

# Ascending the Spiral:

## Logical Levels, Orders of Change, and the Evolution of Nursing Leadership Consciousness Toward a Caring Society

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### Abstract

*Nursing leadership development has historically emphasized horizontal growth—the accumulation of skills, competencies, and content knowledge. Yet the challenges confronting the profession today demand something more profound: the evolution of consciousness itself. A persistent, underexamined obstacle to that evolution is what this article calls the Identity Trap—the tendency of nursing leaders and organizations to become locked in cycles of professional identity protection and defense that, paradoxically, reproduce the very invisibility they seek to overcome. Drawing on Gregory Bateson's theory of logical levels of learning, Robert Dilts' Neuro-Logical Levels model, first/second/third order change theory, and complementary frameworks from Jean Watson's Transpersonal Caring Theory, Otto Scharmer's Theory U, and Riane Eisler's Caring Economy, this article presents both a structural diagnosis of the Identity Trap and a developmental pathway for transcending it. The pathway leads from identity consolidation—a necessary but insufficient developmental stage—through identity transcendence toward Spirit and Purpose: a shared commitment to building a caring society in which nursing's unique contribution is expressed rather than defended, demonstrated rather than argued, and woven into the fabric of collective human flourishing. We ground this argument in empirical evidence—including Gallup's Most Trusted Profession data and the moral injury literature—and in historical precedent, examining Florence Nightingale as the clearest example of Spirit/Purpose consciousness in nursing's own tradition. We address the regression problem honestly: Spirit/Purpose consciousness is not a stable achievement but a practice that collapses under pressure and requires intentional developmental infrastructure to sustain. We offer diagnostic signals for recognizing the identity loop, principles for the transcendent move, and concrete strategies for developing the Spirit-level consciousness that can generate coordinated worldwide impact for the nursing profession.*

*Keywords: logical levels, orders of change, identity trap, professional identity, transcendence, nursing consciousness, caring society, collective impact, foresight leadership, spirit and purpose, Watson, Scharmer, Eisler*

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## I. Introduction: The Paradox at the Heart of Nursing's Invisibility

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Nursing is the world's largest health profession, with more than 28 million practitioners globally. Its practitioners are among the most educated, most trusted, and most ethically committed in any field. And yet—structurally, politically, culturally—nursing remains invisible. Its contributions are undervalued. Its knowledge is dismissed. Its crises are treated as personal failures rather than signals of systemic design failure.

The conventional response to this invisibility has been to strengthen professional identity: to establish clearer boundaries, assert professional sovereignty, demand recognition, and mobilize political advocacy. These responses are understandable and, at certain developmental stages, necessary. But they have not solved the problem. After decades of intensifying identity consolidation work—more specialized certifications, more doctoral preparation, more scope-of-practice legislation, more professional associations advocating for nursing's recognition—the structural invisibility persists.

***The paradox is this: the more nursing defends its identity, the more invisible it becomes. The more it serves a larger purpose, the more visible and irreplaceable it proves itself to be.***

### The Evidence the Data Already Provide

Two bodies of empirical evidence ground this paradox in measurable reality and deserve to anchor any serious argument about nursing's visibility.

The first is the Gallup Most Trusted Profession survey, in which nursing has ranked highest among all professions for more than two decades without interruption. This is a remarkable and underutilized data point. What the public is expressing in that annual survey is not recognition of nursing's professional identity—it is recognition of nursing's purpose and moral authority. Trustworthiness is a Spirit-level quality: it reflects perceived alignment between what a profession claims to do and what the world actually needs. The public has already granted nursing the recognition that the profession's internal advocacy campaigns seek. The gap between nursing's felt invisibility and the public's sustained trust is itself vivid evidence of the Identity Trap: nursing is looking for recognition at the wrong level—seeking institutional parity and professional status—while the recognition it has already earned exists at the level of purpose and contribution.

The second body of evidence comes from the moral injury literature. Rushton (2017), Epstein and colleagues, and a growing body of nursing research consistently find that the deepest occupational injury in nursing is not to practitioners who do not care about their work—it is to those who care most profoundly and cannot express that care because system design prevents it. The nurse who leaves an exhausting shift knowing she gave technically adequate care but could not give the holistic,

relational, compassionate care the patient needed is not experiencing a skills deficit or an identity threat—she is experiencing blocked Spirit/Purpose consciousness: a practitioner anchored at the highest developmental level, unable to act from it because structures organized around first-order efficiency metrics have not kept pace with her consciousness. This reframes the burnout and retention crisis entirely: nursing is losing its most purpose-driven practitioners not because they are insufficiently resilient, but because the systems they work within are organized at a lower logical level than the level at which nursing's most committed practitioners are trying to operate.

This article proposes that nursing leadership development is caught in the Identity Trap—a developmental loop in which the genuine achievement of professional identity consolidation solidifies into a defensive posture that consumes the profession's collective energy and prevents the ascent to a higher level of consciousness and impact. Using the frameworks of Bateson, Dilts, Watson, Scharmer, and Eisler, we diagnose this trap, offer signals by which practitioners can recognize it in themselves and their organizations, and map the developmental pathway from identity defense to Spirit and Purpose—from protecting a professional territory to actively building a caring society.

The argument is neither that professional identity is unimportant nor that advocacy for nursing's recognition should cease. The argument is that professional identity, however hard-won, must be understood as a developmental waystation rather than a destination necessary scaffold for the construction of something larger, not the edifice itself.

## **II. The Architecture of Consciousness: Bateson, Dilts, and Complementary Frameworks**

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### **Gregory Bateson and the Logic of Learning**

Gregory Bateson's (1972) theory of logical levels distinguished between qualitatively different types of learning. Learning I changes specific responses within a given context—conditioning, habituation, skill acquisition. Learning II changes the context of learning itself—the rules and organizing patterns that determine which responses are selected. Learning III is a change in how Learning II occurs—a profound reorganization of the entire system, a transformation of consciousness itself.

Bateson's framework carries a crucial implication: problems cannot be solved at the same logical level that generated them. The invisibility of nursing is a Learning II problem—generated by paradigmatic assumptions about knowledge, value, and professional hierarchy—that nursing has persistently tried to address with Learning I solutions: more training, more credentials, more advocacy for recognition.

