



A Transformative Paradigm for Relational Nursing: A Narrative Review of the Theory of Communion-in-Caring

Leah Kalayaan A. Pellacœur¹ , Shanine Mae P. Tuppal² , Yu Dan³, Arif Adi Setiawan⁴ ,
Bradley K. Loo⁵ , Jennifer Joy R. Olivar⁶ , Manal Al Zadjali⁷ , Said Naser Al Harthy⁷ ,
Cyrus P. Tuppal¹

¹College of Allied Health, Department of Nursing, National University Philippines

²Nursing Service Office, National Kidney and Transplant Institute, Quezon City, Philippines

³Graduate School of Nursing, Trinity University of Asia, Quezon City, Philippines

⁴School of Nursing, Faculty of Health Sciences, Muhammadiyah “PKU” University of Surakarta, Central Java, Indonesia

⁵Division Office of San Juan, Department of Education, San Juan City, Philippines

⁶College of Allied Health Sciences, St. Paul University Manila, Philippines

⁷Higher Institute of Health Specialties, Muscat, Sultanate of Oman



Corresponding author: drcyrus@gmail.com

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ABSTRACT

Modern nursing faces increasing challenges, including depersonalization, burnout, and the fragmentation of care delivery. In response, the *Theory of Communion-in-Caring* provides a transformative framework that re-centers nursing on its relational, moral, and spiritual dimensions. The objective of this review is to critically examine the theory's conceptual, methodological, and practical contributions to nursing science. A qualitative content review was conducted on the first edition of the book, focusing on its philosophical assumptions, theoretical foundations, methodological proposals, practical applications, and future directions. Thematic analysis guided the data organization, using conceptual clarity, methodological rigor, contextual relevance, and interdisciplinary potential as key evaluative criteria. The review highlighted the theory's grounding in Filipino cultural values and global relational ethics, positioning caring as a sacred communion of mutual presence and transformation. The theory promotes methodological pluralism, including phenomenology, narrative inquiry, and mixed methods that align with its relational ontology. It offers concrete strategies for nursing education, clinical practice, and administration, with promising interdisciplinary and community-based applications. Despite challenges in measurement and implementation, the theory presents a culturally authentic and philosophically coherent model of care. In conclusion, the *Theory of Communion-in-Caring* makes a timely contribution by restoring dignity, empathy, and relational meaning in nursing, offering a valuable paradigm for both local and global healthcare contexts.

Keywords: Nursing Theory, Caring Science, Communion, Filipino Values, Relational Ethics



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1. Introduction

Nursing has undergone a significant transformation over the past century, evolving both as a science and a vocation. From its origins as a profession rooted in duty, discipline, and clinical precision, it has increasingly moved toward embracing its deeper, relational dimensions. As healthcare systems grow more complex and

technologically driven, and as patients present not only with clinical needs but also emotional, cultural, and spiritual challenges, there is a growing call for a nursing paradigm that reclaims the human essence of care. In this evolving context, the *Theory of Communion-in-Caring* (2025) emerges as a timely and transformative contribution to nursing thought.

At its heart, The Theory of Communion-in-Caring offers a radical reimagining of what it means to care (Tuppal, 2025b). Dr. Tuppal proposes that care is not merely a service to be provided or a task to be completed—it is a relational, moral, and spiritual act. Rooted in the sacred space between nurse and patient, caring becomes an encounter of presence, trust, empathy, and mutual transformation. Tuppal frames this communion not as an idealistic notion but as a practical, actionable foundation for nursing practice. His vision is to re-center care on human dignity, shared vulnerability, and compassionate reciprocity. In doing so, he responds to the mounting fragmentation, depersonalization, and burnout that characterize much of contemporary healthcare.

Tuppal's theory is both a response and an invitation. It responds to the increasing commodification and mechanization of nursing, where metrics often overshadow meaning, and where efficiency sometimes comes at the expense of empathy. It is also an invitation to nurses, educators, policymakers, and leaders to participate in a collective reawakening—a return to the sacred, relational core of the nursing profession. By introducing the concept of “communion” as the central pillar of caring, the theory asserts that healing is not only a physiological process but also a profoundly human one, rooted in connection, presence, and shared experience.

Culturally, the *Theory of Communion-in-Caring* is firmly grounded in the Filipino ethos of *pakikipagkapwa* (relational personhood or fellowship with others), *bayanihan* (communal unity or spirit of collective effort), and relational spirituality. These indigenous values, which emphasize mutual support, communal responsibility, and a deep sense of shared humanity, form the philosophical backbone of the theory (Tuppal & Setiawan, 2024). Rather than imposing a Western framework on caring, Tuppal draws from his lived experiences as a Filipino nurse, educator, and global health advocate. In doing so, he creates a culturally authentic, morally grounded, and universally adaptable model of care that honors both local and global traditions.

