

A Foucauldian perspective on electronic nursing documentation

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Abstract

This paper aims to demonstrate the relevance of Michel Foucault's work for revealing how electronic nursing documentation is enmeshed in processes of power. Applying Foucault's concept of biopower, provides a critical perspective on the increasing use of artificial intelligence and the commodification of patient data, outlining how these may undermine person-centred care and health equality. Arguing that nurses should take a leadership role in shaping the future of technology in healthcare, this paper suggests that Foucault's concepts of counter-conduct, counter-discourse and care of the self, invites nurses to imagine how they can move from being agents of biopower to agents of rebellion.

Introduction


Electronic documentation has become a central element of nurses' work (Slawomirski, 2023), especially in healthcare sectors shaped by neoliberalism, which typically seeks technological solutions to standardise care, drive down costs and maximise both efficiency and profitability (Dillard-Wright, 2019; Gonçalves et al., 2015). Nurses spend between 17% and 41% of their time on documentation (Campanella et al., 2016; U.S. Department of Health and Human Services, 2022). Many devote more time to electronic health record tasks than direct patient care (Bakhom et al., 2021; Momenipour & Pennathur, 2019; Zhang & Zhang, 2016). It is therefore in nurses' interest to take a leadership role in shaping the future of technology in health care (Luan et al., 2023; Ronquillo et al., 2021).

This paper outlines the relevance of Michel Foucault's work for a critical reflection on electronic nursing documentation as an act of power which contributes to inequalities in healthcare. Foucault has written extensively on the nature of power. The link between institutions

such as hospitals and their broader socio-political context, including capitalism, is a central theme of his analysis (Foucault, 2003). Foucault's work has been used to study medicine (Jones, 1998; Petersen, 1997), medical spaces (Evans et al., 2009), public health (Asempah & Wiktorowicz, 2023; Shaw & Scully, 2024) and health education (Evans & Colls, 2009; Pennington, 2023; Rose, 2012; Sandset et al., 2023). It also has been drawn on to explore the political agency of nurses (Gastaldo & Holmes, 1999; Henderson, 1994; Holmes & Gastaldo, 2002; Moreno-Mulet et al., 2025; Perron, 2013; Perron et al., 2005, 2010). Among these applications references to nursing documentation can be found. This paper begins by building and expanding on these arguments, applying them to specific current issues in electronic nursing documentation, namely the increasing use of artificial intelligence (AI) and the commodification of patient data. It is suggested that Foucault's work can invite nurses to understand how an uncritical use of AI-enhanced documentation systems and data sharing undermines person-centred care and equality in healthcare. This paper then moves on to outlining how nurses can challenge the normalcy of technological solutions and data sharing by using Foucault's concepts of counter-conduct, counter-discourse, and care of the self.

Foucault and biopower

Foucault conceptualises power beyond the state and its institutions. Discussing the rise of population control in 17th and 18th century Europe, he observes the emergence of modern technologies of power (Foucault, 2003). Most European governments had moved from sovereign power, manifested in the right to kill, to biopower, which operates around two poles (Perron et al., 2005): The first, the disciplinary anatomo-politics of the body, is concerned with optimising the capacities of the human body. Institutions such as the army, schools and

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hospitals create an efficient workforce for economic production through surveillance of the body, hierarchical ordering and the control of space and time through time-tabled tasks. Foucault suggests that by the end of the 18th century this process, which had focused on the individual, evolved into the second pole, bio-politics. Social policies became designed to govern the health of entire populations, as public health became associated with political and economic security (Foucault, 2002, 2003; Stein, 2011). This governance of the population depends on institutions outside the organisational apparatus of the state such as hospitals, whose experts gather data about the population and enforce the normalisation of desirable behaviours (Foth, 2013). In this context, nurses and doctors are privileged readers of the body (Shaw, 2012), which becomes a site of interior knowledge to be revealed and ordered, sustaining concepts of normalcy and deviancy (Foucault, 2003; Liaschenko, 2000; Shaw, 2012). Patients become objects of what has been described as the 'clinical,' or 'medical,' but also the 'nursing gaze' (Gastaldo & Holmes, 1999; Georges & Benedict, 2008; Holmes & Gastaldo, 2002; Shaw, 2012).

The nursing gaze creates an imbalance of power between nurses and patients. However, nurses and their patients may not always perceive their relationship in this way or wish to challenge it. Central to the concept of biopower is the idea of government by consent, in which individuals are both shaped by, and enact, such power (Lilja & Vinthagen, 2014; Lorenzi, 2023). Individuals internalise ways of understanding and thinking about the world, or what Foucault calls 'discourse'. As a result, they engage in self-surveillance and control their behaviour according to social norms (Dreyfus & Rabinow, 2013; Foucault, 1982; Lilja & Vinthagen, 2014).