## **Robert Dilts and the Neuro-Logical Levels**

Robert Dilts (1990, 2003) operationalized Bateson's logical levels into six nested domains: Environment (where/when), Behavior (what), Capabilities (how), Beliefs and Values (why), Identity (who), and Spirit/Purpose (for what larger whole). Three dynamics are critical for nursing's development.

First, higher levels exert systemic influence over lower levels change at the Identity level automatically reorganizes beliefs, capabilities, behaviors, and environmental relationships. Second, Identity is not the highest level: above it is Spirit/Purpose, which organizes Identity the way Identity organizes Beliefs. A nursing leader whose consciousness is anchored at Spirit/Purpose holds professional identity more lightly and more powerfully—as a vehicle for larger contribution, not a territory to defend. Third, development moves through 'transcend and include' (Wilber, 2000): each higher stage encompasses and reorganizes the capacities below it without discarding them. The nurse who ascends to Spirit/Purpose does not abandon professional identity; she holds it as one expression of a larger purpose rather than the ground of her worth.

## **Jean Watson's Transpersonal Caring Theory: Nursing's Indigenous Spirit-Level Framework**

It is essential to recognize that nursing already possesses a sophisticated theoretical framework operating at the Spirit/Purpose level—one developed from within its own disciplinary tradition. Jean Watson's (1979, 2008) Transpersonal Caring Theory grounds nursing practice in a transpersonal caring field that transcends individual nurse-patient interaction and connects to what Watson calls the 'caritas'—the universal energy of love and caring that nursing practice, at its most intentional, participates in and helps sustain.

Watson's framework has profound implications for the Identity Trap argument. If nursing's deepest theoretical tradition already understands the nurse-patient relationship as a transpersonal event—one that cannot be reduced to professional role or technical task, that participates in something larger than either individual—then the Spirit/Purpose level is not a foreign import from organizational theory but the philosophical birthright of the profession itself. The Identity Trap represents nursing's failure to mobilize its own theoretical foundations at the collective and organizational levels. Watson's caritas process is not only a clinical framework; it is a leadership consciousness framework. The 10 Caritas Processes, applied to organizational leadership and professional advocacy, describe precisely the relational, holistic, purpose-grounded consciousness that Spirit/Purpose leadership requires.

This means the resources for the transcendent move are already in nursing's intellectual heritage. The task is not to import new frameworks but to recognize and mobilize those nursing already possesses.

### **Otto Scharmer's Theory U: The Architecture of the Transcendent Move**

Otto Scharmer's (2009) Theory U provides the most precise phenomenological map of the move from Identity to Spirit/Purpose consciousness. Scharmer describes a U-shaped journey from habitual downloading—the automatic reproduction of past patterns, which is the structural equivalent of identity defense—through progressive levels of openness (open mind, open heart, open will) to what he calls 'presencing': direct contact with the source from which transformative action can emerge.

The 'bottom of the U'—presencing—is the experiential equivalent of Spirit/Purpose consciousness in Dilts' framework. It is the moment when the leader's sense of professional role and organizational strategy gives way to direct contact with the deeper purpose the work exists to serve. For nursing, that purpose is the caring society: the world in which human suffering is met with skilled, compassionate, holistic presence, and in which health systems are designed around what human beings actually need to flourish. Scharmer's framework also provides the developmental architecture for what happens after presencing: the re-ascent of the U's right arm, in which new identity, new strategy, and new organizational forms emerge naturally from the clarity of purpose encountered at the bottom. This is not idealism—it is the precise sequence through which transformative organizational change occurs.

For nursing leadership development, Theory U provides a practical curriculum for the transcendent move: structured processes for suspending habitual identity-defense patterns, opening to genuine uncertainty, engaging with the communities nursing serves in ways that dissolve the professional distance that identity maintenance requires, and crystallizing the purpose-level clarity from which new collective action can be organized.

### **Riane Eisler's Caring Economy: The Societal Architecture of the Vision**

If Watson provides nursing's philosophical foundation for Spirit/Purpose consciousness and Scharmer provides its developmental architecture, Riane Eisler (2007, 2019) provides its societal blueprint. Eisler's Caring Economy framework argues that contemporary economic and social systems systematically undervalue and underinvest in the caring activities—caregiving, education, health care, community development—upon which all other economic and social activity depends. Her Social Wealth Economic Indicators and Caring Economy Campaign propose concrete restructuring of economic measurement and investment to make the caring infrastructure of society visible, measurable, and valued.

This framework matters for nursing because it provides the most concrete available answer to the question: 'What, precisely, is the caring society we are building?' It is not a vague aspiration—it is a specific restructuring of economic and institutional priorities to reflect what human beings actually need to flourish. When nursing organizations, aligned with Eisler's framework, advocate for paid family leave, universal early childhood care, adequate long-term care infrastructure, and equitable access to preventive health services, they are not advocating for nursing—they are advocating for the caring society. The professional identity benefit is a consequence of that advocacy, not its motivation. And that reframing changes everything about how the advocacy lands with public and policymaker audiences.

### **III. The Identity Trap: When Professional Identity Formation Becomes a Loop**

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#### **The Developmental Achievement of Identity Consolidation**

It is essential to begin with acknowledgment: the consolidation of nursing's professional identity is a genuine and hard-won developmental achievement. Over the course of the 20th century, nursing transformed from an occupation organized around subordination to medicine into a discipline with its own theoretical foundations, research traditions, doctoral programs, scope-of-practice legislation, and professional infrastructure. This transformation required exactly the kind of identity-level work that Dilts' framework describes—and Watson's work exemplifies redefining who nurses are, what they know, what they have the authority to do, and why their contribution matters.

#### **The Historical Proof of Concept: Florence Nightingale as Spirit/Purpose Leader**

The most powerful historical evidence that Spirit/Purpose consciousness is not only possible but strategically superior for nursing comes from the profession's own foundational figure. Florence Nightingale did not advocate for nursing recognition. She compiled mortality statistics from the Crimean War and used them to reform military sanitation. She invented the Rose Diagram or Coxcomb Chart data visualization tool to make mortality patterns visible to parliamentary committees. She testified before royal commissions about the social determinants of health, decades before that language existed. She corresponded with public health officials across Europe and North America about the design of healthy environments and institutions. She created the infrastructure—both educational and governmental—within which nursing's contribution became empirically undeniable.

