French, Charlotte; Narayanasamy, Aru

**To pray or not to pray: a question of ethics.**

**Abstract:** There is a widespread belief that nurses have a duty to provide spiritual care. However, many feel there is still a need for debate surrounding the ethical use of prayer in both nursing research and practice. By using critical reflections and evidence-based literature, this paper develops a discourse on the ethics of prayer as a spiritual intervention in nursing and health care practice. Several key ethical issues are highlighted. In regards to research, lack of informed consent is a major concern in both research and nursing practice. Key ethical issues in practice include questions around intention and authority, e.g. despite the religious beliefs of the nurse, intentions to proselytize must be avoided to protect patient autonomy and avoid abuse of the nurse's authority. Furthermore, prayer has unknown side effects and implications. This paper concludes that, in practice, nurses must reconcile their personal, spiritual beliefs with their professional duties, and while this may be a delicate balance, it is not yet appropriate to encourage or dissuade a patient from their beliefs until appropriate research evidence is produced.

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Sørensen, Erik E; Hall, Elisabeth O C

**Seeing the big picture in nursing: a source of human and professional pride.**

**Abstract:** This article presents a discussion of the meaning of the phenomenon of seeing the big picture in nursing.

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Diggins, Kristene

**Moral courage.**

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Taylor, Elizabeth Johnston

**Spiritual care: evangelism at the bedside.**

**Abstract:** News media stories about Christian nurses sharing religious beliefs with patients raise questions about ethical spiritual care and the appropriateness of sharing one's faith at the bedside. The purpose of this article is to
explore the ethics of faith sharing in the context of Christian nursing and offer guidance for ethical spiritual care.

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**Document 5**

Citations for the Human Rights and Nursing Awards 2011.
Nursing ethics 2011 Sep; 18(5): 629-32

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**Document 6**

Gallagher, Ann
"If the culture is unethical, acts of heroic staff may be futile".
Nursing times 2011 Sep 13-19; 107(36): 7

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**Document 7**

Cusveller, Bart
*In defence of selflessness: a philosophy analysis of a central virtue in professional caring practices*
Ethics and Medicine 2011 Fall; 27(3): 147-154

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**Document 8**

Redman, Barbara K
*Ethics of patient education and how do we make it everyone's ethics.*
The Nursing clinics of North America 2011 Sep; 46(3): 283-9, v

**Abstract:** Patient education has long been central to nursing's philosophy of practice, and, because of this commitment, nurses in all practice settings have been deeply distressed with the careless and generally incomplete manner in which it is practiced in the health care system. This article examines the ethical underpinning of this distress and of this neglect in patient education and what actions nurses can take to correct this situation.

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**Document 9**

Menezes, Silvia Regina Tamae; Priel, Margareth Rose; Pereira, Luciane Lucio
[Nurses' autonomy and vulnerability in the practice of the Nursing Care System]. = Autonomia e vulnerabilidade do enfermeiro na prática da Sistematização da Assistência de Enfermagem.

**Abstract:** The objective of this study was to recognize the autonomy and vulnerability of nurses in the implementation of the Sistema da Assistência de Enfermagem (SAE) Nursing Care System through an integrative literature review, using content analysis. A survey was conducted, and 40 articles published between 1998 and 2008 were selected based on their relevance. Results showed two main categories of meaning: Benefits associated to the SAE practice (to patients, to the profession and to the institution) and Determinants for the Implementation of SAE (nurse's competence, training and education, record-instruments, infrastructure and collective sharing-construction). From the integration of the two categories, the highlights were the autonomy in acting with freedom and responsibility, science-based decision-making, and being valued for their social work, as well as the vulnerability
expressed by interpersonal relationships, the wear generated by professional stress and the risk inherent to the service.

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**Document 10**

Sutcliffe, Hannah

**Understanding the NMC code of conduct: a student perspective.**

Nursing standard (Royal College of Nursing (Great Britain) : 1987) 2011 Aug 31-Sep 6; 25(52): 35-9

**Abstract:** The Code, published by the Nursing and Midwifery Council (NMC) (2008), provides standards of performance and ethics for nurses and midwives, and is a means of safeguarding the health and wellbeing of the public. Guidance from the NMC may appear relatively straightforward, however it can be difficult to implement in practice. This article identifies specific challenges that nurses may be presented with when adhering to The Code, as well as more general issues in interpreting the standards.

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**Document 11**

Paganini, Maria Cristina; Yoshikawa Egry, Emiko

**The ethical component of professional competence in nursing: an analysis.**

Nursing ethics 2011 Jul; 18(4): 571-82

**Abstract:** The purpose of this article is to initiate a philosophical discussion about the ethical component of professional competence in nursing from the perspective of Brazilian nurses. Specifically, this article discusses professional competence in nursing practice in the Brazilian health context, based on two different conceptual frameworks. The first framework is derived from the idealistic and traditional approach while the second views professional competence through the lens of historical and dialectical materialism theory. The philosophical analyses show that the idealistic view of professional competence differs greatly from practice. Combining nursing professional competence with philosophical perspectives becomes a challenge when ideals are opposed by the reality and implications of everyday nursing practice.

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**Document 12**

Neiman, Paul

**Nursing strikes: an ethical perspective on the US healthcare community.**

Nursing ethics 2011 Jul; 18(4): 596-605

**Abstract:** Recent labor disputes between registered nurses and hospitals in Minnesota, California, and Pennsylvania raise moral questions about nurses' professional obligations, nurses' right to collectively bargain to preserve or improve wages, benefits, and working conditions, and patients' right to medical care. Deontology and consequentialism focus too narrowly on nurses and patients, and thus ignore the nature of the healthcare community as a system of competing interests. When considered in this context, nurses' strikes are shown to be consistent with this system of competing interests, and thus are morally permissible.

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**Document 13**

Gallagher, Ann

**Editorial: What do we know about dignity in care?**

**Document 14**
Bunkers, Sandra Schmidt
**Fostering ethical thoughtfulness.**
Nursing science quarterly 2011 Jul; 24(3): 208

**Document 15**
Roberts, Dottie
**What about ethics?**

**Document 16**
Amerson, Roxanne
**Facebook: a tool for nursing education research.**
The Journal of nursing education 2011 Jul; 50(7): 414-6
**Abstract:** Facebook is an online social networking Web site that allows users to connect with other users. Nurse educators can use this technology to advance nursing research. Social networks provide new opportunities for locating potential research participants and maintaining contact during the research process. The purpose of this article is to explain how the researcher used Facebook to locate previous nursing students to ask them to participate in a qualitative study. Between 2006 and 2008, 22 nursing students had participated in international trips over a 3-year period. Because the students had graduated and moved to other geographical areas, the researcher had little or no contact information to use to follow-up with them. The researcher used Facebook to locate 18 of the 22 nursing graduates and invite them to participate in a qualitative research study. A discussion of the process and the potential ethical issues are provided.

**Document 17**
Johnson, Felicity
**IENJ research review - April 2011:.**

**Document 18**
Langeland, Kari; Sørlie, Venke
**Ethical challenges in nursing emergency practice.**
**Abstract:** The aim of this study is to illuminate nurses’ experiences of being in ethically difficult situations in an emergency ward.
Document 19

Austin, Wendy J

*The incommensurability of nursing as a practice and the customer service model: an evolutionary threat to the discipline.*


**Abstract:** Corporate and commercial values are inducing some healthcare organizations to prescribe a customer service model that reframes the provision of nursing care. In this paper it is argued that such a model is incommensurable with nursing conceived as a moral practice and ultimately places nurses at risk. Based upon understanding from ongoing research on compassion fatigue, it is proposed that compassion fatigue as currently experienced by nurses may not arise predominantly from too great a demand for compassion, but rather from barriers to enacting compassionate care. These barriers are often systemic. The paradigm shift in which healthcare environments are viewed as marketplaces rather than moral communities has the potential to radically affect the evolution of nursing as a discipline.

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Document 20

Lawrence, Heather

"*We need to understand that the right to care is a privilege*".

*Nursing times* 2011 Jul 5-11; 107(26): 7

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Document 21

Kinnair, Donna

*All patients deserve our respect.*


Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 22

Salladay, Susan A

*Warm glow.*

*Journal of Christian nursing : a quarterly publication of Nurses Christian Fellowship* 2011 Jul-Sep; 28(3): 130

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Document 23

Johnstone, Megan-Jane

*Public opinion and ethics.*


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Document 24

Cowling, W Richard 3rd.
The global presence of holistic nursing.

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Document 25

Péoc'h, Nadia

[Well treatment and ethics of care. Similarities and differences concerning the scientific review]. = Bientraitance et éthique du care…. Similitudes et différences autour d'une recension des écrits scientifiques.
Recherche en soins infirmiers 2011 Jun(105): 4-13

**Abstract:** Neologism or new concept, the term "bientraitance" in French appeared historically in the disciplinary field of childhood and geriatrics. Difficult to translate in the Anglo-American language, this word does not present a theoretical approach and a precise conceptual modeling. Use the term "bientraitance" in opposition with the term "maltreatment" seems reducing the notion. Therefore how to translate accurately the notion of "bientraitance"? Approach etymological, historical, philosophical in a phenomenological perspective can help us understand the concept. The object "bientraitance" will be suspected under the angle of care, caring and ethic of care. This article is structured around three questions: --What is “Bientraitance”? --What is the ethics of care? --What are the similarities and differences? In fine, we will demonstrate that the term of Bientraitance is a cultural consciousness about the professional attitudes (listening, empathy, care) and the professional praxis (each act of care centred about others).

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Document 26

Rodney, Patricia

Nursing inquiry to address pressing empirical and ethical questions.
The Canadian journal of nursing research = Revue canadienne de recherche en sciences infirmières 2011 Jun; 43(2): 7-10

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Document 27

Nursing law's Regan report 2011 Jun; 52(1): 3

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Document 28

Snow, Tamsin

NMC asks employers to resolve minor misconduct allegations.
Nursing standard (Royal College of Nursing (Great Britain) : 1987) 2011 Jun 1-7; 25(39): 5

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Document 29

Wallis, Lynne

On the right path.
Nursing standard (Royal College of Nursing (Great Britain) : 1987) 2011 Jun 8-14; 25(40): 24-5
**Abstract:** The RCN has re-formed its ethics committee to help nurses deal with the moral dilemmas that they face in their day-to-day practice.

