activities. And I view that approach, not as disorienting, but rather as helpful in strengthening and deepening already existing approaches in nursing ethics. Later sections of this chapter return to discuss how these contributions of Fraser’s critical theory have relevance for nursing ethics.

Finally, Fraser’s most recent coauthored texts from 2019 point more explicitly to current transnational contexts (Fraser and Sunkara 2019; Arruzza et al. 2019). Commenting on current political-economic consequences of transnational capitalism, Fraser and colleagues comment on the effects of neoliberalism.

the removal of barriers to the ‘free movement of capital,’ deregulating banking, encouraging ballooning and predatory debt, weakening unions, deindustrializing, and spreading precarious, badly paid work… these policies have hollowed out working class and middle class living standards while transferring wealth and value upward, chiefly to the 1 percent … but also to the upper reaches of the professional managerial classes. (Fraser and Sunkara 2019, p. 12)
Fraser and colleagues argue that in tandem with neoliberalism, this shift in the distribution of wealth has been accompanied by the international rise of conservative right populist movements. Responding to precariousness, and specifically opposing progressive liberal politics, reactionary conservative populism holds explicitly nationalist assumptions and commitments. It protests against immigration and insists on more rigid national borders, opposes left-liberal economic and social priorities, valorizes right conservative views as the views of ordinary people, opposes “elite” identity politics of multicultural difference, and takes up the rhetoric of White supremacist, heteronormative, and racist antagonism or hatred (Fraser and Jaeggi 2018; Fraser and Sunkara 2019; Arruzza et al. 2019). Fraser and colleagues insist that the international rise of this reactionary conservative populism is directly tied to economic and political effects resulting from transnational expansions in corporate capitalism.

They also argue that the symbolic and political tenor of the times is currently defined by growing tensions between this political-economic divide: between “conservative right reactionary populism” and “progressive coalition-based neoliberalism.” They argue that progressive, “diversity” oriented neoliberal politics will continue to be challenged by the appeal of conservative right populist movements, calling instead for an explicitly progressive populist movement, an example of which is their discussion of Feminism for the 99% (Arruzza et al. 2019). This feminist materialist alternative is presented as a complex and necessary response to capitalism’s current crises, relying on anti-racist, anti-imperialist, queer, and material feminist analyses to transform the backstories of capitalism. This vision rests on achieving a more egalitarian economic order and democratic effects, including moral recognition, redistribution, and parity in representation. These latest examples from Fraser’s long line of work again demonstrate her concern to transform political-economic factors that persistently and structurally influence moral life under capitalism.

3 Toward a Critical Theory of Nursing Ethics

3.1 Prolegomenon

Why should this matter to nursing? The easy answer would be to say that, without understanding these structural-ethical analyses of “context or background,” nurses, nursing scholars, and nursing leaders underestimate or miss a frame of reference that matters. If we are to base nursing practice and nursing ethics firmly in anti-oppressive, anti-racist, anti-imperialist, egalitarian, democratically just, environmentally respectful, and caring values, it is important to continue to study deeply and to reach out to work with others whose practice and analysis strengthens our understanding, even if that may trouble prevailing assumptions. In that spirit, this section provides some reflection about how/why feminist materialist analysis might be relevant for nursing ethics.
Taking up Fraser’s work in this way is complex, invoking contradictory thoughts and feelings for many nurses in the way it invites a closer look at capitalism. For nurse ethicists and scholars, this invitation to use feminist materialist philosophy also raises important genealogical questions about what can be asked, spoken, represented, or discursively engaged in nursing. Asking a critical discourse analytic question, why is it that capitalism is largely unnamed as a meta-economic context that matters for nursing ethics? Taking up Fraser’s critical theory of capitalism especially at this point in history may be challenging, in that it will be perceived by some as too political, too radical, not moving in professionally respectable directions, not supportive of nursing scholarship, and not aligned with the professional or disciplinary mandate of nursing. These reactions speak to “ambivalence” among some (not all) nurses about the focus and content of Fraser’s critical theory.

When the subject of the “economic context” is taken up in discussions relevant to nursing ethics, an analysis of capitalism is usually not present. Where there are anecdotal references to macroeconomic context, that analysis frequently is represented by using terms such as “the market economy” or by describing the “corporate” bureaucratic contexts of health care/hospitals (Watson 2006; Ray 1989a; Turkel and Ray 2000; Ray and Turkel 2012). While these analyses of “market forces” invite and sometimes engage an analysis of corporate bureaucratic effects on nurses, they do not address or explain, as Fraser does, these bureaucratic effects as tied to the commodification of caring. Nor do they take up an analysis of how the “corporatization” of care is linked to the backstories of capitalism. In noticing this silence, I ask reflectively about the extent to which “ambivalence” in nursing, even and perhaps most importantly among second-wave liberal feminists, prevents us from critically considering the ethical contradictions of capitalism. An important task then in taking up Fraser’s work is to ask why a feminist materialist approach may produce ambivalence in nursing. It may be that use of the term “capitalism” is perceived as an “unspeakable” (Georges 2011), for a ubiquitous silence or refusal to use the term “capitalism” suggests that the term cannot be said. The thesis of this chapter is that silence about capitalism is not helpful for nursing, having discursive and practical consequences that leave important contextual influences unaddressed.

