Understanding Ethics for Nursing Students
Chapter 1
Introducing ethics

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This chapter will address the following competencies:

**Domain 1: Professional values**
1. All nurses must practise with confidence according to *The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives* (Nursing and Midwifery Council (NMC), 2008), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people’s choices and decision making about their care, and act within the law to help them and their families and carers find acceptable solutions.
2. All nurses must practise in a holistic, non-judgemental, caring and sensitive manner that avoids assumptions, supports social inclusion; recognises and respects individual choice; and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care.

**Domain 2: Communication and interpersonal skills**
1. All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs.

**Domain 4: Leadership, management and team working**
4. All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.

This chapter will address the following ESCs:

**Cluster: Care, compassion and communication**
2. People can trust the newly registered graduate nurse to engage in person-centred care empowering people to make choices about how their needs are met when they are unable to meet them for themselves.
3. People can trust the newly registered graduate nurse to respect them as individuals and strive to help them to preserve their dignity at all times.
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Chapter aims

After reading this chapter you will be able to:

• discuss the practical nature of ethics;
• consider the influences which frame your own ethical beliefs;
• identify some of the values which inform ethical nursing practice;
• discuss why ethics are fundamental to good nursing practice;
• start to understand how ethics contribute to societal living.

Introduction

Nursing is an ethical activity. From the moment we enter the world of care and take on the mantle of student nurse we are made aware of our responsibility, not only for what we do in practice, but also, and increasingly, in our day-to-day lives. Ethical behaviour both in and outside of work contributes to the standing of the profession within society. Unethical and illegal activities bring the wider profession into disrepute and will have a lasting impact on the relationships between nurses and those we care for. Simply put, good nursing relies on good relationships between nurses and patients and good relationships rely on the profession having a positive public image. The promotion and protection of the positive regard in which nurses are held in society is therefore every nurse’s responsibility.

This chapter will create the backdrop for the rest of the book. While reading it you will need to be honest with yourself in exploring your personal and developing professional values.

Are ethics important?

Ethics as a concept means many different things to different people and indeed may mean something different to the same person at different stages and in different situations of that person’s life. That is to say, our concept of ethics is shaped as much by our own life experiences as it is by the learning undertaken in the classroom or clinical setting.

Activity 1.1 Reflection

When you hear the term ethics, what do you think of? What key words spring to mind and what do these words mean to you? What do you think the term nursing ethics means? What words do you associate with nursing ethics and why? Write down your answers as you may wish to return to them once you have finished reading this book.

Since the answers to this activity are personal to you, there is no specimen answer at the end of the chapter.
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When asked the question posed in Activity 1.1, most people say ethics is about right and wrong, good and evil, morality, philosophical questions and actions. Indeed, ethics as a concept exists in multiple dimensions; these include:

- academic/theoretical;
- personal;
- professional;
- situational;
- societal/political.

For example, academic ethics might explore some theoretical concepts of right and wrong in relation to potential new treatments, while professional ethics will examine the behaviour of individuals in their work setting. But which, if any, of these answers is correct?

In this book ethics are regarded as all of these things, but most especially as a practical art/science which helps to guide our activity in day-to-day life and, more specifically for us, nursing practice. This is underlined by the NMC (2010) requirement in the Standards for Pre-registration Nursing Education, domain 4: Leadership, management and team working: All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice.

It is important that personal and professional ethics are compatible with each other; we cannot be caring individuals in work and callous in our day-to-day lives. One key message of this book therefore is the need to be attuned to our ethical self wherever we are and whatever we are doing. Sometimes this is called ethical congruence; in the sense used here, ethical congruence means we act in a way which is consistent and true to ourselves regardless of the situation in which we find ourselves. Jeffreys (2012) claims cultural congruence, in nursing students, is about the fit between the students’ values and beliefs and those of the organisations in which they find themselves working. For organisations one might read team, ward or, at its most important, profession; so perhaps for student nurses congruence is about the fit between their personal ethical and moral values and those of the wider nursing profession into which they have entered.