What makes the theory particularly compelling is its synthesis of several intellectual and ethical traditions. It builds on the legacy of *Jean Watson's Theory of Human Caring* (Watson, 1985, 1988), which emphasizes transpersonal relationships, and *Anne Boykin and Savina Schoenhofer's Theory of Nursing As Caring* (Boykin & Schoenhofer, 2001), which affirms that all persons are caring by nature. It also echoes *Katie Eriksson's Theory of Caritative Caring* (Eriksson, 1989; Eriksson, 2002), which integrates ethical, religious, and existential dimensions. However, Tuppal moves beyond these theories by explicitly framing care as communion—a mutual, sacred act that transcends roles, titles, and procedures. In his vision, the nurse is not simply a provider of care but a co-journeyer, a presence who enters the suffering and healing of the other with authenticity, compassion, and ethical resolve (Tuppal, 2025b).

Globally, the theory resonates with other cultural and philosophical frameworks that prioritize relationality. The African concept of Ubuntu—“*I am because we are*”—and the American notion of neighborliness both find echoes in Tuppal's call for interconnectedness and ethical kinship in nursing practice (Schoenhofer cited in Tuppal, 2025b). These parallels make the theory not only a significant contribution to Filipino nursing scholarship but also a valuable global resource for relational care. In an increasingly pluralistic world, where nurses serve communities of diverse backgrounds, the theory provides a language and structure through which culturally sensitive, spiritually attuned, and ethically grounded care can be delivered.

The current realities of global healthcare further heighten the relevance of the theory. The COVID-19 pandemic, for example, exposed systemic shortcomings in how care is delivered and highlighted the emotional, psychological, and spiritual toll on both patients and providers (Oducado et al., 2021; Tuppal et al., 2021). Nurses found themselves not only administering medications and monitoring symptoms but also serving as surrogates for family members, spiritual companions, and witnesses to human suffering. In this light, the *Theory of Communion-in-Caring* offers a much-needed framework for understanding and strengthening the relational and moral dimensions of care in times of crisis and beyond (Tuppal, 2025a).

Moreover, the theory addresses pressing ethical questions in healthcare delivery: How can we restore meaning to routine clinical tasks? How do we ensure that care is equitable, inclusive, and culturally attuned? How do we empower nurses to reconnect with their purpose amid burnout, moral injury, and institutional pressures? Tuppal's response is clear: by re-centering care as communion—a dynamic interplay of mutual presence, trust, and moral engagement—we can not only humanize healthcare but also heal the healers.

Importantly, the theory is not confined to the abstract or philosophical. It is grounded in practice. The book provides real-world examples, empirical studies, and practical applications that demonstrate how communion-in-caring can be implemented in nursing education, leadership, research, and community health.

Whether it is through bedside interactions, reflective pedagogy, or ethical policy development, the theory offers a roadmap for embedding relational care into the structures and routines of modern healthcare systems.

In summary, the introduction of the *Theory of Communion-in-Caring* marks a significant moment in the evolution of nursing thought. It reclaims caring as a sacred human encounter, one that honors the full dignity of both patient and nurse. By situating care within the cultural richness of Filipino values and aligning it with universal moral and relational principles, Tuppal (2025b) offers a theory that is as deeply grounded as it is expansively relevant. It is a call to return to the heart of nursing—not as a retreat into sentimentality, but as a bold, ethical, and transformative stance in the face of an increasingly fragmented world. Through this theory, Tuppal affirms that caring is not merely something nurses do; it is who they are when they fully show up in presence, compassion, and communion. Therefore, the objective of this narrative review is to critically examine the *Theory of Communion-in-Caring* by analyzing its conceptual foundations, philosophical assumptions, methodological propositions, and practical applications in nursing. The review aims to assess the theory's clarity, relevance, and interdisciplinary potential, particularly in addressing contemporary challenges in relational and culturally grounded nursing care.

2. Methods

To provide a comprehensive and scholarly appraisal of the *Theory of Communion-in-Caring* (2025) by Dr. Cyrus P. Tuppal, a qualitative content review methodology was employed. This approach was selected to ensure a rigorous and nuanced exploration of the text, particularly given the theoretical, philosophical, and cultural depth of the work. Content review, as a form of qualitative inquiry, allows the researcher to analyze textual data systematically and thematically, especially when the objective is to evaluate the coherence, applicability, and originality of an intellectual framework such as a nursing theory.

