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ABSTRACT
The purpose of this theoretical paper is to explore the ethics in community nursing. Nursing, a practice discipline recognizes caring, morals, and values as integral to the practice of all nurses. The ethical principles of beneficence, autonomy, advocacy, and social justice will be discussed from the lens of caring. Caring nursing theorists, such as Jean Watson, Ann Boykin, and Savina Schoenhofer, articulate the importance of understanding communities and individuals as whole and autonomous. These theorists and others challenge nursing to engage in a responsive, ethical and philosophical discourse when the community is viewed as autonomous.

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The nursing profession encompasses a philosophical foundation of caring, ethics, morals, and values (Gadow, 2004). Theorists have examined the principles of nursing, caring, and ethics to a philosophical foundation that recognizes individuals as whole and autonomous (Boykin & Schoenhofer, 2001; Newman, Smith, Pharris & Jones, 2008; Watson, 1990). The challenge to nursing is to engage in a responsive, ethical and philosophical discourse when the community is also understood to be whole and autonomous. The purpose of this theoretical paper is to explore ethics in community practice with the principles of caring, beneficence, autonomy, advocacy, and social justice.

The Tradition of Nursing Ethics

The ability of our health system to deliver consistent quality health care continues to be debated on a national level, and nursing's moral obligation is not only to be a part of the debate (Watson, 1990) but also to advocate for communities, not as statistical populations, but as individuals deserving quality health care. It is imperative for the profession to clearly articulate an ethical perspective grounded in responsive relationships with individuals and communities. These relationships require a respect for diversity and the right of self-determination (Austin, 2007; Bouchet, 2007; Chase, 2004; Glaser, Soskin & Smith, 1996; Tarlier, 2004). Current existentialist ethics value the inherent uniqueness of individuals and groups that require nurses to practice beyond a disconnected view of individual autonomy (Gadow, 2004). In order to achieve this level of practice, nursing must expand the scope of current ethical principles, beneficence, autonomy, and advocacy (Benner, Tanner, & Chesla, 1996; Chase, 2004; Cody, 2003; Gadow, 1990[a], 1990[b]; Shirley, 2007; Tarlier, 2004).

Nursing's engagement in early bioethical debates incorporated discussions on patient autonomy in health care decision-making (Shirley, 2007). Paternalistic practices that limit an

individual's right of self-determination have been and still are being challenged by nursing. Gadow's concept of existential advocacy clarifies the role of nursing in circumstances that defends a patient's authentic free will to self-determination. According to Gadow (1990ª), only the patient can determine the truth in any situation. As patients and nursing professionals emphasize the significance of patient autonomy, paternalistic health care practices require an informed examination of the ethical concepts - beneficence and autonomy (Beauchamp & Childress, 2013). The principle of beneficence requires one to "do good" and refrain from harmful acts, "do no harm" or nonmaleficence. Nursing recognizes autonomy and self-determination as corner stones in nurse – patient relationships (Beauchamp & Childress, 2013; King, 1999). A nursing practice grounded in ethics and caring can transform health care practices (Newman, 2008).

Nurses' Commitment to Care: The Individual, Family, and Community

Nursing and general nursing theories are primarily focused on the nurse -patient relationship in an acute care or ambulatory care setting. However, health care policy, which directly and indirectly impacts the nurse patient relationship, is crafted in the public arena. It is in the realm of the public arena and community settings that nurses recognize the potential to influence acute care or ambulatory settings. To shift between an individual patient focus and a comprehensive community focus challenges traditional ethical and moral concepts of beneficence, autonomy, advocacy, and social justice.

Beneficence
A fundamental principle of beneficence in traditional health care settings is to "maximize benefit and minimize harm to patients" (Gadow, 1990[b], pg. 52). This implies that it is the health care professional who is best able to identify potential harm and benefit. However, from a caring and ethical point of view, nurses understand the difference between acts of paternalistic beneficence and the essential knowledge that patients are part of any decision. In nursing ethics beneficence is a moral obligation seen as worthy and noble. And, nurses need to go further and understand that acts of beneficence may not always be in the patient's best interest (Tarlier, 2004).

Throughout clinical decision-making situations, novice and expert nurses have an obligation to remain mindful of the patient's right to autonomy, even if the nurse considers their nursing care as beneficial to patient outcomes (Benner, et al., 1996; Chase, 2004). However, when nurses are required to make decisions that by necessity negate patient choices, these decisions should be considered as beneficence (Chase, 2004). Nurses must not only treat persons autonomously and refrain from causing harm, but they should also be aware of the overall welfare of individuals and communities.