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Document 30
Mahon, Kate

**Our voice... it is in our stories...**
Dynamics (Pembroke, Ont.) 2011 Summer; 22(2): 5-6

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Document 31
Gallagher, Ann

**Editorial: all you need is love?**
Nursing ethics 2011 May; 18(3): 283-4

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Document 32
Laabs, Carolyn

**Perceptions of moral integrity: contradictions in need of explanation.**
Nursing ethics 2011 May; 18(3): 431-40

**Abstract:** The incidence of moral distress, compromised moral integrity, and leaving nursing is highest among nurses new to the profession. Understanding perceptions of moral integrity may assist in developing strategies to reduce distress and promote workforce retention. The purpose of this study was to determine how newly graduated baccalaureate prepared nurses perceive moral integrity and how prepared they feel to manage challenges to it. The design was qualitative descriptive using a confidential short answer online survey. Data were analyzed using conventional content analysis. Moral integrity was perceived as acting like, becoming, and being a certain kind of person who was honest, trustworthy, consistently doing and standing up for what is right, despite the consequences but also expected to set aside their values and beliefs and do what others ask, even if this would mean acting contrary to their conscience. The contradiction within this perception needs explanation.

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Document 33
Sellman, Derek

**Professional values and nursing.**
Medicine, health care, and philosophy 2011 May; 14(2): 203-8

**Abstract:** The values of nursing arise from a concern with human flourishing. If the desire to become a nurse is a reflection of an aspiration to care for others in need then we should anticipate that those who choose to nurse have a tendency towards the values we would normally associate with a caring profession (care, compassion, perhaps altruism, and so on). However, these values require a secure base if they are not to succumb to the corrupting pressures of the increasingly instrumental nature of the values of the institutions in which healthcare in general and nursing in particular takes place. One way of securing a base for withstanding the corrupting influences of the institution is to understand nursing as a practice in the sense in which Alasdair Maclntyre uses that term. In this brief paper I will outline ways in which the managerial imperative of meeting targets is both distorting practice and undermining nursing's values. I conclude that understanding nursing as a Maclntyrean practice provides a refuge from what might otherwise be overwhelming pressures for nurses to adopt instrumental values to the detriment of professional caring values.
Document 34
Newland, Jamesetta
National Nurses Week: a time for reflection and celebration.
The Nurse practitioner 2011 May; 36(5): 5
Georgetown users check Georgetown Journal Finder for access to full text

Document 35
Fernandes, Ashley K; Onady, Gary M
Sharing "moral space": Ethical caveats for the PNP hospitalist.
Georgetown users check Georgetown Journal Finder for access to full text

Document 36
Graner, Becky
The allegory of politics.
The Prairie rose 2011 May-Jul; 80(2): 4
Georgetown users check Georgetown Journal Finder for access to full text

Document 37
Trossman, Susan
The practice of ethics. RNs learn, discuss issues.
The American nurse 2011 May-Jun; 43(3): 1, 13, 15
Georgetown users check Georgetown Journal Finder for access to full text

Document 38
Araújo, Flávia Pacheco; de Ferreira, Márcia de Assunção
[Social representations about humanization of care: ethical and moral implications]. = Representações sociais sobre humanização do cuidado: implicações éticas e morais.
Revista brasileira de enfermagem 2011 Apr; 64(2): 287-93
Abstract: This research aimed at identifying the ethical aspects in the social representations of clients on the humanization and to argue the implications of these for the nursing care. A qualitative study was carried out whose data collection was by means of semi-structured interview and participant observation with 24 patients hospitalized in a public institution. The social representations about humanization of care gain contours of the ethics and the moral, in the establishment of gradients of merit of the good treatment, and resolute actions, clinical evaluation and respect to the right of the client. The right to the good treatment is not equal for all, what indicates the possible differentiations in social representations about citizenship.
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Document 39

Andrew, Sharon

Are we failing to prepare nurses in the UK and Australia to practice by the codes of conduct?

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Document 40

State supreme court affirmed nurse's suspension.
Nursing law's Regan report 2011 Apr; 51(11): 1

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Document 41

Mahon, Margaret M; Nicotera, Anne M

Nursing and conflict communication: avoidance as preferred strategy.
Nursing administration quarterly 2011 Apr-Jun; 35(2): 152-63

Abstract: An exploratory study was conducted to examine nurses' (n = 57) selection of strategies to confront conflict in the workplace. Communication competence is the conceptual framework, defining competent conflict communication as joint problem-solving communication that is both effective and appropriate. Items were drawn from tools assessing nurses' conflict management strategies. Nurses reported a strong preference not to confront conflict directly; nurse managers were less likely to avoid direct communication. Nurses who do choose to confront conflict are more likely to use constructive than destructive strategies. The integration of the social science of health communication into nursing education and practice and other implications are discussed.

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Document 42

Smith, Sarah C

Don't be a Nellie: set your own work ethic high!
Insight (American Society of Ophthalmic Registered Nurses) 2011 Apr-Jun; 36(2): 4

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Document 43

Pattison, Stephen; Edgar, Andrew

The problem with integrity.

Georgetown users check Georgetown Journal Finder for access to full text

Document 44

Sanders, Karen; Pattison, Stephen; Hurwitz, Brian

Tracking shame and humiliation in Accident and Emergency.
Nursing philosophy: an international journal for healthcare professionals 2011 Apr; 12(2): 83-93

Abstract: In this paper, we reflect upon shame and humiliation as threats to personal and professional integrity and
moral agency within contemporary health care. A personal narrative, written by a nurse about a particular shift in a British National Health Service Accident and Emergency Department, is provided as a case study. This is critically reflected and commented upon in dialogue with insights into the nature of shame and humiliation. It is suggested that Accident and Emergency is a locus that is latently prone to dynamics of shame and humiliation, a potential exacerbated within a culture subject to externally-determined time targets that are enforced by a top-down system of surveillance and management. The result is that nurses may lose their sense of professional competence and responsibility, moral agency, and integrity, to their own personal detriment, as well as to the detriment of patients with whom they work. Insofar as examining a small part of a whole may suggest insights into the operation and ethos of a very large system, this very particular case study narrative/reflection has some important implications and lessons for the wider organization and provision of health care in Britain and beyond.

Georgetown users check Georgetown Journal Finder for access to full text
Integrity at work: managing routine moral stress in professional roles.
Abstract: In this paper I consider the routine moral burden of occupying a professional role and having to negotiate tensions between the normative expectations attached to that role and one's own personal moral compass. Using an example to introduce this central issue I then seek to explore it through a discussion of the tensions between, and spaces between, 'identifying' with one's role and 'separating' oneself from one's role. I suggest that ethical integrity at work is revealed through the successful negotiation of these tensions, but that such negotiation depends upon the power and other resources available to individual professionals. Finally I argue that this discussion of 'the ethics of role occupation' has important implication for 'the ethics of role construction' and adds weight to concerns about the potential moral costs of managerialism.

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Milton, Constance L
An ethical exploration of quality and safety initiatives in nurse practice.
Nursing science quarterly 2011 Apr; 24(2): 107-10
Abstract: Current professional healthcare literature is filled with the call for quality and safety initiatives in the provision of healthcare. The popular media frequently reports on the need for healthcare reform and the need for cost-saving measures as healthcare costs skyrocket. Reported medical and nurse errors are on the rise and the discipline of nursing is responding to the call with interprofessional quality and safety initiatives that are intended to reduce errors and promote safety in cross-disciplinary healthcare practices. This column begins an ethical exploration on the topic from a humanbecoming theoretical perspective regarding the need for theory-guided nurse practice and possible meanings and implications for future disciplinary nurse practice.

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Sharpe, Graham
Author breaches ethics.
Nursing New Zealand (Wellington, N.Z. : 1995) 2011 Apr; 17(3): 4-5; author reply 5

Georgetown users check Georgetown Journal Finder for access to full text

Adams, Ruth
Exploring dual professional identities, the role of the nurse tutor in higher education in the UK: role complexity and tensions.
Journal of advanced nursing 2011 Apr; 67(4): 884-92
Abstract: This paper presents a discussion on the role of the nurse, teachers in mainstream education and nurse educators, reviewing theories of professional identity and how these theories have had an impact on practice.

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Salladay, Susan A
Ethics and empathy (part two).
Journal of Christian nursing : a quarterly publication of Nurses Christian Fellowship 2011 Apr-Jun; 28(2): 74

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Document 52
Crawford, Jeanne; Erickson, Margaret
**The IOM report: one more time with music?**
Beginnings (American Holistic Nurses' Association) 2011 Spring; 31(2): 4-6
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Document 53
Nemeth, Lynne
**Nurse Jackie and nurse ethics: How TV and the media influence our public image.**
Beginnings (American Holistic Nurses' Association) 2011 Spring; 31(2): 8-10
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 54
**Members share: images of nursing.**
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 55
Skiba, Diane J
**Nursing education 2.0: The need for social media policies for schools of nursing.**
Nursing education perspectives 2011 Mar-Apr; 32(2): 126-7
Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 56
Pavlish, Carol; Brown-Saltzman, Katherine; Hersh, Mary; Shirk, Marilyn; Nudelman, Olga
**Early indicators and risk factors for ethical issues in clinical practice.**
Journal of nursing scholarship : an official publication of Sigma Theta Tau International Honor Society of Nursing / Sigma Theta Tau 2011 Mar; 43(1): 13-21
*Abstract:* Nurses in all clinical settings encounter ethical issues that frequently lead to moral distress. This critical incident study explored nurses' descriptions of ethically difficult situations to identify risk factors and early indicators of ethical conflicts.
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Document 57
Nortvedt, Per
**An ethics of care: normative challenges.**
Nursing ethics 2011 Mar; 18(2): 147-8
Georgetown users check [Georgetown Journal Finder](#) for access to full text
van Hooft, Stan

**Caring, objectivity and justice: an integrative view.**
Nursing ethics 2011 Mar; 18(2): 149-60

**Abstract:** The argument of this article is framed by a debate between the principle of humanity and the principle of justice. Whereas the principle of humanity requires us to care about others and to want to help them meet their vital needs, and so to be partial towards those others, the principle of justice requires us to consider their needs without the intrusion of our subjective interests or emotions so that we can act with impartiality. I argue that a deep form of caring lies behind both approaches and so unites them. In the course of the argument, I reject Michael Slote's sentimentalist form of an ethics of care, and expound Thomas Nagel's moral theory, which seems to lie at the opposite end of a spectrum ranging from moral sentiments to impersonal objectivity. Nevertheless, Nagel's theory of normative realism provides unexpected support for the thesis that a deep and subjective form of caring lies at the base of even our most objective moral reasons.

