The Linacre Quarterly

Volume 44 | Number 4 Article 7

November 1977

The Ethical Dimension in 'Ordinary Nursing Care'

Mary Ellen Doona

The Ethical Dimension in 'Ordinary Nursing Care'

Mary Ellen Doona, R.N., Ed.D

Ms. Doona, a co-editor of this issue, has had experience in nursing care of the acutely ill since 1957. She is an associate professor at the Boston College School of Nursing.

Ethics has become a predominant issue in health care. Technology which has produced some outstanding success, has also created some unique problems for health professionals. They are compelled now, more than ever before, to consider the ethical dimension of their care. The life and death dilemmas receive considerable attention from professionals and non-professionals alike. This paper will not focus on these problems. Instead, the resurgence of ethics as a primary concern and a critical turning point for nursing will be discussed.

Critical moments are filled with danger and opportunity. The ethical crisis for nursing is no exception. It is dangerous if its confrontation and resolution lead to intellectualizing principles and standards of care. Thought unconnected with action cannot deal effectively with nursing's ethical crisis. Indeed, it may lead to obsessive rumination and useless moralizing. The crisis is an opportunity if it is used for a re-examination of and recommitment to nursing's basic values, so that convictions will lead to ethical nursing action. The quality of health care can only be enhanced by such a reaffirmation.

Random House defines ethics as ". . . a system of moral principles, the rules of conduct recognized in respect to a particular class of human actions or a particular group, culture, etc.; moral principles of an individual; that branch of philosophy dealing with values relating to human conduct, with respect to the rightness and wrongness of certain actions and to the goodness and badness of the motives and ends of such actions." [1] Runes refines this meaning, stating that there are two kinds of ethical judgments; namely, "judgments of values, i.e., judgments as to the goodness or badness, desirability or undesirability of certain objects, ends, experiences, dispositions, or of states of affairs," and "judgments of obligation, i.e., judgments as to the obligatoriness or deontology, which is concerned with judgments of obligation." [2] Etymologically the word "ethics" has Greek, Latin and Sanskrit deriva-

tions. The Greek and Latin meanings are similar to the ordinary usage of moral and custom; but the Sanskrit adds another dimension with its meaning of self-will and strength.[3] Ethics, then, is a system of principles derived from a set of values by which the individual is obliged to live. The individual voluntarily adheres to these values and obligations. Ethics, in this sense, is intellectual, emotional, and active.

Nursing Defined

Nursing assists individuals in a health crisis. Henderson states,

> The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible. This aspect of her work, this part of her function, she initiates and controls; of this she is master. In addition she helps the patient to carry out the therapeutic plan as initiated by the physician.[4]

The question to guide nurses in providing ethical care is, what ought a nurse do to make nursing good? Although ethical nursing is currently a prime concern, nurses have long worked for good care for patients. The evolution of modern nursing demonstrates the ubiquity of values underlying its action and the fact that these actions have had consequences for humanity. It was Florence Nightingale's thinking translated into action that changed nursing care from a disreputable occupation to one concerned with the well-being of patients. Indeed, modern nursing's power has been earned by nurses in their intimate contact with patients. It is power actively sought by some nurses but abdicated by others. This ambivalence continues in the present day of nursing.

Nightingale listed the attributes of a nurse. She stated that nurses must be chaste, sober, honest, truthful, trustworthy, punctual, quiet, quick, cheerful, hopeful, and clean. Furthermore, the nurse must think of "her patient and not of herself"; be "tender over his occasions"; and cheerful, kindly, patient, ingenious, and feat.[5] [*sic*] This catalog of traits speaks to the kind of person she was excluding from nursing, as well as to the virtues of the trained nurse. She instructed nurses to listen to the patient, stating, "A patient wants according to his wants, and not according to any nurse's theory of his wants or 'occasions.' "[6]

When the Associated Alumnae of America's Nightingale Schools became the American Nurses' Association in 1911, it declared that among its purposes was the establishment and maintenance of a code of ethics. A formal code from the organization did not materialize until 1950. Active members of the association, however, disseminated their ideas in nursing ethics in their books used by the training schools and graduate nurses. Indeed, ethics was considered a crucial aspect of the nurse's training. Parsons suggested that once the choice of students

was made, then attention must be directed to the ethical aspects of their work.[7] She emphasized that ethics in nursing was not merely a set of principles, but thought translated into nursing action in the everyday circumstances of nursing the sick. Robb insisted that rules of conduct and nursing action operate on one another. Nurses, so educated, could create intelligent and practical solutions to the problems of society.[8] The thoroughly practical nature of nursing ethics would not only ensure quality patient care in its daily occurrence, but would also ennoble and affirm each nurse.[9] Such an appreciation of the nurse's obligation to herself, to her profession and to humanity evidently receded in importance.[10] In 1932, Goodrich had to remind the profession that ethics and etiquette were not equal. She said,