Whether capitalism can be named depends on the availability and use of academically and professionally sanctioned discourses, in this instance, one that is capable of bringing attention to capitalism’s influence in ways deemed productive for the discipline and the profession. As Foucauldian scholars would clarify, the extent to which capitalism can be named, spoken about, considered, engaged, or thought of using Fraser’s feminist materialist philosophy depends on the “credibility” or “respectability” of a discourse that makes capitalism visible/recognizable. The academic status/power of that discourse also points to its discursive and practical consequences, what it brings into view and what it obscures among its professionalized members in nation-states where nurses practice.

There are reasons that nurses may have ambivalence about examining capitalism. Fraser’s work (Fraser 1989, 1990, 1995a, 1997, 2005, 2009, 2017; Fraser and Jaeggi 2018) clarifies that we have inherited and live in a “post-socialist” discursive era. In that world, the term “capitalism” is semiotically (post-structurally)
associated in opposition to its “failed” historical challenge, “socialism.” And so, in this discursive space, among privileged persons, the critique of capitalism is understood to be an act of positing socialist solutions. For more than a generation, the historical failures of oppressive state-managed socialist economic regimes have been rightfully remembered, critiqued, and spoken of disparagingly. That discursive era has produced what Fraser terms a “post-socialist” political imaginary—a world where among “ordinary people” “there is no alternative” to capitalism. Living in a “post-socialist” era means that liberatory movements do not speak as strongly as they once did in discourses that address capitalism’s contradictions of economic maldistribution through actions among organized labor (for example). As Fraser explains, progressive liberatory movements have turned instead to an agenda that celebrates/affirms diversity in cultural-based group identities and neoliberal affirmations of identity politics. While acknowledging that a politics affirming positive cultural identity is an important element of moral recognition, Fraser insists that the “ethos” of many of these liberatory movements also has evaded widespread transformation of structural economic disadvantage, leaving in place maldistribution that supports classist, White supremacist, and sexist social, political, and economic arrangements.

In short, Fraser’s argument is that a “post-socialist” era and its neoliberal approach to moral respect and recognition fails to account for maldistribution in ways that could democratically transform capitalism. The conceptions of social justice circulating in this “post-socialist” context all too easily speak in terms that celebrate problematic group-based identity (e.g., “lean-in-feminism” and White supremacy). These are discursive and practical landscapes that matter, influenced by losing site of and not having language ready to hand, that would clarify interlocking requirements for recognition–redistribution–representation. In this context, the very notion of considering democratic socialist commitments is unthinkable, for some. Similarly, the process of envisioning a more democratically constituted and regulated “moral capitalism” (Cohen 2020) may address questions today that were engaged with populist support two generations ago. Progressive populist economic struggles that previously did engage capitalism (e.g., during the Great Depression) have been less common during an era of “post-socialist” neoliberal progressive social movements, animated as they have been by a primary concern with communitarian ethics of recognition in cultural-based diversity.

Given this “post-socialist imaginary” context, ambivalence about what is perceived as “socialist” leanings in critical theory is real. Perhaps a small introductory step may be helpful—beginning with a critical pragmatist approach to truth provides some invitation to dialogical engagement. From that democratic pragmatist standpoint, it is theory that determines what can be observed. And it is those observations and their interpretations that influence what is practically worked out in engagement in a field of practice or study (Sherwin 2011). These insights are perhaps more useful for some nurses in circling a critical nursing ethics. Probing which discourses can be spoken, which theories are most productive for nursing, what questions cannot be asked, and which questions will be engaged to advance moral agency in nursing ethics is an important task for a critical nursing ethics.
I am arguing that obscuring or not addressing the context of capitalism is unhelpful for nursing. If part of being silent about capitalism comes from a post-socialist (largely White, middle-class professionalized, heteronormative) liberal feminist imaginary about the ethics of care and social justice, an important project for nursing ethics is to engage a reflective dialogue about that professionalized standpoint and its contradictory amalgam of privilege. More helpful to that project would be a dialogical examination of Fraser’s socio-ethical critique and political philosophy, using it to examine the world we inhabit and to understand how the practices we engage could be transformative in contributing to caring and social justice.

3.2 Is this New?

An invitation to seriously engage feminist materialist analysis in nursing in this way is also consistent with some elements of a legacy history of nursing ethics. That legacy demonstrates a history of social ethics, engaged with socio-ethical critique and animated by a wider understanding of social justice. Fowler’s (2015) studies of legacy nursing ethics “challenge the notion that nursing’s ethics is simply bioethics or biomedical ethics (in part or at all) when its history would instead place it within the broader sphere of social ethics” (p. 14). In responding to Fowler’s invitation that nursing “stands in need of a thicker account of its ethics,” this analysis argues that Fraser’s critical theory contributes productively to such an account. Her socio-ethical critique of capitalism provides an important corrective, helpful among other approaches, in addressing the root causes of ethical dilemmas, moral crises, social injustice, suffering, and their effects on moral agency in nursing.

In reading the work of nurse historians (Christy 1969, 1970; Burnam 1998), it is instructive to recognize that nurse leaders like Lavinia Dock and Lillian Wald who worked in the early twentieth century U.S. settlement house tradition, possessed something other than a “post-socialist” feminist imaginary. They shared a kind of ethical literacy concerned simultaneously with democratic justice and caring. Their work included practices of seeing, naming, and engaging the oppressive effects of industrialization, supporting immigrants and their inclusion in organized labor movements, activism in reforming hospital practice, addressing workers’ health-related challenges, leading the establishment of community-based models of nursing and health care, and actively working for women’s suffrage. They shared a wider vision of the social ethics needed in that early twentieth-century urban, industrialized, pre-suffrage context of capitalism. That capacity included the ability to see and engage with others in democratic struggles addressing what Fraser would name moral recognition, redistribution, and representation. It seems clear that Dock and Wald—working as they did in the settlement house contexts of New York—were acutely aware of capitalism and how it operated in their time. Their contexts and communities provided them with access to and use of democratizing languages of resistance, care, and social justice and they used those languages/theories in their practices of clinical care and advocacy. In considering the democratically transformative practices of these historical leaders, it again becomes
clear that discourses of a wider social ethic of care and social justice are not new in nursing.

