THE ETHIC OF CARE:
A MORAL COMPASS FOR CANADIAN NURSING PRACTICE

Revised Edition

Kathleen Stephany

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The Ethic of Care: A Moral Compass for Canadian Nursing Practice

(Revised Edition)

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FOREWORD

"*Nurses support oppression when they actively participate in oppression; deny or ignore* oppression; or recognize oppression but take no action. Noticing or witnessing oppression, and taking the moral stance that it is none of our business, or that it is someone else's responsibility to speak up, is the same as not doing anything in the face of need – silence is assent."[1]

Ethics, as a discipline and as an intellectual pursuit, has existed for thousands of years and has sought to resolve questions on human morality. Health care professionals are faced with uniquely complex ethical questions every day on continuously evolving topics such as the withdrawal of treatment, medical assistance in dying, resource allocation, the use of substances, and reproductive rights and technologies. Being equipped with an understanding of ethics is crucial in providing nurses with the needed skills to speak up when they encounter ethical situations, and to work collaboratively toward a resolution with the client and their family at the center of the health care team.

Nurses work in wide variety of areas beyond acute care settings, including in the community, long term care, assisted living facilities, forensic systems, and postsecondary institutions. A study of nursing of ethics is not only critical in equipping nurses to understand their own perspectives, but also in respecting and understanding the perspectives of others who may differ from their own. Working collaboratively requires a team that can clearly communicate and articulate their roles and viewpoints. This, in turn, enhances the quality of care provided, helps to improve client outcomes, and increases job satisfaction for health care providers (Weiss, Tilin, & Morgan, 2018).

I have been fortunate to work in a number of clinical areas both within Canada and overseas. Before embarking on a graduate degree in nursing, I distinctly remember the early years I spent practicing as a nurse in various clinical areas, and the moral questions that would keep me awake at night. A few years ago, I slowly began to realize the impacts of trauma and violence on physical, mental and emotional health and how these health effects can be compounded by poverty, oppression, stigma, racism, substance use, as well as pervasive systemic violence. As a nurse, I found myself becoming more and more uneasy by the labeling and stigmatization of patients, and particularly of women seeking pain treatment who were dismissed as "drug-seekers." It was my frustration and confusion with this very term, and my gradual awareness of the harmful discourses that are deeply embedded and normalized within health care practice environments (Doane & Varcoe, 2015) that became the catalysts in my pursuit of graduate studies. I completed my MSN degree exploring women's pain experiences in relation to pressing health concerns and the need for creating culturally safe environments for clients, families and health care providers alike. In my graduating project, I made several recommendations for nursing education, health care, and research that asked nurses to engage with other key stakeholders in addressing the ethics of adequate pain treatment and assessment while exploring the unique circumstances and experiences of Indigenous women as a case in point (Heino, 2018). Nurses have both the opportunity and an ethical responsibility to provide the best quality of care possible and to ensure all individuals feel safe and respected, especially when they are at their most vulnerable.

To become a nurse is to embark on a lifelong learning journey requiring openness, humility and the ability to embrace the inherent complexity of the health care system and of relationships. Health care providers are shaped by their knowledge, experiences, and their interactions with clients and with members of the health care team. Given the emerging

societal awareness of the necessity of embracing diversity and inclusion, it is critical that nursing students and nurses to engage in ongoing reflection throughout their education and beyond, so that they continually unpack their own assumptions as they provide care. Bias can be both conscious and unconscious, and it can influence clinical decision making in ways that can have profound impacts on patient outcomes (Pauly & Browne, 2015; Persaud, 2019). It can take great moral courage to have the self-awareness to continually self-evaluate and self-assess as we journey toward understanding and change.

When the author of this book asked me to contribute the foreword, I was delighted and I was greatly encouraged to see how the elements of dignity, trust, and respect are front and center throughout. Her writing resonates with many of my own experiences. Dr. Stephany has a distinguished set of qualifications, knowledge, and experience as a nurse, psychologist, educator, ethicist and author that uniquely qualify her to speak about the practice of applied ethics in nursing. Throughout her book, she provides research and specific examples to help bring the concepts and ideas she explores within its pages to life. While many of us come into nursing knowing about ethics on some level, being given the language with which to understand these ideas is crucial in defining nursing to ourselves and to the people with whom we collaborate. Throughout the chapters, there are boxes and tables that highlight especially useful and salient information such as definitions, narratives and cases in point that assist the reader in integrating the concepts with actual clinical practice. In my experience as an educator, giving students such examples to consider and work through is a powerful learning tool that helps to consolidate learning and prepare students for what they might encounter in their practice.

Technological advancements and shifting societal norms and values are changing the landscape of the health care system. Nurses have a duty and a responsibility to continually reflect on their practice using an ethical model throughout their professional careers (Canadian Nurses Association, 2017). The inevitable ethical situations that arise in everyday nursing practice can have enormous implications for clients and families. Having the skills and tools to navigate the uncertainty of these waters can mean the difference between life, and death, for clients who place their trust in the health care team. A solid footing in ethics can guide nurses in their decision-making and help them to become key contributors, and leaders, in this process. This book will serve the reader well on their journey in developing into a thoughtful, ethical and compassionate practitioner. It is a must-read for students and clinicians alike.

NOTES

[1]McGibbon, Mulaudzi, Didham, Barton & Sochan, 2014, p. 187.

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PREFACE

"We do not live as isolated fragments, completely separate, but as parts of a great, dynamic, mutable whole." Sharon Salzberg, Author of Lovingkindness: The Revolutionary Art of Happiness.

The ethic of care is the moral imperative to act justly. It is built on the premise that we are all interconnected, that humans are inherently good and that our relationships to one another matter. The ethic of care inspires us to honour and respect the lived experiences of others and to do whatever we can to end suffering, discrimination and social injustice. It has been greater than 37 years since the ethic of care began to inform moral decision making in nursing and it continues to be as valid today as it was back then. For example, today's nurses face new ethical challenges due to the way in which health care delivery is implemented. There is an increased use of technology, heavier workloads and advances in the way in which disease processes are managed. Yet, when compared with other health professionals, nurses are still the ones who spend a great deal of time in direct contact with clients. Nurses do much more than give medications and perform treatments. They stay at the bedside, listen to their clients' stories, empathize, give comfort and advocate. The aim of this book is to inspire nurses to be as skillful, and compassionate as they can be so that they will leave every encounter with their clients, better than when they first arrived.

In this book the following topics are covered with clarity and depth: caring notions, moral principles, the CNA Code of Ethics, legal issues, values clarification, professionalism, accountability, advocacy, gender issues, spirituality, challenges created by the advancement of technology and matters pertaining to social justice. Practical tools for ethical decision-making are offered to assist nurses to effectively deal with sorting through actual ethical dilemmas and moral distress. Nurses are encouraged to sincerely and wholeheartedly embrace diversity including the multiplicity of issues that relate to ethnicity, culture and gender. Worthy goals are recommended such as working toward achieving sustainability in the Canadian publicly funded health care system and ending social inequities. At the end of each chapter a Case in Point brings the subject of ethics to life and serves as a means for applying newly acquired ethical knowledge. Within some of the Chapters narratives will also sometimes be utilized to help elucidate specific explanations. Narratives are real situations and encourage an inductive process where a person can examine the notions of morality that are embedded in the story (Keatings & Smith, 2016).[1]

Changes to the Revised Edition

The revised edition of *The Ethic of Care: A Moral Compass for Canadian Nursing Practice* differs from the original textbook in several ways. Many of the quotes and pictures are new and the book is reformatted to be more accessible and easily read on hand-held devices. Outdated information has been corrected, new information added, and some of the material contained in the previous book has been condensed. Learning activities, new narratives, recommended readings and web resources have also been added.

Overview of New Additions to the Chapters

Each Chapter in this revised book includes exciting new content. Chapter One forms the foundation for everything else that follows and has been expanded upon significantly. A section on biomedical ethical theories has been included. The origins of the ethic of care has been more fully developed. Watson's (2008) caritas dimensions for healing are presented

followed by dynamic strategies to practice unconditional positive regard. Chapter Two focusses on moral principles and care. The topic of moral courage is intensified which includes identifying its key attributes.

The legal portion of Chapter Three contains a summary of exceptions for the duty to maintain confidentiality. Part I of the newly revised version of the Canadian Nurses Association (CNA) Code of Ethics (2017) is presented with attention to additional content such as, the nurse's role in end of life care and medical assistance in dying (MAID). Chapter Four emphasizes the importance of values clarification and includes strategies to facilitate empathetic listening and to enhance self-care.

Chapter Five introduces tools for moral decision making in nursing in the form of a model and framework. In the first edition of this textbook nurses were presented with one model for ethical decision making, *The Mosaic Model for Ethical Decisions* (Stephany, 2012). This revised edition includes that tool but in a very condensed and easy to use form. *A Framework for Ethical Decision Making* has been added as an additional resource (Oberle & Bouchal, 2009). This framework has been added because it is applicable in many venues and it is highly recommended by the CNA Code of Ethics (2017).

Chapter Six combines professionalism and accountability to inspire nurses to act responsibly. Redundant information has been removed and the bulk of the content is focused on the ethical responsibilities expected of nurses. Chapter Seven promotes advocacy as the heart of nursing. The focus includes ethical endeavours that protect public access to health care and actions that promote social justice. Chapter Eight explores how constantly changing technological advances can enhance healthcare delivery but create new moral situations for nurses that keep changing. Chapter Nine encourages nurses to whole-heartedly embrace diversity and to practice trauma-informed care to combat systemic racism and improve the health outcomes for Indigenous peoples [2] (Allan & Smylie, 2015; First Nations Health Authority (FNHA), 2016). A new Code of Conduct for inclusion is also proposed for nursing.

Chapter Ten deals with the somewhat sensitive subject matter of ethics, gender and sexual orientation. The goal is to encourage nurses to move beyond tolerance and to accept and respect life choices that differ from their own. The discussion highlights the fact that persons who identify as lesbian, gay, bisexual, transgender, queer or questioning their sexual identity, and 2 spirit (LGBTQ2S), are often victims of both acute and chronic trauma. Members of this population are also not very well understood or treated well by health professionals. Additional education and training are key to changing some of these factors.

Chapter Eleven covers the topic of spirituality in nursing and very little has been changed in this edition. Chapter Twelve is completely new and introduces the topic of ethical nursing leadership where nurses are inspired to take on the challenge of being agents for change.

NOTES

[1]Note: The details of all the Cases in Point, stories and narratives in this textbook have been altered sufficiently to ensure confidentiality.

[2]Note: In this textbook "Indigenous" is used as an inclusive and international term to describe individuals and collectives who consider themselves as being related to and/or having historical continuity with "First Peoples," whose civilizations in what is now known as Canada, the United States, the Americas, the Pacific Islands, New Zealand, Australia, Asia, and Africa predate those of subsequent invading or colonizing populations (Allan & Smylie, 2015, p. 3).

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I want to extend heartfelt gratitude to all my former nursing students. You forever inspire me to be my best and to role model what it means to practice the ethic of care. I am grateful to my beloved husband, Harold for always encouraging me to write about the topics that I care most about. To my children, Connie, Kent, Kim and Nathan and my daughter-in-law, Renee, thank-you for your love and loyalty. To my darling grand-daughters, Kaileia and Kamiah, I dedicate this book to you. Thank-you Bentham Science Publishing for publishing this new edition.

CONFLICT OF INTEREST

The author confirms that the contents of this ebook have no conflict of interest.