The review specifically focused on the first edition of the book, which comprises 29 chapters across seven major parts. Among these, particular attention was directed to Chapters 6 (Philosophical and Theoretical Foundations), Chapter 9 (Theoretical Assumptions), Chapters 13–17 (Applications in Practice, Education, Administration, and Research), Chapters 18–19 (Methodologies and Empirical Studies), and Chapters 20, 23, and 24 (Evaluation, Innovations, and Future Directions). These sections were selected because they constitute the core of the theory's formulation, operationalization, and projection.

The methodological procedure for the content review followed a structured thematic analysis (Heyn et al., 2019). This involved close reading of the identified chapters, coding of emergent themes, and organization of these themes into larger conceptual categories. Thematic analysis, as described by Braun and Clarke (2006), allows for inductive and deductive processes: inductive in that themes are allowed to emerge from the data without imposing a rigid coding frame, and deductive in the sense that the review was guided by key evaluative criteria such as conceptual clarity, methodological robustness, contextual relevance, and interdisciplinary applicability. Four guiding questions structured the analysis:

1. **Conceptual Clarity:** *Does the theory present a clearly articulated set of concepts and assumptions? Are these internally consistent and logically developed?*
2. **Methodological Rigor:** *How does the theory propose to be studied or tested? Are the recommended research methods appropriate and robust?*
3. **Contextual and Cultural Relevance:** *Does the theory reflect and respect the social, cultural, and ethical contexts from which it arises? Can it be applied beyond those contexts?*
4. **Interdisciplinary Potential:** *Can the theory meaningfully intersect with other disciplines such as education, leadership, theology, or global health?*

In Chapter 9, Tuppal outlines the ten core theoretical assumptions that underpin the *Theory of Communion-in-Caring*. These assumptions were closely analyzed in terms of their ontological (nature of being), epistemological (nature of knowledge), and axiological (nature of values) dimensions. The assumptions affirm, among other things, that caring is inherent to all persons, that persons are relational beings, that communion fosters mutual transformation, and that care is a moral act grounded in spiritual and ethical engagement. These assumptions were evaluated for internal coherence, breadth, and depth. They were then compared with foundational assumptions from other major nursing theories, such as Watson's transpersonal caring relationships, Leininger's cultural care diversity and universality, and Boykin and Schoenhofer's view of all persons as caring individuals.

Chapter 6 provided the philosophical underpinnings of the theory, drawing from existentialist thought (notably Gabriel Marcel's "I-Thou" dialogue), theological traditions (particularly from Filipino Catholic values), and feminist relational ethics (such as Noddings' ethic of care). This philosophical grounding was examined in Chapter 9 to assess coherence between the foundational worldview and theoretical propositions.

3. Results

The results of the qualitative content review reveal the depth, coherence, and practical utility of the *Theory of Communion-in-Caring* across four key domains: conceptual clarity, methodological rigor, contextual and cultural relevance, and interdisciplinary applicability. The analysis demonstrates that the theory presents a philosophically grounded and ethically resonant framework that transcends conventional models of nursing care. It articulates a clear set of assumptions, offers adaptable methodological pathways, and provides practical applications in clinical, educational, and administrative settings. Moreover, the theory shows promise for broader use beyond nursing, particularly in culturally diverse and ethically complex environments. Each thematic result is discussed in detail in the subsections that follow.

3.1. Theoretical Foundations

The Theory of Communion-in-Caring rests on the premise that caring is inherent, relational, and sacred. Tuppal defines communion as a shared human presence characterized by trust, empathy, mutual dignity, and spiritual solidarity. Unlike conventional models that treat care as a function or set of tasks, this theory presents it as a transformative journey for both nurse and patient. Key assumptions include that persons are relational beings, that caring transforms both the giver and the receiver, and that spiritual and emotional dimensions are as vital as physical care. The theory is grounded in existentialist and theological philosophies, particularly Buber's "I-Thou" relationship and Filipino cultural values such as *pakikipagkapwa-tao* and *bayanihan*.

3.2. Methodological Alignment

Tuppal advocates for methodologies that respect the relational core of caring. These include qualitative approaches like phenomenology, narrative inquiry, and arts-based research. He also supports mixed methods designs for capturing both relational narratives and outcome metrics. The theory is adaptable to community-based participatory research (CBPR), culturally responsive evaluation, and reflective practice methodologies. Ethical research practices—such as informed consent, relational accountability, and contextual sensitivity—are emphasized. These align with the theory's grounding in dignity, charity, and justice.