Second-wave feminist commitments continued to evolve in nursing in North America during the twentieth century. A generation of scholars in nursing then was influenced by transitions in feminist analysis, including intersections between liberal, socialist, cultural, Black feminist, then postmodern, post-structuralist, LGBTQ+ queer theoretical, and postcolonial feminist analysis. It is important to recall that these discourses included early critiques pointing toward the influences of capitalism, patriarchy, and paternalism. Examples of that early work in the United States in the 1970s, 1980s, and 1990s include analysis by Jo Ann Ashley (1975, 1976, 1980), Susan Jo Roberts (1983), Peggy Chinn and Charlene Wheeler (1985), Denise Connors (1980), Nancy Greenleaf (1980), Kathlyn MacPherson (1983), Theresa Chopoorian (1986), Susan Reverby (1987), and Judith Wuest (1994).

In more contemporary times, a critical theoretical “emancipatory” paradigm for nursing ethics (research and practice) has been demonstrated in North America, in both Canada and the United States, with an ongoing commitment to an ethic of social justice (Kagan et al. 2009, 2014; Chinn and Kramer 2011; Georges 2013; Ray and Turkel 2014; Walter 2017; Wesp et al. 2018). The extent to which these examples of critical theoretical approaches in nursing ethics reflect and support the use of Fraser’s feminist materialist philosophy is a compelling question. Having established in this discussion interest in engaging that question, the following section of this chapter moves on to piece together some analysis about how the ethics of caring and social justice in nursing, can be strengthened by using Fraser’s work.

4 Examining the Ethics of Care and Social Justice in Nursing

4.1 Ethics of Care in Nursing

In the last 50 years, as nursing scholars have focused on articulating “authentic” knowledge, they have worked steadily to explicate knowledge that defines the discipline and the profession. This has included an important period of theorizing about what defines key elements of nursing ethics, including the ethics of care in nursing. In these efforts, several nurse ethicists and scholars have maintained that an ethics of care and its evolution in nursing are significant influences for the discipline and the profession. These scholars of care ethics include Barbara Carper (1979), Delores Gaut (1983), Sally Gadow (1985), Jane Brody (1988), Sara Fry (1989), Anne Bishop and John Scudder (1991), Chris Gastmans (1999), and Peggy Chinn (2018). Others in nursing have also argued that care is central to the discipline, focusing more closely on the generation of nursing’s scientific knowledge base. In this “paradigm” view, care has been understood as a humanistic, transcendent, metaphysical, or transcultural ethos—a way of “being-doing-knowing” that shapes nursing knowledge development, nursing science, research, and theory generation as well as
professional values and ethics. Theorists and philosophers in nursing in the United States who have articulated this view of the centrality of care in the discipline have included Jean Watson (1979, 1985, 2012), Madeline Leininger (1988a, b), Dorothea Orem (1980), Margaret Newman et al. (1991), Marilyn Ray (1989b), Jane Sumner (2001), and many others. A comprehensive taxonomy of care theory in nursing is found in the work of Zane Wolf and Nancy France (2017).

Within this discourse of care in nursing, others have addressed the ethics of care by focusing on nursing as a practice discipline. In this perspective, the sociology of practice is emphasized, with attention to the way in which professional and social practices shape ethics and disciplinary knowledge. For example, nursing scholars Patricia Benner (1984, 1997) and Benner and Judith Wrubel (1989) provide phenomenological analysis of the “primacy of caring” in nursing through their descriptions of expert practice. Their philosophical treatment of care ethics in nursing is oriented by several theoretical influences, including Pierre Bourdieu’s (1977) practice philosophy, the virtue ethics philosophy of Alasdair MacIntyre (1981), and integrations of care ethics (Benner and Gordon 1996) including the work of Carol Gilligan (1982) and Joan Tronto (1993). In Benner’s approach to caring, one’s “practice” is understood to develop over time and with experience, integrating knowledge, skill, and ethical comportment in a professional field of social practices (habitus). In theorizing care as a practice, Benner endorsed the capacity of virtue ethics as one ethical tradition that can more adequately and coherently account for practice/nursing ethics. She drew on virtue ethics to explain how “the good” is ethically constituted in the particularities of practicing well. Finally, her understanding of care ethics also influenced her understanding of the primacy of care. She relied on the groundbreaking feminist work of Carol Gilligan (1982) who disclosed the centrality of relational ethics in women’s ways of knowing.

Though not emphasizing an alignment of her work with feminist care ethics, Benner did propose that virtue ethics should be combined with care ethics to adequately account for a virtue ethic of caring in nursing.