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ABOUT THE AUTHOR

Dr. Kathleen Stephany PhD, is a Registered Nurse (RN) and Psychologist. She is a nurse educator, author, ethicist, ethic of care theorist, suicidologist and motivational speaker. Kathleen has a PhD in Counselling Psychology. She also obtained a MA in Counselling Psychology from Simon Fraser University (SFU), a BA in Psychology from SFU, a BSN from the University of Victoria and a Diploma in Nursing from the British Columbia Institute of Technology (BCIT). Kathleen is a practicing RN with the BC College of Nursing Professionals (BCCNP) and a Certified Counsellor with the Canadian Counselling & Psychotherapy Association (CCPA). Kathleen is also a member of many other professional associations: the Xia Eta Chapter of Sigma Theta Tau International, Honor Society of Nursing; the Western Northern Region of Canadian Association of Schools of Nursing; the International Association for Suicide Prevention (IASP); the Canadian Association for Suicide Prevention (CASP); and the Canadian Mental Health Association (CMH). Kathleen has a diverse employment history. She previously worked as a critical care nurse, Coroner, psychiatric nurse clinician, psychotherapist and researcher. Kathleen is currently employed as a Full-time Faculty Member in Health Sciences at Douglas College in BC, where she teaches nursing students courses in applied nursing ethics, mental health and addictions. She is also a motivational speaker. When she is not teaching, writing or doing public speaking, she enjoys reading, gardening, cooking and spending time with family.

DEDICATION

To my beloved grand-daughters, Kaileia and Kamiah, may you always remember to be caring and compassionate toward everyone.

CHAPTER 1

The Ethic of Care: Our Moral Compass

Abstract: Chapter One forms the foundation for everything that follows. The ethic of care, or the moral imperative to act justly, is presented as a moral compass to guide nurses when making ethical choices. Nurses are inspired to adopt the ethic of care into their practice and into their everyday lives as a lived virtue. Ethics is defined. A brief overview of the philosophical ethical theories of utilitarianism and deontology are presented followed by an explanation of the origins of the ethic of care. A connection is drawn between the ethic of care and the theoretical premises of feminism, humanism and phenomenology because they all pay attention to the contextual features of people's lives. The ethic of justice is compared with the ethic of care. A supported argument is made that the ethic of care is still valid for today's nurses. Watson's caritas dimensions of healing practice are presented. It was revealed that Florence Nightingale was a strong proponent of virtue ethics, which laid the foundation for the ethic of care. Special attention is given to specific multifaceted concepts associated with care as demonstrated by three theorists: Mayerhoff, Perlman & Stephany. The Chapter ends with a Case in Point where a student nurse is assigned the challenging task of caring for a client diagnosed with a catatonic type of schizophrenia.

Keywords: Acceptance, Act utilitarianism, Applied nursing ethics, Act deontology, Autonomy, Alternating rhythms, Beneficence, Caritas, Categorical imperatives, Consequentialism, Caring, Courage, Caring-concern, Compassion, Distributive justice, Deontology, Esthetics, Ethic of care, Ethic of justice, Ethics, Empathy, Feminism, Florence Nightingale, Genuineness, Generosity, Hypothetical imperatives, Honesty, Humanism, Humility, Hope, Justice, Kantianism, Knowledge, Logic, Maxim, Morals, Metaphysics, Morality, Nightingale, Narratives, Non-maleficence, Presencing, Politics, Philosophy, Principlism, Phenomenology, Patience, Rule utilitarianism, Rule deontology, Trustworthy, Unconditional Positive Regard, Utilitarianism, Virtue ethics, Warmth.

LEARNING GUIDE

After Completing this Chapter, the Reader Should be Able to

* Define ethics.

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* Gain a brief understanding of the philosophical ethical theories of utilitarianism & deontology along with their key premises and differing emphasis.

* Describe what distributive justice consists of.

* Explain the focus of applied nursing ethics.

* Define the ethic of care.

* Understand the historical underpinning of the ethic of care.

* Draw a connection between the ethic of care, feminist philosophy, humanism and phenomenology.

* Be able to compare the ethic of justice and the ethic of care.

* Explain why the ethic of care is still valid for today's nurses.

* Identify each of Watson's caritas dimensions of healing practice that cultivate caring.

* Understand the connection between Florence Nightingale, virtue ethics and the ethic of care.

* Illustrate each of the multifaceted concepts that are associated with care as presented by Mayerhoff (1971), Perlman (1979) & Stephany (2007).

* Be able to give examples of how each of the multifaceted concepts of care are demonstrated in nursing practice.

* Apply the ethic of care to the Case in Point: Presencing & Care.

INTRODUCTION

"Conscience is a man's compass." Vincent Van Gogh, famous Post Impressionist painter

Chapter one offers a brief introduction to ethics, traditional philosophical ethical theories and applied nursing ethics. The ethic of care is presented from a historical perspective and compared with the ethic of justice, followed by a discussion of multi-faceted aspects of care and how they are played out in the actions of nurses.

What exactly is a compass? (Fig. **1.1**). A compass is a device that was used by ancient sailors as well as modern seafarers alike, to assist in navigating the correct course, especially when lost at sea. The compass points to the North Star and once

you know where this star is located you can find your way home. A moral compass acts in a similar fashion. It helps us to plot a course of right action when we do not know how to proceed. Nurses, not unlike sailors, sometimes need assistance in knowing how to navigate their way, not through waterways, but through the many ethical issues that arise in practice. The **ethic of care**, which is the moral imperative to act justly, acts as a moral guide for nurses. The ethic of care takes into consideration contextual factors, the subjectivity of human experience, the need for human connection and emphasizes the importance of relationships (Watson, 2008; Wood, 2011). The ethic of care also prioritizes the nurse's ability to respond to their clients' needs (Watson, 2008).

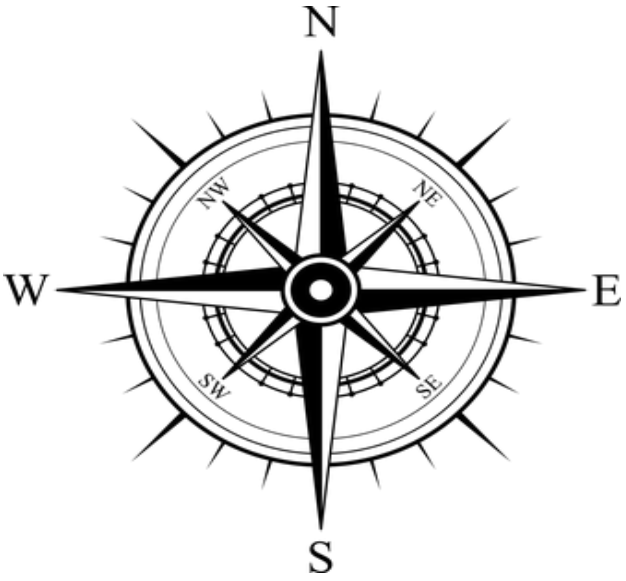

Fig. (1.1). Compass. Source: www.pixabay.com.

This book is unique and different from other ethics textbooks in several ways. Traditionally, ethics in health care has been approached through a rule orientated focus. However, this ethical approach has been criticized as not being very well suited to the unique role that nurses play (Gilligan, 1982). Nurses are in a somewhat unique position when compared to other health professionals. They are the ones who spend the most time with their clients in the hospital setting and even in the community. Therefore, the subject matter of this book is less concerned with philosophical underpinnings associated with traditional ethical theories and places greater emphasis on the actual practice of applied nursing ethics. In this revised edition, just like in the original version, nurses are encouraged to embody the ethic of care as a lived virtue.

CHAPTER 2

Integrating Sound Moral Principles into Practice

Abstract: Moral principles are a set of ethical values that are used to guide decision making in practice. In Chapter Two an important connection between the ethic of care, nursing practice and key moral principles is made evident. Integrity consists of integrating honest ways consistently into one's everyday actions and is the moral principle that guarantees all other values. Veracity, which is the duty to tell the truth, and fidelity, which is about being loyal, are both related to integrity. Nurses are expected to view all people as worthy of dignity. They are cautioned to avoid blaming the victim because it holds people burdened by social conditions as accountable for their own situations. Beneficence is the obligation to do what will benefit the client and non-maleficence is the duty to prevent harm. However, sometimes medical interventions with known associated risks are utilized prior to considering less harmful options. Autonomy is having the freedom to make choices and nurses are expected to do their best to ensure that client autonomy is honoured as much as possible. Nurses are encouraged to be morally courageous which consists of performing the ethical right action even in the face of opposition. The seven key attributes of a morally courageous nurse are identified. Although impediments to moral courage do exist, nurses are inspired to develop strategies to overcome them. The Case in Point at the end of the Chapter is particularly challenging. A nurse is expected to practice non-maleficence while taking care of a client who is accused of a brutal crime.

Keywords: Autonomy, Advocacy, Beneficence, Cognitive behavioural therapy (CBT), Electroconvulsive therapy (ECT), Fidelity, Integrity, Moral principles, Moral courage, Mental Health Act, Non-maleficence, Paternalism, Parentalism, Respect for self-worth, Veracity.

LEARNING GUIDE

After Completing this Chapter, the Reader Should be Able to

* Be aware of the important connection between the ethic of care, nursing practice and key moral principles.

* Define each of the following: integrity, veracity, fidelity, respect for self-worth, beneficence, non-maleficence, autonomy and moral courage.

* Describe what victim blaming consists of and explain how it interferes with

respect for self-worth.

* Realize that consistently looking for the good in others can sometimes be morally challenging.

* Understand why nurses should avoid practicing paternalism.

* Be able to describe what moral courage entails.

* Be conscious of each of the seven key attributes of a morally courageous nurse.

* Recognize that impediments to acts of moral courage do exist and brain-storm ways to over come them.

* Apply what was learned to the Case in Point: Practicing non-maleficence.

HOW MORAL PRINCIPLES FIT IN WITH THE ETHIC OF CARE

Chapter two begins by drawing attention to the important connection between the ethic of care, nursing practice and key moral principles. This discussion proceeds to explain how victim blaming interferes with respect for self-worth. Nurses are also cautioned to avoid practicing paternalism because it violates a client's right to choose. Acts of moral courage are encouraged which consists of performing the ethical right action in the face of opposition. The seven key attributes of a morally courageous nurse are then identified. Although impediments to moral courage do exist, nurses are inspired to develop strategies to overcome them. The Chapter ends with a Case in Point that is particularly challenging. A nurse is expected to practice non-maleficence while taking care of a client who is accused of a brutal crime.

Moral principles are a set of ethical values that are used to guide decision-making. Fig. (**2.1**) Cooper (1991) argues that nurses can focus on caring and also draw upon moral standards when faced with ethical conflicts. In fact, select ethical principles may sometimes assist nurses in helping their clients to sort through the challenging situations they may find themselves in. In the discussion that ensues an important connection will be made between the ethic of care, nursing practice and the following moral principles: integrity, veracity, fidelity, respect for self-worth, beneficence, non-maleficence, autonomy, and moral courage.

INTEGRITY: The Ethical Value that Guarantees All Other Values

"Live so when your children think of fairness and integrity, they think of you." H. Jackson Brown, American Author.

Fig. (2.1). Moral Principles. Source: www.pixabay.com.

Integrity consists of integrating honest ways consistently into one's everyday actions. Integrity has been identified as the moral principle that guarantees all other values, because in the absence of honesty your actions cannot be trusted. Integrity is also referred to as walking the talk or being true to your word and is exemplified by your actions. For example, you are a good nurse to the degree to which you live your life to the highest values that you espouse. Integrity becomes the external manifestation of high standards of expectations that one will be totally honest, will strive for excellence, and live authentically under the guidance of personal responsibility for the decisions one makes (Miller-Tiedeman, 1999). To live authentically is to be true to who you are in the stewardship of self (Hasser-Herrick, 2005).

VERACITY: Only the Truth Will Do

"Proclaim the truth and do not be silent through fear." Catherine of Siena, Scholastic Philosopher & Theologian.