Nightingale was not organizing her work around nursing's professional status or recognition. She was organizing it around the preventable deaths of poor people in inadequately designed institutions—the caring society argument in its most concrete form. Her professional identity as a nurse was real and

fiercely defended when necessary, but it was never the organizing principle of her strategic consciousness. The organizing principle was always the outcome: fewer people dying from preventable causes. The professional recognition followed, inevitably, from the demonstrated contribution.

Nightingale's example answers the implicit objection that Spirit/Purpose consciousness is impractical or idealistic. She was ruthlessly practical—precisely because she was operating from purpose rather than from identity. When your organizing question is 'How do we ensure people do not die unnecessarily?' rather than 'How do we secure nursing's professional recognition?', a very different and far more expansive set of strategic tools becomes available.

### **The Trap: When Consolidation Becomes Defense**

The trap springs when identity consolidation—a necessary developmental stage—crystallizes into a permanent defensive posture. When the energy that was once generative (claiming who we are) becomes primarily protective (defending who we are against perceived threats), the identity level has become a loop rather than a launching pad.

The trap is seductive because it contains genuine truth. Nursing is undervalued. Its knowledge is subordinated. Its practitioners are underpaid and overworked. The grievances are real. But when the grievance becomes the primary organizing narrative of professional consciousness, it forecloses access to the generative energy that genuine impact requires. A profession organized primarily around what it lacks cannot build what the world needs.

#### **⚠ Signs You (or Your Organization) May Be in the Identity Loop**

- Conversations that begin and end with what nursing lacks rather than what nursing builds
- Organizational energy consumed by credentialing disputes, scope-of-practice battles, and inter-association competition
- Interprofessional relationships framed primarily around parity-seeking rather than shared patient/community benefit
- Burnout narratives organized around disrespect rather than system redesign
- Policy advocacy focused on nursing-specific gains rather than population health impact
- Any pattern in which nursing defines itself primarily in relation to medicine—through comparison, parity claims, or boundary assertion
- Gallup trust data cited as evidence of recognition still owed, rather than as validation of contribution already recognized

## The Organizational Dimension: Ecosystem Fragmentation as Identity Defense

The Identity Trap is not only an individual phenomenon—it operates systemically across nursing's organizational ecosystem. The fragmentation of nursing associations, specialties, and advocacy coalitions into competing entities each protecting their own membership, funding, and policy influence is the organizational expression of the same identity-defense dynamic.

A meta-analysis of strategic communication documents across eight nursing and health organizations revealed that each organization's core metaphor—Lighthouse, Tapestry, Innovation Engine, Living Library, Greenhouse, and others—describes a distinctive function within a professional ecosystem that needs all of these functions. But as long as the organizations holding these functions are primarily organized around protecting their institutional identity, the ecosystem cannot self-organize into a coherent force for population health and societal transformation. This is third order change territory: a consciousness development problem, not a strategic negotiation problem.

### The Identity Loop in Organizational Life: Recognizing the Signals

- Meetings begin with updates about what other organizations are doing—framed as competitive intelligence rather than ecosystem mapping
- Strategic planning begins with 'How do we grow our membership?' rather than 'What does the profession need from us?'
- Collaboration initiatives stall because no organization will accept a coordination role that might imply subordination
- Communication about nursing's contribution is organization-specific rather than profession-wide—each group tells its own story rather than the field's story
- Successes are claimed; failures are attributed to external forces or other organizations
- The implicit question organizing governance is 'What is good for us?' rather than 'What is good for the profession—and through the profession, for society?'

## IV. The Transcendent Move: From Identity to Spirit and Purpose

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### What Transcendence Is—and Is Not

'Transcendence' is not abandonment. The developmental move from Identity to Spirit/Purpose does not require nursing to relinquish its hard-won professional identity, dissolve its disciplinary boundaries, or cease advocating for its practitioners. What it requires is a reorganization of how identity is held: from the ground of worth to one expression of purpose; from the horizon of meaning to a vehicle in service of a larger horizon.

In Bateson's terms, this is a Learning III move: a transformation of the system that generates meaning. It is difficult, often disorienting, and genuinely developmental—it cannot be achieved through willpower alone. It requires exposure to new communities of purpose, experiences that make the limitations of identity-level consciousness vivid, and narratives that make Spirit-level consciousness imaginable and inhabitable.

***Identity asks: Who are we and are we respected? Spirit asks: What are we building and is it serving human flourishing?***

### **Nursing's Irreplaceable Epistemic Gift to a Caring Society**

The move to Spirit/Purpose is most compelling when it is grounded in specificity: not just 'nursing contributes to a caring society' in the abstract, but a precise account of what nursing uniquely knows and does that no other profession can provide. This is the argument that identity-defense consciousness rarely makes clearly because comparison and parity-seeking crowd it out.

Carper's (1978) foundational analysis of nursing's patterns of knowing—extended and deepened by Chinn and Kramer (2018)—identifies five distinct modes of knowledge that nursing integrates in practice: empirical (the science of nursing, evidence-based knowledge of health and illness), aesthetic (the art of nursing, skilled responsiveness to the particular situation and the whole person), ethical (the moral reasoning and advocacy that guides nursing's commitment to what ought to be), personal (the reflexive, relational self-knowledge that makes authentic presence possible), and emancipatory (the critical, systems-level awareness that identifies and challenges the power structures that produce unnecessary suffering and health inequity).

No other health profession systematically integrates all five of these modes in every clinical encounter. Physicians bring sophisticated empirical and ethical knowledge but are rarely trained in aesthetic or personal knowing. Social workers bring ethical and emancipatory knowing but lack nursing's clinical-empirical depth. What nursing brings—uniquely, irreplaceably—is the integration: the capacity to respond to the whole person, in the full complexity of their situation, with empirical rigor, aesthetic sensitivity, ethical clarity, personal presence, and critical systemic awareness simultaneously.