[...] Medicine and nursing are good candidates for the restoration of virtue ethics, because notions of the good are essential to clinical and ethical comportment and reasoning, and because it is impossible to separate clinical and ethical reasoning in a practice. When my colleagues and I study the practice of nurses, we find that they are working out their notions of good practice in their daily encounters with patients. [...] we need to articulate and attend to the moral art of attentiveness and caring relationships that protect patients in their vulnerability while fostering growth and limiting vulnerability. This calls for bringing caring practices in from the margins of our thinking about practice and combining care and virtue ethics. (Benner 1997, p. 59)

While Benner’s work was not primarily grounded in the then-current discourses of feminist care ethics, she clearly intended to integrate an ethics of care, along with virtue ethics, in her philosophy of nursing practice. Her analysis of the primacy of care, however, was taken up in a way that positions her work in an important feminist debate. Benner’s approach to care as a moral practice can be understood as a gender-sensitive understanding of nursing ethics, though she never emphasizes that
point explicitly. Using practice philosophy, virtue ethics, and gender-neutral references to relational care, Benner provided an empowerment approach, valorizing nurses’ institutionalized practices, animated by a concern that nurses themselves may misunderstand the significance and complexity of their clinical practice as a moral practice (Benner 2001, pp. 207–209). While those intentions are laudable, she did this in ways that can unintentionally obscure gendered relations of power, and as feminists have cautioned, inadvertently contribute to the ongoing subordination of nurses’ practice.

Commenting on this, feminist ethicists Rosemary Tong (1989), Joan Liaschenko (1993), and Peta Bowden (2000a) have argued that a valorization of caring in the absence of explicit gender justice critiques risks romanticizing “feminine” stereotypes. They critique a depoliticized “feminine” ethics of care, refusing to equate caring with prevailing stereotypical notions of “feminine” etiquette. They call instead for a feminist care ethics, one that explicitly critiques power relations, identifies gender-based domination and subordination, and critiques oppressive institutionalized social relations that subordinate care. In contrast to a gender-neutral embrace of care and virtue ethics, and explicitly deploying this kind of feminist critique, Maureen Sander-Staudt (2006) considers risks of combining virtue ethics and care ethics and recommends against their wholesale combination. Similarly, Patricia Rodney et al. (2013) provide a comparable critique of foregrounding an ethics of care in nursing. They argue that

Care, with its gendered connotation in Western culture, is all too easily, in our view, reduced to feminine character and virtue and evaluation of what it means to be a “good nurse.” Attention is neither paid to the sociopolitical context of that work nor to the apparent unreasonableness of being overworked. For these reasons, care and the related social practices it entails become problematic as the moral foundation for nursing when issues of power, social justice and domination remain obscured and unaccounted for. (p. 167)

The extent to which care ethics approaches have been capable of transforming contexts in ways that support nurses’ moral practice is an important question. The emphasis on care and caring in nursing may be considered as occurring in a period when nurse scholars of care were increasingly concerned about the institutional settings of clinical practice, organized as they are within “bureaucratic contexts of managed care.” Drawing attention to the effects of “managerialism” in the United States—some care theory rightly focused on the bureaucratizing effects of diagnostic-related categories (DRGs) and the meso-economic managerial strategies that have changed clinical environments. Watson (2006) and Marilyn Ray and Marian Turkel (Ray 1989a; Turkel and Ray 2000; Ray and Turkel 2012) have drawn attention to the ways in which economic contexts can erode an ethic of care. Consistent with a post-socialist feminist, liberal feminist or postmodern feminist paradigm, these analyses focus on meso-level economic influences, locating those in the context of organizational culture and bureaucracy. In not engaging meta-analytic analysis of corporate capitalism, this approach misses an angle of vision that could theorize the corporatization of care differently. It also has the effect (perhaps unintended) of reinforcing a post-socialist feminist vision of caring. An
important question is the extent to which that perspective about care could be engaged differently using Fraser’s philosophy.

Also consistent with prevailing notions of care in nursing, Benner’s research program took what appears to be a comparable post-socialist feminist approach to an ethic of care. Her work addressed cultural recognition among nurses themselves, helping nurses to appreciate caring as a complex moral practice (Benner 2001, pp. 207–220). But the extent to which this “practice-centric,” “virtue ethic of care” provides the profession and the discipline with a “radically” transformative blueprint for practice (Sullivan and Benner 2005) is again a compelling question. In the spirit of probing that question, it is worth asking how a feminist “virtue ethics of care” understanding of professional nursing is capable of calling attention to political-economic contexts that corporatize and commodify caring. In interesting ways, Benner’s practice-centric work did indirectly name or “call out” distorting influences of corporatized contexts, pointing to their negative effects on caring. She specifically referred to “market forces” and “commodity production”—as institutionalized practices that obscure, erase, or erode nurses’ moral practices.

Bureaucratized market models of production achieve their efficiency by separating means and ends and substituting means for ends. This approach overlooks the craft, judgment, and relationship required for health care. (They) assume that attentiveness and excellent comportment require no more than commercial relationships based upon simple exchanges. But caring for vulnerable and ill persons requires more than a profit motive. Compassion and caring practices are required. [...] Health care does not act like a commodity, in that the people most needing health care services are often least able to pay, or even request those services. The ethos of the buyer–seller relationship does not adequately capture the moral demands of caring for the disenfranchised, the vulnerable, and the suffering (Benner 1997, pp. 51, 58).

Just here, a surprising coherence with Fraser’s feminist materialist analysis is or could have been possible. Fraser’s analysis would suggest that the problem with “market” models of commodified caring is not that they are insufficient, but rather that they are structurally inconsistent with an ethos suited to the moral demands of caring. Benner’s ethics of care may have come closer to approximating a critical ethics of care, had it been strengthened by the use of feminist materialist philosophy. That integration would directly point to the predominance of gendered, classed, racialized, and heteronormative power relations in the backstories of social reproduction and “caring” work and the replication of that institutionalized array of power in nursing.