Public health programs related to childhood immunizations and vaccinations demonstrate beneficence on a community level. These programs weigh the harm and benefit of immunizations and vaccinations and recognize that harm may be done to few but the majority of the people will benefit (Beauchamp & Childress, 2013). With an individual and community framework, the obligation of nursing grounded in ethics and caring realizes the effect of current situations to guide inform future acts of beneficence.

Autonomy

Traditionally, autonomy in Western culture is a moral principle and the foundation of many social and political systems. Autonomy recognizes the right of individuals, and to a lesser extent, communities to choose without undue external pressure. Autonomy also recognizes the responsibility of the autonomous individual to not harm another (Chase, 2004).

Nursing ethics and morals compel nursing to treat patients in ways that will contribute to their welfare as autonomous individuals. The complexity arises when the concept of being truly autonomous is an unrealistic ideal. Individuals and communities are in relationships and therefore are influenced by people and events. In healthcare settings, decisions need to be made in relationship to the patient and their families (Shirley, 2007) and, at times, their communities.

Autonomy, according to Gadow (1990[b]), does not require participation. The right to autonomy provides the choice of participation. With this value, patients become partners or directors of care. Paley defined autonomy as self-determination for those involved in the situation. An authentic respect for the innate differences between other persons and groups and can be demonstrated by active listening, recognizing differences, and judicious caring (Paley, 2002).

A caring nursing practice works to protect a community's right of autonomy. Conscious participation by nursing with policy makers on ethical questions related to health care decisions expands the scope of a caring nursing practice and benefits communities as well as individuals. Community discourse addressing issues directly related to patient autonomy, access to healthcare as well as resource allocation is within the scope of this practice.

Advocacy

When the community health nurse encounters ethical issues, often the choice is from an impartial or justice viewpoint. Building on Piaget's and Vygotsky's cognitive approaches to moral development, Lawrence Kohlberg developed a hierarchical model of morality based on justice. Kohlberg's justice model consists of three main stages: pre-conventional, conventional and post-conventional. As the moral agent progresses through this model and reaches the post-conventional stage, moral reasoning is based on abstract reasoning using universal ethical principles (Kohlberg & Hersh, 1977).

Nursing supports individuals to indisputably act on their right of self-determination. Through advocacy, nursing participates in the experience with the individual (Gadow, 1990[a]). It can be said that nurses' ethical duty to patients is to ensure their informed involvement in their care decisions. And, nurses should be sensitive to any actions that may threaten the balance of power experienced in healthcare situations (Trailer, 2004). Assuming the role of community advocate, nursing can work to ensure a decision making process that reflects individual and community values. Often policy makers miss valuable insights when the populations affected are not represented (Jonsen, 1998).

Social Justice

Social justice is a concept that is often described as the foundational underpinning of community development, community health and community health policy development. The following is a definition developed by the Toowoomba Social Justice Commission:

Social justice is defined as "... promoting a just society by challenging injustice and valuing diversity." It exists when "all people share a common humanity and therefore have a right to equitable treatment, support for their human rights, and a fair allocation of community resources." In conditions of social justice, people are "not be discriminated against, nor their welfare and well-being constrained or

prejudiced on the basis of gender, sexuality, religion, political affiliations, age, race, belief, disability, location, social class, socioeconomic circumstances, or other characteristic of background or group membership" (Toowoomba Catholic Education, 2006).

According to the United Nations Declaration of Human Rights (1948) "Everyone has a right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, medical care, and necessary social services" (Article 25, 1, 1948).

Theory to Practice: Community Issues

Caring theory honors the unique wholeness of either individuals or groups in relationship to the nurse. Yet caring theory has not discussed relationships in complex community settings (Bent, 1999; Falk-Rafael, 2000). For nursing to maintain its moral obligation in policy decisions, understanding that the community is autonomous and whole must be further understood (Watson, 1990). In community settings, nursing's professional and ethical values can implement healthcare policies that enhance community autonomy (Spitzer, 2004).

Communities are vibrant encapsulations of individuals, issues, accomplishments and needs. Values, meanings, ideals and needs reflect the individuals creating each community. (Chinn, 2004; Spitzer, 2004). The complexity found in community settings addresses health concerns that also impact the bedside nurse. Leaving out the community perspective has perhaps fostered a limited nursing conceptual framework (Bent, 1999). As nursing actively engages in utilitarian issues such as health policy, broader patterns of health concerns will emerge. This requires nurses to realize the same moral and ethical principles employed in the acute care setting. Yet, to understand community autonomy requires nurses to be authentically engaged with the community members. The principles of beneficence that are normally practiced in one-on-one acute care settings must be rearticulated when the nursing care is provided in a community setting. The community is the authority of their experiences and their lives. The nurse, authentically present, looks to identify community health patterns. Creating responsiveness to community health patterns can guide the nurse's practice (Pope, ed., 2010). Community caring becomes an ethical and moral obligation based on connection collaborating on economic politics, policy and law (Bent, 1999).