This is not a soft skill. It is the most sophisticated form of applied human science that the health professions possess. And it is precisely the form of knowing that a caring society most urgently requires—not because it feels good, but because it is the only way to address the full determinants of health. When nursing communicates from Spirit/Purpose consciousness, this epistemic argument replaces the parity argument: not 'recognize us as equals' but 'understand what is lost when nursing is absent or constrained—and what becomes possible when it is fully present.'

## The Caring Society as Orienting Vision

Spirit-level consciousness organized for nursing is the building of a caring society—one in which human beings attend to one another across the full arc of life, in which health is understood as a complex, contextual, relational achievement, and in which nursing's integrative knowing is recognized as essential infrastructure for human flourishing. Eisler's Caring Economy framework gives this vision institutional specificity: it is a society that measures and invests in caring activities as primary economic and social goods, not as residual concerns.

Watson's *caritas* adds the transpersonal dimension: a caring society is not only one that funds caring activities but one in which the quality of caring presence—the nurse's capacity to be genuinely, holistically, compassionately present to another human being's suffering and resilience—is understood as itself healing, transformative, and socially generative. Scharmer's presencing adds the developmental architecture: nursing leaders who have encountered this vision at the bottom of the U—who have touched, directly, the source of their motivation to nurse—carry it with a quality of clarity and conviction that no strategic communication training can replicate.

## How to Catch Yourself in the Loop: Diagnostic Practices

### ***Practice 1: The Energy Audit***

Notice the felt quality of your professional engagement. Identity-defense energy tends to feel like vigilance, indignation, urgency to prove, and a background sense of being undervalued. Spirit/Purpose energy tends to feel like curiosity, generativity, clarity, and a background sense of meaningful contribution. Noticing which quality dominates in professional conversations, advocacy work, and leadership decisions reveals where consciousness is anchored.

### ***Practice 2: The First-Sentence Test***

Observe how you begin sentences when talking about nursing with people outside the profession. If the first sentence characteristically begins with what nursing lacks, is denied, or deserves—'Nurses are the most undervalued...', 'People don't realize what nurses actually do...', 'We need to be recognized for...'—identity-defense framing is operating. If it begins with what nursing contributes, creates, or makes possible—'Nursing is the profession that...', 'We are building a system where...', 'Here is what changes when nursing is fully present...'—Spirit/Purpose consciousness is operating.

### ***Practice 3: The Threat or Invitation Test***

When a new development arrives—artificial intelligence, expanded scope for another profession, budget cuts—notice your first instinctive question. 'Is this a threat to nursing?' is an identity-level question. 'What does this mean for the people we serve, and what is nursing's contribution to navigating it well?' is a Spirit/Purpose question. The first positions nursing at the edge of a system is

trying to protect its place within. The second positions nursing as an active co-author of the system's direction.

#### **Practice 4: The Dilts Level Diagnostic**

When stuck on a professional or organizational challenge, explicitly walk up the logical levels: What contextual factors are contributing? (Environment) What actions are being taken? (Behavior) What skills and strategies are at play? (Capabilities) What assumptions are organizing the response? (Beliefs) How is nursing's sense of 'who we are' shaping what seems possible? (Identity) If we set the identity question aside and asked, 'what does the caring society we are building need from nursing right now?'—what answer appears? (Spirit/Purpose)

#### **Practice 5: The Scharmer Suspension**

When you notice an automatic identity-defense response arising—the urge to assert scope, claim parity, or defend recognition—practice what Scharmer (2009) calls suspension: the deliberate interruption of the habitual download. Simply notice the response arising, name it internally ('identity-defense loop'), and pause before acting from it. Then ask: if I approach this from the source of my deepest motivation to nurse—from the caring society I am helping to build—what response would I choose instead?

Domain	Identity-Level Defense Pattern	Spirit/Purpose Transcendence Pattern	The Shift Required
Language	'Nursing deserves recognition.' 'We are not just handmaidens.' 'Respect our scope.'	'Nursing exists to create a caring, equitable, healing society.' 'Here is what we are building.'	From claiming status to expressing contribution
Organizational behavior	Associations compete for membership, funding, and policy voice. Specialties protect turf.	Organizations coordinate as complementary organs of a professional ecosystem serving shared health goals.	From competitive positioning to ecosystem thinking
Interprofessional relations	Comparing nursing to medicine. Asserting parity. Defending scope of practice boundaries.	Asking: what does this patient, this community, this system need—and what is nursing's distinctive gift to that need?	From comparison to differentiation

Domain	Identity-Level Defense Pattern	Spirit/Purpose Transcendence Pattern	The Shift Required
Workforce narratives	'Nurses are burning out because they are not respected.' Individual resilience framing.	'System design is failing the people who care for people. We are redesigning it.'	From grievance to generative agency
Professional education	Curriculum organized around professional identity formation and licensure preparation.	Curriculum organized around contribution to human health and societal flourishing—nursing as vehicle, not destination.	From professional socialization to purpose formation
Advocacy	Lobbying for nursing-specific funding, recognition, and regulatory protection.	Mobilizing nursing's moral authority in the service of health equity, climate resilience, and universal well-being.	From professional advocacy to civilizational contribution

Table 1. Identity Defense vs. Spirit/Purpose Transcendence Patterns Across Nursing's Key Domains

Warning Signal	What It Sounds Like	What It Reveals	The Liberating Question
Comparison energy	'Physicians get paid more and respected more for doing less.' 'Why don't people see what we do?'	Identity consolidated around parity with another profession—nursing's worth defined relationally, not intrinsically.	'What is the irreplaceable contribution nursing makes that no other profession can make?'
Boundary patrolling	'That's not in our scope.' 'We need to protect what nurses can do.' Credential wars between specialties.	Identity experienced as a territory to be defended rather than a capacity to be expressed.	'What boundary-crossing might serve patients and communities better than boundary-defending?'
Recognition hunger	'If people just knew what nurses really do...' Persistent frustration that nursing's value is not acknowledged.	Self-worth tied to external validation—the identity needs others to confirm it.	'What would nursing do differently if no one was watching or measuring?'