Nursing documentation

Several researchers have mobilised Foucault's work to reflect on the politics of nursing documentation (Henderson, 1994; Perron et al., 2005; Thompson, 2008). They describe how, as a natural consequence of the medical gaze, the practice of recording dominates and shapes healthcare practice, with healthcare professionals' attention focusing on completing and deciphering patient records, charts, genograms, and ecomaps (Henderson, 1994; Perron et al., 2005; Thompson, 2008). Prioritising information about the genetic, biochemical, and physiological status of the patient, charts decide what is to be known, rendering patients into 'docile,' 'recorded bodies,' rather than the individual beings at the core of person-centred care (Henderson, 1994). Nursing becomes task-oriented, with little to no room for nurses exploring and taking account of patient's health concerns, their values, and experiences of illness (Campbell & Rankin, 2017; Starfield, 2011). The relevance of Foucault's analysis can be seen in empirical studies of nursing documentation, even when they do not apply his work. Nurses experience documentation as time consuming, but also

as constrained by institutional guidelines (Heartfield, 1996). An example is the requirement for nursing documentation to highlight those aspects of care that can be costed and billed, a requirement in healthcare systems in which insurers reimburse healthcare providers for care and treatments provided (American Academy of Pediatrics Committee on Coding and Nomenclature, 2020; Michl et al., 2023). Templates that prioritise work in this way have little to no room for nurses to express the full extent of patient care they deliver, or the complexity of patient perspectives (Michl et al., 2023). Nurses therefore perceive electronic documentation as a barrier to high quality, person-centred care, with some suggesting that they only complete electronic care plans because they know they might be audited by managers (Michl et al., 2023). This sense of oppression can also be found in studies which describe extensive documentation as a defence practice by nurses who want to protect themselves against allegations of malpractice (Zaher et al., 2025). Here, documentation is something nurses do out of fear, and not because it benefits the quality of care. The more time nurses spend documenting care, the less time they have available to spend with patients (Zaher et al., 2025).

AI-enhanced patient records

Commentators on technology in healthcare suggest that the application of artificial intelligence to electronic health records will positively impact nurses' experience of documentation, improve the quality of care and benefit patient outcomes: Algorithms support automated data input, produce individualised care plans, identify at-risk patients, and detect errors in documentation (Bauer et al., 2020; Rony et al., 2024). Through data sharing, patient data potentially can be made available to all members of the interdisciplinary team tasked with a patient's care (Green et al., 2025). All these innovations are expected to benefit patients: nurses can spend more time on direct patient care, nursing becomes safer, and the continuity of care is optimised (Campanella et al., 2016; Luan et al., 2023; Zhang & Zhang, 2016).

Policy makers, commercial users of health data and producers of healthcare software emphasise the benefits of sharing patient data and making it available for commercial use. A reduction of healthcare costs and medical innovation are promised (Ashuri & van Voorst, 2024; Dedalus, 2024; European Commission, 2025; Raab et al., 2023; Ramezani et al., 2023). While AI-enhanced hospital software and data sharing may benefit patients in these ways, Foucault's work cautions against an uncritical celebration of technology and the discourse of data sharing as naturally desirable. Efficiency, standardisation, cost-effectiveness, technology driven solutions and competitive free markets are discursive themes of managerialism and the current phase of neoliberalism which dominates healthcare systems in the Western world (Gonçalves et al., 2015; Hunt et al., 2017; McGregor, 2001). Neoliberalism approaches healthcare as a com-

modity and places consumer choice over equal access to healthcare (Ratna, 2020). Instead of tackling the social and economic forces impacting public health, it prioritises the notion that individuals should take responsibility for their own health (Rose Spratt, 2023). Foucault's work is a reminder to nurses to remain vigilant to the ways in which the celebration of technology in healthcare is enmeshed in these wider politics of health.

Among the issues nurses may wish to highlight is how artificial intelligence intensifies the medical gaze. Patients are turned into numbers, probabilities and trends within datasets, a process called 'algorithmic dehumanisation' (Octaviano et al., 2024). This has the potential to further erode the personal and empathetic aspects of healthcare, undermining patients' sense of agency and individuality and producing care plans that do not take account of patients' lived experiences (Octaviano et al., 2024).

Another concern pertains to the reinforcement of inequalities in healthcare. Healthcare systems are implicated in sustaining discriminatory discourses which have real-life implications for marginalised groups (Foucault, 1980; Stoler, 1995; Zaidi et al., 2021). For example, ethnic minority groups may be associated with higher pain tolerance and receive inadequate pain management (Strand et al., 2021). Machine learning algorithms train on historical data. If that data contains concepts of normalcy and deviancy that are central to discriminatory discourses such as racism, or sex and gender discrimination, such algorithms perpetuate these (Chan et al., 2024; Ferryman et al., 2024; Khalid et al., 2023; Straw & Wu, 2022). Nurses who use AI-enhanced care plans, need to be sensitive to the implications of biased algorithm designers. Moreover, as they enter patient data into electronic records, they need to reflect on the consequences of their own biases (Ferryman et al., 2024).