Consequences of this explanatory aspect of Fraser’s work point to the salience of using feminist materialist philosophy to recognize the effects of the macroeconomic context of capitalism. This suggests a need to be informed and to cue into sites of struggle where the political-economic contexts of capitalism can be transformed. Obscuring or not accounting for those sites of transformation in capitalism is unhelpful. In the long view, evading an analysis of capitalism may not contribute as we imagine to a “respectable” image of the profession. Instead, evading the analysis of macroeconomic context diminishes opportunities for nursing to contribute productively to democratic, progressive populist movements, advocating for transformations that are linked to the moral practice of caring and social justice. Far from
being irrelevant to the social and civic mandate of nursing, this specific critical theory provides a socio-ethical critique that is directly relevant to understanding nursing’s moral practice. And in providing that socio-ethical critique, Fraser’s work makes an important contribution to helping nurses achieve the civic mandate of social justice in the profession, supporting democratic professionalism in nursing.

4.2 Feminist Ethics of Care

Contemporaneously and in parallel with the theorization of “care” in nursing, related work in a feminist relational ethics of care emerged elsewhere during the 1980s, 1990s, and early twenty-first century. In psychology and philosophy, women’s moral agency was the subject of early research by Gilligan (1982), Sarah Ruddick (1989), Nel Noddings (1984) (among others). These early scholars explained gendered differences between men’s and women’s moral agency, a prelude to “founding” (Klaver et al. 2014) a feminist relational ethics of care. Proposing complementary comparisons between a more logocentric, principled moral paradigm of justice among men and a relational ethic of care among women, this early feminist “ethics of care” work has continued through important critiques and elaborations, leading to what is now recognized as a formalized branch of feminist (care) ethics. Feminist care ethicists have emphasized the moral status of relational caring as a normative ethic. Recognized scholars in this field include Peta Bowden (1995, 1997, 2000a), Eva Kittay (2020; Ethics of Care 2013), Virginia Held (2006), Joan Tronto (1993, 2013; Fisher and Tronto 1990), and Ann Gallagher (2017) among others. They have provided important feminist analysis, theorizing the centrality of relational care practices in society (including in citizenship), in everyday life (mothering, friendship), and also in professional caring practices, including among nurses.

Feminist care ethicists have offered important analyses that situate care in social, political, economic, and global contexts. What is striking about this history of care ethics in feminist philosophy is that it has progressed well beyond a separation of care and justice, rejecting a “gender-sensitive ethics” based on stereotypically “feminine” images of caring. Feminist ethicists of care have insisted on placing care within contexts that include institutionalized power relations, including gender, and also have emphasized the importance of critiquing the injustice of those power relations. In this work, feminist ethicists have steadfastly rejected a binary separation between the ethics of justice and the ethics of caring, as well as any gendered and essentialist assumptions about the way in which women and men care. They understand care as comprised of practices, relations, and values that are based in and that contribute to moral respect and moral recognition. They locate caring as central to democratic arrangements in civic society. And they insist that wider contexts of social, political, and economic injustice matter for caring.

In her recent work, Tronto (2013) extends her previous discussion of caring. While having consistently located caring in social and political contexts (Tronto 1993), her book, Caring Democracy: Markets, Equality, and Justice, moves into more explicit feminist critique of intersecting contexts where
polity–economy are relevant. The direction of Tronto’s analysis has emphasized the importance of different types of caring, their attributes, and the contexts of these. Those types of caring identified in 1993 included: “Caring About” (attentiveness), “Caring For” (responsibility), “Care Giving” (competence), “Care Receiving” (responsiveness). Her analysis clarifies that these types of care are not restricted to processes between individuals (whether in public or private realms); they involve relational caring with/in communities and are influenced by and have consequences for social, economic, and political arrangements.

The direction of this feminist care ethic takes guidance from earlier work having conceptualized care in ways that resemble philosophical anthropology, viewing caring as a species activity, a requirement for species survival (Tronto 1993, p. 103). Tronto, however, argues more explicitly that the ethics of care has important consequences for the organization of the polis/public sphere, for conceptions of democracies and democratic life, and for the focus of political philosophy. She holds that caring (more than production) has or should have moral prominence in the political organization of democracies and that a central task of democracies is the political assignment of responsibility for caring writ large. The fifth element or type of caring emerging from this philosophy of care is *democratic caring* (“caring with”). In theorizing this form of caring, Tronto’s work does more than “add social justice and stir” for the ethics of care. In theorizing caring democracies, she defines democratic caring as a shared ethical commitment, but more forcefully, she holds that democratic caring should be the constitutive steering mechanism of the polity. Emphasizing the shared political commitment to equality and care in caring democracies, she argues that

[In democracies […] democratic politics should center on assigning responsibilities for care, and for ensuring that democratic citizens are as capable as possible of participating in this assignment of responsibilities. […] Caring democracies thus require a commitment to equality of voice and of reducing power differentials […] to create the conditions for a meaningful democratic discussion of the nature of responsibility (for care) in society. […] Politically, the feminist democratic ethic of care seeks to expose how social and political institutions permit some to bear the burdens (and joys) of care and allow others to escape them. (Tronto, 2013, pp. 30, 32–33)

Tronto’s understanding of the commodification of care in market economies clarifies that a feminist explanation of “the economy” has relevance for democratic caring. For Tronto, caring about and with others in addressing structural sources of oppression is or should be a responsibility in caring democracies. This view of social and political structures and their influence on caring has much in common with recent feminist and communitarian commitments in critical paradigms for nursing ethics (Kagan et al. 2009; Chinn and Kramer 2011). Here I argue that between Tronto and Fraser, an important dialogue about structural influences on democratic caring is needed. That conversation would have relevance for a critical theory of nursing ethics by addressing structures of oppression under capitalism and how these may be addressed among nurses.