> To define ethics in terms of etiquette is to confuse one of life's mainsprings with trapping devised by man, striving to move harmoniously in an inchoate world.[11]

She further directed nurses:

> Only then some grasp of these implications, finding in every act an interpretation, a demonstration of ethical principle or ethical philosophy, can we hope to further the ethical significance of nursing which is indeed its *vitalizing force.*[12]

Nursing textbooks have continued to consider the ethical dimension of nursing. As the profession's body of knowledge has developed, ethics seems to have been confined to a chapter in books focused on professional adjustments. There is a noticeable trend in nursing texts published in the 70's to include ethics as an upfront issue for nursing. More recently, a special section of the *American Journal of Nursing* was devoted to ethics in nursing,[13] which reaffirmed ethical nursing as the individual responsibility of each nurse.[14]

Revisions Reflect Changed Emphases

The American Nurses' Association's Code for Nurses has been revised several times (1960, 1968, 1976), since it was first published in 1950. Modifications were necessary to reflect the greater emphases mandated by societal changes. For instance, the nurse's accountability to self, profession and colleagues although always a part of the code, is highlighted in the most recent revision. Good nurses have always held themselves accountable professionally and ethically. Now the law further underscores this accountability, holding the nurse legally responsible for her judgments and actions. The code for nurses, so neatly abstracted from nursing values and acts, is apparent in the early writings of nurses. Each principle can be found imbedded in the narrative of those old texts.

There has been a long history, though, of nursing values and principles sometimes becoming obscured by the urgent overwhelming the important. Because nursing is a practical profession, sometimes the expedient course of action has been seen as the best course of action. The quest for knowledge to direct nursing care has sometimes been

distorted resulting in a similar failure. Some nurses have confused conceptualization of nursing problems with nursing care. It is one thing to organize a set of behaviors into the concept, "I.C.U. Narcosis"; it is quite another to care for the individual undergoing this process. Still another deviation has been seen in the individual who confuses a compassionate wish to serve, with nursing care. Unconnected compassion is meaningless in nursing care. When nurses do not operate from an integrated base of knowledge, emotion, and action, they become as ineffective as their predecessors, who confused etiquette with ethics. Providing care to patients is done within a strong and effective system of accountability. This entails constant scrutiny, challenge and criticism of the effect of everyday nursing. This is no new phenomenon, but one that good nurses, who have been professional in the true sense of that word, have always followed. Present day nurses must study their predecessors in a fresh search for the assumptions and principles of nursing. They must also have the courage to take the necessary swerve away from their antecedents when they pervert the real purpose of nursing. Commitment to ethical nursing provides the energy to do so. The code provides the guidelines.

Many times nursing is romanticized as a profession that participates in the mysteries of life. Indeed, nurses are intimately involved with the beginning and end of life and the many stages in between. It is hardly romantic, however. Intimate contact with the existential moments of a person in a health crisis is filled with the harsh realities of existence. Nurses have the opportunity to see the significance and grandeur of the human condition; they also are able to bear witness to its pain and absurdity.

It is this intimate contact, which is necessary if the nurse is to fulfill her purpose, that presents the primary ethical dilemma for nurses. The nurse must assist the patient to perform those activities that will contribute to his health. Ideally this occurs in an interdependent relationship, in which the needs of patient for assistance and the nurse's need to care are both met. Ethically the nurse is responsible to stay with the patient, since he is the reason for her existence as well as the central focus of her action. Staying with the patient and helping him to bear the effect of his health crisis is an arduous task that is filled with anxiety for each nurse. The manner in which the nurse deals with this anxiety has ethical implications for her and her profession. Some patients are a delight to care for; they respond positively to every nursing act and give positive reinforcement to the nurse to continue to care. These patients usually receive good nursing care, and the nurses who care for them feel good. These nurses have no difficulty responding to the ethical question, "What ought a nurse do to make nursing good?"