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Vanlaere, Linus; Gastmans, Chris

**A personalist approach to care ethics.**
Nursing ethics 2011 Mar; 18(2): 161-73

**Abstract:** Notwithstanding the fact that care ethics has received increased attention, it has also faced much criticism. One of the focal points of critics is the normativity of care. Only when the objective normative basis of care is sufficiently clarified can care practices be evaluated and optimized from an ethical point of view. We emphasize that two levels of normativity can be identified: the context level and the foundational anthropology level. The personalist approach to care ethics is normatively stronger, at least on one level, namely the foundational anthropology level. This personalist approach to care ethics indicates in which direction action must be taken so that human action may be considered ethically sound.

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Martinsen, Elin

**Harm in the absence of care: Towards a medical ethics that cares.**
Nursing ethics 2011 Mar; 18(2): 174-83

**Abstract:** The aim of this article is to investigate the concept of care in contemporary medical practice and medical ethics. Although care has been hailed throughout the centuries as a crucial ideal in medical practice and as an honourable virtue to be observed in codes of medical ethics, I argue that contemporary medicine and medical ethics suffer from the lack of a theoretically sustainable concept of care and then discuss possible reasons that may help to explain this absence. I draw on the empirical studies of Carol Gilligan on care and connectedness as ontologically situated realities in human life. Based on a philosophical elaboration of her findings on the ethics of care emphasizing relationality, I try to show how the notion of 'relational ontology' originating from this stream of thought may be of help in developing a medical ethics that acknowledges care as a perspective to be observed in all interactions between physicians and patients.

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Edwards, Steven D

**Is there a distinctive care ethics?**
Nursing ethics 2011 Mar; 18(2): 184-91

**Abstract:** Is it true that an ethics of care offers something distinct from other approaches to ethical problems in
nursing, especially principlism? In this article an attempt is made to clarify an ethics of care and then to argue that there need be no substantial difference between principlism and an ethics of care when the latter is considered in the context of nursing. The article begins by considering the question of how one could in fact differentiate moral theories. As is explained, this cannot be done merely in light of the moral judgements they defend, nor their ontological commitments (e.g. their view of the nature of persons). Following these methodological beginnings, care-based ethics is described and critically discussed. It is shown that ontological commitments embraced within care ethics do not themselves show that care ethics is distinct from other approaches. The idea of 'psychological care' is also discussed, which stems from the work of Margaret Little. Her claim that the 'gestalts' of justice and care cannot be combined is rejected in favour of an approach that does just that and which has been developed by Joan Tronto. It is then claimed that the moral commitments of principlism are certainly not incompatible with those of an ethics of care in the nursing context. A challenge to the idea that principlism and ethics of care might be compatible is anticipated in the work of Eva Feder Kittay. This challenge is responded to and it is concluded that care considered as a moral orientation and the moral values embedded in principlism are best combined in the nursing context. Care provides a moral orientation over which the obligations referred to in principlism can be laid.

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**Document 62**

Nortvedt, Per; Hem, Marit Helene; Skirbekk, Helge

**The ethics of care: role obligations and moderate partiality in health care.**

Nursing ethics 2011 Mar; 18(2): 192-200

**Abstract:** This article contends that an ethics of care has a particular moral ontology that makes it suitable to argue for the normative significance of relational responsibilities within professional health care. This ontology is relational. It means that moral choices always have to account for the web of relationships, the relational networks and responsibilities that are an essential part of particular moral circumstances. Given this ontology, the article investigates the conditions for health care professionals to be partial and to act on the basis of particular responsibilities to their patients. We will argue that priorities could be partial in three ways: first, because there may be exceptional circumstances that allow for giving priority to one patient over another; second, because the integrity of the patient and a health care worker may be connected in special ways; and, finally, even if impartiality is essential, the institutional basis of health care must always give ample space for an ethically qualified individual and personal care for patients. Even if difficult priorities may be necessary, the conditions of institutional health care should always seek to create the prerequisites for nurses and doctors to administer proper care.

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**Document 63**

Paulsen, Jens Erik

**Ethics of caring and professional roles.**

Nursing ethics 2011 Mar; 18(2): 201-8

**Abstract:** Normative discussions about modern health care often revolve around principles stating what must not be done or how to ration scarce resources in the name of justice. These are important discussions. However, in order to have an impact on clinical roles, ethical reflection must be able to describe and address the complexities and challenges of modern nursing and doctoring, and maybe even the patient role. A multi-principled approach, such as the one suggested by Beauchamp and Childress, can obviously address almost any such issue, but a great deal of translation is often required in order to address role-related issues. I shall here argue that an ethics of caring is better suited to grasping the big picture when the question is how to create value-informed clinical roles in an era of rapid development.

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**Document 64**

Nordhaug, Marita; Nortvedt, Per

**Mature care in professional relationships and health care prioritizations.**
Abstract: This article addresses some ambiguities and normative problems with the concept of mature care in professional relationships and in health care priorities. Mature care has recently been introduced in the literature on care ethics as an alternative to prevailing altruistic conceptions of care. The essence of mature care is an emphasis on reciprocity, where the mature agent has the ability to balance the concerns of self with those of others and act from a principle of not causing harm. Our basic claim is that the prevailing concept of mature care does not capture the real nature of professional relationships and role obligations in health care. As the focus of attention in professional care is and must be the patient's particular medical and care needs, such care must principally be altruistic. Furthermore, we argue that mature care cannot adequately address moral conflict in health care without accepting some more principle-based approaches and a richer notion of partiality.

Document 65
Pettersen, Tove; Hem, Marit Helene
Mature care and reciprocity: two cases from acute psychiatry.
Nursing ethics 2011 Mar; 18(2): 217-31
Abstract: In this article we elaborate on the concept of mature care, in which reciprocity is crucial. Emphasizing reciprocity challenges other comprehensions where care is understood as a one-sided activity, with either the carer or the cared for considered the main source of knowledge and sole motivation for caring. We aim to demonstrate the concept of mature care's advantages with regard to conceptualizing the practice of care, such as in nursing. First, we present and discuss the concept of mature care, then we apply the concept to two real life cases taken from the field of acute psychiatry. In the first example we demonstrate how mature care can grasp tacit reciprocal aspects in caring. In the other, we elucidate a difficulty related to the concept, namely the lack of reciprocity and interaction that affects some relationships.

Document 66
Dierckx de Casterlé, Bernadette; Verhaeghe, Sofie T L; Kars, Marijke C; Coolbrandt, Annemarie; Stevens, Marleen; Stubbe, Maaike; Deweirdt, Nathalie; Vincke, Jeroen; Grypdonck, Maria
Researching lived experience in health care: significance for care ethics.
Nursing ethics 2011 Mar; 18(2): 232-42
Abstract: The aim of this article is to demonstrate the usefulness of qualitative research for studying the ethics of care, bringing to light the lived experience of health care recipients, together with the importance of methods that allow reconstruction of the processes underlying this lived experience. Lived experiences of families being approached for organ donation, parents facing the imminent death of their child and patients being treated using stem cell transplantation are used to illustrate how ethical principles are differentiated, modified or contradicted by the narrative context of persons concerned. The integration of empirical data into ethics will help caregivers in their ethical decision making and may enrich care ethics as a narrative and interpretative field.

Document 67
Paley, John
Commentary: Care tactics—arguments, absences and assumptions in relational ethics.
Nursing ethics 2011 Mar; 18(2): 243-54; discussion 262-71

Document 68
Orme, Joan

Comment.
Nursing ethics 2011 Mar; 18(2): 255-7

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Kohlen, Helen

Care transformations: attentiveness, professional ethics and thoughts towards differentiation.
Nursing ethics 2011 Mar; 18(2): 258-61

Georgetown users check Georgetown Journal Finder for access to full text

King, Linda; Wood, Julia

Reflections on a grounded theory and nursing ethics workshop.
Nursing ethics 2011 Mar; 18(2): 272-3

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Payne, Kate

Ethics empowerment: deal with moral distress.
Tennessee nurse / Tennessee Nurses Association 2011 Spring; 74(1): 1, 4

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Ben Natan, M; Melitz, O

Nurses' and nursing students' attitudes towards late abortions.
International nursing review 2011 Mar; 58(1): 68-73

Abstract: The aim of the present study is to compare the attitudes of nursing students and nurses working in maternity wards towards late abortions performed after the 16th week of pregnancy and to identify the factors influencing their attitudes.

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Donkor, N T; Andrews, L D

Ethics, culture and nursing practice in Ghana.
International nursing review 2011 Mar; 58(1): 109-14

Abstract: This paper describes how nurses in Ghana approach ethical problems.

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Document 74
Document 75

Begley, Ann Marie

The good, the bad and the 'not so bad': reflecting on moral appraisal in practice.

Abstract: The aim of this study is to facilitate reflection on the moral merit of practitioners in various contexts. Insight is gained from Aristotelian and Kantian accounts of moral character and an original framework for reflection is presented as an adjunct to ethical theory and principles considered when appraising others. In relation to states of character, there is an irreconcilable difference between Kantian (deontic) and Aristotelian (aretic) conceptions of the nature of full virtue (excellence of character), but at the same time it can be argued that in relation to practice their approaches complement each other. It is also argued that in relation to caring for the vulnerable, Aristotle's conception of full virtue is more compelling than Kant's. On the other hand, Kant's notion of self-serving action is important in nursing and it therefore needs to be considered when reflecting on professional conduct. The conclusion reached is that Aristotelian and Kantian accounts of character appraisal should be used in a combined approach to moral appraisal. This approach draws on the accounts of both philosophers and offers valuable insight into moral character, professional conduct and, in a more formal setting, fitness to practise.

Document 76

Van Herk, Kimberley A; Smith, Dawn; Andrew, Caroline

Examining our privileges and oppressions: incorporating an intersectionality paradigm into nursing.