Fraser’s work adds explanatory depth by clarifying how those struggles are located at the intersections of polity and economy, including private, marketized,
corporatized, and state-managed caring activity. Her work further explains how those global “care” struggles are being influenced by exploitation, expropriation, and the annexation of nature under capitalism. Her work clarifies the need for simultaneous scales of justice that address recognition, redistribution, and representation. And finally, Fraser raises awareness about the rise of reactionary conservative populist movements and the prospects of progressive populist movements to engage “democratic caring” under capitalism.

While Tronto’s latest work on caring democracies addresses several of these details, she does so in a different field of analysis, by focusing her political philosophy on the ethos of the polis. For nurses, these treatments of the significance of “the economy” versus “democracy” do matter in forming our vision of and understanding of care and social justice. A dialogue or deliberative conversation engaging the respective work of Fraser and Tronto would contribute to a deeper understanding of those visions in nursing ethics. In considering prospects for that kind of transdisciplinary dialogue, e.g., a conversation between Tronto and Fraser, an important point of clarification is needed. That point concerns the extent to which a “post-socialist feminist imaginary” is still present in feminist care ethics. When the subject of a feminist ethic of democratic care is considered in nursing, it is fair to ask specifically what “caring democracies” look like in the context of “financialized transnational corporate capitalism.” That feminist materialist problematique speaks differently to nursing, challenging some unspoken assumption about the imbrication of care and social justice in nursing under capitalism. And if that work is to be taken up in nursing, it is important to ask whether and how a post-socialist feminist imaginary can be examined, challenged, or transformed in our deliberations.

4.3 The Ethics of Social Justice in Nursing

A final section of this analysis takes up the ethics of social justice in nursing and how that ethical discourse contributes to a critical theory of nursing ethics. As Fowler (2015, 2016, 2017) has argued, nursing ethics is best understood as having demonstrated a legacy of social ethics, including a rich history of concerns for social justice. In agreement with that legacy ethic, there has been recent acknowledgment (Woods 2012; Peter 2011; Liaschenko 1999; Watson 2008; Doane 2014) that nursing ethics encompasses an imbricated connection between relational ethics/the ethics of care and the ethics of social justice. How the ethics of care and the ethics of social justice “go together” in nursing is an important and compelling question, perhaps a puzzle, addressed differently by different scholars in nursing and by their use of different feminist, moral, and political perspectives. For example, the work of feminist moral and political philosopher Iris Marion Young (1990, 2011) has been used heavily in nursing to examine the ethics of social justice. That approach, now common in nursing, foregrounds the ethics of moral recognition, emphasizing mutual respect across different “intersectional” social identities. Yet in discussions of social justice in nursing, Fraser’s insight about simultaneously addressing the ethics of redistribution under capitalism is largely missing. I suggest
that Fraser’s feminist materialist philosophy deserves more specific consideration in nursing ethics, contributing to better understanding how social justice is achieved under capitalism. That relevance is derived from her insistence that three scales of justice (recognition, redistribution, and representation) are relevant in capitalist democracies.

A review of codes of ethics in nursing in Canada and the United States supports the assertion that the discipline and the profession understand the ethics of care and the ethics of social justice to be connected in nursing. Both codes identify commitments to relational caring and social justice. In the United States (in 2015), the American Nurses Association followed the Canadian Nurses Association (in 2006 and 2010) in revising its code and social policy statement to reclaim and emphasize the ethics of social justice (Fowler 2016). A relevant detail includes the observation that while the Canadian Nurses Association has insisted on the importance of emphasizing the ethics of social justice, regulators in Canada expressed more ambivalence about that invocation of social justice in the code (Peter 2011).

Using Fraser’s work, it is helpful to consider how these codes rely on a paradigm of social justice based strongly on moral respect and moral recognition, speaking less directly about correcting for maldistribution (economic disadvantage) and infrequently about the ethics of representation (parity in political participation). Whether and the extent to which codes of ethics in nursing conceptualize social justice as addressing redistribution in capitalist contexts is an important question. Fraser’s work speaks productively to these questions. Her explanations focus directly on growing inequality in income distribution, predatory debt, precarious employment, and growing health inequity under capitalism. Given this, she also cautions about the prevalence of a “post-socialist” feminist imaginary, a feminist vision that retains the “there is no alternative” to capitalism standpoint. These contradictions present compelling questions about what type of feminist moral philosophy resonates most comfortably for nursing ethics.