Socrates, in Plato’s famous book The Republic (translated by Lee, 1981) says ethics is no small matter because it helps us to understand how we ought to live. This highlights something of the nature of ethics and what ethics means. Clearly how we ought to live indicates ethics is about action and not about words; it is about what we do and how we behave as well as about what we think and feel – our actions as much as our expressed attitudes, if you like. Socrates’ view of the purpose of ethics is that it provides guidance for us as to how we might live together in social groups, in society.

The need for an ethical code by which to live therefore may conceivably arise from the fact that we live in groups, communities, societies, nations and an increasingly shrinking world. If we lived solitary lives as humans there would be very little we could do which might affect other people. The fact that what we do affects others is an important stimulus for the existence of ethics and is a commonly held human intuition as to why we should generally behave ourselves!

Nursing takes place in a setting, be that a physical place, such as a hospital, or within a more diverse team, such as in the community. Given what we do as nurses has a direct and immediate
impact on others and given those others are usually in a state of vulnerability, the need for us to understand and adhere to a code of ethical behaviour becomes more apparent.

Activity 1.2 invites you to consider the far-reaching nature of ethics and its implications for our place in the world in general. It is important to remember that what we do as human beings does not take place in a vacuum; what we do has an impact on someone, somewhere, at some time.

**Activity 1.2 Reflection**

Consider some important modern ethical issues. What are the features of the issues which make them ethical, about right and wrong, rather than just mundane problems? If you are struggling, think about global warming, for example; what is it that makes this an ethical rather than, say, merely a practical, scientific or climatic problem?

*There are some possible answers to all activities at the end of the chapter, unless otherwise indicated.*

The important thing about ethics is the way in which they guide us in our relationships with others. Ethics help us consider questions such as, ‘what is the right thing to do?’ and ‘what are the consequences of this action?’ What should be clear from your answer to Activity 1.2 is that ethical questions refer to the right thing to do and the consequences of our actions in relation to how they affect other people. Of course such arguments operate not only at the human level but also at a professional level, where the basis for ethical behaviour is more formal (see Chapter 8).

One seventeenth-century philosopher, Thomas Hobbes, described a theory of ‘natural rights’ which adds a further dimension to our understanding of why ethics (of which rights are one branch; see Chapter 5) are so important (Hobbes, edited by Tuck, 1991). For Hobbes the one natural right for humans was the right to self-preservation. In the presocietal state humans survived in any way they could. According to Hobbes, life in this *natural state* was short, uncomfortable and quite brutal. Because of the severe nature of life in the *natural state* humans moved to living in communities to gain an increasing level of comfort and longevity of life (Hobbes, edited by Tuck, 1991).

To achieve self-preservation and to improve our lives, Hobbes believed we needed a social contract (an implicit agreement) which respected our individual and collective right to self-preservation. What we can take from this idea is something quite simple, but at the same time quite profound: ethics makes our collective and individual lives better. Hobbes’ ‘natural rights’ reflect a good understanding of what we consider to be basic human rights now; for example, the right to life, the right to safety from violence. What is most important about any notion of ethics and human rights is they do, and must, apply to everyone in equal measure.

The idea of achieving a better life for everyone resounds throughout the history of ethics and ethical theories; notably Aristotle (translated by Thompson, 1976) describes ‘the good life’ as one in which people both do well and live well; they achieve their potential and do so ethically. What is increasingly clear here is that the understanding of why ethics is important has clear parallels with
why nursing is important (to make people’s lives more comfortable) as well as with how nurses should follow a code of conduct; as nurses we are therefore exhorted to both live and nurse well!

This concept of ethics is therefore about a mutually observed contract in which all parties abide by certain standards of behaviour both for their own benefit as well as for the benefit of others. It is on the occasions when this contract breaks down that life returns to Hobbes’ *short, uncomfortable and brutal state* in which no one really benefits; Activity 1.3 points to a fictitious example of this, although, regrettably, there are many similar real-life examples.

### Activity 1.3

Go online and find a synopsis of the book *Lord of the Flies* by William Golding. Consider the nature of the story in relation to societal norms, ethical behaviour and the potential consequences of life without ethical guidance.

If you undertake Activity 1.3, and also perhaps reflect on periods in history when ethical norms have been abandoned, you will identify some of the consequences of the failure to live by the ‘social contract’. Living by a code of conduct in society at large makes life worth living for humans in general. Obviously the argument being made here is not to suggest notions of ethics and ethical principles led to the formation of society as such, but that once humans started to live in groups the practicalities of societal living required some rules by which we should live.