Abstract: An intersectionality paradigm is a means by which nurses can attend to issues of oppression and privilege within their practice and profession. Intersectionality is introduced as an essential theory to help debunk the hegemony of the 'white, middle class' perspective that often directs nursing research, practice, and education. The values and benefits of using an intersectionality paradigm in nursing are shown through recent research done with Aboriginal women. These findings contribute to an increased understanding of the importance and necessity of attending to the power relations that dominate nursing care encounters and influence the way nurses provide care. By acknowledging and responding to the presence of privilege and oppression and the associated power dynamics within the therapeutic encounter, nursing can strive further in helping to alleviate social injustices and health disparities that arise from unequal power relations.

Document 77

Tallbear, Sandra

Ethics and lessons learned in transport.

Midwifery today with international midwife 2011 Spring(97): 22-4

Document 78

Dodero, Muriel

[The ethical, legislative and regulatory basis of therapeutic education]. = Les fondements éthiques, législatifs et réglementaires de l'éducation thérapeutique.

**Abstract:** Beyond its interest in the field of public health and the political aspect with the "Hospital, patients, health and territories" law, therapeutic education now occupies an important place in nursing care. This new nursing culture provides another clinical approach for the nurse and a real means of learning for the patient in the framework of a support and guidance plan drawn up together.

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Abstract: Registered nurses are frequently confronted with ethical dilemmas in their nursing practice. As a consequence of their decisions regarding ethical challenges, nurses report experiencing moral distress. This experience is often manifested by such feelings as anger, guilt, and sadness, and has been identified as a contributing factor to burnout and turnover in nursing. The purpose of this exploratory, descriptive study was to determine if Certified Registered Nurse Anesthetists (CRNAs) experience moral distress in their nursing practice. A random sample of 800 CRNAs from the registry of the American Association of Nurse Anesthetists was selected to participate in this study. Participating nurses were asked to complete a demographic data survey and the Ethics Stress Scale. Three hundred surveys were analyzed for this study. The data supported the assumption that CRNAs do experience moral distress in their nursing practice. Although a small number of nurse anesthetists experienced high levels of moral distress, CRNAs generally experienced moderate levels of moral distress. Moral distress was associated with situations in which anesthetists believed they were aware of the morally correct course of action but were unable to follow through with these behaviors. Also, CRNAs reported physical and psychological manifestations in relation to moral distress.

Document 84
Lin, Yea-Pyng; Tsai, Yun-Fang
Maintaining patients' dignity during clinical care: a qualitative interview study.
Journal of advanced nursing 2011 Feb; 67(2): 340-8
Abstract: This article is a report of a study undertaken to understand how nurses maintain patients' dignity in clinical practice.

Document 85
Ko, Hsun-Kuei; Wang, Ruey-Hsia
[Unity of knowing and action- exploring moral courage in nursing practice].
Hu li za zhi The journal of nursing 2011 Feb; 58(1): 102-7
Abstract: Ethics is a core value of nursing, and hospital nurses will try, as much as possible, to be "good" in terms of established nursing ethics and values. Nurses learn the value of providing "patient centered care" in school and try to establish relationships of trust with their patients in clinical settings. However, the realities of working in the hospital teaches nurses that actual situations are complex to the point of inducing "ethical dilemmas" and "moral distress" because of the many factors that affect medical decisions regarding individual patients. If nurses could follow their conscience in managing difficult ethical situations with moral courage, they would promote the value of "good nurse" which is innate in both nurses and society. This article defines the parameters of conscience and moral courage, the conditions such should exhibit, strategies nurses should consider, and appropriate nursing training methods. The authors hope to help foster the development of moral courage and create positive practice environments for nursing staff.

Document 86
New guidelines for reporting criminal matters.
The Queensland nurse 2011 Feb; 30(1): 6

Document 87
Tanga, Hazel Y
Nurse drug diversion and nursing leader's responsibilities: legal, regulatory, ethical, humanistic, and practical considerations.
JONA'S healthcare law, ethics and regulation 2011 Jan-Mar; 13(1): 13-6

Abstract: Nurses who divert drugs pose significant threats to patient safety, but also become a liability to healthcare organizations and the nursing department where the diversion occurred. Healthcare and nursing leaders have a responsibility to ensure that security systems are in place to prevent diversion and protect patients if nursing impairment is suspected as a result of drug diversion. Nursing leaders must consider legal, regulatory, ethical, humanistic, and practical considerations in resolving this issue.

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knowledge; and (2) embodied knowledge. Through the integration of these forms of knowledge, nurses develop a unique moral perspective and can make a meaningful contribution to the realm of ethics in interprofessional care.

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**Document 92**

Catlett, Shelia; Lovan, Sherry R

**Being a good nurse and doing the right thing: a replication study.**

Nursing ethics 2011 Jan; 18(1): 54-63

**Abstract:** This qualitative research study, a replication of a study published in 2002, investigated the qualities of a good nurse and the role ethics plays in decision making. After reviewing the limitations of the published work, the current study implemented modifications related to the research questions, sample selection, data collection, and use of software for data analysis. The original study identified seven categories that related to being a good nurse and doing the right thing. In the present study, the use of relational analysis led to the recognition of four categories: (1) personal traits and attributes; (2) technical skills and management of care; (3) work environment and co-workers; and (4) caring and caring behaviors. To understand what it means to be a good nurse and do the right thing is a complex task; however, this research adds to the small amount of empirical data that exists to describe those characteristics.

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**Document 93**

Suhonen, Riitta

**Report: 11th International ICNE [International Centre for Nursing Ethics] conference: Clinical ethics across the lifespan, 13-14 September 2010.**

Nursing ethics 2011 Jan; 18(1): 131-2

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**Document 94**

Alfred, Danita; Yarbrough, Susan; Martin, Pam; Garcia, Cathy

**Gender and professional values: a closer look.**

Nursing management 2011 Jan; 42(1): 34-6

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**Document 95**

Brooke, Penny S

**Legally speaking...when can staff say no?**

Nursing management 2011 Jan; 42(1): 40-4

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**Document 96**

Lori, Jody R; Yi, Chin Hwa; Martyn, Kristy K

**Provider characteristics desired by African American women in prenatal care.**


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**Document 97**

Martin, Sharon Dezzani

**Nurses' ability and willingness to work during pandemic flu.**

**Abstract:** The present study reports factors affecting nurses' ability and willingness to work during pandemic flu (PF).

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**Document 98**

Chakma, Nijhenee; Ocampo, Justin-Paul

**Personal reflection: critical-care visitation and the headache that follows.**

**Abstract:** Critical-care nurses, as well as other nurses, face ethical, moral, and legal issues often in their units. In some cases, the issue may cause conflict between the patient, the patient's family, and health care providers, including nurses. One possible area of conflict is critical-care visitation. This article describes visitation in critical-care units as well as possible outcomes and solutions.

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**Document 99**

Bicking, Cara

**Empowering nurses to participate in ethical decision-making at the bedside.**

**Abstract:** Nurses at the bedside have widely varied educational backgrounds. Most bedside nurses have insufficient knowledge in the area of ethical decision-making to feel confident in their ability to participate in ethical decision-making along with the health care team. Continuing education programs for staff nurses should focus on ethical decision-making to empower bedside nurses to participate. The effect of a successful continuing education program in ethics could lead to improved relationships among health care professionals, improved communication with patients and families, and reduced stress-related burnout caused by ethical dilemmas. This article describes a successful continuing education program designed to improve knowledge of ethics and confidence in ethical decision-making that can be adapted for any nursing specialty.

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**Document 100**

Schoonover-Shoffner, Kathy

**Digging into dignity.**

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**Document 101**

Salladay, Susan A
Document 102

O'Mathúna, Dónal P

The place of dignity in everyday ethics.

Abstract: Although ethics is often thought of in terms of "life-and-death" matters, many everyday situations involve ethics. Human dignity, a more recent way of expressing the belief that humans are made in the image of God (Genesis 1:26), captures the controversial notion that all humans are uniquely valuable and ought to be esteemed highly. Nurses have great opportunity to promote or demote dignity. A Christian holistic approach to ethics, exemplified by the narrative of the Good Samaritan (Luke 10:25-37), acknowledges the difficulty of always being ethical and integrates feeling, thinking, acting, and spirituality.

Document 103

Allmark, Peter

'I didn't ask for this': justice versus illness.

Abstract: Normative and prescriptive claims regarding social justice are often inadequately developed in the nursing literature and, in consequence, they must be rejected in their current form. Thus, claims regarding social justice are frequently presented as mere assertion (without clarification or supporting argument) or, alternatively, when assertions are supported that support may be weak (e.g. social justice is repeated juxtaposed against contentious assumptions regarding market disutility). This paper challenges the coherence of social justice as a shared nursing value and it is suggested that claims regarding the concept should be tempered.

Document 104

Lipscomb, Martin

Challenging the coherence of social justice as a shared nursing value.

Abstract: This paper explores the idea that justice is a basic human need akin to those famously depicted in Maslow's hierarchy of human needs and, as such, warrants recognition as a core element in representative ideas about nursing. Early nurse theorists positioned the principles and practice of nursing as having their origins in 'universal human needs'. The principle of deriving nursing care from human needs was thought to provide a guide not only for promoting health, but for preventing disease and illness. The nursing profession has had a longstanding commitment to social justice as a core professional value and ideal, obligating nurses to address the social conditions that undermine people's health. The idea of justice as a universal human need per se and its possible relationship to people's health outcomes has, however, not been considered. One reason for this is that justice in
nursing discourse has more commonly been associated with law and ethics, and the legal and ethical responsibilities of nurses in relation to individualized patient care and, more recently, changing systems of care to improve health and health outcomes. Although this association is not incorrect, it is incomplete. A key aim of this paper is to redress this oversight and to encourage a broader conceptualization of justice as necessary for human survival, health and development, not merely as a professional value, or legal or ethical principle for guiding human conduct.

Hussey, Trevor

Naturalistic nursing.

Abstract: Where nurse education aims to provide an overarching intellectual framework, this paper argues that it should be the framework of naturalism. After an exposition of the chief features of naturalism and its relationship to science and morality, the paper describes naturalistic nursing, contrasting it with some other perspectives. There follows a defence of naturalism and naturalistic nursing against several objections, including those concerning spirituality, religion, meaning, morality, and alternative sources of knowledge. The paper ends with some of the advantages of the naturalistic approach.