In the last 10 years in North America, two concept analyses have produced different working definitions of the concept of social justice in nursing. First appearing in 2012 from U.S. scholars Kelly Buettner-Schmidt and Marie Lobo (2012), social justice was defined as:

Full participation in society and the balancing of benefits and burdens by all citizens, resulting in equitable living and a just ordering of society. […]The attributes of social justice are: (1) fairness; (2) equity in the distribution of power, resources and processes that affect the sufficiency of the social determinants of health; (3) just institutions, systems, structures, policies and processes; (4) equity in human development, rights and sustainability; and (5) sufficiency of well-being. (p. 954)

This definition foregrounds fairness, equity and a balance of burdens and benefits among citizens, echoing what some may view as aspects of Rawlsian distributive justice. However, influenced perhaps by more contemporary movements for social justice, this definition also moves on to attributes that break away from a “veil” of detached impartiality. It acknowledges wider democratic commitments to fairness in the distribution of power, resources and processes that affect “sufficiency” of the social determinants of health and “sufficiency” of well-being. While stated in somewhat detached language, those attributes speak to understanding the structural
nature of oppression, and if interpreted using a materialist feminist perspective, would account for social injustices under capitalism. A more explicit use of feminist materialist philosophy would strengthen the capacity of this definition to adequately address the ethics of recognition, redistribution and representation. Next appearing in 2017 from Canadian scholars Angela Matwick and Roberta Woodgate (2017), social justice in nursing was defined as:

>a state of health equity characterized by both the equitable distribution of services affecting health and helping relationships. Social justice is achieved through the recognition and acknowledgment of social oppression and inequity and nurses’ caring actions toward social reform. (p. 182)

This definition more clearly demonstrates language consistent with democratic caring. It points directly and indirectly to the importance of moral recognition and respect in overcoming oppression and inequity, also to acts of democratic caring to achieve social reform. Mostly missing from this definition are explications of how social justice in nursing addresses structural sources of maldistribution or misrepresentation. These concerns can be clarified by engaging feminist materialist philosophy.

These recent definitions of social justice in North American nursing illustrate how democratic caring and social justice may be related in nursing ethics. That understanding is also helped by considering some recent examples of scholarship that address the ethics of social justice in nursing.

4.3.1 Examples of Social Justice Scholarship in Nursing

Literature addressing the scholarship of social justice in nursing has been very productive during the last 30 years in North America. In the face of provocative challenges about the justification of social justice discourse in nursing (Lipscomb 2012), the nursing literature continues to include compelling work on the ethics of social justice. Some (but not all) of this work would be located in what Paula Kagan, Marlaine Smith, Peggy Chinn, and Maeona Kramer have referred to as an “emancipatory” paradigm for nursing (Chinn and Kramer 2011; Kagan et al. 2014). While a robust integrative review of this and related social justice discourse in nursing is beyond the focus of this chapter, a brief review of some recent examples of social justice scholarship in nursing in North America is relevant.

In Canada, social justice discourse has been prominent in nursing scholarship. Canadian work demonstrates several theoretical influences relevant to social justice including: Intersectionality (Van Herk et al. 2011; Smye et al. 2011); Intersectionality/feminist post-colonial philosophy (Varcoe et al. 2014); Critical theory (Reimer Kirkham and Browne 2006); Feminist moral and political philosophy (Peter 2011); Feminist post-colonial philosophy (Anderson 2000; Racine 2003, 2009; Racine and Petrucka 2011; Denison et al. 2013); Feminist anti-racist pedagogy (Garneau et al. 2018); Cultural safety/anti-racist pedagogy (Browne et al. 2009; Gregory et al. 2010; Racine 2014; Browne 2017); Gender diversity/trans-visibility and cultural safety (MacDonnell 2014; Kellett and Fitton 2017); Action on the social determinants of health (SDH) and political activism (Reutter and Kushner 2010; Browne and Tarlier 2008; Falk-Rafael and Betker 2012; Falk-Rafael and Bradley 2014; Buck-McFadyen and MacDonnell 2017); and Feminist postcolonial interventions in Indigenous women’s health (McKenzie et al. 2018; Varcoe et al. 2019). (These
“categories” are not meant to denote discreet thematic areas of emphasis since they frequently overlap/intersect.) Finally, Canadian authors Annette Browne and Sheryl Reimer-Kirkham (2014) respectfully problematize some aspects of social justice discourse in nursing. These authors recommend continued examination of tensions in the ethics of social justice in nursing, also inviting a disciplinary “refocusing” in ways that are relevant for nursing (p. 35).

In the United States, another diverse theoretical landscape has informed discussions of the ethics of social justice in nursing. This work includes years of scholarship leading up to and following the 2015 updated emphasis on social justice in the ANA code of ethics (Fowler 2016). Some theoretical influences in social justice literature in the United States include: Upstream action and activism on SDH/structural inequity (Bekemeier and Butterfield 2005; Butterfield 2017; Thurman and Pfitzinger-Lippe 2017); Philosophies and ethics of social justice in nursing (Liaschenko 1999; Boutain 2005, 2020; Drevdahl 2013, 2018); Critical research methodologies (Dexheimer Pharris & Pavlish 2014; Boutain 2014; Evans-Agnew et al. 2014, 2016); Pedagogy: Critical Race theory and Cultural Safety; (Puzan 2003; Fahrenwald 2003; Fahrenwald et al. 2007; Hassouneh 2006; Allen 2006; Campesino 2008; Canales and Drevdahl 2014); Feminist Intersectionality (Rogers and Kelly 2011); Postcolonial feminist praxis (Mkandawire-Valhmu et al. 2014); Anti-racist, post-colonial, intersectional populist activism: (Walter 2017; Weitzell et al. 2020).

Lastly, relevant is a recent critical discourse analysis by U.S. author, Claire Valderama-Wallace (2017) addressing social justice ethics as demonstrated in the revised ANA Code of Ethics and related documents. This discussion focuses on revisions to the 2015 code that make more visible the ANA social mandate for social justice in nursing. Given this important revision, Valderama-Wallace locates continuing sites of contradiction concerning poverty and racism in the ANA documents. She also identifies ongoing ambivalence in the documents about how the social mandate for social justice aligns with prevailing conceptions of professionalism. The extent to which practicing nurses “at the bedside” see professional practice as including an internalized professional responsibility to address social justice continues to be a crucial point of conversation. The analysis suggests that ambivalence is expressed in response to emphasis on social justice, in calls for political advocacy—where individual nurses are called to support policy-level work among nursing’s professional organizations and also to address for themselves their individual responsibilities in engaging social justice.