It is no surprise that the ethical code by which we live as human beings in general is not as well defined or laid out as the code of conduct for nursing. The power of the ethical code of conduct for nurses comes not only from the fact we are humans, but also as a result of the fact that on entering the nursing profession we choose to submit ourselves to additional rules (for a clearer explanation of the notion of **special rights** and **special responsibilities**, see Chapter 5).

We have seen that everyone has a need to abide by some form of ethics in order for society to function. But ethics exist and operate at many more levels than this. For example, when someone takes on any job, that person enters into a contract of employment which is both explicit (in that it is written down and therefore both ethical and legal) and implicit (i.e. an employer can expect certain behaviours). A good example is the standard of reasonable and polite behaviour we might expect in a restaurant or supermarket. Such behaviour is a requirement of employment and for student nurses can be found in both the university code of student discipline and the NHS contract – this is an example of a **special** (ethical as well as legal) **responsibility**.

People take on a further layer of ethical responsibility when entering a profession. This responsibility is laid out in the professional code of conduct for that profession. Such codes arise as a result of the extra faith individuals place in professionals who they turn to at particular times of their lives. Professionals are rewarded for belonging to and operating as a professional in whatever setting. Professionals have a status in society, are paid (usually better than the norm) and are allowed freedoms within their professional lives which are not given to others (for example, prescribing and administering medications). Because such rights place the professional in a
position of **power**, as well as because in some situations these rights are open to abuse, codes of conduct serve as an extra layer of protection for the client. Codes of conduct identify what the professional is and isn’t allowed to do and provide guidance for professionals in managing their relationship with clients. In this way codes of conduct, like contracts of employment, reflect the notion of the social contract discussed earlier, except they are much more specific in relating to certain jobs and professional roles.

Nursing, as a profession, requires us to intervene in people’s lives at a point when they need a lot of support and may be vulnerable. In these situations the code of conduct serves as a means of protecting the **interests** of the patient or client and as nurses we accept the rules as part and parcel of how we ought to act; they are a more specific form of social contract if you like – the nursing code of conduct does not apply to people who are not nurses, midwives or health visitors (or students of these professions).

### Activity 1.4

**Critical thinking**

Go online to the NMC website and find a copy of the *Standards of Conduct, Performance and Ethics for Nurses and Midwives*. After reading *The Code*, as it is known, consider what it means for you as a student nurse or midwife and what behaviours, attitudes and values it requires of the nurse.

*Since the answers to this activity are personal to you, there is no specimen answer at the end of the chapter.*

Three of the four areas of the NMC Code (2008) highlight how the conduct of nurses, midwives and health visitors relates to the wider public and public perception of our professions:

- Make the care of people your first concern, treating them as individuals and respecting their dignity.
- Work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community.
- Be open and honest, act with integrity and uphold the reputation of your profession.

What we see is reference to ‘people’ and ‘community’, not just to patients, as well as the need to maintain the reputation of the profession. The choice of wording here supports the argument made thus far; ethics are important for life in general and not something we can choose to switch on only when we are at work.

### Understanding values

So far we have identified that ethics are an important aspect of life in society and life without ethical codes might prove challenging and potentially dangerous. The questions that arise for us as nurses are:
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- What do ethics require of us?
- What values should guide our ethical thinking and behaviours?

The contract which we enter into on joining the nursing profession is reflected in some of the standards of proficiency from the NMC. Take, for example, Domain 1: Professional values, where the NMC states:

*All nurses must practise in a holistic, non-judgemental, caring and sensitive manner that avoids assumptions, supports social inclusion; recognises and respects individual choice; and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care.*

The clear message here is not about passive acceptance of rules and ‘doing the right thing’, but about standing up for others where necessary. The requirement on nursing, and indeed all health and social care professions, includes going out of our way to do good and protect and promote the wellbeing of others. In part this standing up for others might manifest itself as the act of advocacy (discussed in Chapter 6) and at other times this may require something more, such as challenging poor or dangerous practice.