Community Decision Making

In *A theory of Justice* John Rawls (1971) discusses how a society might address the problem of just distribution of social goods (distributive justice). Rawls advocated two principles of justice in his theory: the first is that all individuals are afforded the right of equal liberty regardless of their standing in society. With the liberty principle all members of society must have basic freedoms such as free speech, liberty and the pursuit of happiness. The second is the difference principle that posits that inequalities in society are permissible as long as one assures that the least advantaged is given a reasonable expectation or opportunity for improvement (Rich, 2013). There has been considerable debate on how this could or should be accomplished. The original position is a hypothetical situation developed by Rawls where just societies derive principles behind what he calls a "veil of ignorance." By adhering to this premise, the individual or society is blind to their own wishes or desires and ultimately are not able to tailor principles that would be an advantage to them as an individual but would become inclusive to meet the needs of the most disadvantaged (Rawls, 1971).

Nurses evolve in their understanding of the ethical principles - beneficence, autonomy, and advocacy. Practice experience matures nurses from the novice to expert stage, and also offers the opportunity for a deeper understanding and development of ethical principles. It is the caring nurse that looks for the meanings of a relationship with others, individuals, families or community. Nurses, with desire to help and care for their patients, may not realize the responsibilities of beneficent acts of caring. Beneficence may become patriarchal and therefore lessen the value and meaning of those communities that do not reflect the patriarchal norm. In both acute care and community settings, the individual or even families may be negated from decision making. This violates the principal of autonomy creating a situation where benefice becomes paternalism. However, considering complex societal issues, specifically safety concerns, strong ethical arguments can be made that both strong and soft paternalism would be acceptable. With advanced technology there is a persistent supposition that medical treatments recommend by providers / practitioners are offered with the intent of beneficence and therefore should be followed (Cody, 2003). Caring actions may sometimes violate individual autonomy (Paley, 2002). Can Gadow's admonition for nursing to remember that the authority is the patient be actualized in such settings?

Nurses must attend to not only the patient but also to a broader understanding of community responsibility. This requires attentiveness to the complex healthcare system and finite fiscal resources (Shirley, 2007). Nursing balances professional mandates with patient-oriented advocacy and maintains equality in the nurse-patient relationship (Tarlier, 2004). The importance of individual and community situations is recognized by the ethics of care (Paley, 2002).

The ethical principles discussed above recognize that society's values are developed and adopted as society evolves. The appeal of beneficence - doing "good" - may be heightened in a health care setting by providers/practitioners. Critical decisions maybe made in the name of beneficence when autonomous decisions may result in injury or adverse outcomes (Chase, 2004).

However, beneficence has lead to paternalistic enforcement of reduced individual autonomy and communities from a lower economic or social standing (Beauchamp & Childress, 2013). These power-based relationships between provider/practitioner and individuals seeking healthcare, compel nurses to remember it is the patient, or community, that is the authority in their lives (Cody, 2003; Gadow, 1990[a], 1990[b]; Tarlier, 2004).

The Nurse as Advocate

Respect for autonomy, the right of the individual, must not force but inform individuals and communities (Beauchamp & Childress, 2013; Chase, 2004; Gadow, 1990[a]). When autonomy is disrespected, caring actions whether health interventions or policy development may create more problems (Glaser, et al., 1996). This affects the right of self-determination for all involved in any given situation (Gadow, 1990[a]; Paley, 2002). However, the request for autonomy has been used for gain on all ends of the societal spectrum (Cody, 2003; Shirley, 2007). The question of true autonomy is that individuals are linked in families, communities and causes where decisions have real impact (Beauchamp & Childress, 2013; Paley, 2002; Shirley, 2007). Nurses must be cautious with their advocacy role and examine the implications of their actions and decisions related to the professional autonomy required (Gadow, 1990[a]; Paley, 2002; Shirley, 2007). True advocacy is the art of caring where individuals find the significance of their situation and can be known as whole and autonomous. This creates an advocacy founded on respect and support between the nurse and others (Boykin & Schoenhofer, 2001; Chase, 2004; Gadow, 1990[a], 1990[b]; Newman, et al., 2008; Trailer, 2004; Watson, 2005).