Sellman, Derek

WHAT MAKES A GOOD NURSE: WHY THE VIRTUES ARE IMPORTANT FOR NURSES


O'Brien, Mary Elizabeth

SPIRITUALITY IN NURSING: STANDING ON HOLY GROUND


Foster, Illysa R. and Lasser, Jon

PROFESSIONAL ETHICS IN MIDWIFERY PRACTICE


Crigger, Nancy and Godfrey, Nelda

THE MAKING OF NURSE PROFESSIONALS: A TRANSFORMATIONAL, ETHICAL APPROACH

Document 112
Cowen, Perle Slavik and Moorhead, Sue, [eds.]
CURRENT ISSUES IN NURSING
Call number: RT63.C87 2011

Document 113
Chitty, Kay Kittrell and Black, Beth Perry
PROFESSIONAL NURSING: CONCEPTS & CHALLENGES
Call number: RT82.P755 2011

Document 114
Carvalho, Sally; Reeves, Maggie; and Orford, Jacquie
FUNDAMENTAL ASPECTS OF LEGAL, ETHICAL AND PROFESSIONAL ISSUES IN NURSING
Call number: RT82.C37 2011

Document 115
Sara T. Fry; Veatch, Robert M.; and Taylor, Carol R.
CASE STUDIES IN NURSING ETHICS
Call number: RT85.F787 2011

Document 116
Diaque, Elodie; Rohrbasser, Laura
[The place of nursing values in a complex care situation: a fragile equilibrium between ideal and reality]. =
La place des valeurs soignantes dans une situation de soins complexe: Le fragile équilibre entre idéal et réalité.
Krankenpflege. Soins infirmiers 2011; 104(10): 61-3
Georgetown users check Georgetown Journal Finder for access to full text

Document 117
Monteverde, Settimio
[Settimio Monteverde. "There is no ethics free space" (interview by Urs Lüthi)]. = Settimio Monteverde. "Es gibt keinen ethikfreien Raum".
Krankenpflege. Soins infirmiers 2011; 104(4): 32-3
Georgetown users check Georgetown Journal Finder for access to full text
Lewis-Hunstiger, Marty

**Ethical practice.**
Creative nursing 2011; 17(2): 59-60

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Hughes, Ronda

**The association of civility and ethics.**
Creative nursing 2011; 17(2): 61-2

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Paquin, Siobhan O'Mahony

**Social justice advocacy in nursing: what is it? How do we get there?**
Creative nursing 2011; 17(2): 63-7

**Abstract:** Social justice advocacy is an expectation of all nurses as expressed in the professional codes that guide nursing practice. Nursing literature reflects this shift in the focus of nursing advocacy, providing insight into the potentials and challenges associated with nursing's evolution toward a broader social justice advocacy model. This article describes the concept of social justice advocacy as currently reflected in professional codes and nursing literature and contrasts this with the individual patient-nurse advocacy model, which continues to dominate in nursing practice today. Challenges associated with movement toward a social justice advocacy model and options for addressing these hurdles are also discussed.

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de Ruiter, Hans-Peter; Freeman, Deborah; Hughes, Ronda; Sellers, Richard

**Ethics at the bedside: A conversation with Hans-Peter de Ruiter, PhD, RN; Deborah Freeman, BSN, RN; Ronda Hughes, PhD, RN, MHS, FAAN; and Richard Sellers, MDiv, MA.**
Creative nursing 2011; 17(2): 96-103

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Germanier, François; Loew, François; Ummel, Marinette; Zumwald, Catherine

**[Ethical considerations. Boundary limits in the home]. = Considérations ethiques. Les limites du maintien a domicile.**
Krankenpflege. Soins infirmiers 2011; 104(2): 44-7

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Bachl, Margrit
Document 124

Ojwang, Benson Oduor; Ogutu, Emily Atieno; Matu, Peter Maina

Nurses’ impoliteness as an impediment to patients’ rights in selected Kenyan hospitals.


Abstract: The institutionalization of patients’ rights is a recent phenomenon in Kenya. In 2006, Kenya’s Ministry of Health initiated policy measures to improve patient satisfaction through a charter of patients’ rights. The aim was to change the longstanding public perception that nurses in public hospitals routinely ignored patients’ right to respectful treatment. This paper focuses on linguistic indicators of violation or promotion of patients’ rights in the health care context. We examine the extent to which patients’ rights to dignity, respect, and humaneness are observed or denied, and we argue that impolite utterances impede rather than promote the realization of other fundamental human rights. It appears that nurses’ impoliteness does not merely constitute rudeness, but encodes a violation of dignity which, in turn, hampers the chances of enjoyment of broader human rights such as the right to autonomy, free expression, self-determination, information, personalized attention, and non-discrimination. We argue that, for patients to enjoy their rights in the hospital setting, a clear definition of roles and relationships and public education on strategies of asserting their rights without intimidation are necessary. It emerges that when patients’ rights are denied, patients resort to retaliation by violating the dignity of the nurses. This jeopardizes the envisaged mutual support in the nurse-patient relationship and compromises patient satisfaction.

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Document 125

Ladd, Elissa C; Mahoney, Diane Feeney; Emani, Srinivas

"Under the radar": nurse practitioner prescribers and pharmaceutical industry promotions.

The American journal of managed care 2010 December 1; 16(12): e358-62

Abstract: To assess nurse practitioners’ interactions with pharmaceutical industry promotional activities and their perception of information reliability and self-reported prescribing behaviors.

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Document 126

Severinsson, Elisabeth

Discovering the value of research supervision.

Nursing & health sciences 2010 Dec; 12(4): 400-1

Abstract: The aim of this editorial was to discover the value of research supervision by reflecting on many years of researching the phenomenon. The main benefits of research supervision are improvements in the quality of academic education, the quality of practice, and nursing and midwifery disciplines. Hence, these values must be acknowledged and more resources, both at universities and in clinical practice, are required. The advantages of research supervision are inherent in all its aspects. More education in research supervision is required in order to implement strategies that improve the level of quality in practice, as well as further research in this area. From an ethical perspective, one of the research questions that needs to be addressed is: Which different responsibilities and rights are important in the supervisory process? This question can be answered by using a multidisciplinary perspective for the purpose of enhancing the quality of education and patient care.

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Document 127
Woodhouse, Annette
Uniquely gifted or disadvantaged? Co-research with psychiatric nurses and colleagues working as rural family therapists.
Journal of psychiatric and mental health nursing 2010 Dec; 17(10): 935-9

Forrester, Kim
What you see may not be what you get: beware of patients bearing gifts.
Journal of law and medicine 2010 Dec; 18(2): 268-74
Abstract: The professional boundaries of practice for nurses and midwives are specifically addressed in professional codes of ethics and conduct, employer policies and guidelines and more frequently in the professional literature. There are many forms in which boundary violations and boundary crossings may present or circumstances in which they may occur. This column considers a recent case (involving a bequest to a registered nurse under a will) which came before the Queensland Nursing Tribunal. The decisions of the tribunal, the District Court and the Court of Appeal provide practical guidance to nurses and midwives on the importance of establishing and maintaining the professional boundaries essential to the therapeutic relationship with their patients and clients.

Karpf, Ted; Ferguson, J Todd; Swift, Robin Y
Light still shines in the darkness: decent care for all.
Abstract: Health care is in crisis at the global, national, and local levels, with hundreds of millions living without basic care, or with insufficient care. Current health care models seem to have ignored, muted, or excluded the voices of the people they were intended to serve, resulting in health systems and care delivery models that do not respond to the needs of the people. This article describes a values-based approach to health and health care services in which the voices of the people are heard and listened to, and in which individuals and communities are informed participants in their own care. We draw parallels between contemporary concerns for decency in care giving to Florence Nightingale's path-breaking work, first with the British military medical system and then Great Britain as a whole.

Wagner, Debra J; Whaite, Bonnie
An exploration of the nature of caring relationships in the writings of Florence Nightingale.
Abstract: The purpose of this qualitative, historical field study was to identify the nature and attributes of caring relationships as depicted in the writings of Florence Nightingale. Latent content analysis was the methodology used for the discovery and analysis of words, ideas, and themes from selected Nightingale works. Five themes were identified that represented a caring relationship: attend to, attention to, nurture, competent, and genuine. These themes are congruent with Nightingale's threefold concept of nursing. Watson's carative factors were used to cross-validate the results. The findings of this study indicate that the phenomenon of caring relationships in nursing has been a part of our professional language since Victorian times. Historical research provides a sense of connectedness to nursing's past and contributes to the ongoing education of nurses and further development of the nursing profession.
Document 131
Wright, Stephen G
Commentary on "Light still shines in the darkness: decent care for all".
Georgetown users check Georgetown Journal Finder for access to full text

Document 132
Hoyt, Stephanie
Florence Nightingale's contribution to contemporary nursing ethics.
Abstract: Florence Nightingale brought nursing from a disreputable and immoral vocation into the honest and ethical profession that is enjoyed today by emphasizing strict morals in the personal and work lives of her nursing students. In modern day, ethical principles guide the nursing profession and have many relevant connections to Nightingale's morals. Just as the high moral character of Nightingale's nurses helped nursing rise to a profession in her day, teaching and following ethical principles is crucial in furthering the nursing profession in our day.
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Document 133
McGarry, Julie
Relationships between nurses and older people within the home: exploring the boundaries of care.
International journal of older people nursing 2010 Dec; 5(4): 265-73
Abstract: To explore the nature of relationships between nurses and older people within the home and to illuminate the nature and quality of caring boundaries within this setting.
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Document 134
McCrink, Andrea
Ethical nursing practice: why it should concern us all.
Nursing for women's health 2010 Dec-2011 Jan; 14(6): 443-6
Georgetown users check Georgetown Journal Finder for access to full text

Document 135
Moos, Daniel D; Prior, Shari M
Ethical and legal aspects, Part 3: secondary sources and references.
Georgetown users check Georgetown Journal Finder for access to full text

Document 136
Begley, Ann M
On being a good nurse: reflections on the past and preparing for the future.
Abstract: The objectives of this paper include reflecting on the attributes of the 'good' nurse in the past, outlining thematically the essential attributes (virtues) required by the 'good' nurse today and presenting an original 4-point framework for ethics in practice. Although there is no doubt that nurses in the past were highly professional, the culture within which they practiced tended to stifle the emergence of autonomy, assertiveness, advocacy and accountability. An original table of contemporary attributes, which is congruent with a neo Aristotelian virtue ethical approach, is arranged in themes of Intellectual and Practical Attributes, Dispositional Attributes and Moral Attributes. A framework for professional practice, the 'Four As' is then extrapolated from these themes. These four key professional attributes, autonomy, advocacy, accountability and assertiveness, along with the virtues listed in the themes, exemplify the 'good' nurse and are identified as the linchpins of modern professional ethics and good conduct.