Furthermore, Domain 4: Leadership, management and team working, points to interesting requirements for nursing practice in that nurses need to be:

*self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.*

This points to an interesting and important message – all nurses are different. There may seem to be a tension here between the aim of having all nurses work in accordance with the Standards of Conduct and expressly recognising they too have their own values. This tension only arises if our own values are at odds with those of the profession to which we belong, as it is our values, principles and assumptions which guide our individual behaviours. To understand this better, as well as to meet the challenge of the NMC proficiencies, we must first understand what values are and then identify and understand our own values.

What then are values? Schwartz (1992) describes values as being beliefs which relate to a desirable outcome of a given behaviour; values are more important than individual situations, allowing us to choose between, or appraise, behaviours or outcomes. Schwartz suggests we order values according to what we consider to be important and these values motivate us in what we do and how we behave both individually and in groups. For Schwartz (1994), values are a response to three universal requirements:

1. the needs of humans as biological organisms;
2. requisites of coordinated social interaction;
3. the smooth working and survival of groups.

Schwartz (1994) identifies ten values:
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1. security;
2. conformity;
3. tradition;
4. benevolence;
5. universalism;
6. self-direction;
7. stimulation;
8. hedonism;
9. achievement;
10. power.

What these mean in practice is not always obvious. But if we take benevolence as an example, how this is displayed and the meaning it has for the individual and for others includes being honest, being helpful, being loyal, taking responsibility and valuing friendship.

Essentially the actions which underpin values are driven by attitudes and beliefs which we cherish as human beings. Such beliefs are so important to us that they are not altered by situations in which we find ourselves (so if we were starving we might feel bad about stealing a loaf of bread, even if we did so to stay alive or to feed our children). The beliefs which we have as individuals are often shared by people who are like us and so act like we do. We therefore admire the actions of such individuals as their actions are seen as displaying our shared values and beliefs; conversely, we are wary of, or even despise, people who act in ways which are contrary to our values.

People who enter the caring professions usually share common values and beliefs and expect these to be displayed by other people in similar caring roles. As a society we tend to admire people who demonstrate these values in the way they interact and care for others. Some students find it hard to adapt to some of the values of more seasoned professionals, or fail to understand the values which motivate them. Understanding the values which motivate you as a nurse is important. Values can provide a point of reference when we confront difficult ethical situations; Activity 1.5 asks you to identify some of your own values as well as those of some of the people you work with. Understanding and responding to your own values will help motivate you and will highlight to you when things are not as they should be in the practice setting.

Activity 1.5

Critical thinking

Consider the reasons which brought you into nursing. What values underpin what you try to achieve as a nurse? You may like to write them down and perhaps discuss them with colleagues, your mentor or tutor. Look for the similarities and differences between your answers and think about why this might be.

Activity 1.5 asks you to identify your own values; knowing, understanding and living according to your values has a number of advantages:
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- It sets a clear pattern for how you should behave and enables you to avoid acting in ways you might regret later.
- It enhances your ability to make what are good decisions about things quickly, coherently and consistently.
- You will be able to prioritise what you want from life and how you will achieve it.
- It helps you to find your own identity and readily identify people like you who you want to have as friends and colleagues.
- It enables you to be true to yourself and live a life that makes sense; it enhances integrity.
- If you live by your values people will learn to trust you.

The argument being made thus far suggests therefore that your priorities and values as a person should be the same as those you have as a nurse; indeed it would prove difficult to live according to one set of values as a nurse and another set in your private life. Try the following activity.

<table>
<thead>
<tr>
<th>Activity 1.6</th>
<th>Reflection</th>
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<tbody>
<tr>
<td>Make a list of the things which are important to you as a person. Use single words where possible, so where you might write ‘being the best I can be’, instead put ‘achievement’. Now take your answers to Activity 1.5, and again turn your answers into single words, so ‘to care for people’ becomes just ‘caring’. Lastly compare the two lists. Look for words which might have a similar basis, such as ‘love’ and ‘care’. Now reflect on whether the two lists actually contain similar ideas. What do these lists say about you both as a nurse and as a person?</td>
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Where there is a mismatch between a person’s values and behaviours as a nurse and his or her personal values and behaviours, stress and tension will result. Nurses who only pretend to value human life in work but who out of work do not live by the same values will inevitably start to demonstrate the incongruence in the workplace – they will be short-tempered, perhaps harsh with patients and show apathy where they should show concern. It is at this point that patient care will become affected and the individual’s integrity and fitness to be a nurse will be called into question.