Veracity is the duty to tell the truth and veracity is a likely ally of integrity

CHAPTER 3

The CNA Code of Ethics Part I: Integrating Nursing Ethical Values & Responsibilities into Care

Abstract: Chapter Three begins with exploring the role of Canadian law because nurses who have a working knowledge of the Canadian legal system are better equipped to deal with legal issues that may arise during their practice. A brief overview of *The Canadian Constitution* and *The Charter of Rights and Freedoms* is also undertaken for similar reasons. Key aspects of the role of the Canadian Nurses Association (CNA) are presented followed by a discussion of the purpose and foundation of the CNA Code of Ethics. A connection is drawn between themes from the CNA Code of Ethics and the ethic of care. Nurses are made aware that the ethical values and responsibilities as laid out in Part I of the CNA Code of Ethics are not discretionary and must be followed by all practicing nurses. Each of the seven CNA Code of Ethics values are then discussed in terms of how they play out in actual practice and narratives are used to emphasize important points. Some topics that directly relate to Part I of the CNA Code of Ethics include: safety and nursing research; what to do if a nurse suspects that a health professional is practicing unsafely or unethically; key elements of informed consent; and the role of the nurse practitioner and registered nurse in medical assistance in dying (MAID). The Chapter ends with a Case in Point where a nurse deliberately covers up a mistake that costs a client their life.

Keywords: Accountability, Common law, Case law, Compassion, Criminal law, Civil law, Conscientious objection, Confidentiality, Distributive justice, Ethics, Ethic of care, Injustice, Justice, Knowledge and care, Law, Medical assistance in dying (MAID), Nursing research, Nursing competence, Precedent, Practice standards, Statutory law, Safety, Safety plan, Self-disclosure, Social justice, Social injustice, The Supreme Court of Canada, *The Canadian Constitution*, *The Charter of Rights and Freedoms*, The Canadian Nurses Association (CNA), The CNA Code of Ethics, Values.

LEARNING GUIDE

After Completing this Chapter, the Reader Should be Able to

- Understand that law always supersedes ethics.
- Explain the two key ways that laws are made in Canada.

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- Differentiate between common law, case law, precedent, statutory law, criminal law and civil law.
- Define democracy.
- Gain an awareness of the importance of *The Canadian Constitution* & *The Charter of Rights and Freedoms.*
- Describe the role of the Canadian Nurses Association (CNA).
- Explain the purpose and foundation of the CNA Code of Ethics (2017).
- Appreciate the connection between The CNA Code of Ethics & the ethic of care.
- Be aware that the ethical values and responsibilities as laid out in Part I of the CNA Code of Ethics must be followed by all practicing nurses.
- Understand some of the ways in which the seven values of Part I of CNA Code of Ethics and relevant ethical responsibilities are applied in nursing practice.
- Gain a comprehensive understanding of the important legal and ethical issues in relation to the CNA Code of Ethics values.
- Apply what was learned to the Case in Point: What Happens When a Nurse Deliberately Covers up a Mistake.

In this current Chapter the relationship between ethics and the law is presented first. The role of the Canadian Nurses Association (CNA), and the purpose and foundation of the CNA Code of Ethics is then clearly articulated, followed by a discussion of the connection between the CNA Code of Ethics and the ethic of care. Each of the seven core ethical values and some of the responsibilities as laid out in Part I of the new 2017 edition of the CNA Code of Ethics is then carefully delineated, with special attention given to new content. At the close of the Chapter a Case in Point is presented that demonstrates a terrible tragedy that occurs when a nurse deliberately covers up her error.

THE RELATIONSHIP BETWEEN ETHICS & THE LAW

"In law a man is guilty when he violates the rights of others. In ethics he is guilty if he only thinks of doing so." Immanuel Kant, German Philosopher.

Nurses need to be aware that law always supersedes ethics and nurses are obligated to obey the law. Box **(3:1).** Although **ethics** is the study of ideal conduct, **law** is concerned with the rules and regulations formed by government. In fact, nurses who have a working knowledge of the Canadian legal system are better equipped to deal with legal issues that may arise, especially in trying situations (Keatings & Smith, 2016). Although laws are meant to be derived from ethics, debate exists around how some of these laws are administered. For instance, a law that makes it an offence to touch another person without their consent is based on the ethical principles of autonomy and non-maleficence (Keatings & Smith, 2016). Laws that intentionally restrict a competent person's

freedom to make an informed choice are not based on ethics. An example may be a court ruling to allow food producers to exclude some important nutritional information on the labels of processed foods. Such a law would be intended for the purpose of allowing certain industries to make more money but may cause harm to the consumer.

Box 3:1 LAW SUPERSEDES ETHICS (Source: K. Stephany)
Nurses need to be aware that law always supersedes ethics and nurses are obligated to obey the law.

How Laws are Made in Canada

In Canada, there are two ways in which laws are created: through the judicial system as in the practice of common law, which is referred to as case law; and through government and the legislative system, which is referred to as statutory law. Common laws are formed by the judicial system, where courts and judges make decisions and each level is answerable to a more superior court. In lower courts, decisions made in one province are not legally binding in another province (Burkhardt, Nathaniel & Walton, 2015).

The Supreme Court of Canada is the highest court in Canada as well as the final court of appeals within the Canadian justice system (Government of Canada: Department of Justice. (n.d.) (Fig. **3.1**). The Canadian Supreme Court's rulings are enforceable across Canada, however the Supreme Court of Canada prefers to instruct governments to form statutory laws, particularly on controversial issues.

Fig. (3.1). The Supreme Court of Canada. Source: www.thecanadianencyclopedia.ca

CHAPTER 4

Values Clarification: Identifying what Matters to Nurses and Clients & Respecting the Differences

Abstract: The purpose of Chapter four is to inform nurses to learn how to respect differences in opinions through the process of values clarification. When a nurse is unaware of their values, especially when it comes to precarious subject matter, they may inadvertently impose their point of view onto others. From an ethical perspective, this type of response can be extremely problematic. It is recommended that nurses go through the process of uncovering their hidden values by increasing self-awareness. Nurses are also encouraged to use empathetic listening to respect client beliefs that differ from their own. Moral agency, moral residue and moral disengagement are explained. Unresolved moral conflicts can sometimes lead to moral residue that causes a nurse to become morally disengaged. Nurses are advised to get help before this occurs. Self-care strategies are highly recommended. In the Case in Point a client's right to choose results in moral residue for the nurse.

Keywords: Attitudes, Beliefs, Empathetic listening, Respect, Moral agency, Moral disengagement, Moral residue, Moral outrage, Reflective journaling, Self-awareness, Values clarification, Values.

LEARNING GUIDE

After completing this Chapter, the Reader Should be Able to:

- Contemplate where values come from.
- Understand the association between values, beliefs and attitudes.
- Recognize that values are deeply rooted and that they cannot be easily changed.
- Learn how to uncover hidden values.
- Understand that the purpose of values clarification is to identify what matters to nurses and clients and to respect the differences.
- Learn how to unlock your hidden values and how to respect client values that differ from your own.
- Discern the association between moral agency, moral residue and moral disengagement.
- Perform an exercise to determine your inherent worth.

Kathleen Stephany

- Apply what was learned to the Case in Point: When a Client's Right to Choose Results in Moral Residue for the Nurse.

In Chapter four nurses gain an appreciation of the fact that personal values are deeply rooted and are not easily changed. They are encouraged to go through the process of uncovering their hidden values through a values clarification process that enhances self-awareness by reflective journaling. Empathetic listening is recommended to respect client values that conflict with their own. Nurses are also made aware that they may encounter morally challenging situations in their practice and that they may become emotionally impacted by this process. Self-care is encouraged as a strategy to combat the negative effects of this problem. The Chapter ends with an exercise that assists nurses in being reminded of their inherent value followed by a Case in Point where a nurse develops moral residue when their values differ from their client's.

Fig. (4.1). Respect. Source: www.pixabay.com.

When Nurse & Client Values Differ: Respecting Client Autonomy

"I must respect the opinions of others even if I disagree with them." Hebert H. Lehman, Former Governor of New York & US Senator.

The values and ethical responsibilities as laid out in the CNA Code of Ethics (2017) must be followed by all practicing registered nurses. In addition to values that are associated with a specific profession, persons and/or groups possess their own set. Nurses have the right to follow their own personally chosen array of

morals and to live according to them. However, a nurse's private repertoire of ideals will sometimes conflict with the outlook of the client. When this occurs the nurse must be cautioned not to willingly or inadvertently interfere with their client's values or choices. Respect for client autonomy takes precedence over a nurse's personal views (Fig. **4.1**). Box (**4:1**) The importance of a nurse identifying personal belief systems and any values which conflict with clients' values will be a vital focus of the following dialogue.

Box 4:1 RESPECT FOR CLIENT AUTONOMY (Source: K. Stephany)
Respect for client autonomy takes precedence over a nurse's personal views.

WHAT ARE VALUES?

"What is firmly established cannot be uprooted. What is firmly grasped cannot slip away. It will be honoured from generation to generation." Lao Tsu, Chinese Philosopher & Author of the Daodejing.

In Chapter three, **values** were defined as standards that are esteemed, desired important or have merit or worth and may consist of principles, beliefs, traditions, behaviours, characteristics, or goals that are highly prized or preferred by individuals, groups, or society (Fry & Johnstone, 2002; Burkhardt, Nathaniel & Walton, 2015). Values are also central, enduring appraisals of what is important to us, our lives and our larger world (Galanti, 2004). Examples of commonly held universal axioms, or values include truth, beauty, goodness, righteousness, charity, generosity and love.

Where do personal values come from? A person is not born with them, they are learned. People usually acquire their belief system early on in life from parents, family, school, society, religion, and culture. Some values are chosen consciously and others we incorporate uncritically and unconsciously into our way of being (Daniels & Horowitz, 1998). Consequently, many people are unaware of what some of their values are. They become so entrenched into how a person thinks and behaves that an individual may operate on them in an automatic fashion.

WHAT IS THE RELATIONSHIP BETWEEN VALUES, BELIEFS & ATTITUDES?

What is the association between values, beliefs and attitudes? Values are deeply rooted and cannot be easily changed and beliefs are derived from our values. Beliefs are usually more apparent to us than our values. **Beliefs** are defined as having confidence in the existence of something that is not necessarily susceptible to actual verification that it exists (Dictionary.com, n.d.). Beliefs are derived from

CHAPTER 5

Utilizing Tools for Ethical Decision Making

Abstract: Chapter Five begins with an overview of the association and differences between ethical problems, ethical dilemmas, moral distress, moral agency and moral residue. Two specific tools for nurses to use when confronted with moral issues in practice are presented: *The Mosaic Model for Ethical Decisions* by Stephany (2012) and *A Framework for Ethical Decision Making* by Oberle and Bouchal (2009). An open discussion of the strengths of each strategy is presented. The Mosaic Model differs from other models in that it emphasizes care and caring relationships; keeps the person in the center; is non-linear and is applicable in many settings. The Framework is recommended by the CNA (2017). Tt focuses on the client's best interests; it encourages reflection; offers items to consider in practice; and is very applicable in a variety of ethical situations. The aforementioned model and framework are each presented in a series of five steps. In the Case in Point a client's decision conflicts with some members of the health care team. Nurses are encouraged to use the model or framework presented in this Chapter to sort through the ethical issues in this case.

Keywords: A Framework for Ethical Decision Making, Ethical problems, Ethical dilemmas, Ethical decision-making models, Ethical decision-making frameworks, Moral distress, Moral agency, Moral agency violation, Moral residue, The Mosaic Model for Ethical Decisions.