3.3. Application and Impact

The theory is applied across various settings, including clinical, educational, administrative, and community settings. In practice, nurses using this framework reported stronger relational bonds, improved trust, and better patient satisfaction. In education, it guides reflective learning, presence-based simulations, and relational pedagogy. Administrators are urged to foster compassionate workplace cultures and prioritize caregiver well-being. The book features real-life narratives that illustrate the positive effects of communion-in-caring on patients' recovery, particularly in settings characterised by isolation, grief, or chronic illness. Additionally, it supports interdisciplinary use in social work, pastoral care, public health, and community organizing.

3.4. Evaluation and Future Directions

Tuppal addresses the difficulty of measuring relational and spiritual outcomes. He proposes a mix of patient narratives, caregiver reflections, and culturally attuned indicators such as emotional resonance and perceived empathy. Future research directions include integrating AI for relational care tracking, global adaptations, and the development of communion-centered metrics (Tuppal et al., 2025). The theory anticipates challenges such as institutional resistance, reductionist healthcare models, and over-technologization. Nevertheless, it remains forward-looking, offering policy recommendations and advocacy strategies for embedding relational care in systems-level reforms.

4. Discussion

The *Theory of Communion-in-Caring* represents a significant advancement in the field of caring science and the broader landscape of nursing theory. As healthcare continues to grapple with systemic fragmentation, technological dominance, and a growing sense of moral fatigue among practitioners, Tuppal's work offers a re-grounding of nursing in the values of presence, relationality, and spiritual humanity. This theory is not merely an intellectual contribution—it is a philosophical and ethical intervention that seeks to restore the soul of nursing practice and redefine the very nature of what it means to care.

At its core, the theory expands the boundaries of conventional nursing frameworks by embedding caring within a moral, cultural, and existential paradigm. While theories like Jean Watson's *Theory of Human Caring* emphasize the transpersonal connections and spiritual dimensions of nurse-patient relationships, Tuppal's approach is distinguished by its profound cultural grounding. His theory is not only relational—it is *communal*. Drawing from Filipino concepts such as *pakikipagkapwa* (relational selfhood) (Canete & del Castillo, 2022), *bayanihan* (collective action) (Hernandez et al., 2024), and *loob* (inner moral core) (Nagtalon-Ramos & Curry, 2023), Tuppal offers a culturally specific yet universally resonant framework that views caring as a co-creative, ethical act anchored in shared humanity. This cultural grounding sets *The Theory of Communion-in-Caring*

apart in the increasingly global field of nursing theory. It challenges the dominance of Western, individualistic paradigms that often frame care as one-directional or procedural. Instead, Tuppal invites us to see care as something emergent within a dynamic, dialogic space between two persons—one that is enriched by social context, moral intention, and spiritual sensitivity. This vision aligns closely with the African concept of *Ubuntu* (“I am because we are”) (Moleka, 2025), Latin American liberation ethics, and Indigenous views of interrelated being, making the theory highly relevant for culturally diverse and postcolonial nursing settings.

From an epistemological standpoint, the theory calls for a radical shift from knowing *about* patients to knowing *with* them. This participatory mode of knowing is grounded in reciprocity, empathy, and mutual transformation. In this respect, the theory is not only descriptive but normative—it tells us what care *should* be: relational, morally attuned, and co-authored. Such a stance is crucial in an era where nursing is under pressure to produce measurable outcomes, often at the expense of the immeasurable dimensions of empathy, trust, and spiritual healing.

One of the most compelling strengths of Tuppal’s theory is its interdisciplinary and intercultural adaptability. It provides a robust platform for dialogue across sectors—between nursing and theology, public health and education, policy and community development. For instance, in nursing education, the theory encourages the cultivation of reflective inquiry, relational presence, and ethical discernment, moving beyond competence-based models that prioritize task mastery. Nursing students are thus invited to engage in critical reflection, story-sharing, and moral imagination, fostering a deeper understanding of the meaning and impact of care. This approach aligns with educational philosophies such as Freire’s critical pedagogy (Iheduru-Anderson & Waite, 2024) and Noddings’ ethic of care, which prioritize relationship, dialogue, and transformation over transmission and control (Pan et al., 2024).

In clinical practice, the theory offers tools for restoring meaning and presence amid rising burnout and depersonalization. Nurses are increasingly caught in fast-paced environments where caring is reduced to checklists and clinical protocols. Tuppal’s emphasis on *communion*—not as a theological abstraction but as a relational presence—reclaims the patient as a person and the nurse as a moral agent. By doing so, the theory addresses the relational void that often contributes to nurse fatigue and moral injury. Strategies such as “relational rounding,” guided reflective dialogues, and presence-based practices are suggested as practical interventions to create space for communion in otherwise overburdened systems (Tuppal, 2025b).