Professional and personal values are largely inseparable from each other. Our value systems and beliefs shape the ways in which we think, feel and behave. Our values shape our personal identity – the person we present to the world at large. We said at the start of this chapter that ethics is about informing not only what we think and feel but also our actions. Within the sphere of professional life the way in which we behave towards others shapes our professional identity and indeed the identity we choose has an impact on how we behave. It is worth thinking about how professional identities are developed and what impact they have on us as we develop our professional persona.

Professional identities

One of the outcomes of nurse education is the socialisation of nursing students to the values and behaviours of nursing in general. Think of it like this at its most stark: when young student nurses
start nursing they may have just left school, they may have limited life experience and may not know how they will act and react to various events. In their role as a student nurse they are confronted with behaviours and scenarios which are outside their sphere of experience to date, so how do they know how to react? How do they cope with some of the more challenging, and potentially frightening, scenarios? Nursing education aims to help students to adapt and learn to cope with these scenarios while displaying the right behaviours and values. The example set by their mentors and other staff in the practice setting also contributes to this adaptation and evolution of students’ identity.

It is not always easy to know how a student’s professional identity might develop. This lack of clarity is perhaps as true of older students who come with more life, and possibly care, experience as it is of younger students. Clearly the greatest influences on the behaviours and understanding of students are the actions and explanations they see and hear from more experienced people around them – this may include other, perhaps older or more practised, nursing students. These actions and explanations are processed and reflected upon by inexperienced nurses who have to decide whether to accept or reject them, to add them to their values and ways of behaving or not. This process of developing one’s own identity within the context of a new culture is often described in the nursing literature as acculturation (Brown et al., 2012).

What is happening here is the student is creating new understandings about behaviours and attitudes; these attitudes and behaviours may be adopted by students and form part of their emerging professional identity (Blais et al., 2006). Socialisation into nursing norms of behaviour and values takes place more in the practice setting than in the classroom; remember we said earlier that ethics is as much a practical pursuit as an academic one. It is here, at the cutting edge of nursing, that identities are created. Our identity as humans results from reflection on our experiences and observations about things we have seen and been involved with; our identity as nurses is shaped, for better or for worse, in the same way through reflection on our practice experience.

Of course one of the dangers of learning through observation of others is the behaviours and displayed attitudes of others who may themselves be flawed, or we may choose to reject what are reasonable behaviours and attitudes. Often nursing students report behaviours in practice, by other nurses, which they find upsetting or which they know are wrong. These issues create a clear message for us when thinking about the creation of personal values, ethics and identities from the start of our nursing lives; we need to be mindful of what sort of nurse, and indeed person, we choose to become.

One of the central tenets of nursing we discussed when examining the NMC Code (2008) was:

- Make the care of people your first concern, treating them as individuals and respecting their dignity.

As a value this is a sound ideal. Respecting individuals is a core element of the ethical professional identity of the twenty-first-century nurse and as such is worthy of some examination.
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Respecting individuals

One of the fundamental aspects of ethical life, and nursing ethics in particular, is the need to avoid judging people. Clearly there are a number of issues with such a position and many challenges for nurses who have to care for people who, in the ordinary course of events, they may not choose to have anything to do with. There are also personal ethical and moral issues which may arise from our individual moral and religious viewpoints.

A good way to pull this idea into focus alongside the notion of personal and professional identity is to consider the notion of **binary thinking**.

### Theory summary: Binary thinking

One of the ways we can generate an identity for ourselves is to compare certain characteristics of ours with those of other people. For example, I am a man, you may be a woman; I am a lecturer, you may be a student; I am a nurse, you are a patient. The point here is that identity is defined by difference – a process sometimes called **othering** (Davies, 2003). We create a social identity for ourselves which sets us apart from people who are ‘not like us’. Of course in the process of creating a professional identity this may be a positive as we strive to become more caring than the norm, say, but equally this idea may be detrimental as we use difference to create a bubble around our collective identity as nurses and perhaps choose not to allow others into our group.

