

The moral nature of everyday nursing practice

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Introduction

The number and complexity of ethical issues in health care are increasing at a faster rate than what many of our institutions can handle. When we couple this with increasing public awareness and subsequent governmental pressure for greater accountability on the part of all health care workers, we can sometimes feel overwhelmed.

Medical science can now genetically engineer pigs so that we may later take out their organs and transplant them into humans, resulting in lower incidences of host rejection. Doctors can now perform surgery on someone who is hundreds or thousands of miles away, by using fibre optics and robotics. We can precisely measure the cortical reactions to such interventions as chemotherapy or electroconvulsive therapy (ECT).

Education has attempted to keep up through an uneven pace, but morality is floundering. Many corporations in the private sector, as well as service agencies in the public sector, are hiring ethicists to help them cope with the conundrums of the 21st century.

It is, therefore, extremely important that nurses stay current and insist that clients/patients, their significant others and all health care providers be included in ethical decision-making.

Ethical professionalism

It could be said that the doctors and medical assistants who were responsible for human experimentation during the Nazi holocaust, were professionally socialized—but were they ethical? May Lifton (1986) conducted an exhaustive study of this phenomenon and developed the concept of “embodied self”—a process of taking our human self and joining with a “professional self”; being careful to include unity of awareness of self with others.

But caring nursing implies even more. Over time, three essential elements have emerged:

- Caring principles related to practice
- Nurse-patient relationships
- Everyday ethics.

Principles of Biomedical Ethics

There are four traditionally accepted principles that govern ethical medical decision making:

1. Principle of Respect for Autonomy: the right of self-determination
2. Principle of Beneficence: a duty to do or promote good, to contribute to the welfare of others
3. Principle of Nonmaleficence: to “do no harm”—not putting others in harm’s way
4. Principle of Justice: fairness and treating others equally.

Caring

The concept of caring is now well accepted as central to the nursing profession’s ethical base of practice. Predominating themes include a commitment to values, attitudes and actions that restore or maintain a person’s dignity, humanity and well-being.

Caring acknowledges our own and another’s humanity and inherent vulnerability; whether it be of physical, emotional or spiritual pain or crisis.

Caring is manifested through words and actions that convey concern and that respond to needs that require relieving suffering, maintaining dignity and searching for meaning or understanding of experience(s).

Caring results in greater patient well-being by the preservation of dignity, engendering a greater sense of meaning or understanding of self and life experiences for both nurse and patient (Lubkin, 1995).

Relationships

It is only within the therapeutic relationship context that caring can take place (Parker, 1990). Participation leads to a thorough understanding of a patient’s very particular and highly personal story or situation. The development of a mutual, genuine and caring relationship is seen as a primary ethical responsibility of nursing (Lubkin, 1995).

Ethicists, both in health care and otherwise, have agreed that a natural by-product of a therapeutic relationship is the effective way it prevents ethically problematic situations from arising—simply put: you would not normally harm a friend (Reich, 1991).

Everyday ethics

A primary characteristic of caring and relational ethics is the emphasis on the moral nature of the experience of everyday practice (Lubkin, 1995). The problem with focusing strictly on standards of practice or on a code of ethics is that it tends to accentuate the problems or breaches of ethics. In contrast, caring and relational ethics focus on understanding what is to be moral every day and in all activities. From an ethical perspective, being moral and practising ethically means working hard to recognize and nurture the best potential in self and others (Lubkin, 1995).

Nurses get into difficulty

Despite good intentions and a solid grounding in ethical considerations, nurses (as well as every other discipline) continue to breach ethical practice. There are many reasons for this, but we will discuss just a couple of issues here, namely “judgement” and “adversity”.

Judgement and relativism

As nurses, we are indoctrinated (socialized) to the need of remaining non-judgemental. This is truly noble, but not always very practical. Humans are, by nature, prejudicial. As the term implies, we pre-judge people and situations regularly—it is the way we psychologically size up and prepare for interactions or actions.

As professionals it is, therefore, incumbent upon us to reserve acting on judgements or, certainly, refrain from verbalizing such, until we have more data and until we can therapeutically align ourselves with the other person or situation. But we must, ultimately, make (what we term to be) “clinical judgements.” The inference here is that such decisions are professionally motivated. Some nurses are caught up in what they perceive to be “grey areas.” It is here that problems arise. The grey area usually exists for the observer or perpetrator, but rarely for the victim of any situation. To have been hurt or damaged in some way is tangible and concrete—not nebulous in some fashion.