LEARNING GUIDE

After completing this Chapter, the Reader Should be Able to:

- Determine the association and differences between ethical problems, ethical dilemmas, moral distress, moral agency and moral residue.
- Be aware how moral agency is not the same as moral distress.
- Explain why ethical decision-making models or frameworks are useful.
- Describe the strengths of *The Mosaic Model for Ethical Decisions*.
- Gain an understanding of the Five Parts of The Model along with the rationale for each step.
- Explain why *A Framework for Ethical Decision Making* is recommended.
- Describe the five steps that are associated with this Framework and summarize some of the questions best suited to each step.

Kathleen Stephany

- Apply *The Mosaic Model for Decisions* or *A Framework for Ethical Decision Making* to the Case in Point: When Opinions Conflict.

Chapter Five opens with an overview of the association and differences between ethical problems, ethical dilemmas, moral distress, moral agency and moral residue. An argument is made in favour of the use of ethical models and frameworks as tools to assist nurses in moral decision-making in practice (Fig. **5.1**). Although there are many ethical models and frameworks, two are explored in this Chapter in considerable detail: *The Mosaic Model for Ethical Decisions* (Stephany, 2012) and *A Framework for Ethical Decision Making (*Oberle & Bouchal, 2009). When they are first introduced there is an open discussion of the strengths of each strategy. The aforementioned model and framework are presented in a series of five steps. At the closing of the Chapter the Case in Point illustrates how conflict can occur when opinions differ.

Fig. (5.1). Decision-making. Source: www.pixabay.com

Setting the Stage: Determining the Association & Differences between Key Ethical Terms

In order to create a foundation for using either an ethical model or framework, it is imperative that important associations and differences between key ethical concepts are clarified. A **problem** is a perceived gap between what is happening and what we would prefer to happen (Business Dictionary.com, n.d.). An **ethical**

problem is a basic statement of the key moral issues as they currently appear and sets the stage for further inquiry (Stephany, 2012). It gives us a brief view of what is seen as the basis of the predicament before further action is taken. At the ethical problem stage there are still gaps in knowledge.

With an **ethical dilemma** there are two or more morally defensible courses of action that can be taken but in actuality only one can be played out in practice (Burkhardt, Nathaniel & Walton, 2015). An example of an ethical dilemma is a situation where a client develops a foot that is badly infected and there is a concern that the client may develop sepsis. The surgeon recommends that the affected foot be amputated, but the client wants to have the foot treated medically. The ethical dilemma is stated as: to amputate the infected limb or to treat the limb medically. Both actions are morally defensible.

Moral distress occurs when there is only one ethically right avenue of action that can be taken but institutional or other constraints prevent that right action from happening. An example of moral distress is a situation where a nurse is working on a rehabilitation ward for clients who have suffered from a stroke. Many of the clients are bed ridden and prone to skin ulcers, yet none of them are on proper air mattresses because administration refuses to fund this crucial intervention. Furthermore, because administration also chooses to staff the ward with an inadequate number of nurses the bedridden clients cannot be turned often enough. Subsequently, many of them develop skin ulcers. Moral distress occurs for the nurses because they know what treatment modalities are needed yet they are unable to provide those treatments because of obstacles set out by administration.

Moral agency differs from moral distress yet nurses often confuse the terms. **Moral agency** is the ability of the nurse to act on their own moral beliefs which may or may not coincide with what is ethically right. A **moral agency violation** occurs when the nurse is unable to act on what they believe to be morally right. Moral distress happens when an ethically correct course of action is apparent but it cannot be carried out because of external obstacles Box (**5:1**).

Box 5:1 Moral Agency & Moral Distress are Different
Moral agency is the ability of the nurse to act on their own moral beliefs. Moral distress happens when an ethically correct course of action is apparent but cannot be carried out because of external obstacles.

The Utility of Ethical Decision-Making Models & Frameworks

"The ultimate purpose of collecting data is to provide a basis for action or a recommendation." Dr. W. Edwards Deming, American Engineer, Statistician & Professor.

CHAPTER 6

Professionalism & Accountability: Inspiring Nurses to Act Responsibly

Abstract: Professional behaviours and accountability are the key focus of Chapter Six. Some of the professional nursing standards that were discussed include: professional responsibility & accountability, knowledge-based practice, competent application of knowledge, a code of ethics, provision of services in the public interest and self-regulation. Strategies to ensure that the practice of nursing be lived as a call to care were included in the discussion of professionalism. The discussion then focusses more definitively on accountability and begins by drawing a connection between accountability, the ethic of care and CNA Code of Ethics key ethical responsibilities. A crucial order of priorities in nursing accountability is clearly articulated and it is asserted that a client's welfare supersedes all other responsibilities. Explicit tools are suggested for nurses to follow when they encounter an ethical conflict with institutional policy. At the end of the Chapter, two Cases in Point are presented. One involves a client record being intentionally altered. The other features an alarming situation where a nurse is ordered to withhold crucial information from clients who are at risk of harm.

Keywords: Accountability, Affirmative action, Boundary violations, Code of ethics, Communities of practice, Conflict of interest, Ethics committees, Ethic of care, Fiduciary relationship, Fitness to practice, Professional, Professional boundaries, Professional standards, Responsibility, Self-regulation, Synergism, Scope of practice.

LEARNING GUIDE

After completing this Chapter, the Reader Should be Able to:

- Define the term professional.
- Describe some key components of the profession of nursing.
- Recite the nine rules that apply to proper documentation.
- Understand the importance of setting boundaries in professional relationships.
- Demonstrate simple ways that a nursing career can be lived as a call to care.
- Explain how nursing accountability is linked to the ethic of care.
- Gain an understanding of the CNA Code of Ethics key ethical responsibilities associated with accountability.
- Explain the order of priorities of accountability in nursing practice.

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- Apply what was learned to the following two Cases in Point: When a client record is altered & When a nurse is ordered to withhold crucial information.

Fig. (6.1). Nursing & Professional Values. Source: www.pixabay.com

"It is not the job you do, it's how you do the job." Frank Tyler, American Architect.

Chapter Six covers the essential topics of professionalism and accountability in nursing as it relates to responsible action. Fig. (**6.1**). The first part of the Chapter begins with describing the four criteria of any profession followed by a brief discussion of some key components associated with the profession of nursing. The rules of proper documentation, the importance of setting professional boundaries, and the significance of embracing the profession of nursing as a call to care are also presented.

The second portion of the Chapter focusses more definitively on specific criteria associated with accountability. For example, it explains how nursing accountability is closely connected to the ethic of care followed by an overview of the CNA Code of Ethics (CNA) key ethical responsibilities that are associated with accountability. A crucial order of priorities in nursing accountability is clearly articulated and the argument is made that a client's welfare supersedes all other responsibilities. Explicit strategies are suggested for nurses to follow when they encounter an ethical conflict with institutional policy. Two Cases in Point are presented. The first involves a client record being intentionally altered. The second one is concerned with a nurse being ordered to withhold crucial information from clients who are at risk of harm.

PROFESSIONALISM

A **professional** is an educated, skilled and knowledgeable individual who offers a particular service to the community and professions exist for the purpose of meeting the needs of society (Burkhardt, Nathaniel & Walton, 2015). The public has an expectation that professionals will practice within their professional mandate. Therefore, both the scope and limitations of practice are established through legal legislation. Similarly, professional behaviours are monitored by government and respective professional bodies (Oberle & Bouchal, 2009).

Key Components of The Nursing Profession

For any group of individuals to call themselves a profession there are four aspects that must be present: they must possess a specialized body of knowledge, they must be accountable, they must be self-governing, and they must abide by a code of ethics (Stephany, 2012). The profession of nursing requires a bit more of their members than just the basic criteria. Nurses must abide by their regulatory body's standards of practice. Every Canadian nurse needs to be aware of the specifics of their own professional standards as laid out by their licensing body. What exactly is a **professional standard**? It is the minimal level of performance expected of nurses in their practice (British Columbia College of Nursing Professionals (BCCNP), n.d.). Although standards differ somewhat from one jurisdiction to another in Canada, some common standard themes include but are not limited to: responsibility & accountability, knowledge-based practice, competent application of knowledge, code of ethics, provision of services in the public interest and self-regulation.

I. Professional Responsibility and Accountability

Within the profession of nursing, **accountability** is concerned with a nurse taking responsibility for their own nursing actions and professional conduct (BCCNP, n.d.). The later portion of this Chapter will give a more extensive overview of accountability, therefore, this current discussion on this topic is brief. Ultimately nurses are not only accountable to the clients that they serve but also to society. For instance, in a profession such as nursing, ideas of right and wrong or our perceptions of our duty as professionals are largely shaped by the mandate of the profession of nursing but also by what the public requires of us (CNA, 2017). The community expects nurses to act responsibly. For example, nurses have consistently been judged as top rate when compared to a list of trusted professionals and rank very highly in the minds of Canadians (Insights West Survey, 2017).

CHAPTER 7

Advocacy: The Heart of Nursing

Abstract: Nursing Advocacy entails acting on behalf of others and Chapter Seven promotes advocacy as the driving force of nursing. Advocacy can occur in the form of being a voice for an individual or by supporting a larger cause. Nurses are expected to maintain quality health care services, preserve public access to health care and ensure health equity. Whistle-blowing is presented as a more drastic form of advocacy that is only to be used as a last resort. Six specific actions are suggested for nurses to seriously consider before whistle-blowing. Nurses are not likely to advocate for a person or group of people that they have a bias toward. Cultural safety and affirmative action are recommended to end discrimination. There are some negative consequences associated with advocacy like that of being morally silenced. The Chapter ends with a Case in Point where a student nurse chooses to be the voice for the client.

Keywords: Advocacy, Autonomy, Affirmative action, CNA Code of Ethics Part II, Cultural safety, Determinants of health, Ethic of care, Ethic of justice, Florence Nightingale, Health equity, Homelessness, Informed consent, Indigenous peoples, Moral silence, Moral residue, Mental illness, Paternalism, Parentalism, Stereotypes, Social justice, Whistle-blowing.

LEARNING GUIDE

After Completing this Chapter, the Reader Should be Able to

- Understand that nurse can advocate for individuals and/or for a cause.
- Define social justice, health equity and social determinants of health.
- Understand three key actions that The CNA Code of Ethics Part II (2017) expects of nurses.
- Become aware of the many ways that nurses can specifically address or eliminate social inequities.
- Gain an understanding of what it means to be Indigenous.
- Become aware of how social determinants of health negatively affect vulnerable populations and ways that nurses can advocate for change.
- Define whistle-blowing and appreciate that it should be used as a last resort.
- Be able to clearly articulate specific actions that nurses should seriously consider before whistle-blowing.

Kathleen Stephany

- Be cognizant of the fact that stereotypical biases often impede advocacy efforts.
- Gain an understanding of the risks that are associated with advocacy.
- Apply what was learned to the Case in Point: When the student nurse chooses to be the voice for the client.

Fig. (7.1). Advocacy, the Heart of Nursing. Source: www.pixabay.com

"You really can change the world if you care enough." Marian Wright Edelman, American Activist for children

Nursing advocacy entails action on behalf of others. Advocacy was introduced in earlier Chapters and it is a threaded theme throughout this book because it is so central to what nurses do. The title of this Chapter is, *Nursing Advocacy: The Heart of Nursing*, and it is a fitting title because that is what many of us believe to be true (Fig. **7.1**). Chapter Seven begins with the assertion that advocacy is the heart of nursing. It is argued that the ethic of care and advocacy are closely related because they are both concerned with taking responsibility for what happens to us and others. The focus then turns to how advocacy can occur on behalf of an

individual or a social cause and the three key actions that The CNA Code of Ethics Part II (2017) expects of nurses.