Warning Signal	What It Sounds Like	What It Reveals	The Liberating Question
Tribal fragmentation	Acute care nurses dismissing community nurses. Doctorate-prepared vs. associate-degree. Specialties in competition.	The profession consuming its own energy in internal hierarchy-maintenance.	'What does our disagreement cost the people we both exist to serve?'
Reactive framing	Every policy or technology development framed first as a threat to nursing. AI as threat. Telehealth as threat.	Consciousness positioned at the system's edge, reacting rather than authoring.	'What future is nursing actively building—and does this development help or hinder that construction?'
Burnout as wound	Moral injury narrated primarily as a professional grievance—nursing is not respected, valued, or resourced.	True but incomplete: the story stops at the wound rather than moving through it toward systemic redesign.	'What caring society are we building from this wound—and who do we need to become to build it?'

Table 2. Diagnostic Signals of the Identity Trap and Liberating Questions for the Transcendent Move

#### IV-A. The Regression Problem: Why the Move Is Hard to Sustain

Any honest account of the move from Identity to Spirit/Purpose must address what it systematically omits: Spirit/Purpose consciousness is not a stable developmental achievement that, once reached, remains. It is a practice that collapses under specific, predictable conditions—and nursing leaders who have genuinely tried to operate from purpose and found themselves snapped back into defensive mode need to see that named.

Regression to identity-defense is reliably triggered by anything that reads as a direct threat to worth or competence: a physician's dismissive comment in a team meeting; a budget cut framed as a devaluation of nursing's contribution; a scope-of-practice decision that constrains clinical authority; public or media framing that reduces nursing to a support role. Under these conditions, even the most purpose-oriented nurse leader can find herself operating from Torbert's Expert action logic within minutes—providing answers rather than asking questions, defending territory rather than building contribution, measuring success by parity rather than by impact.

This is not failure. It is the predictable behavior of a nervous system that has learned, accurately, that nursing's worth has historically been challenged and must sometimes be defended. The regression reflex is not the enemy; it is a developmental reality that leadership infrastructure must be designed to accommodate.

Two things sustain the return to Spirit/Purpose consciousness when regression occurs. The first is community—specifically, sustained relationships with others who are anchored at the same or higher developmental level and who can reflect back the purpose-level frame when the identity-defense frame has taken over. This is the developmental function of what we call Peer Developmental Consultation Groups: cohorts of four to six nursing leaders who meet regularly over months and years, using structured reflection protocols, explicitly committed to holding one another accountable to purpose-level framing even when—especially when—the immediate professional environment is pulling toward identity defense.

The second is practice—specifically, the regular contemplative and reflective practices that Scharmer (2009) describes as maintaining the 'open will' that makes presencing possible. Daily journaling, structured reflection, meditation, patient story immersion, and community engagement all serve the same developmental function: they regularly re-contact the source of motivation, the Spirit/Purpose level anchor, before professional interactions organized around identity-defense logic have a chance to reshape consciousness for the day.

The structural implication is significant: nursing leadership development programs that are serious about Spirit/Purpose consciousness must invest not only in catalyzing the move but in sustaining it through designed developmental infrastructure—not as a luxury, but as the essential architecture of the change they are trying to enable.

## **V. First, Second, and Third Order Change: Where the Identity Trap Fits**

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The Identity Trap is a second order phenomenon housed in first order solutions. The trap itself—the defensive organization of professional consciousness—is a second order pattern: a set of rules and assumptions that govern how nursing responds to challenges. But nursing's habitual responses to the trap operate at the first order: more training, more advocacy programs, more credential requirements, more strategic communication campaigns.

Dissolving the Identity Trap requires second order change: changing the rules, not just the responses. This means redesigning the educational, organizational, and cultural structures that produce and reproduce identity-defensive professional consciousness. It means curricula that explicitly name the

Identity Trap and develop students' capacity to move beyond it. It means leadership development programs that assess and develop vertical consciousness. It means organizational governance structures that reward contribution to the profession's societal mission rather than organizational membership growth.

And ultimately it requires third order change: the transformation of nursing's collective consciousness itself—the emergence of a shared Spirit/Purpose that holds professional identity as instrument rather than end. This third order move cannot be mandated or engineered; it can only be catalyzed and cultivated by creating the developmental conditions in which it becomes possible.

## **VI. The Objection Worth Taking Seriously**

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The most important counterargument to this article's central claim deserves direct engagement rather than dismissal: nursing cannot afford to transcend identity politics while it is still fighting for basic recognition, adequate pay, safe staffing ratios, and scope-of-practice authority. The grievances are real. The structural battles are unfinished. Is Spirit/Purpose consciousness a luxury available only to those who have already won the professional fights that many nurses are still in the middle of?

The answer requires a careful distinction. Spirit/Purpose consciousness and identity-level advocacy are not mutually exclusive—but they are sequenced differently and produce measurably different results. The most effective professional advocacy in nursing's recent history has not been organized primarily around nursing's professional identity; it has been organized around patient and population outcomes.

California's AB 394—the first mandatory nurse-to-patient ratio legislation in the United States, passed in 1999—succeeded not primarily because nurses argued for their professional worth but because the research evidence demonstrated that patients die at measurably higher rates with inadequate nurse staffing (Aiken et al., 2002). The argument that succeeded was not 'nurses deserve better working conditions' (identity level) but 'patients are dying unnecessarily because of how this system is designed' (Spirit/Purpose level—the caring society argument in its most concrete legislative form). The professional identity benefit—better pay, safer conditions, clearer staffing standards—followed from the patient outcome argument, not the other way around.

This pattern holds across nursing's most significant advocacy victories. When the argument leads with what patients and communities need—and demonstrates nursing's distinctive capacity to provide it—it generates political and public support that nursing-for-nursing arguments cannot. When it leads with what nursing deserves, it invites adjudication of that claim by audiences who have neither the expertise nor the motivation to rule in nursing's favor.

The practical implication is not to cease identity-level advocacy but to change the sequence: anchor every advocacy campaign in the caring society argument first—the patient outcome, the community health need, the societal cost of undervaluing care—and let the professional identity claim follow as its natural consequence. This is not a rhetorical trick; it is a consciousness-level reorganization that produces different strategic thinking, different coalition partners, different evidence, and different results.