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**Document 140**

Bourgault, Patricia; Gallagher, Frances; Michaud, Cécile; Saint-Cyr-Tribble, Denise

[The mixed design in nursing sciences or when a question of research calls for qualitative and quantitative strategies]. = Le devis mixte en sciences infirmières ou quand une question de recherche appelle des stratégies qualitatives et quantitatives.

Recherche en soins infirmiers 2010 Dec(103): 20-8

**Abstract:** The use of a mixed method research design raises many questions, especially regarding the paradigmatic position. With this paradigm, we may consider the mixed method design as the best way of answering a research question and the latter orients to one of the different subtypes of mixed method design. To illustrate the use of this kind of design, we propose a study such as conducted in nursing sciences. In this article, the challenges raised by the mixed method design, and the place of this type of research in nursing sciences is discussed.

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**Document 141**

Berger, Valérie; Durand, Luc; Grocq, Martine

[Constipation in the hospital. Ethical reflection on its care by the nursing staff]. = Elimination intestinale à l'hôpital. Réflexion éthique sur sa prise en charge par les soignants.

Recherche en soins infirmiers 2010 Dec(103): 67-77

**Abstract:** The intestinal elimination of the hospitalized patients is a function insufficiently taken into account by the nursing staff from a preventive point of view. Nevertheless, numerous patients present transit disorders which are mostly translated into a diagnosis of constipation requiring therapeutic prescriptions and sometimes even aggressive and expensive medical examinations. The objective of this work is to lead an ethical reflection on the care of intestinal elimination by the nursing staff. Through a questionnaire, we wish to answer 3 questions: how come the nursing staff have difficulties taking care of the intestinal elimination of the hospitalized patients? What are the determiners which influence the care of the intestinal elimination by the nursing staff? Does training prepare the nursing staff to take care of the intestinal elimination of the hospitalized patients? The questionnaire was distributed to doctors, male and female nurses, nursing auxiliaries and students in care of the sick working in medicine, surgery and intensive care of the same hospital. This survey allowed to question 130 persons among whom 36 doctors, 37 male and female nurses, 30 nursing auxiliaries and 27 students. We were able to confirm that the care of the intestinal elimination is insufficiently taken into account in a preventive way, because 56 % of the people interviewed explain that the problem of intestinal elimination is not approached before the complaint of the patient Several determiners make that the nursing staff are not in a preventive approach. This care does not meet much interest, is experienced as devaluing, taboo and the relation nursing staff-patient is hindered because everyone has difficulties to speak about it. Institutional difficulties are also discussed, such as the lack of coordination of the nursing staff and the lack of time. Another point of this survey shows that work experience is not an element which facilitates this care because the more the nursing staff have experience, the more they postpone this care and more the embarrassment is felt Finally, we were able to point out that the received training does not prepare the nursing staff to take care of this function. Indeed, 61% of the people interviewed explain that certain difficulties are inferred by the lack of social skills of the professionals, like the discomfort to speak about this particular need. This work thus allowed to lead this ethical reflection on the care of the intestinal elimination to understand its meaning. As Spinoza said: "One should not laugh, one should not despair, one should not curse, but one should understand".

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**Document 142**

Kangasniemi, Mari

Equality as a central concept of nursing ethics: a systematic literature review.

Scandinavian journal of caring sciences 2010 Dec; 24(4): 824-32

**Abstract:** Equality is a central concept in the Western way of thinking and in health care. In ethics research within nursing science, equality is a key concept but the meaning of its contents is more or less presumptive.

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**Document 143**

Prideaux, Antony

**Male nurses and the protection of female patient dignity.**

Nursing standard (Royal College of Nursing (Great Britain) : 1987) 2010 Dec 1-7; 25(13): 42-9

**Abstract:** Nurses need to be aware of their professional, legal and ethical responsibilities towards patients. Male nurses in particular face problems in their practice as a result of their gender and the stereotypes associated with male nurses. Such stereotypes can act as a barrier to their duty of care. This article examines the challenges associated with male nurses carrying out intimate, physical care. It discusses the ethical, legal and professional issues that male nurses should consider in relation to maintenance of patient dignity during nursing care provision, particularly in relation to female patients.

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**Document 144**

Dickerson, Pamela S

**Providers, co-providers, commercial entities, and sponsors: keeping them straight.**


**Abstract:** There is considerable confusion among continuing education providers about the terms "provider," "co-provider," "commercial entity," and "sponsor." This column address the differences and why they are important.

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**Document 145**

Zhou, Guiyun; Stoltzfus, Jill C; Houldin, Arlene D; Parks, Susan M; Swan, Beth Ann

**Knowledge, attitudes, and practice behaviors of oncology advanced practice nurses regarding advanced care planning for patients with cancer.**

Oncology nursing forum 2010 Nov 1; 37(6): E400-10

**Abstract:** To establish initial reliability and validity of a Web-based survey focused on oncology advanced practice nurses' (APNs') knowledge, attitudes, and practice behaviors regarding advanced care planning, and to obtain preliminary understanding of APNs' knowledge, attitudes, and practice behaviors and perceived barriers to advanced care planning.

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**Document 146**

Ulrich, Connie M; Taylor, Carol; Soeken, Karen; O'Donnell, Patricia; Farrar, Adrienne; Danis, Marion; Grady, Christine

**Everyday ethics: ethical issues and stress in nursing practice.**


**Abstract:** This paper is a report of a study of the type, frequency, and level of stress of ethical issues encountered by nurses in their everyday practice.

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**Document 147**

Happ, Mary Beth; Tate, Judith A; Swigart, Valerie A; DiVirgilio-Thomas, Dana; Hoffman, Leslie A

**Wash and wean: bathing patients undergoing weaning trials during prolonged mechanical ventilation.**


**Abstract:** Bathing is a fundamental nursing care activity performed for or with the self-assistance of critically ill
patients. Few studies address caregiver or patient-family perspectives about bathing activity during weaning from prolonged mechanical ventilation (PMV).

Document 148

McCrink, Andrea

**Academic misconduct in nursing students: behaviors, attitudes, rationalizations, and cultural identity.**

The Journal of nursing education 2010 Nov; 49(11): 653-9

**Abstract:** The purpose of this study was to gain knowledge about academic misconduct in associate degree nursing students enrolled in two nursing programs in the northeastern United States. Study respondents (n = 193) identified the frequency of engagement in behaviors of misconduct in both the classroom and clinical setting and their attitudes toward the identified behaviors of misconduct, neutralization behaviors, ethical standards of the nursing profession, and the ethic of caring within the nursing profession. Findings were consistent with previous research on academic misconduct in baccalaureate nursing students. Analysis of self-reported cultural identities refuted the prevailing literature on academic misconduct across differing cultures and nations.

Document 149

de Araujo Sartorio, Natalia; Pavone Zoboli, Elma Lourdes Campos

**Images of a 'good nurse' presented by teaching staff.**

Nursing ethics 2010 Nov; 17(6): 687-94

**Abstract:** Nursing is at the same time a vocation, a profession and a job. By nature, nursing is a moral endeavor, and being a 'good nurse' is an issue and an aspiration for professionals. The aim of our qualitative research project carried out with 18 nurse teachers at a university nursing school in Brazil was to identify the ethical image of nursing. In semistructured interviews the participants were asked to choose one of several pictures, to justify their choice and explain what they meant by an ethical nurse. Five different perspectives were revealed: good nurses fulfill their duties correctly; they are proactive patient advocates; they are prepared and available to welcome others as persons; they are talented, competent, and carry out professional duties excellently; and they combine authority with power sharing in patient care. The results point to a transition phase from a historical introjection of religious values of obedience and service to a new sense of a secular, proactive, scientific and professional identity.

Document 150

Woods, Martin

**Cultural safety and the socioethical nurse.**

Nursing ethics 2010 Nov; 17(6): 715-25

**Abstract:** This article explores the social and ethical elements of cultural safety and combines them in a model of culturally safe practice that should be of interest and relevance for nurses, nurse educators and nurse ethicists in other cultures. To achieve this, the article briefly reviews and critiques the main underpinnings of the concept from its origins and development in New Zealand, describes its sociocultural and sociopolitical elements, and provides an in-depth exploration of the key socioethical elements. Finally, a model is presented to illustrate the strong connection between the social and ethical components of cultural safety that combine to produce culturally safe practice through the activities of a 'socioethical' nurse.

Document 151

Creel, Eileen L; Robinson, Jennifer C
Ethics in independent nurse consulting: strategies for avoiding ethical quicksand.
Nursing ethics 2010 Nov; 17(6): 769-76

Abstract: Changes in health care have created a variety of new roles and opportunities for nurses in advanced practice. One of these changes is the increasing number of advanced practice nurses carrying out independent consultation. Differences in goals between business and health care may create ethical dilemmas for nurse consultants. The purpose of this article is to describe possible ethical pitfalls that nurse consultants may encounter and strategies to prevent or solve these dilemmas. Three themes related to nursing codes of ethics will be discussed: the duty to uphold human rights, the duty to fulfill commitments, and the duty to practice the profession competently.

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Document 152
Lindahl, Elisabeth; Gilje, Fredricka; Norberg, Astrid; Söderberg, Anna
Nurses' ethical reflections on caring for people with malodorous exuding ulcers.
Nursing ethics 2010 Nov; 17(6): 777-90

Abstract: The aim of this study was to illuminate nurses' reflections on obstacles to and possibilities for providing care as desired by people with malodorous exuding ulcers. Six nurses who took part in a previous study were interviewed. The participants were shown an illustration with findings from a study that elucidated the meaning of living with malodorous exuding ulcers. They were asked to reflect on the obstacles to and possibilities of providing the care desired by the patients. Twelve audio-recorded transcribed interviews were analysed using qualitative content analysis. Our interpretations of participants' reflections on the obstacles and possibilities while caring for such patients revealed one theme: striving to 'do good' and 'be good'. The obstacles were formulated as subthemes: experiencing clinical competence constraints, experiencing organizational constraints, experiencing ineffective communication, fearing failure, and experiencing powerlessness. The possibilities were formulated by the subthemes: spreading knowledge about ulcer treatments, considering wholeness, and creating clear channels of communication. A multiprofessional team could overcome the identified obstacles and provide structure, competencies, commitment and support to 'do good' for patients and 'be good' nurses.