Whistle-blowing is a more drastic form of advocacy and it should only be undertaken as a last resort. Specific actions are strongly advised before deciding to be a whistle-blower. We are made aware that a nurse is unlikely to advocate for a person or group of people that they have a bias toward. Ensuring cultural safety and affirmative action is recommended as a means to end discrimination. There are some negative consequences associated with advocacy that includes being morally silenced. The Chapter ends with a Case in Point where student nurse chooses to be the voice for the client.

Fig. (7.2). Helping Hands. Source: www.pixabay.com

NURSING ADVOCACY & THE INDIVIDUAL

"What ever the tools or technologies, the job of the nurse will remain caregiver and advocate for the most sick and vulnerable members of our communities." Dr. Charles Tiffin, Professor of Human Science

One key role of nursing advocacy consists of being the voice for a specific individual or acting on their behalf (Fig. **7.2**). Clients sometimes have a tough time making their voices heard or asking for what they need. This happens when someone feels disempowered by the situation that they find themselves in. Individuals who have been admitted to hospital often relate to this feeling. Your clothes are removed; you are placed in a hospital gown where the back of the gown is often open; and you have to rely on complete strangers to care for you. Although we often claim that the client is the center of care when we are doing care planning, there is often a discrepancy between what the ideal goal is and

CHAPTER 8

In an Age of Technological Advancements: Ensuring that Caring Remains in Practice

Abstract: Chapter Eight explores how technological advances enhance healthcare delivery but also create new challenges for nurses. Caring as technology refers to the meaning of health care delivery in relationship to technology. Many benefits of technology in health care include, expediency of care delivery, improving the working conditions of nurses, safer learning opportunities for student nurses, and decreased overall costs for health care. There are also some draw backs such as, a decrease in direct communication, a negative impact on relational practice, an increased risk of privacy violations and the loss of nursing jobs. It was pointed out that, in modern health practices the nurturing aspects of caring for the ill or aged is increasingly viewed by some institutional bodies as less important than other more mechanistic aspects of service. Modern advances of science have also somewhat blurred the boundaries of when life begins and when it ends. Nursing the dying person can be difficult for nurses. No matter how many future changes occur the challenge to the profession of nursing is not to lose the capacity to care. Mindfulness was recommended as a tool to help nurses to connect with their clients in a caring way. In the Case in Point a distraught family member shares her story of how it felt to be left in the dark about the imminent death of her loved one.

Keywords: Affirmation, Caring as technology, Futility, Morbidity, Mortality, Mindful listening, Robots, Simulation, Virtual reality.

LEARNING GUIDE

After Completing this Chapter, the Reader Should be Able to

- Define caring as technology.
- Be aware that although technological advances have improved many aspects of health care delivery it has also created new challenges.
- Understand how modern advances of science have also somewhat blurred the boundaries of when life begins and when it ends.
- Recognize that nursing the dying person can often be difficult for nurses.
- Appreciate that no matter how many future changes occur the challenge to the profession of nursing is not to lose the capacity to care.

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- Explain the value of mindful listening and how to use it to connect with clients in a caring way.
- Apply what was learned to the Case in Point: When the family feels that they have been left in the dark.

"It is ironic that nursing education and practice require so much knowledge and skill to do the job, but very little effort is directed toward developing how to 'Be' while doing the real work of the job." Jean Watson, American Nurse, Author, Professor & Care Theorist

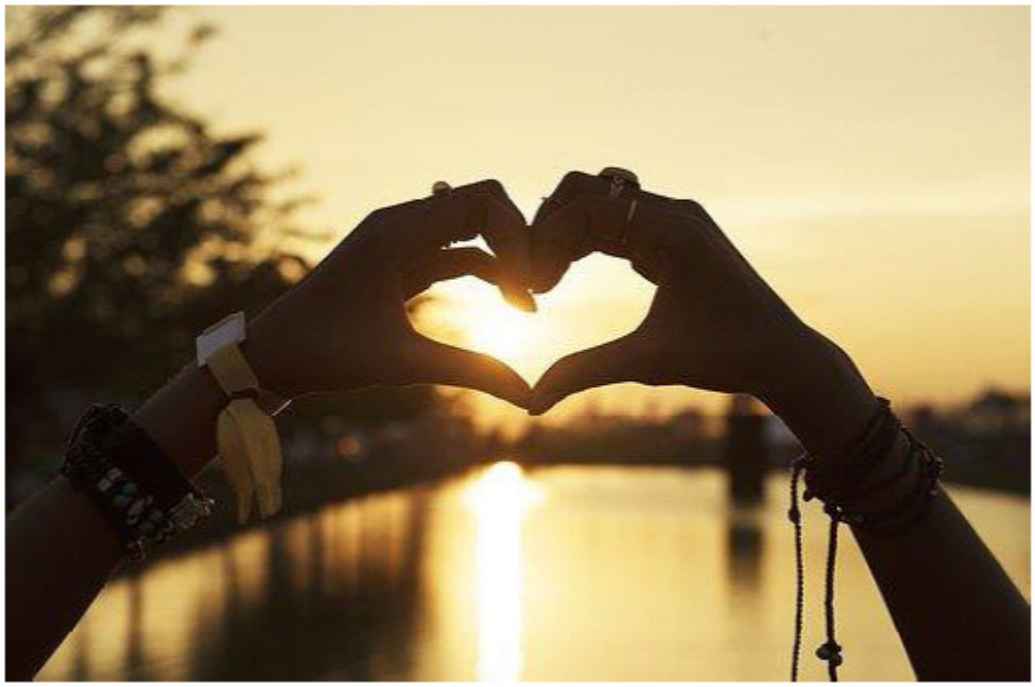

Fig. (8.1). Caring. Source: www.pixabay.com

Caring as technology refers to caring in relationship to technology and such things as virtual reality, machines that support life and robots. Chapter Eight points out that, although technological advances can enhance healthcare delivery, it can also create new challenges for nurses. In modern health practices the nurturing aspects of caring for the ill or aged is increasingly viewed by some institutional bodies as less important than other more mechanistic aspects of service. Furthermore, advances of science have somewhat blurred the boundaries of when life begins and when it ends. Subsequently, nursing the dying person can often be difficult for nurses. No matter how many changes occur in the future, the

challenge to the profession of nursing is not to lose the capacity to care. A way to focus on the needs of our clients in a caring way is through the art of mindful listening. The Case in Point shares a heart wrenching story as told by a family member, who felt devastated that they were not informed that their loved one was dying. Nurses are challenged to explore ways in which this situation could have been handled in a more compassionate manner.

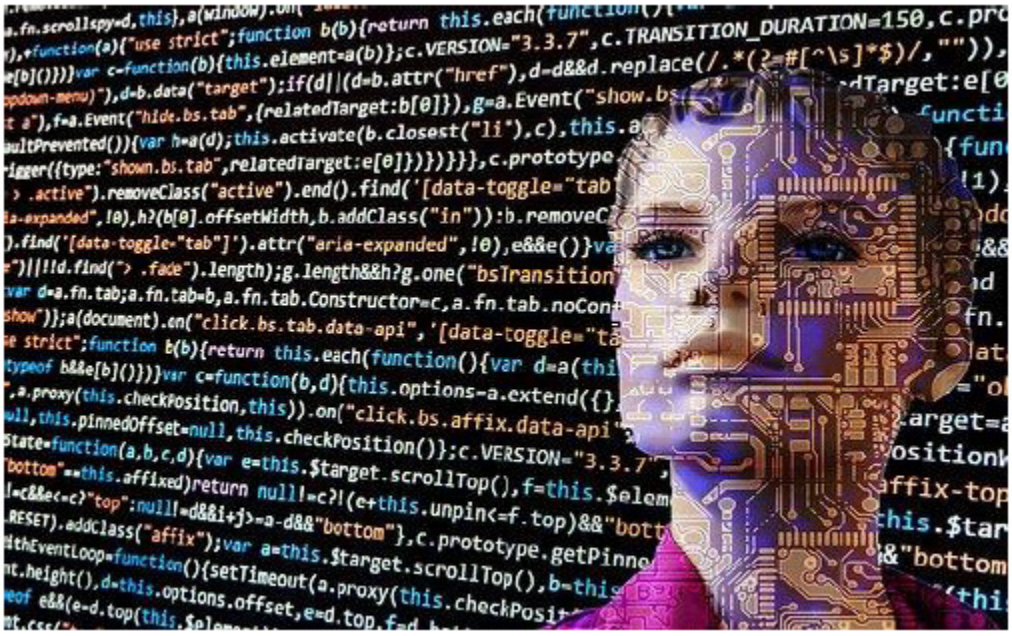

Fig. (8.2). Artificial Intelligence & Robotics. Source: www.pixabay.com

TECHNOLOGICAL ADVANCES IN HEALTHCARE: HOW IT IS CHANGING THE WAY THAT WE NURSE

The Benefits

There are many benefits to making use of technological advancements in health care such as, the ability to instantly access electronic records; global positioning systems' (GPS) tracking of medical equipment; and enhanced access to diagnostic tests in real time (Gionet, 2017; Elrick, 2017). Work is made easier for nurses by the use of electronic lifts to move clients, and by robots who can do a great deal of the manual labor formerly only performed by nurses (Wirkus, 2017). Costs for health care delivery are decreased because less nurses are needed to do the work, and nurses' salaries are one of the biggest expenditures of providing direct client care (Rouleau, Gagnon & Cote, 2015).

CHAPTER 9

Embracing Diversity: Toward a Morally Inclusive Practice

Abstract: The goal of Chapter nine is to assist nurses to engage in a morally inclusive practice. A morally inclusive practice celebrates what people have in common as well as their differences. Diversity reflects variations in belief systems and ways of living and permeates everything that we do. Nurses are advised to diligently avoid stereotyping, which is expecting all people from a particular group to respond in a certain way based on perceived ideas. Systemic racism reinforces unfair inequalities among ethnic or racial groups and is a serious problem in health care. Education is the key to changing this culture. It is pointed out how Colonialism and Canadian residential schools resulted in historical trauma to Indigenous peoples that still negatively impacts large numbers of people. The Truth & Reconciliation Commission of Canada (TRCC) (2015) made a specific recommendation that Canadian medical and nursing schools include a mandatory course covering Aboriginal health issues. Applying the principles of trauma-informed care (TIC), cultural safety and cultural humility are recommended to help nurses be empathetic. Bullying is identified as a negative but harsh reality in nursing. Witnesses of bullying are asked to intervene to end bullying behaviours. A proposed Code of Conduct to encourage inclusion in nursing is recommended. The Chapter ends with a Case in Point: The Sinclair Case: Ignored to Death.

Keywords: Bullying, Culture, Cultural competence, Cultural awareness, Cultural sensitivity, Cultural safety, Colonialism, Cultural humility, Civility, Diversity, Ethnicity, Emotional intelligence, Inclusive practice, Incivility, Indigenous peoples, Racialized ethnicity, Residential Schools, Resiliency, Relationship-based care, Systemic racism, The Truth & Reconciliation Commission of Canada, The United Nations Declaration on the Rights and Freedom of Indigenous Peoples, Trauma-informed care, Trauma-sensitive, Trauma-responsiveness.

LEARNING GUIDE

After Completing this Chapter, the Reader Should be Able to

- Describe what is meant by a morally inclusive practice.
- Define diversity.