## VII. Making Nursing Visible: The Spirit-Level Reframe

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A meta-analysis of strategic communication documents created for eight nursing and health organizations revealed that nursing's invisibility is structurally produced by four paradigms operating at the Beliefs and Identity levels: biomedical reductionism, efficiency metrics, knowledge hierarchies, and cultural individualism (Pesut, 2026). Each mechanism renders invisible a dimension of nursing's integrative knowing that identity-level consciousness struggles to articulate without defensiveness.

The Frameworks Institute's Strategic Frame Analysis® methodology offers second order communication interventions: it does not defend nursing's value within existing frames but changes the frames themselves. When applied from Spirit/Purpose consciousness rather than identity-defense consciousness, these interventions become far more powerful—because they are not organized around claiming nursing's place in an existing hierarchy but around reorienting public understanding toward the caring society that nursing helps build.

The most powerful frame shift available to nursing is this: from 'nursing deserves recognition' (identity-level claim) to 'caring is the infrastructure of healthy societies' (Spirit-level contribution). The first frame invites the audience to adjudicate nursing's worth. The second invites them to recognize what they already value—care, connection, humanity, human flourishing—and to understand nursing as the professional expression of that value at scale, and Eisler's Caring Economy as the institutional architecture that makes it sustainable.

***The most powerful frame shift: from 'Nursing deserves recognition' to 'Caring is the infrastructure of healthy societies.'***

The Gallup trust data support this reframe directly: when the public says it trusts nurses more than any other profession, it is recognizing exactly what Spirit-level nursing communication expresses—not professional competence primarily, but moral alignment between what nursing claims to do and what the public knows human beings most need. The Spirit-level communicator leads with that alignment and lets the recognition follow from the demonstration.

## **VIII. Principles for Cultivating Spirit/Purpose Consciousness in Nursing**

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### **Principle 1: Diagnose Before You Prescribe**

Before designing any leadership development intervention, explicitly assess which logical level is the primary site of constraint. The most common error is prescribing first-order solutions (skills, training, advocacy toolkits) for what are actually second-order pattern problems (cultural assumptions, organizational norms) or third-order consciousness problems (the Identity Trap itself). The diagnostic questions in Section IV provide practical tools for this assessment.

### **Principle 2: Name the Trap Without Shaming the Stage**

Identity consolidation is a developmental achievement, not a failure. The Identity Trap emerges not from weakness but from the natural human tendency to protect what has been hard-won. Effective developmental education names the trap with compassion—acknowledging the real threats that generated the defensive posture, honoring the genuine work of identity formation—while simultaneously making vivid the costs of remaining there and the possibilities available from a higher altitude. Shaming identity-defense produces more defensive identity. Compassionate diagnosis creates the safety to look beyond it.

### **Principle 3: Lead with Vision, Not Advocacy**

Every professional communication, every leadership development program, every organizational initiative should be anchored in a vivid, specific vision of the caring society that nursing exists to help build—before the professional identity case is made. When the vision comes first, the professional identity claim that follows has a different quality: it is an invitation to join a mission, not a demand for recognition.

### **Principle 4: Cultivate Vertical Development as Strategic Priority**

The movement from Identity to Spirit/Purpose is a developmental achievement, not a rhetorical choice. It requires exposure to communities of practice operating from higher developmental stages; structured Scharmer U-process experiences that reveal the limitations of current consciousness; Watson's *caritas* practice applied to leadership; and the relational safety to be genuinely uncertain. Executive coaching, developmental cohort learning, contemplative practice, and immersive encounters with the communities nursing ultimately serves are not enrichment activities—they are coring developmental infrastructure.

### Principle 5: Design Explicitly for the Regression Problem

Because Spirit/Purpose consciousness is a practice rather than a stable achievement, leadership development programs must invest not only in catalyzing the move but in sustaining it. This means designing Peer Developmental Consultation Groups as standing structures, building regular reflective practice into professional schedules, and creating organizational norms that explicitly reward purpose-level framing and gently redirect identity-defense framing when it arises.

### Principle 6: Build the Ecosystem from Purpose, Not Strategy

Collective impact cannot be achieved through strategic negotiation among organizations whose primary organizing logic is identity-defense. It requires a prior developmental move: organizations finding their way to shared purpose through Scharmer U-process conversations that ask, 'What caring society are we jointly building?' and Eisler's framework for measuring the social wealth that caring professions produce. These purpose conversations, when conducted with developmental seriousness, create the conditions from which coordinated strategy can genuinely emerge.

### Principle 7: Futures Literacy as Consciousness Practice

Foresight leadership is both a second order capability and a Spirit/Purpose practice. When nursing leaders construct scenarios for 2040 health systems and ask what nursing uniquely contributes to the most humane possible futures—using Carper's epistemic framework to specify that contribution—they are practicing exactly the move from identity-defense to generative contribution that third-order consciousness requires.

## IX. Strategies and Tactics: Cultivating the Spirit/Purpose Shift

Practice	What It Develops	How to Begin	Indicative Question
Purpose-anchored reflection	Separates professional identity from existential purpose; reveals nursing as vehicle, not destination	Monthly reflective writing prompt: 'I am a nurse because the world needs...'	'What would I still be committed to if the title disappeared?'
Futures literacy practice	Moves consciousness from defending present to	Scenario construction: sketch 3 plausible 2040 health futures; ask what	'What kind of world is nursing helping to create?'

Practice	What It Develops	How to Begin	Indicative Question
	authoring preferred futures	nursing uniquely contributes to the best one	
Cross-professional purpose dialogue	Dissolves comparison energy by grounding conversation in shared mission rather than competing claims	Convene regular inter-professional conversations starting from: 'What does this community need that none of us can provide alone?'	'What becomes possible when we each bring our best, fully?'
Collective narrative work	Replaces deficit and grievance narratives with generative contribution stories	Facilitate small group story harvesting: 'Tell me about a time nursing changed the trajectory of someone's life or a system's design.'	'What story would make someone want to join this mission?'
Spirit-level leadership immersion	Directly cultivates transpersonal awareness and connection to larger purpose	Retreats, contemplative practice, systems-thinking immersion, Watson's caritas process, global health service	'Who am I beyond my role—and what does that 'who' make possible?'
Peer Developmental Consultation Groups	Builds the sustained relational infrastructure that prevents regression and sustains Spirit/Purpose consciousness	Cohorts of 4–6 nursing leaders meeting monthly for 12+ months, using structured reflection protocols to hold each other to purpose-level framing	'Who helps me return to purpose when identity defense pulls me back?'
Collective impact convening	Builds the relational trust and shared vision that third-order collective action requires	Convene nursing organization leaders around: 'What caring society are we jointly building?' rather than 'How do we collaborate?'	'What would we do together that none of us would do alone?'