Foucault and resistance

Critics argue that Foucault's work is unsuitable to instil in nurses any sense of political agency. A common criticism levied at his work is that he describes social agents who have been reduced to passive bodies, without the autonomy and freedom necessary for resistance (Lilja & Vinthagen, 2014; Villadsen, 2023; Zaharijević & Urošević, 2024). However, within his work, Foucault clearly describes possibilities of resistance (Lilja & Vinthagen, 2014; Moreno-Mulet et al., 2025; Villadsen, 2023; Zaharijević & Urošević, 2024). For Foucault, power is not a single entity. It can be understood as a dynamic interplay between those who exercise power and those who are subjected to it. Power adjusts and reasserts itself in response to encounters with resistance, but change is always a possibility (Dreyfus & Rabinow, 2013). Foucault's concepts of counter-conduct, counter-discourse, and care of the self-have been suggested as ways for nurses to rebel (Moreno-Mulet et al., 2025; Perron, 2013). The

remainder of this paper reflects on what such rebellion might look like when directed against aspects of electronic patient records and data sharing.

Counter-conducts are deliberate, public, or covert acts of resistance that challenge rules, expectations and policies which are experienced as unjust (Foucault et al., 2009; Moreno-Mulet et al., 2025). The most radical form of counter-acts is parrhesia, which is speaking out from one's moral convictions and challenging what one perceives as injustice or oppression. Acts of parrhesia are a significant risk to those who undertake them (Perron, 2013), as their truth may be experienced as deeply unsettling by others (Foucault, 1999; Papadimos & Murray, 2008; Ramos Toescher et al., 2021). In the context of the commodification of health data, via acts of parrhesia, nurses might become whistle-blowers when data sharing happens on a large scale without patients' knowledge. Yet it can also happen in smaller, everyday actions. Nurses might challenge the reduction of complex patient narratives into diagnostic codes that can be billed, by making extensive use of 'free text' options, making sure patients' personal perspectives are not lost. They might educate their patients on data confidentiality and privacy, matters of which many patients remain unsure or unaware (Alhammad et al., 2024; Druedahl & Kälvevemark Sporrang, 2024).

Counter-conducts are supported by counter-discourses, which are challenges to dominant narratives, formed and articulated by oppressed groups. In their everyday practice, this could see nurses engage in critical pedagogy, sensitising nursing students to questions of power, including nurses' role in the maintenance of dominant narratives which may harm person-centred care (Perron et al., 2010). Such a pedagogy could involve the inclusion of critical theory in nursing curricula and the application of such theory to the case of technology and artificial intelligence.

At the heart of these conceptualisations of resistance are individuals with ethical subjectivity (Papadimos & Murray, 2008; Ramos Toescher et al., 2021). Foucault's concept of care of the self suggests that individuals can develop an ethical subjectivity by continuously interrogating themselves, and their relationships with others and the world. Creative reflective writing is a tool useful for this task (Perron, 2013). Autobiographical writing has been criticised as eschewing connecting points to the politics of the public sphere (Campbell, 2010). However, Foucault conceives of care of the self as a social practice (Campbell, 2010). For nurses exploring their relationship with technology and its impacts on patients, this could take the form of keeping a diary or journal which includes extracts from books and reflections on subjective experiences (Bernal Marcos et al., 2024). Reflective diaries can provide guidance to those who want to transgress the social norms which work to marginalise them (Montero, 2024). Extracts of Foucault's work in such a journal

may provide this very guidance and help nurses reflect on the normal seeming practice of electronic documentation and to guard against erosions of person-centredness and equality in care.

Conclusion

Nursing is enmeshed in technology to such an extent that some have called for technology to be recognised as a core concept of the nursing paradigm (Johnson & Carrington, 2023). This paper argues that perspectives offered by critical theory help nurses develop a deeper sense of how technology impacts their work and their relationship with patients. This paper highlighted the relevance of Michel Foucault's work, arguing that it provides a framework to understand how an uncritical reliance on algorithms for patient records and sharing of health data pose a threat to person-centre care, equality in healthcare and patient rights. Foucault's work offers perspectives on how nurses might develop an ethical subjectivity through care of the self and rebel through acts of counter-conduct and counter-discourse. Readers of this paper might favour critical theorists other than Foucault. Feminist, post-colonial, queer and post-humanist perspectives, for example, are also relevant (Smith et al., 2022; Stoler, 1995). These approaches are very welcome. Nurses need to be ready to question assertions of normalcy and engage in emancipatory practices. Philosophical perspectives aid them in this task and should be considered essential to the discipline (Mosqueda-Díaz et al., 2014). The richer nurses' knowledge of these theoretical perspectives, the better prepared they are to be ethical, political leaders.


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