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- Understand the differences between ethnicity, stereotyping, racialized ethnicity and systemic racism.
- Reflect on the important reasons why all nurses should avoid stereotypical biases and acts of systemic racism. Recognize that Colonialism and Canadian residential schools resulted in historical trauma that still negatively impact large numbers of Indigenous peoples.
- Gain a working understanding of what trauma-informed care (TIC) entails and how to implement its principles into practice.
- Appreciate that cultural safety and cultural humility are skills that helps nurses to be empathetic.
- Develop an appreciation of all the components associated with cultural competence and how to incorporate them into practice.
- Be motivated as nurses to take the lead in implementing cultural safety and cultural humility in the work-place.
- Realize that bullying is a negative but real aspect of the nursing culture.
- Become aware of ways that nurses can act individually or as a group to counteract workplace bullying.
- Understand the specific actions as proposed by Code of Conduct to encourage inclusivity in nursing.
- Apply what was learned to the Case in Point: The Sinclair Case, Where Racism Contributed to Death.
- Appreciate the importance of making cultural safety training a requirement for all health care professions.

Chapter Nine inspires nurses to whole-heartedly embrace diversity. Although diversity reflects variations in belief systems and ways of living, the current discussion deals primarily with the ethnic and cultural aspects of diversity. The current discussion deals primarily with the ethnic and cultural aspects of diversity. Chapter 10 will specifically cover the important topic of gender and sexual orientation. Chapter 11 will focus on the role of religion and spirituality in nursing. The intention of all three Chapters is to assist nurses to celebrate what we share with all people, including individuals and groups that are different from our own.

Nurses are advised to diligently avoid stereotyping. Systemic racism reinforces unfair inequalities among ethnic or racial groups and is a serious problem in health care. It is also crucial for nurses to understand how past trauma negatively affects many individuals and groups of people in our society. Applying the principles of trauma-informed care (TIC), cultural safety and cultural humility are suggested ways to help nurses to be empathetic.

Bullying is identified as a negative but harsh reality of the culture of nursing.

Witnesses of bullying are asked to intervene to end bullying behaviour. Specific actions are suggested by a proposed Code of Conduct to encourage inclusion in nursing. The Chapter ends with a Case in Point: The Sinclair Case: Ignored to Death.

Fig. (9.1). Coming Together & Honoring Diversity. Source: www.pixabay.com

THE VAST LANDSCAPE OF DIVERSITY

The primary goal of this Chapter is to help nurses to engage in a morally inclusive practice (Fig. **9.1**). A **morally inclusive practice** celebrates what people have in common as well as their differences and involves the action of whole heartedly embracing diversity (Coehlo, & Manoogian, 2010). **Diversity** is a concept that reflects variations in belief systems and ways of living. It includes, but is not limited to ethnicity, culture, gender, sexual orientation, age, religious and spiritual beliefs, socioeconomic position and health status (Burkhardt, Watson & Nathaniel, 2015; Coehlo & Manoogian, 2010; Galanti, 2004). We have more in common than we think. By accepting a variety of lifestyles, nurses are better able to move away from fearing our differences and instead develop an appreciation of the strengths that come from the unity contained within diversity (Burkhardt,

CHAPTER 10

Ethics, Gender & Sexual Orientation: Moving Beyond Tolerance to Acceptance

Abstract: Chapter ten deals with the somewhat sensitive subject matter of ethics, gender and sexual orientation. Nurses are encouraged to move beyond tolerance and to accept and respect life choices that differ from their own. The issue of gender style and ethical decision-making is reviewed. It is pointed out that male ways of approaching moral decision-making may be different from females but not inferior to them. The reasons why Canadian nurses are still primarily women is explored. Nurses are obligated to have a working knowledge of the varying forms of sexual and gender orientation and they are not allowed to discriminate against any individual for any reason. It is pointed out that members who identify as lesbian, gay, bi-sexual, transgender, queer or questioning their sexual identity, or 2 spirit (LGBTQ2S) are often victims of both acute and chronic trauma. They are often not well understood or treated by members of the health community. Nurses are advised to become familiar with treatment guidelines in order to more effectively manage gender assessments. A strategy to foster compassion is recommended. The Chapter ends with a Case in Point: When Coming Out Seems to Cost too much.

Keywords: 2-spirit, Asexuality, Bisexuality, Ethic of justice, Ethic of care, Gender orientation, Gay, Gender non-conforming, Heterosexuality, Homosexuality, Heterosexism, Lesbian, Non-binary, Queer, Questioning their sexual identity, Transgender.

LEARNING GUIDE

After Completing this Chapter, the Reader Should be Able to

* Explain the differences between tolerance and acceptance.

* Appreciate that ethic of care theorist, Gilligan (1982) viewed male ways of approaching moral decision-making as different from females but not inferior to them.

* Explain key reasons why the profession of nursing is still primarily occupied by women.

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* Be informed of some of the various forms of sexual and gender orientation.

* Understand that persons who identify as lesbian, gay, bi-sexual, transgender and queer or questioning their sexual identity and 2 Spirt (LGBTQ2S), are often victims of both acute and chronic trauma.

* Realize that members of the LGBTQ2S group are frequently not well understood or treated well by members of the health community.

* Become familiar with treatment guidelines that foster inclusiveness in order to more effectively manage gender assessments.

* Learn to adopt a strategy to develop compassion.

Fig. (10.1). Gender Diversity. Source: www.pixabay.com

GENDER ISSUES IN NURSING

"A healthy, vital society is not one in which we all agree. It is one in which those who disagree can do so with honor and respect for other people's opinions and an appreciation of shared humanity." Marianne Williamson.

The primary goal of the previous Chapter was to inspire nurses to engage in a morally inclusive practice that embraces diversity. The current Chapter is written as an extension of that dialogue and deals with the somewhat sensitive subject matter of ethics, gender and sexual orientation (Fig. **10.1**). The goal is to encourage nurses to move beyond tolerance and to accept and respect life choices that differ from their own. Box **(10:1).** The issue of gender style and ethical decision-making is reviewed. It is pointed out that male ways of approaching moral decision-making may be different from females but not inferior to them. The reasons why Canadian nurses are still primarily women is explored. Nurses are obligated to have a working knowledge of the varying forms of sexual and gender orientation and they are not allowed to discriminate against any individual for any reason. It is pointed out that members who identify as lesbian, gay, bi-sexual, transgender, queer or questioning their sexual identity, or 2 spirit (LGBTQ2S) are often victims of both acute and chronic trauma. They are often not well understood or treated by members of the health community. Nurses are advised to become familiar with treatment guidelines in order to more effectively manage gender assessments. A specific exercise to foster compassion is also recommended. The Chapter ends with a Case in Point: When Coming Out Seems to Cost too much.

BOX 10:1 MOVING BEYOND TOLERANCE (Source: K. Stephany)
Acceptance goes beyond tolerance and although it may not involve agreeing with a person's choices or orientation, it acknowledges that they are valid.

Re-Visiting the Issue of Gender & Ethical Decision-Making

The traditional manner of dealing with ethical issues originated historically with male philosophers and was referred to as an ethic of justice. The **ethic of justice** is objective, rule orientated and based on the idea of fairness (Smolkin, Bourgeois and Findler, 2010). The ethic of care theorist, Gilligan (1982), in her original research, found that when it came to ethical decision-making in nursing, the ethic of justice on its own was insufficient. Her conclusions were based on the fact that the profession of nursing is mostly occupied by women and data that revealed that females, in general, appear to differ from males in what they viewed as most important. Gilligan concluded that, as a group, women tend to focus more on caring, relationships, connectedness and responsibility, which is the essence of the **ethic of care**, and less on algorithms for making decisions. Gilligan was trying to stress that being aware and sensing the needs of others is just as important as applying rules to decision-making (Smolkin *et al*., 2010; Noddings, 1984). What needs to be emphasized is that although Gilligan viewed male ways of approaching moral decision-making as different from females, she did not

CHAPTER 11

The Role of Religion & Spirituality in Nursing: Respecting What the Client Believes

Abstract: The aim of Chapter eleven is to encourage nurses to work with their client's religious and spiritual values and not to discriminate when they differ from their own. The desire to believe in God or something beyond the physical is deemed universal. Theology, religion and spirituality are an integral part of the search for something more and what most religious and spiritual beliefs share is the notion that there is more to life than physical existence. The profession of nursing has a long and enduring history of a close association with spirituality and nursing has often been referred to as a mission or calling. It is argued that religious practices are still valid for present day nursing. The Canadian Nurses Association (CNA) supports this stand and recognizes parish nursing as valid. The ethic of care can be viewed as a means to spiritual connection because, like religion, spirituality values the relationship between people and all that exists in life. Nurses are also strongly encouraged to consider implementing transcultural caring guidelines for spirituality into their practice. The Chapter ends with a Case in Point: When a practicing Christian is assigned to care for an Atheist.

Keywords: Atheism, Ethic of care, Parish nurse, Religion, Spirituality, Theology.

LEARNING GUIDE

After Completing this Chapter, the Reader Should be Able to

* Be reminded that although nurses have the right to follow their own personal set of values, they cannot force their religious beliefs onto their clients.

* Become aware that although theology, religion and spirituality share many things in common, they are not exactly the same.

* Explain how the subject of spirituality is still relevant for nursing and how it is linked to the ethic of care.

* Draw a connection between spirituality and the ethic of care.

* Learn how to honour clients' religious and/or spiritual beliefs.

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* Consider implementing transcultural caring guidelines for spirituality into practice.

* Apply what was learned to the Case in Point: When a Practicing Christian Nurse is Assigned to Care for an Atheist.

Fig. (11.1). The Dove & Symbol for Spirituality. Source: www.pixabay.com

RELIGION & SPIRITUALITY IN NURSING

"Regardless of whether one is conscious of one's own philosophy and value system, it is affecting the encounters, relationships, and moments we have with our self and others." Jean Watson, American Nurse, Author, Professor & Care Theorist.

The importance of embracing diversity was first formally introduced in Chapter Nine, expanded upon in Chapter Ten and continues in Chapter Eleven. In Chapter Four the values clarification process was introduced. Identifying what matters to nurses and clients and respecting the differences was declared to be the purpose of values clarification. It was also advised that, although nurses have the right to follow their own personal set of values, they cannot force what they believe onto their clients. This moral directive stands for all personal values including those that pertain to religion and spirituality. Subsequently, the goal of this Chapter is to encourage nurses to respect their client's religious and spiritual values and not discriminate when their views differ from their own.

The desire to believe in God or something beyond the physical is deemed universal. What most religious and spiritual beliefs share is the notion that there is more to life than physical existence. The profession of nursing has a long and enduring history of a close association with spirituality and nursing has often been referred to as a mission or calling. It is argued that religious practices are still valid for present day nursing. The Canadian Nurses Association (CNA) supports this stand and recognizes parish nursing as valid. It is strongly suggested that nurses consider implementing transcultural caring guidelines for spirituality into their practice. The Chapter ends with a Case in Point: When a practicing Christian is assigned to care for an Atheist.

Theology, Religion & Spirituality: How are they Similar & Different?

"Though we may differ greatly in how, who and what we worship, the basic code of behavior is common to all. It is this common denominator which binds us together in humanity and has helped us to continue to grow and survive." Leo Buscaglia, Psychologist, Author and Teacher

The longing to identify with something beyond the physical in life is one of the most significant quests of the human condition. Historically, the desire to come to understand God, to believe and have faith in something beyond our physical, no matter what you name it, is universal (Moorhouse, 2008). Theology, religion and spirituality are integral parts of the search for something more. However, even though they have much in common there are some distinct differences between them (Fig. **11.2**).

Theology is the study of the transcendent and supernatural, often referred to as God and includes the study of all religions and topics relevant to spirituality (Ray, 2016). **Religion** goes beyond studying the super-natural and at the heart of every **religion** is the worship of a greater power or a being outside of the individual person, such as God or deity. It also involves the following of sacred texts or a book of laws and rules and emphasizes prayer, service, and earning your place in the afterlife (Watson, 2008; Burkhardt, Nathaniel & Walton, 2015; Stanford, 2010). Religion has traditionally brought a sense of comfort to people living in times of great turmoil and fear. It is believed by some that religion has the purpose of creating order from chaos and gives humanity a code and rules to live by (Levine, 2003).

