

✧ SCHOLARLY PAPER ✧

Development of the ethical dimension in nursing theory

Samar Noureddine RN, MN

Postgraduate student, School of Nursing, University of Michigan, Ann Arbor, Michigan, United States of America

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Nurses encounter ethical dilemmas in their practice and need guidance in making relevant patient-care decisions. Nursing theory is believed to be the best source of such guidance. The aim of this paper is to describe the ethical dimension in nursing theory. A literature review shows the intricate relationship between ethics and nursing, yet there is lack of elaboration of ethical features in nursing theories. The identified elements of the ethical dimension include ethical theories and principles, values, ethical practice issues, moral reasoning and contextual factors. Criteria for the development and evaluation of the ethical dimension are presented, with an example using a middle range theory. The ethical components pertinent to a nursing theory need to be made explicit if theory is to guide practice. Nursing scholars are invited to elucidate the ethical dimension in their theories in order to enhance moral reasoning and provide a framework for ethical practice.

Key words: ethical theory, ethics, nursing theory.

INTRODUCTION

Nurses are constantly experiencing new ethical issues as a result of the global developments and changes in health care. Guidance is often needed in making ethical decisions in nursing practice. Development of nursing into a scientific discipline mandates that practice be based on theory. Thus, nursing theory is sought to provide insight to nurses in their ethical decision-making. Most nursing theories focus their descriptions on the value-laden concepts of man, environment, health, nursing and/or care, and their propositions carry ethical implications. Reed invited nursing theorists to reflect upon the values and moral visions underlying their conceptual frameworks and the consequences of their applications, and to explain their

value choice directly.¹ Mooney recommended that certain ethical elements be addressed in nursing theories,² but those elements were seldom explicitly described. If nursing theory is to guide practice, the ethical component should not remain at the implicit level. The aims of this article are to identify the ethical components relevant to nursing theory and determine the criteria for evaluating this essential dimension.

ETHICAL KNOWING IN NURSING

Carper identified ethical knowing as one of the fundamental patterns of knowing in nursing.³ This pattern is essential to nursing since the discipline has a moral obligation to provide service to society, and is responsible for conserving life, alleviating suffering and promoting health.³ The ethical component in nursing centres on the notions of obligation, what is good and right, moral imperatives, and the ethical frameworks used in making moral judgments. Understanding these issues will lead to

Correspondence: Samar Noureddine, School of Nursing, University of Michigan, Ann Arbor, 400 North Ingalls, Ann Arbor, Michigan 48109-0482, USA. Email: snn@umich.edu

a critical examination of nursing goals and actions in terms of their ethical implications.³ Nevertheless, defining ethical knowledge and practice is difficult, given the moral ambiguities that arise when making ethical decisions. The facts of the situation and the parties involved must be considered. Thus, while notions of the good and the right are central to ethical decisions, many ethical principles are not absolute and may need to be weighed. Consequently, the right answer in a given situation can be elusive.

From a philosophical perspective, ethical knowledge can be construed in terms of its ontological and epistemological dimensions.⁴ The ontological dimension is the ethical being, that is what one ought to be morally, and entails certain traits that are valued in nursing such as empathy and compassion. The epistemological dimension, on the other hand, deals with the scope, kind, trustworthiness and justification of ethical knowledge, or the moral validity of what one must do. Examples of such knowledge include the obligation to tell the truth and maintain confidentiality.⁴

THE ETHICAL DIMENSION IN NURSING THEORY

Whereas nursing ethics deals with values and value conflicts in practice, nursing theory provides a framework for thinking about humans, health, environment and the meaning of nursing.⁵ Despite the common issues shared by nursing theory and ethics, there is little communication between the two areas of discourse, with nursing ethics using non-nursing theories, and nursing theory not addressing ethical issues explicitly. Considering the importance of ethical knowing to the development of nursing knowledge, it was thought essential to examine the elements that comprise the ethical dimension in nursing theory; these are described below.