Unfavorable Patient Response

There are some patients, though, who do not respond in such a favorable manner. They fail to become independent of the nurse; they constantly resist nursing intervention; and they become concrete evidence of nursing's limitations. Nurses must constantly cope with the drain made on their resources by the patients. When these resources are depleted, nursing becomes an unbearable task. Herein lies an ethical problem. Some nurses confront the dilemma and resolve it by labeling such patients as problem patients. These nurses fail to meet their obligations to their patient. Others confront such problems as a challenge to their ingenuity, staying with the patient and inquiring into the problem presented. Nursing's 24-hours-per-day responsibility for patient care underlies this dilemma. Nurses ought to examine this continuous professional vigilance if they are to make nursing good.

Since the nurse herself is the care provided, vigilance is necessary to ensure the nurse's availability. This can be done when nurses have a care for each other. Collegial support and reinforcement are crucial elements in assisting each nurse to maintain her competence and endurance in providing care. Nurses are professionals at risk to emotional depletion and burnout. Such nurses are readily seen. They avoid involvement with patients, and care, instead, for machines, supplies and charts. They meander the corridors of a service wearing stethoscopes draped rakishly over their shoulders. They knowledgeably state the facts of the health problem but fail to see the person in whom this is occurring. The enormity of a patient's illness may overwhelm the nurse so that she simplifies the nursing situation into caring for the body of the patient. This can be rationalized by the necessity for maintaining physiological life as the priority. The nurse not only deprives her patient of professional nursing care, she also reduces herself to a monitor of signs and implementer of techniques. Both are necessary tasks; but hardly the complete nursing care stated in the nurse's code. Safeguarding the patient from such reductionistic care means first safeguarding the nurse from reducing herself to a mechanical being. Nurses are ethically accountable for supporting the competence of their colleagues. Nursing's responsibility for good patient care entails a responsibility to the nurse providing that care.

The nurse who assigns other nurses has a heavy moral burden. She must match nurse with patient, so that the most able nurse, and consequently the best nursing care, is provided to the patient. For the most part the nurse-patient relationship in general hospitals is a one way proposition. The patient is assigned to a nurse, indeed, sometimes, to many nurses. The patient does not hire or fire this individual on whom his need for assistance depends. This places a great ethical burden on the nurse.[15] Primary nursing, which has one nurse responsible for the nursing care of a group of patients, tries to exchange

task-centered care for patient-centered care. This eliminates some of the anonymity of nursing care but it remains a uni-directional model. The patient is a more active participant in what happens to him and is expected to evaluate his nursing care. But his on-going dependent position may invalidate some of the comments. Nurses might wonder if patients tell them what they want to hear in order to continue to receive care. Such wondering should be a part of the question, "What ought a nurse do to make nursing good?" Nursing has not sufficiently addressed the issue of the mismatch between nurses and patients. An example presents such a mismatch. A nurse was undergoing considerable stress in her personal life. Her mother-in-law had recently been invalided and was staying at the nurse's home. The mother was an egocentric and dominating woman. This created many interpersonal problems between the nurse and her husband who was torn between his obligations to mother and wife. This conflict was further compounded by the demands of the children in the family. The nurse carried all these problems within her as she reported for staff duty. This nurse was highly verbal and did not conceal her personal problems from her co-workers. But she did not tell the head nurse directly that she would be unable to handle an emotionally demanding patient assignment that day. This nurse's failure to do so and the head nurse's lack of perception resulted in poor patient care for which both of them were ethically responsible and accountable. In this case, one of the patients was an elderly, confused individual who had difficulty maintaining his tenuous grasp on clarity. He was forgetful, repetitive and demanding. The nurse's lack of patience was apparent in her sharp commands to and displeasure with the patient. This patient was abandoned by the nurse, her head nurse and her co-workers.

Some nurses abandon their patients in other ways. For instance, the nurse who assumes the dependent position, fails professionally, ethically and legally. This is the nurse who expects others to define her practice, to tell her what to do, and to tell her if she is good or bad. This nurse blindly follows mandates and adheres to edicts of the past without question or thought. Other nurses abandon their patients when they defend themselves against the enormity of their task. They disown their own conflict by displacing their anxieties onto others. There are many individuals around the patients who can become tangible targets for the nurse's anxiety; there are the patients' families, the nurse's peers and her interdisciplinary colleagues. These are individuals who should be enlisted as allies in the patient's care. However, they become the peripheral issues consuming the nurse's attention and help her to avoid her central concern, the patient.