While theology involves studying the supernatural and religion focuses on the worship of something outside of ourselves such as God, **spirituality** concentrates more on the energy within the individual and the connection with an animating energy force that permeates every aspect of life (Ray, 2016; Watson, 2008). The use of silence, meditation, mindfulness and solitude are deemed important aspects

CHAPTER 12

Ethical Nursing Leadership for the 21st Century: The Importance of Being the Change

Abstract: Ethical leaders ensure that moral conduct is a standard expectation for people in positions of power and Chapter twelve introduces ethical leadership as the new way of leading for nurses. Many people have ingrained beliefs as to what leadership consists of. Therefore, the Chapter begins with an overview of the five most common myths of leadership. An explanation is given as to why the topic of ethical leadership has become popular in recent years. Ethical leadership has four key aims. It brings the person back into focus, it encourages organizations to invest in human potential as a valuable resource, it pursues greater social justice, and it makes protecting the environment a priority. It is argued that ethical nurse leaders are needed because the 21st Century presents unique challenges for the nursing profession. The association between ethical nursing leadership and the ethic of care is explained and nurses are inspired to take on the challenge of being agents for change. In the Case in Point a student nurse recounts a leadership strategy that empowered them.

Keywords: Ethical leadership, Ethical nursing leadership, Entrepreneur, Ethical fitness, Ethic of care, Moral principles, Pioneer, Social justice.

LEARNING GUIDE

After Completing this Chapter, the Reader Should be Able to

* Become aware of the five myths of leadership.

* Describe what it means to be an ethical leader.

* Understand the reasons why ethical leadership is becoming popular.

* Give reasons why ethical nursing leadership is needed.

* Explain the four key aims of ethical leadership.

* Understand the association between ethical nursing leadership theory, moral values, effective communication skills, ethical fitness and the ethic of care.

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* Apply what was learned to the Case in Point: When a student nurse recounts a leadership strategy that empowered them.

* Be inspired to take on the challenge of being the change.

Ethical leaders ensure that moral conduct is a standard expectation for people in positions of power and this final Chapter of this book introduces ethical leadership as the new way of leading for nurses. The discussion begins by reviewing five common myths of leadership. An explanation is given as to why the topic of ethical leadership has become popular in recent years. The four key aims of ethical leadership are presented. Reasons are given as to why ethical nurse leaders are needed. The association between ethical nursing leadership and the ethic of care are explained and nurses are inspired to take on the challenge of being agents for change. In the Case in Point a student nurse recounts a leadership strategy that empowered them.

THE FIVE MYTHS OF LEADERSHIP

Leadership is often not what we assume it to be, yet many people have ingrained beliefs and ideas as to what leadership consists of. Some view leadership as something that is for the elite few and see a leader as a person who is larger than life (Myers, 2012). They often assume that for someone to be a leader they must possess an impressive title, but titles have very little to do with actual leadership (Maxwell, 2007). According to Maxwell (2007) authentic leadership cannot be bestowed, appointed or inherited. It must be earned. We will now review the five most common myths that are associated with leadership as identified by Maxwell (2007).

1. The Management Myth

Many people assume that management and leadership are the same but they are not. One key difference between the two is that management is most often concerned with maintaining systems and the process of running the organization, whereas leadership is more focused on investing in people (Maxwell, 2007; Langlois, 2011). Traditional autocratic managers have been known to expect those who work for them to follow their advice whether they agree with it or not. On the other hand, effective leaders ensure that they get the people who work for them to buy into the vision of the organization by including them and their ideas, in the development and implementation of organizational goals. By investing in others effective leaders easily influence others to want to follow their guidance (Maxwell, 2007).

2. The Entrepreneur Myth

An **entrepreneur** is someone who has a business idea that they turn into profit (Dictionary.com, n.d.). Often people assume that entrepreneurs are leaders because they possess ideas, see opportunities and understand how to turn all of that into a financial success. However, not everyone who is good at business and finances is able to lead other people, especially if they put making money above people. If an entrepreneur genuinely wants to lead, they need to be able to pass their excitement for a project onto others and include them in the plan for action and success (Maxwell, 2007; Langlois, 2011).

3. The Knowledge Myth

We sometimes assume that the smartest person in the room should be the leader. However, people can be extremely knowledgeable in their field of expertise and still be inept when it comes to leadership skills. For example, they may be unable to convey what they know to others in a way that will motivate them to want to get involved, especially if they treat other people in condescending ways. Being smart is not enough Maxwell, 2007).

4. The Pioneer Myth

An additional misconception about leadership is that a pioneer is a natural leader. A **pioneer** is the first or earliest in a field to come up with a unique idea (Dictionary.com, n.d.). Some pioneers lack the people skills. They may have great ideas, but they must be able to act on a vision, set achievable goals, and be able to influence others to want to follow them (Maxwell, 2007).

5. The Position Myth

One of the biggest misunderstandings about leadership is that it is based on position (Maxwell, 2007). You get a promotion, you have an important title, you are the boss and you have people working for you, so everyone assumes you are the leader. Being the boss doesn't make you an effective leader especially if you are controlling and autocratic. An effective leader must know how to influence the people who work for them by investing in them and motivating them to do their best (Myers, 2012).

GLOSSARY

Acceptance is the act of taking people as they are and where they are.

Accountability is concerned with responsible action and being answerable to someone outside yourself for what you do.

Act Deontology views each act as unique and separate. The decision to label a situation as right or wrong must be made by consulting our conscience or intuition and our choices must be also be made without the application of rules.

Act Utilitarianism applies the pleasure criteria to each specific action. An individual judges the moral status of each action by its consequences.

Active Listening is intentionally being fully present and listening to what is being said while also giving your full attention to the person who is speaking.

Advance Care Planning consists of an ongoing process of reflection communication and documentation regarding a person's values and wishes for future health and personal care if they become incapable of consenting to or refusing treatment.

Advocacy entails being the voice for or acting on behalf of the client or a cause.

Affirmative Action consists of an active effort to improve the employment or education of members of known minority groups.

Alternating Rhythms of Care consists of the notion of flexibility and spontaneity in helping relationships.

Applied Nursing Ethics is a sub-category of ethics and is more involved with the practice of nursing and less concerned with just applying philosophical rules for decision-making.

Atheism is a denial in the existence of God or gods or any spiritual being outside of the human experience.

Attitude consists of our opinion on an object person or matter.

Autonomy is having the freedom to make personal choices about issues that affect one's life without interference from others.

Belief consists of having confidence in the existence of something that is not necessarily susceptible to actual verification that it exists.

Beneficence is the obligation for do what is beneficial for the client.

Boundary Violations consist of intentional or unintentional actions between two people that go against well accepted social expectations.

Bullying is a drastic form of incivility that constitutes workplace violence. It consists of repeated unreasonable and purposeful cruel actions of either individuals or groups, that is directed toward a person or group of employees. The goal of bullying is to intimidate and belittle.

Calling can be described as a way in which our work allows us to demonstrate passion dignity, integrity and greater service to the greater good for all.

Canadian Nurses Association (CNA) *Code of Ethics for Registered Nurses* is a statement of the ethical values of nurses and of nurse's commitments to persons with health-care needs and person receiving care.

Caring as Technology refers to caring in relationship to technology and such things as virtual reality machines that support life and robots.

Caring-Concern is about being concerned about the person's present set of circumstances but also about everything else that is going on in their life.

Caritas refers to the belief that caring and love are the most important forces in all of life.

Categorical Imperatives in philosophy consist of commands that direct what a person ought to do that are associated with morality and moral maxims.

Case Law refers to precedent decisions made in previous cases.

Civil Law is a body of laws that deal with disputes between individuals and does not deal with criminal cases.

Civility consists of behaviour that is tantamount with respectful gracious, polite and courteous conduct.

Cognitive Behavioural Therapy (CBT) is a therapeutic strategy that teaches clients to change negative self-talk and a negative world view into something positive.

Common Law (sometimes called case law) is a system based on rules principles, and doctrine based on common sense. Laws of conduct are not formally written down. A judge makes decisions made from past legal cases.

Communities of Practice consist of a group of people who share a common concern or interest in a topic and who come together to achieve individual and mutual goals.

Compassion is concerned with identifying with another's suffering.

Confidentiality is concerned with keeping medical information about a client private.

Conflict of Interest occurs when any aspect of nursing care clashes with a nurse's own moral beliefs but in keeping with professional practice.

Conscientious Objection occurs when a nurse informs their employer about a conflict of conscience and the need to refrain from providing care because of a practice or procedure conflicts with the nurse's moral beliefs.

Consequentialism (also known as **utilitarianism**) is an ethical theory considers an action useful or valuable if the result of that action is good. For example an action is considered right by whether it has good consequences.

Contract is a legal agreement between two or more people that can be enforced by law.

Courage consists of working to improve something for the good of others and includes purposeful perseverance through opposition.

Criminal Law is derived from statutory law and regulates the arrest charging, and trying of suspected offenders. It includes decisions that are made regarding the punishment of individuals convicted in the courts of committing a criminal act

Criminally Negligent refers to a person who in doing anything or omitting to do anything that is his duty to do shows wanton or reckless disregard for the lives or safety of other persons.

Cultural Awareness consists of the action of wanting to know what values beliefs and behaviours are important to people who are from cultures other than our own.

Cultural Competence is a skill that helps nurses to deal with cultural issues in practice in positive and helpful ways and includes cultural awareness cultural sensitivity and cultural safety.

Cultural Humility consists of a dynamic process of caregiver self-reflection whose goal is to uncover personal and systemic biases and to genuinely replace them with respectful behaviours that enhance dignity.

Cultural Safety promotes respectful engagement and strives to address the power imbalances inherent in the health care system. It also strives to cultivate an environment that is free of racism and discrimination.

Cultural Sensitivity goes beyond cultural awareness and understanding and seeks to incorporate a client's cultural beliefs directly into nursing practice.

Culture consists of the beliefs values, behaviours, customs and way of living of any group of individuals and is not limited to ethnicity.

Democracy is defined as a form of government where a constitution guarantees basic personal and political rights fair and free elections, and independent courts of law.

Demonstrating Patience contributes to the caring relationship through the process of tolerance and encouraging personal growth.

Deontology is an ethical theory that asserts that the rightness or wrongness of an act is dependent on the very nature or morality of the act and not on its outcome or consequences.

Distributive Justice as an aspect of utilitarianism is concerned with the notion of fairness and requires that the privileges of people in given situations be distributed proportionately and equally.

Diversity reflects variations in belief systems and ways of living.

Electroconvulsive Therapy (ECT) is a treatment modality in psychiatry induces a self-limiting seizure in a controlled fashion under general anesthesia and results in changes in mood.

Emotional Intelligence is the ability to think about the consequences of your choices before acting.

Empathetic Listening is listening with the deliberate intention of wanting to understand what the other person is really experiencing.

Empathy is the action of trying to understand or experience all the feelings of another person either good or bad.

Empowerment is the process of assisting and encouraging another person to find the strength to pursue their goals.

Engrossment is the process of receiving the other person's experience into oneself.

entrepreneur is someone who has a business idea that they can turn into profit.

Esthetics is a branch of philosophy that is focused on the study of beauty.

Ethic of Care is a special proponent of applied nursing ethics. It emphasizes the interconnectedness of all of life places significant emphasis on relationships, context and lived experiences, and incorporates caring and meaning making into decisions concerning clients.

Ethic of Justice is related to distributive justice. It proposes that ethical decisions should be made by making use of universal principles and rules and that decision making be impartial.

Ethical Dilemma exists when there are two or more morally defensible courses of action that could be taken but only one can be played out in practice.