In administrative and policy contexts, the theory presents a compelling argument for re-centering human dignity as a core value in healthcare institutions. It challenges organizations to protect relational time, promote staff well-being, and build ethical cultures rooted in trust, inclusivity, and mutual respect. At a time when healthcare institutions undergoing reform and rethinking priorities in the wake of the COVID-19 pandemic, Tuppal’s framework offers a timely vision for rebuilding trust—not only between patient and provider, but also among care teams and within the organizational fabric itself.

The theory also holds potential for community-based models of care and international collaborations, resonating with grassroots health initiatives that value partnership, shared decision-making, and culturally congruent interventions. Its focus on mutuality and co-creation makes it particularly relevant for participatory action research, global health ethics, and humanitarian nursing. In resource-constrained environments, where material scarcity must be counterbalanced by human presence and moral solidarity, the theory affirms that care is not dependent solely on resources, but on relationships.

Nonetheless, the theory’s richness may present challenges for practitioners and researchers accustomed to linear, positivist models of care. Its symbolic and narrative grounding—while philosophically robust—may initially appear abstract or complex to operationalize in traditional clinical settings. This underscores the need for further empirical testing and the development of practical tools, such as validated relational care scales, implementation protocols, and outcome indicators that can bridge the gap between philosophy and practice. Such efforts will help position the theory within evidence-based paradigms while preserving its core values.

Moreover, the theory may be met with resistance in environments dominated by biomedical reductionism (Bryant & Aggleton, 2025) or performance-driven metrics. Implementing communion-in-caring requires institutional support, leadership commitment, and a shift in professional culture. Yet, these challenges are not unique to Tuppal’s theory—they are endemic to any transformative framework that seeks to shift paradigms from efficiency to empathy, from control to connection (Tuppal, 2025b; Tuppal et al., 2022).

Despite these limitations, the potential impact of *The Theory of Communion-in-Caring* is far-reaching. It offers a language of hope and healing in a time of widespread healthcare disillusionment. It affirms the nurse’s role not only as a technician but as a healer, companion, and co-witness to the sacredness of human life. It reclaims care as a moral practice that unites us across differences of culture, class, and condition.

In conclusion, Tuppal’s theory is a landmark contribution to nursing thought, offering both depth and direction in the ongoing evolution of caring science. It challenges us to ask: *What kind of care is worthy of the*

human person? How do we ensure that dignity, empathy, and communion remain at the heart of our practice, even in the most complex systems? Through its cultural grounding, ethical clarity, and relational vision, *The Theory of Communion-in-Caring* provides not only a theoretical answer but a call to action—a blueprint for re-humanizing care, not as a luxury, but as a necessity for the future of nursing and health care.

5. Conclusion

The Theory of Communion-in-Caring offers a timely and transformative reorientation of nursing practice amidst an era dominated by speed, metrics, and depersonalized care. It answers the global call to humanize healthcare by restoring its moral, relational, and spiritual foundations. In settings marked by burnout and disconnection, the theory presents a compelling paradigm rooted in presence, compassion, mutual respect, and co-creation. Drawing from Filipino cultural values such as *pakikipagkapwa*, *bayanihan*, and spiritual empathy, the theory offers a culturally grounded model with global resonance. These values serve as ethical anchors for care that is not only culturally sensitive but also universally meaningful. The theory's alignment with relational philosophies, such as Ubuntu and feminist ethics, enhances its broader applicability. What sets this theory apart is its integration of theological, existential, and cultural dimensions into a coherent and actionable model of care. While building on the foundational work of Watson, Boykin, Schoenhofer, and Eriksson, Tuppal advances the discourse by framing communion—a profoundly spiritual and relational act—as central to the nurse-patient encounter. Beyond its conceptual depth, the theory is notable for its practical reach. It offers reflective tools, culturally attuned methods, and real-world strategies applicable in education, clinical care, leadership, and research. Importantly, it does not idealize care but acknowledges structural and ethical challenges faced by nurses. In doing so, it offers pathways to address moral distress, relational fatigue, and loss of meaning in practice. The Theory of Communion-in-Caring is both a theoretical contribution and an ethical call to reclaim the essence of caring. It invites nurses and health professionals to center dignity, empathy, and connection in their practice—reminding us that true healing begins in relationship, and communion is the highest form of care.

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