Many nurses abandon their patients by their failure to unite with their peers to affect the direction of health care. Nurses represent the largest number of health care practitioners. They should have a more

creative impact on health care agencies and national health policies than they now do. Yet many nurses do not identify with their peer group or belong to their professional organization. Consequently the collective influence of nurses on health care remains an unrealized force on health policy. Society as a whole and patients as individuals are thereby abandoned by the nurse. Nursing cannot be good when this happens.

Conclusion

Nurses are professionals at risk because they are intimately involved with the individuals in health crises. Because of the enormity of some crises, the recalcitrance of others and the pedestrian nature of still others, nursing is a difficult task. The many peripheral concerns making conflicting claims on nurses complicate the task. If ethical nursing care is to be provided, nursing must examine the expectations it has of its practitioners. It must also return to its central concern, the patient. Finally it must find ways to ensure that good nursing care is provided while at the same time nurses are protected from the negative aspects of involvement with patients. Nursing can prevent its practitioners from abandoning their patient by providing intellectual, emotional and active support.

It is easy to point out where nursing fails to meet its ethical commitment. It is difficult to create strategies for preventing unethical care from occurring and for correcting long-standing unethical practices. Yet, nursing does acknowledge that it has, at times, deviated from its central value: availability to the patient. Now, nursing's energy must be focused on finding solutions. A recommitment to Nightingale's instruction to listen to the patient and to be tender over his occasions, provides the guidelines. But each nurse must take the decisive initiative to return to and stay with the patient where nursing's power continues to originate.

In summary, modern nursing has, from its inception, been concerned with the ethics of its practice. Early nurses perceived ethics as the adventure of thought connected with the adventure of action. This commitment to nursing action directed by a code of ethics has many times been perverted. Sometimes nurses have deviated from their central purpose when they confused etiquette with ethics. Other times they have strayed when they focused on non-patient oriented tasks. The current ethical crisis in health care provoked by modern technology provides nursing with an opportunity to re-examine everyday practice. There are many ethical problems in the daily care of patients that need to be considered. A few were discussed. Nurses must incorporate constant scrutiny, challenge, and criticism into their practice to ensure good nursing care. It is all very well to speak out for ethics in nursing. But unless nurses consistently perceive that ethical decisions are inseparable from responsible care, it fails its values and obligations.

Nursing behavior in assisting individuals in a health crisis or in directing health policy best tells whether nursing is giving lip service to ethics as the vitalizing force of nursing practice. Nursing is a young profession; it must constantly address its ethical dimension in order to continue its maturation, and to make nursing good.

REFERENCES

1. *The Random House Dictionary of the English Language*, 1968, p. 489.
2. Runes, Dagobert D., ed., *Dictionary of Philosophy* (New Jersey: Littlefield, Adams & Co., 1962), p. 99.
3. Skeat, Walter W., *A Concise Etymological Dictionary of the English Language* (New York: Capricorn Books, 1963), p. 171.
4. Henderson, Virginia, "The Nature of Nursing," *American Journal of Nursing* 64 (August, 1964), p. 63.
5. Nightingale, Florence, "Nurses, Training of, and Nursing the Sick," in *Selected Writings of Florence Nightingale*. Edited by Lucy Ridgely Seymor (New York: The Macmillan Company, 1954), p. 351.
6. *Ibid.*, p. 352.
7. Parsons, Sara E., *Nursing Problems and Obligations* (Boston: Whitcomb & Barrons, 1961), p. 1
8. Robb, Isabel Hampton, *Educational Standards For Nurses: With Other Addresses on Nursing Subjects* (Cleveland: E. C. Koeckert Publishers, 1907), p. 101.
9. Robb, Isabel Hampton, *Nursing Ethics: For Hospital & Private Use* (Cleveland: E. C. Koeckert Publishers, 1920), p. 20.
10. *Ibid.*, 1928 edition, p. 15.
11. Goodrich, Annie Washburton, *The Social and Ethical Significance of Nursing* (New York: The Macmillan Company, 1932), p. 5.
12. *Ibid.*, p. 3.
13. "Ethics: A Special American Journal of Nursing Feature," *American Journal of Nursing* 72 (May, 1972), pp. 845-876.
14. Aikens, Charlotte A., *Studies in Ethics for Nurses* (Philadelphia: W. B. Saunders Company, 1920), p. 23.
15. Levine, Myra E., "Nursing Ethics and the Ethical Nurse," *American Journal of Nursing* 77 (May, 1977), p. 846.