Ethical principles and theories

Traditionally, the deontological, utilitarian, right-based and intuitionist theories were most commonly referred to in discussions of ethical issues in nursing.⁶ Recently, a number of nursing scholars began arguing for an ethic unique to nursing, that is the ethic of care, which reflects the nursing perspective in dealing with ethical dilemmas.^{7,8}

The deontological or duty based theories place a high value on duty or obligation, such as the duty to tell the truth. An action is examined for its intrinsic qualities regardless of its consequences. The four major prin-

ciples in deontology are: (i) autonomy, or the personal liberty to act; (ii) nonmaleficence, that is doing no harm; (iii) beneficence, or the requirement of action to improve the welfare of others; and (iv) justice, which directs action to treat people justly and distribute resources fairly.

Utilitarian or outcome-based theories judge the rightness or wrongness of an action based on its consequences, so the end may justify the means. A basic goal in utilitarianism is maximizing the overall good, that is the total happiness or welfare. The main principle driving utilitarianism is 'the greatest good for the greatest number', so the welfare of society takes precedence over that of individuals.

The right-based theories are concerned with the independence of individual action, placing the individual at the center and protecting the value of individual choice. The principles of autonomy and self-determination are inherent in right-based theories. Whereas utilitarianism is concerned with the welfare of society at large, deontological and right-based theories focus on the individual's welfare.

Intuitionist theories do not place a hierarchical order on duties, rights, or goals; each of these elements is accorded the same status. The nurse would appeal to his/her moral intuition in making an ethical decision in a particular situation.⁶

In practice, more than one ethical framework may apply. The duty-based approach is the basis for ethical codes of nursing practice. The right-based framework is used in dealing with informed consent. Utilitarianism drives deliberations on the allocation of health-care resources.⁹ When faced with an ethical dilemma, nurses use formula ethics, where ethical principles are applied to a specific case to determine what one ought to do.¹⁰ Sometimes relevant principles conflict, or the available alternatives may be undesirable and the right answer to the situation remains uncertain. For example, respect for patient autonomy and commitment to beneficence may cause a conflict for a nurse when a terminally ill patient refuses a treatment viewed as beneficent by the nurse but futile by the patient.

On the other hand, the ethic of care is learned experientially, because it depends upon recognition of salient ethical distinctions in practice situations with particular patients and families.¹¹ Ethical dimensions are examined through analysis of narratives and stories, deliberating within the context of the situation and reflecting on the personal values and beliefs of the patient and nurse. The ethic of care focuses on the nurse-patient relationship and

the commitment it entails. The main principles underlying the ethic of care are the protection of human dignity and alleviation of the patient's vulnerability.⁷

Values

Values are beliefs and attitudes that influence what is considered important knowledge and determine what is good action. Nurse theorists have for long valued autonomy, self-determination and dignity of persons, with the recent addition of justice, equality and fairness as a result of the ramifications of health care reform initiatives.¹² The scope of the theory, the phenomenon addressed, the biases and beliefs of the theorist determine the values most emphasized. If nursing theory is to move beyond describing what is done to prescribing what ought to be done, its underlying values must be clarified. For example, nursing places a high value on the quality of life, as distinct from the ethical position in medicine that traditionally equated life with physical processes. What is meant by 'quality of life' must be explained in theoretical discourse, thus adding to ethical knowledge in nursing and providing insight to nurses involved in decisions regarding life-sustaining measures.¹³

Ethical issues in nursing practice

Mooney stated that nursing theory, being based on the application of scientific knowledge in nursing-care interactions, must have ethical content.² She recommended including six ethical issues: personhood; the rights of the person; consent; the rights of society; distributive justice; and personal integrity. Personhood is the conceptualization of 'man.' Identification of the conceived rights of the person is important in linking nursing theory to practice. Consent is inherent in any theory that deals with nursing care. The rights of society are the basis of ethical codes and are especially important when society or the community is the unit of analysis in the theory. Distributive justice, or the equitable distribution of health-care resources, is particularly relevant in discussions of health-care delivery. Personal integrity refers to traits of the nurse as an ethical agent and is addressed in some theories.² Those ethical issues must be elaborated further. The attributes of personhood must be described and those deemed essential identified; for example, is the person defined only in terms of physical and mental processes, or are emotions also important?¹⁴ Does the welfare of the individual override that of society in ethical decisions?