Table 3. Practices for Cultivating the Move from Identity Defense to Spirit/Purpose Consciousness

## **For Nurse Educators: Curriculum as Developmental Infrastructure**

- Begin every program with the question: 'What caring society does nursing exist to help build?'—and return to it at every program level, orienting students to purpose before initiating them into professional identity.
- Teach Watson's Transpersonal Caring Theory explicitly as a leadership consciousness framework, not only a clinical philosophy—demonstrating how *caritas* principles apply to organizational advocacy and professional communication.
- Use Scharmer's U-process as a curriculum design principle: create experiences that interrupt habitual identity-defense downloading, open students to genuine presence with the communities they serve and crystallize purpose-level clarity from which professional identity can be held lightly and powerfully.
- Include explicit curriculum content on the Identity Trap—naming it, diagnosing it, and practicing the transcendent move—so that graduates recognize the loop before they are caught in it.
- Design Peer Developmental Consultation Group structures into residency and graduate programs: cohorts that commit to sustained mutual accountability to purpose-level framing across the early career transition.
- Develop foresight literacy as a Spirit/Purpose practice: capstone projects that use Eisler's Caring Economy indicators to define what a caring society looks like, and Carper's patterns of knowing to articulate nursing's irreplaceable contribution to building it.

## **For Nurse Leaders: Organizations as Purpose Laboratories**

- Audit your leadership conversations: what percentage are organized around defending nursing's position vs. building a caring society? The ratio reveals the dominant consciousness level.
- Introduce the Dilts level diagnostic and Scharmer suspension practice into leadership team routines—making the transcendent move a practiced skill rather than an aspiration.
- Redesign how nursing's contribution is communicated: lead with Carper's epistemic argument (the irreplaceable integration of knowing that nursing provides) and patient/community outcome evidence, not with claims about nursing's worth.
- Create regular structures for purpose renewal—Watson *caritas* retreats, patient story gatherings, community immersions—that reconnect nursing leaders to the transpersonal dimension of their work and prevent the regression that institutional life reliably produces.

## **For Professional Associations: From Ecosystem Fragmentation to Ecosystem Intelligence**

- Commission a shared vision document grounded in Eisler's Caring Economy framework: what would nursing's organizational ecosystem look like if it were coordinating to build a

caring society, and what would each organization's distinctive contribution to that building be?

- Design cross-association gatherings using Scharmer's U-process facilitation—not panel presentations—to create the presencing conditions from which genuine collective purpose can emerge.
- Develop shared Caring Economy metrics: indicators of the caring society nursing is helping to build, not organizational membership or program outputs.
- Lead with the Gallup trust data in all public communication—not as evidence of recognition still owed, but as validation of the Spirit/Purpose work already done and an invitation to the public to invest in sustaining and scaling it.

## **X. The Metacognitive Compass: Reflection Prompts for the Ascent**

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These prompts are most powerful in sustained developmental relationships—Peer Developmental Consultation Groups, coaching, or developmental cohorts—rather than in isolation. They are organized to move through Dilts' levels and the Scharmer U-process simultaneously.

### **Recognizing the Identity Level (Downloading)**

- When nursing is criticized, underfunded, or sidelined, what is your first emotional and cognitive response? What does that response reveal about where your sense of professional worth is anchored?
- In the past month, what percentage of your professional advocacy was organized around what nursing deserves vs. what nursing is building? What would it feel like to shift that ratio?
- What nursing-related conversations trigger defensiveness in you? What identity claim is being implicitly threatened in those moments—and is defending it serving the people you care for?

### **Opening to Seeing, Sensing, and Presencing (The U Descent)**

- Practice the Scharmer suspension: the next time you feel identity-defense arising, name it internally and pause. What would you choose instead, if you were acting from the source of your deepest motivation to nurse?
- Spend one hour with a patient, family, or community member whose situation embodies the gap between the caring society that could exist and the one that currently does. Let that encounter—not the professional argument—organize your sense of what matters.
- Ask yourself: 'What would nursing do differently if the Gallup trust data—rather than the experience of invisibility—were the organizing truth of our professional self-concept?'

## Practicing the Transcendent Move (Crystallizing)

- Write for ten minutes: 'I am a nurse because the world needs...' Notice whether your writing stays within the professional identity frame or moves toward something larger. Gently extend it toward the larger—toward Eisler's caring economy, Watson's *caritas*, the irreplaceable epistemic integration that Carper describes.
- Use Carper's five patterns of knowing to articulate what is lost when nursing is absent from a health system—not in terms of nursing's worth, but in terms of the patients and communities who lose access to integrative, holistic, emancipatory care. Let that articulation be your advocacy argument.
- Imagine nursing's organizational ecosystem fully coordinated around building a caring society. What would each organization contribute? What would you contribute? What would have to change in your own professional consciousness to serve as a purposeful node in that network?

## Sustaining Spirit/Purpose Consciousness (Preventing Regression)

- Who are the two or three people in your professional life who can reflect back a Spirit/Purpose frame when you have slipped into identity defense? Are you in regular contact with them—and are they willing to hold you accountable to purpose-level framing?
- What daily or weekly practices help you re-contact the source of your motivation to nurse? Are you protecting them from the institutional demands that regularly erode them?
- When you regress to identity defense—and you will—can you notice it without self-judgment, name it to someone you trust, and practice the return to purpose rather than defending the regression? What would make that practice easier?

## XI. Conclusion: The Scaffold Is Not the Building

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The Identity Trap is not a character flaw of the nursing profession. It is a predictable developmental phenomenon: the natural consequence of legitimate identity work that has not yet been accompanied by the developmental infrastructure needed to move beyond it. The profession built the scaffold with extraordinary courage. What it has not yet fully recognized is that the scaffold is not the building.