Ethical Problem is a basic statement of the key moral issues as they currently appear and sets the stage for further inquiry.

Ethical Leadership is based on an ethical foundation of trust honesty, transparency, compassion, empathy and an emphasis on obtaining positive results.

Ethical Nursing Leaders embody ethical values rights, duties, and responsibilities into their personal character and role model these values for others.

Ethical Nursing Leadership is explicitly focused on nurses in positions of power supporting other nurses to do what is morally right.

Ethics is the study of moral conduct or the right and noble action of groups and how we all should ideally act.

Ethics Committees or panels exist for the purpose of providing education advice, guidance and support in relation to ethical issues.

Ethnicity refers to a group of people who share a common and distinctive culture religion and language, often from a specific country or part of the world.

Feminism is concerned with subjectivity of experience and the ways that politics and the establishment shape experience. It also aims to end discrimination against women and all other minorities.

Fidelity is the act of keeping promises and being loyal.

Fiduciary Relationship is a special confidence in a professional who in good conscience, is obligated to act in good faith and in the interests of the person(s) in their care.

Fitness to Practice consists of ensuring that a nurse is physically mentally and emotionally able to practice safely and competently.

Gender Non-Conforming is a term that refers to persons who do not conform to cultural or social expectations of what is usually associated with their gender.

Generosity in nursing consists of the imparting of non-material substance. It is the giving of care through our actions.

Genuineness consists of honesty and being authentic and real in our interactions and communication with others.

Health is a state of complete physical mental, and social wellbeing and not merely the absence of disease or infirmity.

Health Promotion teaches people to envelope healthier lifestyles and emphasizes the importance of client empowerment.

Heterosexism refers to the stereotypical bias that assumes that the most preferred and only accepted form of sexual practice is heterosexuality.

Hope is the belief that beneficial outcomes can be realized. It is not blind optimism but consists of unwavering confidence that anything is possible if we only believe.

Humanism is a psychological theory that emphasizes the human capacity for goodness creativity, and freedom.

Humility consists of being able to admit when you are wrong as well as taking responsibility for when you do not know.

Hypothetical Imperatives are associated with philosophy and consist of statements of what a person ought to do given the existence of a certain desire or goal.

Incivility consists of activity that is intentionally rude intimidating and hostile toward others.

Indigenous is used as an inclusive and international term to describe individuals and collectives who consider themselves as being related to and/or having historical continuity with "First Peoples," whose civilizations in many parts of the world predate those of subsequent invading or colonizing populations.

Informed Consent is consent that is given with a full understanding of available treatment options and the likely effects of those treatments if their effects are known.

Injustice equals unlawfulness and/or unfairness.

Integrity consists of integrating honest ways consistently into one's everyday actions.

Justice as an ethical principle is based on the notion of fairness and theories of justice focus on how we treat individual and groups within society. Justice as a moral virtue includes lawfulness (universal justice) and fairness (particular justice).

Law is concerned with the rules and regulations formed by government.

Logic is a branch of philosophy that is involved with research.

Maxim is the principle behind an action and in Kantianism a moral maxim is consistently expressed in the form of a universal command.

Mental Competence measures the capacity for informed choosing and whether an individual is capable of rational self-determination. Is the person mature enough to choose? Are their reasoning powers intact? Are they capable to choosing their own medical treatment? Individuals may be cognitively proficient relative to some tasks but not to others.

Metaphysics is a sub-category of philosophy and focuses on perception and knowledge and the surreal or the ultimate reality of all things.

Mindful Listening refers to actively listening to what is being said and to the overall theme of what is shared. It is concerned with holding time still and listening from the heart.

Moral Agency is the ability of a nurse to be able to act on their moral beliefs.

Moral Agency Violation occurs when the nurse is unable to act on what they believe to be morally right.

Moral Courage is the ability to adhere for the fundamental law of integrity ethics and perseverance even in the face of rejection or opposition.

Moral Disengagement consists of distancing oneself from relational aspects of nursing practice and resorting to merely performing tasks.

Moral Distress occurs when there is only one ethically right avenue of action that can be taken but institutional or other constraints prevent that right action from happening.

Moral Outrage is experienced when someone in the health care setting performs an act the nurse believes to be immoral but the nurse feels somewhat disempowered likely because of being on the fringes of the moral situation rather than directly involved in it.

Moral Principles are a set of ethical values that are used to guide decision making.

Moral Residue consists of feelings of guilt or remorse because you are unable to act on your personal moral beliefs.

Moral Silence occurs when the ability to voice your moral convictions is stifled.

Morality or **Morals** are concerned with the good or bad thoughts and actions of individuals and have been traditionally associated with religious views.

Morally inclusive practice celebrates what people have in common as well as their differences and involves the action of whole heartedly embracing diversity.

Morbidity refers to the types of health challenges in a particular group.

Mortality consists of the relative frequency of deaths in a specific population.

Mosaic is a pattern created by small pieces of material that when viewed together form an artful picture that is beautiful to behold.

Narratives are real situations and encourage an inductive process in which one can examine the notions of morality that are embedded in the story.

Non-Binary is a gender term that refers to those who are not exclusively masculine or feminine.

Non-Maleficence is derived from the concept of beneficence and is the duty to prevent harm whether intentional or unintentional.

Nurse Follower is someone who either works with or for, a nurse leader.

Nursing Leadership is a much broader concept than nursing management and includes the personality skills of the nurse leader such as the ability to influence others.

Nursing Management has been traditionally concerned with hierarchy position and authority and nurse managers are most often associated with a formally designated role of power.

Nursing Competence is essential and implies that nurses draw from evidence-based data that they are life-long learners and that they maintain competency in their field of expertise.

Ontology is the study of the basic nature of human beings.

Parish Nurse is a registered nurse with specialized spiritual knowledge who are called to promote health healing and wellness through ministry to the clients in their care.

Paternalism occurs when doctors make decisions for clients without their consent because they believe that they know what is best for their clients.

Phenomenology is a psychological theory that accentuates each person's uniqueness and focusses on lived experience.

Philosophy as a discipline studies the fundamental nature of knowledge and is dedicated to the pursuit of truth.

Pioneer is first or earliest in a field who comes up with a unique idea.

Politics is a sub-category of philosophy and is concerned with social organization and the dynamics of power.

Practice Standards guide nursing practice and the scope of nursing is legally legislated.

Precedent is an aspect of a previous legal case where a judge writes out the reasons for a decision in a specific legal matter.

Presencing involves being a safe non-judgmental place for someone and in its purest form it occurs in complete silence.

Principlism proposes that clinical decisions in medical practice be evaluated, not by philosophical theory, but by four moral principles autonomy, beneficence, non-maleficence and justice.

Professional is an educated skilled and knowledgeable individual who offers a particular service to the community and professions exist for the purpose of meeting the needs of society.

Professional Boundary is a limit that is set and determines how far a relationship can go and when it is in appropriate for the relationship to proceed.

Professional Standard is the minimal expected level of performance expected of nurses in their practice.

Race refers to a group of individuals that are connected by ancestral origin and certain biological differences such as skin pigmentation.

Racialized Ethnicity refers to the problems faced by people who are automatically associated with an ethnic background and are assumed to follow the characteristics of that ethnic group.

Reflection involves paraphrasing what you think the client may have said to ensure that you have truly understood their intended message.

Reflective Journaling involves writing about your experiences while they occur or afterwards.

Relationship-Based Care is central to the creation of a healing environment and consists of purposeful acts of compassion offered by health care professionals to the persons that they are assigned to care for and about.

Religion is the worship of a greater power or a being outside of the individual person. It involves the following of sacred texts or a book of laws and rules and emphasizes prayer service, and earning your place in the afterlife.

Resiliency is the ability to gain strength from adversity.

Respect for Self-Worth inspires nurses to embrace the intrinsic value of every person even when they have acted in less than desirable ways.

Rule Deontology embraces the notion of universality in addition to making moral judgments and argues that moral rules are universal.

Rule Utilitarianism asserts that the moral status of general rules of conduct are evaluated by judging the possible consequences if everyone is expected to behave according to the same moral rules in order to maximize happiness and decrease unhappiness.

Safety Plan is a written prioritized list of coping strategies and resources for reducing suicide risk.

Self-Awareness is the act of looking at oneself as the observer in order to gain a clearer understanding of the motives behind our actions.

Social Determinants of Health consist of the situations that people are born into live in, work in, and age in. They are shaped by the distribution of money and resources at the global, national and local levels of government.

Self-Disclosure occurs when a nurse shared some personal information about themselves that they believe may help the client.

Self-Regulation allows nursing members to set requirements for entrance into the profession devise educational requirements, set standards of practice, investigate complaints and instigate disciplinary action when indicated.

Sexual Orientation can be used to refer to sexual identity sexual behavior or both.

Social Justice focuses on the relative position of one social group in relation to others in society as well as on the root causes of disparities and what can be done to eliminate them.

Social Injustice is a relative concept about the claimed unfairness or injustice of a society.

Spirituality focusses on the energy within the individual and the connection with an animating life force that permeates every aspect of life.

Statutory Laws are laws that politicians make such as acts or statutes.

Stereotyping is expecting all people from a particular group to respond in a certain way based on perceived ideas.

Synergism refers to the energy in nature that ensures that everything is related to everything else.

Systemic Racism is also called structural or institutional racism and consists of actions, practices and policies that either maintain, perpetrate or reinforce unfair inequalities among ethnic or racial groups.

The Canadian Constitution establishes the fundamental rules and principles of how the country of Canada is ordered how its laws are made and the extent of the power of its government and its courts.

The Charter of Rights and Freedoms articulates the basic legal and democratic rights of Canadians. The rights as set out by the Charter cannot be infringed upon by government unless justifiable and any government action or law that breaches a person's constitutional rights is itself illegal and invalid.

The Supreme Court of Canada is the highest court in Canada as well as the final court of appeals within the Canadian justice system.

Theology is the study of the transcendent and supernatural often referred to as God, and includes the study of all religions and topics relevant to spirituality.

Tort is a legal term that refers to an alleged wrongdoing or harm done to another.

Transgender can be defined as identifying with a gender that differs from the one which corresponds to the person's sex at birth.

Trauma-Informed Care (TIC) is strength based and is founded on the premise of sincere responsiveness to the full impact of trauma.

Trauma-Responsiveness is acting with understanding when confronted with somewhat reactive behaviours associated with past trauma.

Trauma Sensitive is understanding that trauma is prevalent in our society and that it has negative impacts on individual health and relationships.

Two Spirit or 2-Spirit refers to Indigenous persons who identify as trans gender diverse or gender-non-conforming.

Utilitarianism also referred to as **consequentialism**, is a moral theory that asserts that any action is judged as good or bad relative to the consequences or outcome resulting from that action. What is deemed good is anything that brings us pleasure and/or freedom from pain.

Unconditional Positive Regard is the act of offering an atmosphere that demonstrates that you truly do care and that there are no obstacles or conditions to your capacity to help your client or client.

Values are standards that are esteemed desired important or have merit or worth.

Values Clarification as a progressive process where persons seek to understand what values are important to them and how important they are.

Veracity is the duty to tell the truth.

Victim Blaming tends to hold people burdened by social conditions as accountable for their own situations and responsible for needed solutions rather than identifying social injustice as a primary contributing factor.

Virtue is concerned with the pursuit of moral excellence.

Virtue Ethics is commonly taken to represent a fundamentally different approach to ethics. Rather than focus on right or wrong action or justified or unjustified principles, virtue ethics is said to focus on moral character.

Warmth is positive lively, outgoing and genuine interest in another person's experience that is physically felt by the person on the receiving end of the experience.

Whistle-Blowing is a form of advocacy that is more drastic than merely calling attention to an ethical issue and it must be used as a last resort.

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