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Document 153
Hart, Leigh; Morgan, Lesley
Academic integrity in an online registered nurse to baccalaureate in nursing program.

Abstract: The number of nursing programs offering online courses continues to expand. This is a relatively new method of instruction that has not been extensively evaluated. Academic integrity in the online classroom is one area of concern. This study compared academic integrity in both an online and a traditional classroom registered nurse to baccalaureate in nursing (RN-BSN) program.

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Document 154
Graner, Becky
Definition of a "real nurse".
The Prairie rose 2010 Nov-2011 Jan; 79(4): 10

Georgetown users check Georgetown Journal Finder for access to full text

Document 155
Kurban, Nevin Kuzu; Savas, Halide; Cetinkaya, Bengu; Turan, Turkan; Kartal, Asiye
Evaluation of nursing students' training in medical law
Nursing Ethics 2010 November; 17(6): 759-768

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Document 156
Dopson, Laurence
Jennifer Worth: midwife, writer and long-distance cyclist.
The practising midwife 2010 Nov; 13(10): 43

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Document 157
Välimäki, Maritta; Makkonen, Pekka; MOCKIENE, Vida; Aro, Ilme; Blek-Vehkaluoto, Mari; ISTOMINA, Natalja; Kisper-HINT, IMA-RIINA; STANIULIENĖ, Vida; KOPENEN, Niina; VÄNSKÄ, Maj-Lis; SUOMINEN, Tarja
Nursing and midwife students' willingness to provide care to patients with HIV/AIDS--a comparative study in Finland, Estonia and Lithuania.
Nurse education today 2010 Oct; 30(7): 674-9

Abstract: This article presents results on nursing and midwife students' willingness to care for patients with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS). An international cross-sectional survey design was used and the data were collected from educational institutions in Finland (N=169), Estonia (N=132) and Lithuania (N=170) between autumn 2005 and spring 2006. Participants (N=471) were nursing and midwife students training to be RN, public health nurses or midwives. A modified version of a scale developed by Duppert et al. (1994) was applied to measure willingness to care for patients with HIV/AIDS. The study found a general willingness on the part of students to provide care for patients with HIV/AIDS. However, nursing and midwife students willingness varied between countries and was also related to specific nursing interventions. Factors associated with students willingness also varied within each country, depending on nurses' age, nursing experience (Finland), positive attitudes to treating patients with HIV/AIDS in general (Finland, Estonia), and previous experience in taking care of a patient with HIV/AIDS (Lithuania). It is important to develop strategies for nursing vulnerable patient populations and international nursing curricula to identify prejudicial thinking and intolerance towards patients with HIV/AIDS.

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Document 158
Griffin, Terry
Bringing change-of-shift report to the bedside: a patient- and family-centered approach.

Abstract: Change-of-shift report is the time when responsibility and accountability for the care of a patient is transferred from one nurse to another. The communication that ensues during this process is linked to both patient safety and continuity of care giving. While many nurses already recognize the value of bringing report to the patient's bedside and have practiced in this manner, this remains relatively uncommon. Typically, nurse change-of-shift report has occurred at a nurses' station, conference room, or hallway and may be face to face, audio-taped, recorded on a telephone service, or in a written format. When report is given away from the bedside, the opportunity to visualize the patient and include the patient and family in an exchange of information and care planning is lost. Yet, patients and families, also stewards of patient safety, are given an opportunity to hear and participate in the exchange of information when report is brought to the bedside. Welcoming patients and families into the report process may be a new and challenging process for nursing staff.

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Document 159
Document 160

Landeweer, Elleke G M; Abma, Tineke A; Widdershoven, Guy A M

The essence of psychiatric nursing: redefining nurses' identity through moral dialogue about reducing the use of coercion and restraint.

ANS. Advances in nursing science 2010 Oct-Dec; 33(4): E31-42

Abstract: In this article, we focus on core values of psychiatric nurses in relation to coercion and constraint. We analyze changes that took place in a project aiming at reducing coercion at a closed inpatient ward of a psychiatric hospital. Using the philosophy of Hans-Georg Gadamer and Margaret Urban Walker, we analyze both the process of moral changes through dialogue and the outcome in terms of new identities and moral responsibilities. We conclude that the project stimulated nurses to redefine their roles and develop a deeper intersubjective understanding of core values of their profession.

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Document 161

Crigger, Nancy; Godfrey, Nelda

The importance of being humble.

ANS. Advances in nursing science 2010 Oct-Dec; 33(4): 310-9

Abstract: Scholarly work in philosophy, positive psychology, and other applied disciplines reconceptualize humility as an important element of reflection, change, and growth, but the change has not been mirrored in the nursing literature. Humility has a rich heritage and may be an implicit but fundamental construct in nursing. The value of humility for nursing education and practice rests in its conceptual basis for strategies that are currently being used. It is on the ground of humility that self-reflection, response to weaknesses and accomplishments, and our orientation to relationships should rest.

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Document 162

Peirce, Anne Griswold

The essential imperative of basic nursing education: an ethical discourse.

ANS. Advances in nursing science 2010 Oct-Dec; 33(4): 320-8

Abstract: The presence of multiple educational pathways into professional nursing is not without ethical consequences. If the essential duty of nursing is to the patient then education must focus on teaching the highest provision of patient care. The humanities component of the baccalaureate provides both insight into the human condition and exposure to alternate problem-solving methodologies, both of which augment the nursing process and improve patient care. An argument is made that by not requiring more rather than less education, we ultimately fail the patient and thus, our ethical duty.

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Document 163

McSherry, Wilfred

Dignity in care: meanings, myths and the reality of making it work in practice.

Nursing times 2010 Oct 12-18; 106(40): 20-3

Abstract: In recent years, dignity in care has become a catch all phrase in nursing and healthcare. This article looks
at different definitions of the concept and at the origins of dignity in care campaigns and champions. It questions whether dignity in care campaigns are a genuine attempt to improve the patient experience or a political and professional ploy to delude the public that something is being done, which detracts from serious debate about the nature and structure of nursing and healthcare.

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**Document 164**

David, Timothy I; Lee-Woolf, Elizabeth

**Fitness to practise for student nurses: principles, standards and procedures.**

Nursing times 2010 Oct 5-11; 106(39): 23-6

**Abstract:** Since 2009, all schools of nursing have been required to establish a fitness to practise committee to consider any pre-registration student health or character issues (Nursing and Midwifery Council, 2008). In 2009, fitness to practice standards were published (NMC, 2009a). This article outlines how fitness to practise procedures apply to nursing and midwifery students in the U.K. and explains the key differences between how they are applied to trainees and to registered nurses.

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**Document 165**

Rochefort, Christian M; Clarke, Sean P

**Nurses' work environments, care rationing, job outcomes, and quality of care on neonatal units.**


**Abstract:** This paper is a report of a study of the relationship between work environment characteristics and neonatal intensive care unit nurses' perceptions of care rationing, job outcomes, and quality of care.

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**Document 166**

Rushton, Cynda Hylton

**Ethics of nursing shift report.**

AACN advanced critical care 2010 Oct-Dec; 21(4): 380-4

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**Document 167**

Milton, Constance L

**Quality of worklife for nurses: an ethical perspective.**

Nursing science quarterly 2010 Oct; 23(4): 287-9

**Abstract:** Much has been written regarding the global nurse shortage. Frequently, authors and speakers who represent the discipline of nursing raise the topic of contextual barriers and limitations experienced in the practice setting as potential for the de-valuing of human dignity in the worklife of nurses. Quality of worklife issues arise and are reflected in observations of an ever-present difficulty with recruitment and retention of professional nurses in a multitude of global healthcare settings. This column is intended to begin a dialogue about the valuing of human dignity for nurses and the quality-of-life issues that surface as described by nurses and healthcare recipients that dramatically influence the quality of nursing practice from the humanbecoming school of thought.

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McCarthy, Geraldine M; Landers, Margaret G

**A conceptual model of nursing: a model of personhood for Irish nursing.**
Nursing science quarterly 2010 Oct; 23(4): 343-7

**Abstract:** A model of personhood for nursing in Ireland based on Celtic society, Irish language, Irish customs, and the Catholic religion is discussed. Concepts central to the model are presented bilingually as a means of capturing the essence of nursing care in an Irish context. The adequacy of the model is considered from the perspective of the following evaluative criteria: social utility, social congruence, and social significance.

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Jardine, Stephanie

**What to do when caring for someone you know.**
ONS connect 2010 Oct; 25(10): 14

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Fraser, Debbie

**Safeguarding your continuing education.**
Neonatal network : NN 2010 Sep-Oct; 29(5): 269

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Silva, Marylane Viana; Figueiredo, Maria do Livramento Fortes

**[Historical challenges of nursing through bioethical issues]. = Desafios históricos da enfermagem à luz do pensamento bioético.**
Revista brasileira de enfermagem 2010 Sep-Oct; 63(5): 841-3

**Abstract:** This is a theoretical discussion of the bioethics of care from the historical perspective of health care and its contribution to the expansion of knowledge production in Nursing, which is presented as a proposal for a more humane and democratic action in the exercise of care through the formulation of new concepts based on respect for human dignity, unselfishness and knowledge autonomy discussed in the theories of nursing. Nursing has been seen as a profession on the rise due to the care for the individual on his/her complete existential dimension where bioethical discussions are signs of new ways of integrating actions and other health professionals who take care of the solutions for the conflicts experienced in the day to day care in hospital services.