Where this takes us on our ethical journey is to a point where we need to think clearly and rationally about the values that drive us, the identities these create and what this means for our interactions with others.

One of the defining features of the professional identity has always been the knowledge which professions have. It is the possession of this knowledge and the skills and means to exercise this knowledge which generates the difference between persons within the profession and those from outside (the other). So, for example, we might consider the classic, although admittedly stereotyped, notion of the all-knowing surgeon and the grateful, ignorant patient. Of course as nurses we possess a body of knowledge and we have access to the skills and the tools to use this knowledge. We may choose therefore to create an identity for ourselves in which we take the view that we are the professional and we know what is in the patient’s (the other’s) **best interests** – that is, we choose to become the ‘all-knowing’ nurse. Conversely we can choose a different identity for ourselves, one in which we treat people as **individuals and respecting their dignity** (NMC, 2008, p. 2) and apply our knowledge and skills alongside our patients’, recognising the things we have in common (our humanity, our cares, our fears).

The suggestion here is that by dwelling on our differences – what sets us apart from (or perhaps what we might consider makes us better than) other people – we generate artificial barriers, a
sort of them and us if you like, and this stands in the way of both useful and ethical relationships with patients (and indeed our peers). These barriers are created to support things which are perhaps not morally relevant (they have no ethical worth) when what we should be concentrating on is our common humanity and issues of identity which have some moral meaning. But how is this achieved?

Activity 1.7 Decision making

At this point it is worth making some decisions about what sort of person makes a good nurse. We have seen that one way of creating an identity for ourselves is to choose characteristics which show us as separate from others. Think about the notion of binary identity and othering and decide for yourself what sort of characteristics you might adopt to help make you the sort of person and nurse described in the NMC standards of proficiency and associated Essential Skills Clusters identified at the start of this chapter.

In the NMC Essential Skills Clusters, skill 3 in the domain of ‘Care, compassion and communication’ states:

*People can trust the newly registered graduate nurse to respect them as individuals and strive to help them preserve their dignity at all times.*

Respecting individuals and preserving their dignity might be hard to achieve if we choose an identity based on notions of difference at best and superiority at worst. Where the challenge lies for us as nurses is to construct for ourselves a set of values which include respect for others and which are more powerful than any notion of professional identity. Values such as respect for dignity and humanity should not just be values we give lip service to but should be demonstrated in who we are and how we behave towards others.

It is difficult to put into words exactly what this means. But if we consider what we would like in the way of behaviour from others if we, or a loved one, were to be a consumer of care we may start to get somewhere close to understanding what respect, dignity and humanity might look like in action. So if we value other people as equals, then we may be described as respectful; if we value the dignity of others we may be described as noble; and if we display humanity we can claim compassion as a facet of our professional identity.

Case study

*Edith Cavell was a British nurse who lived and worked in Belgium. Throughout her short nursing service in the First World War, Edith helped the wounded from either side without any discrimination. She clearly chose to consider the moral elements of her calling to be a nurse and care for the sick and injured. Sadly she was executed in 1915 for helping Allied soldiers escape occupied Belgium. Edith Cavell clearly displayed the ability to put the welfare of others before her professional, or indeed national, identity.*
Of course the courage which Edith Cavell showed is not something which many of us will ever need to draw on in our professional lives. Her ability to care for other people, regardless of whether or not they were the enemy, demonstrates the moral benchmark which we have as nurses: respecting individuals for their humanity; respecting characteristics which are morally relevant.

In Chapter 3 we start to look at ideas of what ethics is and what ethics is not, which will add further to our understanding of some of the ideas contained in this chapter. For now though, we will consider: do values, personal and professional identity and respecting others help us to make our lives, and the lives of those around us, better?

Is ethics a nursing concern?

One of the key features of nursing ethics which distinguishes it from ethics per se, and medical ethics in particular, is the emphasis nursing ethics places on care, rather than cure. This emphasis on care reflects strongly the belief of most nurses, and nurse theorists, that the relationship with the individual patient, is as important as, if not more important than, what is actually done for and with the patient. This may seem like an odd thing to say but there are a number of reasons why this is the starting point for ethical nursing practice.