The building is the caring society: the world in which human beings attend to one another skillfully and compassionately across the full arc of life; in which health is understood as a complex, relational, environmental, and political achievement; in which nursing's unique integrative knowing—the synthesis of empirical, aesthetic, ethical, personal, and emancipatory modes that Carper described and Watson grounded in transpersonal caring philosophy—is recognized as essential infrastructure for human flourishing. Eisler shows us what that society looks like institutionally. Scharmer shows us how leaders access the level of consciousness from which they can help build it. Watson shows us

that nursing's own tradition already contains the philosophical resources for the journey. And Nightingale shows us that this is not new—that nursing's most effective leader organized her entire strategic consciousness around building a healthier society, not around claiming a profession's worth, and that the professional recognition followed, inevitably, from the demonstrated contribution.

The regression problem is real, and this article has named it honestly. Spirit/Purpose consciousness is a practice, not an arrival. It requires sustained developmental infrastructure—peer consultation groups, reflective practice, caritas retreats, community immersion—designed explicitly for the predictable collapses that institutional life produces. But the practice is learnable, the infrastructure is designable, and the communities of purpose that sustain it are buildable.

The Gallup data tell us that the public has already recognized what nursing at its best expresses. Twenty-plus consecutive years of being named the most trusted profession is not a request for nursing to prove itself—it is an invitation to step more fully into the purpose it has already demonstrated. The world is not waiting for nursing to win the professional argument. It is waiting for nursing to claim the level of consciousness from which its distinctive contribution becomes undeniable, its organizational ecosystem self-coordinates, and its 28 million practitioners act as a single coherent force for a caring, equitable, and healing world.

***The scaffold is not the building. Nursing built the scaffold of professional identity with extraordinary courage. The building—a caring, equitable, healing society—awaits the full force of nursing's consciousness and contribution.***

## References

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- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA*, 288(16), 1987–1993.
- Bartunek, J. M., & Moch, M. K. (1987). First-order, second order, and third-order change and organizational development interventions: A cognitive approach. *Journal of Applied Behavioral Science*, 23(4), 483–500.
- Bateson, G. (1972). *Steps to an ecology of mind*. Ballantine Books.
- Carper, B. A. (1978). Fundamental patterns of knowing in nursing. *Advances in Nursing Science*, 1(1), 13–24.
- Chinn, P. L., & Kramer, M. K. (2018). *Knowledge development in nursing: Theory and process* (10th ed.). Elsevier.
- Cook-Greuter, S. R. (2004). Making the case for a developmental perspective. *Industrial and Commercial Training*, 36(7), 275–281.
- Cook-Greuter, S. R. (2013). *Nine levels of increasing embrace in ego development*. Wayland: Cook-Greuter & Associates.
- Dilts, R. B. (1990). *Changing belief systems with NLP*. Meta Publications.
- Dilts, R. B. (2003). *From coach to awakener*. Meta Publications.
- Dilts, R. B. (2014). *Logical level alignment*. NLP University Press.
- Eisler, R. (2007). *The real wealth of nations: Creating a caring economics*. Berrett-Koehler.
- Eisler, R. (2019). *Nurturing our humanity: How domination and partnership shape our brains, lives, and future*. Oxford University Press.
- Epstein, E. G., & Hamric, A. B. (2009). Moral distress, moral residue, and the crescendo effect. *Journal of Clinical Ethics*, 20(4), 330–342.
- Frameworks Institute. (2021). *Framing the future of nursing: A strategic brief*. Frameworks Institute.
- Gallup. (2024). Nurses retain top ethics rating in U.S. Gallup Organization. <https://news.gallup.com/poll/>
- Kania, J., & Kramer, M. (2011). Collective impact. *Stanford Social Innovation Review*, 9(1), 36–41.
- Kegan, R. (1994). *In over our heads: The mental demands of modern life*. Harvard University Press.

National Academy of Medicine. (2021). *The future of nursing 2020–2030: Charting a path to achieve health equity*. National Academies Press.

Pesut, D. J. (2019). Anticipating disruptive innovations with foresight leadership. *Nursing Administration Quarterly*, 43(3), 196–204.

Pesut, Daniel. (2025). *Preparing Future-Focused Nurse Leaders: Innovation, Ethics, and Foresight in Education–Practice Partnerships*. Retrieved from the University Digital Conservancy, <https://doi.org/10.1016/j.mnl.2025.102634>.

Pesut, Daniel. (2026a). *Vertical Leadership Development in Health Care: Cultivating Wisdom Through Intentional Practice*. Retrieved from the University Digital Conservancy, <https://hdl.handle.net/11299/277909>.

Pesut, Daniel. (2026b). *Making Nursing Visible Integrating Frameworks Institute Strategic Communication with Collective Impact for the Nursing Profession*. Retrieved from the University Digital Conservancy, <https://hdl.handle.net/11299/278917>.

Pesut, Daniel. (2026c). *A Unified Theory of Nursing Professional Development: Integrating Clinical Reasoning, Consciousness Development, and Foresight Leadership*. Retrieved from the University Digital Conservancy, <https://hdl.handle.net/11299/278814>

Rooke, D., & Torbert, W. R. (2005). Seven transformations of leadership. *Harvard Business Review*, 83(4), 66–76.

Rushton, C. H. (2017). Cultivating moral resilience. *American Journal of Nursing*, 117(2), S11–S15.

Scharmer, C. O. (2009). *Theory U: Leading from the future as it emerges*. Berrett-Koehler.

Torbert, W. R. (2004). *Action inquiry: The secret of timely and transforming leadership*. Berrett-Koehler.

UNESCO. (2023). *Futures literacy playbook*. UNESCO Publishing.

Volmert, A., Kendall-Taylor, N., & Lindland, E. (2016). *You have to build the foundation first: Mapping the gaps between expert and public understandings of nursing in the United States*. Frameworks Institute.

Watson, J. (1979). *Nursing: The philosophy and science of caring*. University Press of Colorado.

Watson, J. (2008). *Nursing: The philosophy and science of caring (revised ed.)*. University Press of Colorado.

Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. Norton.

Wilber, K. (2000). *A theory of everything: An integral vision for business, politics, science, and spirituality*. Shambhala.

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