Caring Community Practice

Many argue that another basic freedom of justice is equal access to healthcare. In making access to basic healthcare the right of every human being, the reality of how to fund it becomes more problematic. Historically in the United States healthcare has been considered a liberty, meaning that if one has the resources to acquire healthcare insurance then they could expect to have their healthcare needs met (Rich, 2013; Beauchamp & Childress, 20). Conversely those who lack the financial means to purchase healthcare insurance face the expectation of no access unless they have a life threatening condition that would be covered under the *Emergency Medical Treatment and Active Labor Act* (EMTALA) passed by the United States Congress in 1986 as part of the *Consolidated Omnibus Budget Act* (COBRA). This requires hospitals to provide emergency healthcare to anyone needing it regardless of their legal status, citizenship or ability to pay. The exceptions to the above were found in two federally funded insurance programs: the first being Medicare that covers the elderly population, those over 65 years-of-age or the permanently disabled, the second being Medicaid that generally covers the poor. By 2009 the U.S. Census Bureau reported that over 50 million citizens in the US did not have access to affordable healthcare insurance. In 2014 with the implementation of the *Affordable Healthcare Act,* a fundamental shift occurred that would now change access to healthcare to a welfare or positive right.

So the discussion now is not if access to health care is a basic right but how to implement or follow a theory of social justice in community nursing. One solution may be found in the theory of Social Justice developed by Powers & Faden (2006). These authors argue that social justice is the moral foundation of public health. Their model posits a six dimensional theory of well being that addresses ethical issues in public health and health policy development. The six core dimensions are health, personal security, reasoning, respect, attachment, and self-determination" (p. 16). The above criteria identify requirements of justice within public health, health policy development, and also in community nursing (Powers & Faden, 2006). Health, in this model, incudes premature mortality and preventable morbidity, malnutrition, pain, loss of mobility, mental health, the biological basis of behavior, reproduction (and its control) and sexual functioning (p. 17). The use of this social justice theory holds promise for community health nurses as they work to meet the health needs of their communities.

A community practice that reflects nursing as caring conceptualizes community as a partner, by Gadow and Schroeder, creating an authentic nursing foundation for relationships and expanding the community's self-determination capability (Falk-Rafael, 2000, pg. 40). To understand a community's self-determination, Margaret Newman's theoretical framework, "Health as Expanding Consciousness" described self-determination as pattern manifestation (Pharris, 2002). In such settings, beneficence, autonomy and advocacy can be established.

Current social constructs of beneficence and autonomy in real life situations can leave nurses ill prepared for a caring ethical practice. The socially constructed meanings and applications of beneficence and autonomy can fulfill a multitude of societal goals. However paternalistic policies challenge nursing in community settings - especially with populations considered vulnerable, the economically constrained, the homeless, those dependent on public assistance of some form, immigrant populations, either legal or illegal, and lastly women (Cody, 2003).

Autonomy can support policies devised by the privileged while limiting true autonomy in populations socially disadvantaged. Nursing has focused on the individual and has provided little guidance in addressing ethical and moral situations in a community setting. The right to

autonomy has been used by all segments of society to enhance their particular agenda (Shirley, 2007). We are reminded that true autonomy does not exist as the relatedness of individuals belies the definition of individualism. Understanding broader concepts of the principles of autonomy balanced with responsibility will equip nursing to engage in a community practice.

Emergence of a New Pattern of Ethical Nursing and Community Empowerment

As caring and ethics become further embedded in community nursing practice situations, we must be reminded that fair and equitable treatment for all combined with a holistic, contextual environment of treatment is the foundation for an ethical caring practice (Botes, 2000, pg. 1074). Caring practice celebrates the uniqueness of each as whole, caring and autonomous and seeks to continue the evolution of an ethical caring community nursing practice (Boykin & Schoenhofer, 2001; Newman, 2008; Newman, et al., 2008; Watson, 2005).

Conclusion

Given recent historic health care policy changes with the passage of the Affordable Healthcare Act, the nursing profession faces many challenges. This act requires nurses to continue their quest in defining evidence based practices during the transition from a traditional acute care nursing education and practice model to a partnership model. In this new partnership model the old paradigm will evolve toward an equal partnership of acute care and community care. It is critical for nursing research to embrace this shifting heath care paradigm. Through research and scholarly discourse, professional nurses will develop strategies to meet the health care needs of individuals and communities and continue to identify ongoing ethical considerations to ensure a community nursing practice grounded in caring.

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