It deserves thorough examination and thoughtful consideration but, as nurses, we must ultimately choose which values we hold dear. These beliefs (e.g., code of ethics) must then be clearly articulated and WHOLLY SUPPORTED by all, to maintain their relevance and import. When confronted with an ethical dilemma, weigh the issue, decide on a moral conclusion or judgement—THEN STICK TO IT and defend it!

Adversity

One factor that has been identified leading to professional misconduct is that nurses are sometimes ill prepared for adverse situations that befall them.

A million pages of chronicles, a million metres of documentary film and daily newscasts are there to tell us that human life is punctuated by adversity. It is peculiar then that so many of us are caught off guard. We actually know full well that, when times are good, we should build up assets against the possibility of their turning bad. But then, considering human nature, our basic instincts lead us to believe that serious trouble never really comes to us—and we try to dodge it when it inevitably does. This attitude seems to be especially pervasive in modern western societies (Royal Bank, 1993).

The economic events of the past number of years may have had a sobering effect on many, but not on the mass media. Though filled with stories of other people's woes, tragedy and strife, the media conveys the impression that human beings actually can live relatively trouble-free. This is especially true in the TV fictionalized world. The denizens portrayed are nearly always well-fixed financially, have rewarding jobs, exude good health, are physically attractive, and fall easily into loving relationships. The underlying message is that, if you are not happy, healthy, and relatively prosperous yourself, your life is not measuring up to the norms of society. The danger is that people may be subliminally persuaded that fictional sitcoms or dramas really do illustrate a feasible way of life. While there can be no denying that there is plenty of happiness among humans, it is anything but constant and universal.

So, since such vicissitudes cannot be avoided or denied, what can be done? First, avoid the "why me" syndrome—the feeling that you have somehow been singled out for a special dose of misery. We can never develop a sense of proportion about our own circumstances if we persist in measuring them against mythical standards. Many persons are very unhappy simply because they conclude that others are better off than they are. Perspective provides us with the strongest of all defences, especially against self-pity. It may even provide us with the ability to laugh at our own folly—a powerful antidote to subjectivity.

Samuel Johnson on Calamity

Johnson claimed that "when any calamity has been suffered the first thing to remember is: how much has been escaped. Among what has survived, you might find, are things like personal integrity and the love of our peers—the things that really matter!"

References

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"Lots of folks confuse bad management with destiny", the American humorist Kin Hubbard observed.

Bad things happen to good people, but, unfortunately, it is far too common that people blame problems on others rather than themselves. When things go wrong it is tempting to blame "the system", politicians, the boss, head nurse or director. This may bring some fleeting psychological relief, but serves no lasting purpose. The energy spent in blaming others would be better used in trying to dig ourselves out of our own predicaments.

The aforementioned fallacy can lead to fatalism; the notion that external forces are responsible for our troubles. If you truly believe that the powers-that-be are intrinsically blind or hostile to your interests, it logically follows that it is futile to try to do anything about your own case. Since trouble has a way of regenerating itself, the chief effect of fatalism is to open the door to more trouble.

It will help to accept adversity as a necessary evil. Some of the noblest acts of humankind have come from stern social trials. Shakespeare spoke of "the uses of adversity" in which he suggests that great triumphs are often accomplished through sheer frustration and toil—that adversity provides the needed resistance to generate creative tension. The rules of sports deliberately add difficulty to tasks that might otherwise be too easy.

By successfully handling adversity, a person is likely to be better equipped to handle prosperity when things turn out well again. If tribulation brings a better sense of who you are, it certainly shows you who your real friends are.

Adversity helps to develop a view of life characterized by empathy and charity—traits most desirable in the ethical, caring nurse. ☞

About the author



Hudson T. Andrews, RPN, BSc, MSc, CFRC, has worked in health services, education and forensic sciences for more than 40 years.

After a career as a paramedic, he pursued education as a Registered Psychiatric Nurse at BCIT in 1983. He then completed bachelors and master's degrees in psychology and forensic sciences, along with health care administration components, at Pacific University, California (1987, 1997 respectively). He also attended the Recovery Institute (San Francisco) and obtained a credential in addictions assessment and counselling.

Andrews was employed as a clinician in the field of Forensic Psychiatry until he was recruited by Douglas College to teach in the Health Sciences Faculty in 1988. He was at Douglas until 2012. He now teaches selected courses at the British Columbia Institute of Technology (Burnaby, B.C.) in the Forensic Sciences Faculty, as well as at other post secondary institutions.

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