So why is our relationship to our patients at least as important ethically as what we do? First, and as we shall see in Chapter 4, one of the important features of ethical and moral behaviour is the intent which underlies it. Intent is the stimulus for how we act and why we choose to do what we do. What is important about intent is that sometimes the outcome of an action is not what we primarily intended it to be, but because we acted from the right motives, or with the right intent, the action is nevertheless regarded as ethical.

The notion of the relationship in care being at least as important as cure is further thrown into stark relief when we consider the content of many of the complaints received by the National Health Service (NHS) each year. The Health and Social Care Information Centre (2011) reported that 22.2 per cent of all complaints received about the NHS in the year 2010–2011 were about staff attitude and poor communication. If ethics is about attitudes and values and these attitudes and values drive behaviours, such as how we choose to communicate with others, then clearly there remains some work to be done in the caring professions.

Case study

In May 2011 a BBC documentary uncovered a regime of physical and emotional abuse at the Winterbourne View care home in Bristol. Staff at the care home who were supposed to care for people with learning disabilities were subsequently arrested and charged over the allegations. The public outcry which followed demonstrated the depth of feeling in society about the abuse of vulnerable individuals by people whose job it was to care for them.
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What this case study shows is that even in a caring environment it is easy for people, who may previously have been caring individuals, to allow themselves to start regarding those they look after as other at best and perhaps merely as objects at worst. When respect for people is lost then bad things happen; and in nursing that often means to the most vulnerable in society. Working ethically is therefore a nursing concern.

If we were to explore further the concept of caring as fundamental to nursing ethics and nursing practice, we might examine the focus of any of the models of nursing. They point us to actions which are intended to support patients in:

- their activities of daily living (Roper et al., 1980);
- achieving self-care (Orem, 1991);
- adapting (Roy and Andrews, 1999).

These models do not point to cure as an aspect of nursing; instead they indicate a preoccupation with the human, or humane, aspects of care, the sorts of things which are important for human beings. You might remember toward the start of the chapter we identified Socrates and Aristotle as describing ethics as a means of living together in social groups (supporting, or at least allowing, people to fulfil the activities of daily living) as well as society providing one means to achieving the good life through reaching our potential (achieving self-care and adapting) ethically.

So is ethics a nursing concern? Of course it is! We live and work in society. Not only that, we live and work among some of the most vulnerable in society and in order to assist others to reach their own full potential we, as nurses, need to act in a manner which is both ethical and enabling. As the case study above shows, this may mean intervening to stop the spread of systematic abuse.

All of the above looks quite onerous – hard to achieve and to live by. What should be apparent however to any student is that an individual does not become a nurse overnight; as with all facets of care, nurses progressively take on more responsibility, gain more understanding and socialise into the role. Henderson, a prominent and still very influential nursing theorist, said in 1966:

Every nurse has to develop her own concept [of morality], otherwise she is merely imitating others or acting under authority.

What Henderson is saying here, and the important message for this chapter, is that nurses need both to have and to enact their own moral code, otherwise they become mere puppets acting in ways in which others see fit. This can lead to nurses acting in ways which are in contrast to the express aims of nursing. When a nurse acts in a manner which is at odds with the values which s/he holds this can lead to moral stress. Lützén et al. (2003), in their synthesis of data from two qualitative studies, show that moral stress in nursing is generated because:

- Nurses are morally sensitive to the vulnerability of patients.
- External pressures often prevent nurses from acting in ways which they consider to be in patients’ best interests.
- Nurses therefore feel out of control.
Chapter 1

The argument in this chapter so far is that ethics is good for society in general and the exercise of ethics is good for the wellbeing of people and nurses in particular. Being sensitive to the vulnerabilities of others is clearly a good thing and is one of the characteristics which defines good nursing, but how do we then cope when lack of resources or conflicts of professional power mean we are pressured to act in a manner which we regard as not being proper and, more importantly, morally right?

Wainwright (1991, p. 46) suggests:

*What qualifies someone to speak on ethical matters, in the context of professional practice, is not so much their knowledge of the profession (although this may be important) as their understanding of moral philosophy.*

Of course this is a little idealised, but the suggestion here is that understanding and being able to argue clearly and in an ethically informed way are important steps in being able to influence moral and ethical decision making. So the suggestion is, at least in part, that it is a requirement nurses learn and understand something of the nature, language and practice of ethics.