Moral reasoning

Given the inherent ambiguities in ethical dilemmas, a disciplined manner of reasoning about ethical issues is needed. Several approaches to moral reasoning were developed; among the best considered of these is the cognitive–developmental theory of moral reasoning that depicts a sequential transformation in the way social arrangements are interpreted and understood.¹⁵ Individuals progress through distinctive levels and stages; each successive stage is more complex, comprehensive, differentiated and effective than the preceding stage. The moral levels are: (i) the preconventional, where the notions of right and wrong are established as a result of external rules; (ii) the conventional, where conformity to social and family norms is valued and group expectations maintained; and (iii) the postconventional, where the individual develops his/her values and moral principles independent of group norms, and where conscience dictates the right action. The universal values around which moral reasoning revolves are punishment, property, roles and concerns of affection and authority, law, life, liberty, distribution of justice, truth and sex.¹⁵ A conflict between these values necessitates a moral choice and its justification by the individual, requiring systematic cognitive processing. Moral reasoning focuses on the cognitive processes involved in considering ethical issues, whereas moral behaviour entails the ethical decisions and ensuing actions taken by nurses. Discussion of the ethical decision-making process in matters of the theory would strengthen the link of theory to practice. For example, what considerations underlie ethical decisions made by nurses within the theory's framework? How are the pertinent factors weighed and priorities made?

Context of nursing

The context of nursing care is multidimensional, encompassing the values of the nurse and client, the nurse–client relationship, financial factors and the health-care environment as a whole. Context, or the sociopolitical environment, was coined as an essential pattern of knowing in nursing.¹⁶ Context moderates how nursing theory translates into practice and how ethical concerns are handled. Contextual factors may explain why nurses, when asked about the right action to be taken in a given ethical dilemma, answer differently to 'what is the realistically likely action to be taken given the circumstances' than to 'what the ideal professional moral behaviour would dictate'.¹⁷ Nurses tend to base their moral decisions on

maintaining institutional policies and relationships with authority figures in the health team, with the majority found in the conventional stage of moral development.¹⁸ Contextual constraints such as lack of autonomy of nurses in some settings, institutional policies and the particulars of the situation may also explain the lack of an expected positive relationship between moral reasoning and ethical practice.¹⁹

The importance of contextual factors is also apparent in the ethic of care^{7,8} where ethical deliberations emphasize the context of the particular situation.^{11,20} Contextual factors moderate the application of ethical principles. For example, emphasis on self-determination may create a conflict between the nurse and patient in some Arab cultures, where people would rather put their faith in the health-care provider and let him/her decide what is the best course of action than have to make those decisions themselves. Therefore, discussions of ethical theories and principles in nursing must be complemented by cultural and contextual content to account for the diversity of situations and clients.

CRITERIA FOR EVALUATING THE ETHICAL DIMENSION

Many scholars proposed criteria for the analysis and evaluation of nursing theories, yet no criteria for evaluating the theories' ethical dimension were provided. Evaluation of the ethical dimension can be conceived of as part of the external critique of a theory, defined as relating the theory to the real world.²¹ Based on the above literature review, nine criteria are suggested to evaluate nursing theories for their ethical dimension:

1. Is there an ethical framework basic to the theory that is described? Does the theory emphasize rights, goals or duties, and in what proportion?⁹
2. Are valued ethical principles relevant to the theory made explicit? Is reference to those principles consistent or are there contradictions, such as advocating client autonomy while simultaneously depicting the client as a reactive agent to environmental stimuli?⁵
3. Are ideals of conduct, virtues, rights and responsibilities of the ethical agents in the theory clarified?²²
4. Are the values or biases underlying the theory articulated?²¹
5. Are value-laden concepts such as personhood, rights of the person and society, consent, distributive justice and personal integrity defined?²

6. Are the assumptions of the theory congruent with the current sociopolitical environment, including ethical codes for practice and social policy?²³

7. Are contextual factors relevant to the theory's application addressed?²⁴

8. Do the theory's propositions provide clear guidance for ethical practice in nursing?

9. Does the prevailing ethical attitude in the theory translate into considerations for education and research?

The above criteria are provided as guidelines, and the extent to which they can be met depends upon the theory in question. The first five criteria are the most important and must be addressed, whereas fulfilment of the remaining four varies, based on the range of the theory. An application follows.