Taken together, these analyses demonstrate conversations in nursing in Canada and the United States over the last 20 years, grappling with the moral terrain of social justice in practice, research, and education. Increasingly, the literature reflects contradictions being recognized—across what Fraser calls axes of moral respect, redistribution, and representation. These contradictions reflect growing awareness of the structural nature of social injustice, including micro-level interpersonal consequences, meso-level organizational effects, and macro-level structural persistence. It is noticeable that Fraser’s work is mostly not considered in these analyses. This lacuna is an important area of work for a critical theory of nursing ethics and addressing it will provide justifications (Lipscomb 2012) for how and why nurses have important social justice contributions to make.
5 Conclusion

In arguing that Fraser’s critical theory has relevance for nursing ethics, I have suggested that her work provides productive analysis for nursing, explaining as she does why capitalism presents persistent structural challenges for caring and social justice in nursing. I am not suggesting that feminist materialist philosophy is a panacea or that it can in-itself adequately account for all the moral challenges nurses’ experience. But I am insisting that without this critical theory, the profession and the discipline miss an opportunity to reengage an important analytic tool—one that is ultimately consistent with the history of legacy ethics in nursing.

This paper has reviewed Fraser’s philosophy, piecing together points of analysis that are relevant for nursing ethics. The discussion examines (a) the ethics of recognition, redistribution, and representation explicated in Fraser’s work; (b) her critique of a post-socialist feminist imaginary and its relevance for nursing ethics; and (c) her explanation of contemporary financialized transnational corporate capitalism and the relevance of that explanation for democratic transformation of the economics and politics of care and social justice.

Next, the paper probes the extent to which feminist commitments to caring and care ethics in nursing can be strengthened by taking Fraser’s explanation of capitalism and three scales of justice into account. In examining feminist care ethics, the paper also invites a closer comparison of Tronto’s philosophy of democratic caring in market economies and Fraser’s feminist materialist philosophy of capitalism. Overlap and points of connection in this section of analysis invite a more focused conversation between the feminist philosophies of Joan Tronto and Nancy Fraser for nursing ethics.

Finally, the discussion takes up a review of recent scholarship in North America related to the ethics of social justice in nursing. That analysis demonstrates some common themes in recent research in Canada and the U.S. Responding to mandates for social justice found in both professional codes of ethics, researchers in both nations have addressed common theoretical approaches to understanding social justice. These include intersectional, feminist post-colonial, feminist anti-racist theory, and calls for social justice activism, present in the scholarship of nurses in both nations. Even given crucial differences in their public versus privatized health care systems, this analysis nevertheless suggests that the mandate for social justice in nursing codes of ethics continues to produce compelling questions among nurse scholars, educators, and leaders. Those questions emerge from grappling with the structural origins of injustices, their micro-personal and interpersonal expression, and ethical reflection on what forms of professional practice are necessary to adequately respond to these. In reviewing this scholarship, a compelling conversation about nursing codes of ethics, the ethics of social justice, and professional practices seems nascent: for scholars—what kinds of knowledge projects are needed and for what kind of professionalism?

The analysis in this chapter finally suggests that these conversations can be helpfully informed by a deeper consideration of Fraser’s feminist materialist philosophy. In its insistence on the need to examine capitalism as a context that shapes the ways we live and the ways we practice, Fraser’s work provides something other than a “rupture” or disorientation for nursing ethics. Her critical theory instead supports the ability to recall a legacy of social ethics in nursing.
Echos of that ethic have been part of nursing’s professionalization, despite increasingly undemocratic influences of privilege in a “democratically racist,” heteronormative, corporatized, biomedically oriented, and environmentally unmindful health care industry—whether in a public Welfare state or Liberal and partially privatized arrangement.

Especially relevant are Fraser’s analyses of how the present times will compel political advocacy, invoking new awareness, convergence with allies, and activism in/among progressive populist movements. Fraser and her colleagues point to the need for a new emerging kind of progressive populist response to the social injustices that are consequences of financialized transnational corporatized capitalism. There is evidence in reviews of recent social justice literature in nursing that this kind of understanding of nursing’s social justice mandate is emerging. How nurses will reengage with this progressive form of professional advocacy and how that is understood to be consistent with democratic professionalism in nursing is an important question. It may help to keep reminding ourselves that this is not new and that other generations of nurses have led the way before us.

Ambivalence in nursing about progressive activism linked with caring social justice movements may be a function of uncertainty, disputes, or hostility (among some) about what kind of professionalism nurses understand themselves to be enacting. It is the thesis of this chapter that the kind of democratic caring and democratic professionalism demonstrated in nursing’s legacy ethics are a preferred paradigm for professionalism for nursing under twenty-first-century capitalism. Understanding that form of professionalism requires a robust respect for the knowledge and wisdom of those we serve, recognizing and respecting their experiences as peers, also engaging as allies in non-elite relations of advocacy, social justice activism, and caring with them, their communities, and others to address the structural injustices of our world. As I have suggested (Thompson, 2014), this form of “civic” professionalism requires a more radical awareness of how power operates in democracies under capitalism and how we are positioned in it to be the moral agents we want to be.

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