It might further be argued that an increased understanding of ethics and ethical decision making and activity in nursing might usefully contribute to the collective professional identity of nursing, which we discussed earlier.

This chapter has provided a quick overview of what we mean by ethics and the reasons why ethics is important in society at large and for nursing in particular. We have identified what values are and how these might be used to shape the ways in which we act in both our private and professional lives.

We identified nursing as having a specific professional identity of which we need to be aware in order that we avoid imposing that identity in a way which constrains others. As a counterbalance to this we identified that respect for individuals should be a cornerstone of ethical nursing practice.

We noted that ethics and morality are the business of every nurse and that a grasp of the language, nature and activity of ethics is an important first step in helping us come to grips with the often morally stressful nature of care provision.

**Activities: Brief outline answers**

**Activity 1.2 Reflection**

What the big ethical questions have in common is that the consequences of certain actions, and indeed the actions themselves, all relate to human life. Global warming may impoverish lives and reduce life expectancy both now and in the future; of course there are arguments about what we are doing to the planet in general, but many of these revolve around the impact on current and future generations. Not providing
social care will impact on the lives of the elderly, infirm and the poor – not to mention the dehumanising effect this has on societies in general. Migration affects the lives of the people entering the UK, some to escape persecution and violence, but it also affects the lives of people already living in the UK, perhaps relating to increased demand on resources. Questions about abortion affect potential mothers, potential babies and societal conscience in general. Higher speed limits may allow people to get around quicker but may endanger life – which is more important therefore?

Activity 1.3 Reflection

What we see in this book is the stranded boys drifting towards something resembling Hobbes’ natural state where there is lawlessness and a lack of ethical and moral behaviour. As a result life becomes brutish and short for some. This, albeit fictional, account of life without rules demonstrates something of the argument being made here: ethical rules and social and cultural norms and boundaries exist to make our lives better and less brutish.

Activity 1.5 Critical thinking

Answers to this question will almost certainly include: ‘to care for people’, ‘to make a difference’, ‘to improve people’s lives’. These answers point to the fact that people are important to nurses and people come in all shapes, sizes, colours, classes and with all manner of belief systems and behaviours. What is relevant to nurses is simply this: patients are people and people deserve our care. Of course we may have other values in our lives, like respect for other people’s freedoms and choices; again, these reflect some of the proficiencies the NMC requires from us as nurses.

Activity 1.6 Reflection

For many of you there are areas of great similarity between the two value lists you have created. For you there is something inevitable about your choice of nursing as a career as it fulfils a need to express your values through what you do. For some there will be areas of tension between the values on one list and the other; these tensions, if not too large, are probably normal as you enter a career in nursing. They are something to be aware of and think about as you socialise into your new identity. Where there are areas of major conflict between what you value as a person and what you value as a nurse, you will need to think hard about how you might address these.

Activity 1.7 Decision making

In this chapter you have already been challenged to think about the values which may be associated with being a good nurse. This activity is a further challenge, asking you to decide how you will behave in relation to others in the construction of your own identity. One way to avoid the pitfalls of binary thinking is to construct an identity around the things which make us similar as human beings rather than what makes us different. So perhaps defining yourself as a person first is a good place to start. Caring, respectful and autonomous might be further themes worth developing, especially where we value these things in, and for, others as much as we do for ourselves.

Further reading


A thought-provoking study into what nurse teachers in Brazil consider to be a good nurse.


A useful study into how undergraduate students view ethics.
Chapter 1

An interesting research-informed paper on dignity in critical care from the patient perspective.

A good insight into the process of socialising into the nursing profession.

Useful websites

http://www.bbc.co.uk/news/uk-england-bristol-20078999
A chronological view of the abuse scandal at Winterbourne View care home.

http://www.icn.ch/about-icn/code-of-ethics-for-nurses
The International Council of Nurses’ code of ethics can be found here.

http://www.nmc-uk.org
The online presence of the Nursing and Midwifery Council, where relevant publications, such as *The Code*, can be found.

A document from the Royal College of Nursing defining what nursing is, including some interesting and pertinent ethical aspects.