An illustration: A theory of caring

Swanson developed a middle range theory of caring based on studies of women who miscarried, caregivers in the neonatal intensive care unit, and young mothers enrolled in a public health intervention program.²⁵ Caring was defined as 'a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility' (p. 165).²⁵ Caring encompassed five interrelated processes that start with *maintaining belief*, that is believing in the clients' ability to get through life events or transitions. The second process, *knowing*, was defined as the informed understanding of events as they have meaning in the life of the clients. The third process was *being with*, where the nurse conveys the message to the clients of being emotionally present, and shares in their meanings and lived experiences. *Doing for* was the fourth process whereby the nurse does for the clients what they would do for themselves if it were possible. The last process was *enabling* or facilitating the client's passage through life's transitions and unfamiliar events. The five processes unfold towards the goal of enhancing the client's well being, defined as living in a state where one feels integrated and engaged with living and dying.²⁶

No one specific ethical framework is referred to in the theory, but more than one perspective transpires. The outcome of caring, the client's well-being, is often emphasized. In addition, the duties and obligations of nurses in caring for clients are described. The principles of autonomy, self-determination, nonmaleficence, beneficence and justice are also discussed. The rights of the client are exclusively emphasized.

The ethical agents are the client and the nurse. The nurse's responsibility is to combine scientific knowledge, concern for humanity and self-engagement in his/her caring. Ideals of conduct and virtues are represented in the caring processes.²⁶ The author cautions that the boundaries of personal and professional roles of the nurse must be delineated.

In the discussion of the assumptions underlying caring, Swanson put forth her values in presenting her views about person, nursing and caring.²⁶ The author defined personhood, rights, health, illness and care.

The theory's assumptions are congruent with the current sociopolitical environment, with emphasis on the client's self-determination and autonomy in line with the ethical codes of nursing practice.²⁷ Relevant contextual factors are mentioned; yet in the discussion of the subdimensions of the caring processes,²⁵ there is not enough elaboration of that aspect. The propositions of the theory do not offer clear guidance for ethical decision-making. The author did not address ethical dilemmas that might ensue when the nurse's values conflict with the client's choices. She only asked nurses to be aware of their values, to avoid making assumptions and to recognize when they need support in their caring role. For example, based on this theory, how would the nurse handle providing care to a woman who is having an abortion if the nurse strongly opposed that choice?

In brief, Swanson's theory of caring addresses basic ethical issues, although some aspects are implicit. The broad scope of the theory, its focus on the ethically laden concept of care, and its applicability to many areas in nursing practice make articulation of the ethical dimension challenging. Specific examples illustrating the application of the theory can help provide guidance for nurses in their ethical practice.

CONCLUSION

Nurses face moral conflicts in practice because of many factors, such as their key position in the health-care team as patient advocates, the technological advances in health care and the high value placed on cost-effectiveness, to mention a few. If we were to assist nurses to make sound ethical decisions, what would be a better way than through nursing theory?

This paper has provided an initial synthesis of ethical elements thought essential to nursing theories, and criteria for their evaluation. One approach to developing the ethical dimension is through articulation of the identified

elements in the theory's conceptual definitions and propositions. Narratives displaying how the theory translates into practice can be provided, with the ethical elements exemplified. Such case studies would enhance the theory's potential in guiding nurses in dealing with ethical conflicts while accounting for the sociopolitical context, but without jeopardizing their professional values. Guidance involves analysis of the situation from the perspective of all the parties involved, clarification of the values of the ethical agents, and the determination of what factors are important and what is at stake. Another approach involves the continued dialogue and analysis of specific ethical dilemmas as experienced, processed and resolved by nurses, which would help delineate moral reasoning processes, decisions made and related issues, thus adding to ethical knowledge in nursing. Nursing scholars are invited to carry on the challenging task of elucidating the ethical dimension in their theories to better inform ethical practice.

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