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Aranda, Kay; Jones, Andrea

**Dignity in health-care: a critical exploration using feminism and theories of recognition.**
Nursing inquiry 2010 Sep; 17(3): 248-56

**Abstract:** Growing concerns over undignified health-care has meant the concept of dignity is currently much discussed in the British National Health Service. This has led to a number of policies attempting to reinstate dignity as a core ethical value governing nursing practice and health-care provision. Yet these initiatives continue to draw upon a concept of dignity which remains reliant upon a depoliticised, ahistorical and decontextualised subject. In this paper, we argue the need to revise the dignity debate through the lens of feminism and theories of recognition.
Postmodern feminist theories provide major challenges to what remain dominant liberal approaches as they pay attention to the contingent, reflexive, and affective aspects of care work. Theories of recognition provide a further critical resource for understanding how moral obligations and responsibilities towards others and our public and private responses to difference arise. This re-situates dignity as a highly contested and politicised concept involving complex moral deliberations and diverse political claims of recognition. The dignity debate is thus moved beyond simplistic rational injunctions to care, or to care more, and towards critical discussions of complex politicised, moral practices infused with power that involve the recognition of difference in health-care.

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shares a clear vision for how ethics is central to quality nursing care. This article describes the central role of a nurse ethicist in promoting ethical nursing practice.

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Document 176

Gallagher, Ann

The ethics of mutuality.

Nursing ethics 2010 Sep; 17(5): 539-40

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Document 177

Suhonen, Riitta

Clinical ethics and challenges to individualized care.

Nursing ethics 2010 Sep; 17(5): 541-2

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Document 178


Nursing ethics 2010 Sep; 17(5): 543-7

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Document 179

Lindh, Inga-Britt; Barbosa da Silva, António; Berg, Agneta; Severinsson, Elisabeth

Courage and nursing practice: a theoretical analysis.

Nursing ethics 2010 Sep; 17(5): 551-65

Abstract: This article aims to deepen the understanding of courage through a theoretical analysis of classical philosophers' work and a review of published and unpublished empirical research on courage in nursing. The authors sought answers to questions regarding how courage is understood from a philosophical viewpoint and how it is expressed in nursing actions. Four aspects were identified as relevant to a deeper understanding of courage in nursing practice: courage as an ontological concept, a moral virtue, a property of an ethical act, and a creative capacity. The literature review shed light on the complexity of the concept of courage and revealed some lack of clarity in its use. Consequently, if courage is to be used consciously to influence nurses' ethical actions it seems important to recognize its specific features. The results suggest it is imperative to foster courage among nurses and student nurses to prepare them for ethical, creative action and further the development of professional nursing practices.

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Document 180

Schick Makaroff, Kara; Storch, Janet; Newton, Lorelei; Fulton, Tom; Stevenson, Lynne

Dare we speak of ethics? Attending to the unsayable amongst nurse leaders.

Nursing ethics 2010 Sep; 17(5): 566-76

Abstract: There is increasing emphasis on the need for collaboration between practice and academic leaders in health care research. However, many problems can arise owing to differences between academic and clinical goals
and timelines. In order for research to move forward it is important to name and address these issues early in a project. In this article we use an example of a participatory action research study of ethical practice in nursing to highlight some of the issues that are not frequently discussed and we identify the impact of things not-named. Further, we offer our insights to others who wish to be partners in research between academic and practice settings. These findings have wide implications for ameliorating misunderstandings that may develop between nurse leaders in light of collaborative research, as well as for participatory action research.

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this context, professional rights relate to nursing and also to tasks shared with other health care professions. Analyzing nurses' rights will help to promote these rights, improve nurses' position both nationally and internationally, and provide possibilities for enhancing patient care.

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**Document 184**

Lin, Yu-Hua; Liching Sung Wang; Yarbrough, Susan; Alfred, Danita; Martin, Pam

**Changes in Taiwanese nursing student values during the educational experience.**

Nursing ethics 2010 Sep; 17(5): 646-54

**Abstract:** Professional values are standards for action and provide a framework for evaluating behavior. This study examined changes in the professional values of nursing students between their entrance to and graduation from an undergraduate nursing program. A pre- and post-test design was employed. A convenience sample of 94 students from a university in Taiwan was surveyed. Data were collected from students during the sophomore and senior years. Total scores obtained for the revised Nurses Professional Values Scale during the senior year of the nursing program were significantly higher than upon program entry. The 'caring' subscale was scored highest at both program entry and graduation, but the pre- and post-test scores were not significantly different from each other. The students scored significantly higher on the 'professionalism' and 'activism' subscales at post-test than they did at pre-test. Professional values changed in a positive direction between the beginning of the student nurses' educational experience and their graduation. The results supported the premise that education had a positive effect on these students' professional values but causality could not be assumed.

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**Document 185**

Wright, David; Nyland, Amy; Camevale, Franco; Gros, Catherine

**Broken promises and the bad patient.**

Nursing ethics 2010 Sep; 17(5): 668-71

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**Document 186**

Olsen, Doug

**Editorial Board Member, Doug Olsen, interviewed by Ann Gallagher.**

Nursing ethics 2010 Sep; 17(5): 672-4

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**Document 187**

Barrett, Roseann

**Strategies for promoting the scientific integrity of nursing research in clinical settings.**


**Abstract:** Magnet hospitals were surveyed to determine the processes used to promote the integrity of nursing research conducted in clinical settings. Results indicated that four central processes, institutional review board review, nursing research council review, nursing research mentorship, and reliance on personal and professional values, were used to educate, monitor, and oversee the integrity of research conducted by bedside nurse scientists. Staff development educators are challenged to provide instruction regarding the process of nursing research and all elements of scientific integrity. Research is needed to test the effectiveness of the processes identified in this investigation in promoting the quality and integrity of nursing research conducted in clinical settings.
Document 188

Robinson, Jane J A

Advocacy and conflict in nursing.
International nursing review 2010 Sep; 57(3): 277

Document 189

Ascension Health defies Catholic teachings.
The Michigan nurse 2010 Sep-Oct; 83(5): 10-1

Document 190

Gould, Dinah

Auditing hand hygiene practice.
Nursing standard (Royal College of Nursing (Great Britain) : 1987) 2010 Sep-21; 25(2): 50-6; quiz 58

Abstract: Hand hygiene is regarded as the most effective way of preventing healthcare-associated infections. Thus hand hygiene audits are frequently undertaken by infection prevention and control teams. Although apparently straightforward, hand hygiene audit requires careful planning and conduct. Healthcare professionals need to understand the principles that underpin effective hand hygiene audit to improve their own practice and help patients, carers and the public to interpret the findings.

Document 191

Jackson, Debra; Peters, Kathleen; Andrew, Sharon; Edenborough, Michel; Halcomb, Elizabeth; Luck, Lauretta; Salamonson, Yenna; Weaver, Roslyn; Wilkes, Lesley

Trial and retribution: a qualitative study of whistleblowing and workplace relationships in nursing.

Abstract: This paper reports a study aiming to present and describe the effects of whistleblowing episodes on nurses' workplace relationships. Eighteen participants with direct experience of whistleblowing were recruited into the study, which was informed by a qualitative narrative inquiry design. Findings were clustered into four main themes, namely: Leaving and returning to work-The staff don't like you; Spoiled collegial relationships- Barriers between me and my colleagues; Bullying and excluding- They've just closed ranks; and, Damaged inter-professional relationships-I did lose trust in doctors after that. Findings suggest a need to facilitate a climate in which it is safe for nurses (and others) to raise concerns about patient care or organisational wrongdoing, and to eliminate the existing belief that whistleblowing is a negative act fuelled by revenge or sedition.

Document 192

Burhans, Linda Maas; Alligood, Martha Raile

Quality nursing care in the words of nurses.
**Abstract:** This paper is a report of a study of the meaning of quality nursing care for practising nurses.

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**Document 193**

Juthberg, Christina; Eriksson, Sture; Norberg, Astrid; Sundin, Karin

**Perceptions of conscience, stress of conscience and burnout among nursing staff in residential elder care.**


**Abstract:** This paper is a report of a study of patterns of perceptions of conscience, stress of conscience and burnout in relation to occupational belonging among Registered Nurses and nursing assistants in municipal residential care of older people.

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**Document 194**

Jeong, Ihn Sook; Gu, Mee Ock; Kim, Keum Soon; Lee, Kwang Ja; Yang, Soo

**Educational needs assessment on research ethics among nursing researchers.**


**Abstract:** This study aimed to investigate the educational needs of research ethics among nursing researchers.

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**Document 195**

Thompson, Charlotte

**Facebook—cautionary tales for nurses.**


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**Document 196**

Warne, T; McAndrew, S

**Re-searching for therapy: the ethics of using what we are skilled in.**


**Abstract:** Narrative inquiry as a qualitative research method appears to be growing in popularity among mental health nurses. This paper argues that there are a number of parallels between narrative inquiry and psychotherapy, and mental health nurses familiar with the practice of therapeutic engagement need to be mindful of these when using this approach to research. The symbiotic relationship between those engaged in narrative inquiry and those engaged in psychotherapeutic practice is explored in order to provide greater understanding of some of the ethical issues involved and how new researchers, supervisors and practitioners might better respond to the complexities inherent in using narrative inquiry which may itself be therapeutic. Our focus for this paper is the tensions experienced by the mental health nurse while working as a researcher when the research encounter provides a trigger that would normally elicit a therapeutic response for both participant and nurse. Using a selection of psychoanalytic theories and principles this paper explores the relationship between the processes of psychotherapy and narrative inquiry. This discussion paper is based on the authors' own research experiences of using narrative inquiry to explore a number of sensitive issues and many years of supervisory relationships with students and practitioners alike.

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Document 197

Pfrimmer, Dale M

**Nursing's role in disclosure and apology.**


**Abstract:** Although there is general agreement regarding disclosing adverse events to patients and their families, much of the focus in the literature has been on the physician-patient relationship. Nurses are intimately involved in the day-to-day care of patients and their families. This column explores the role of nurses in disclosure and apology.

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Document 198

Ulrich, Connie M

**Nurse practitioners: what does the public need to know?**


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Document 199

Hill, Rosalind

**Blowing the whistle on bad press.**


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Document 200

Craig, Kathy; Banja, John D

**Speaking up in case management, part I: ethical and professional considerations.**


**Abstract:** Case managers will occasionally witness colleagues from their own or other healthcare disciplines providing care in ways that frankly deviate from or violate standards of care, rules, regulations, policies, and procedures. This article will discuss the case manager's ethical obligation to speak up in such instances as well as list strategies illustrated in this article by a three-color flag system that classifies poor, better, and best responses to ethically challenging situations. PRIMARY PRACTICE SETTINGS: All case management work environments.

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Document 201

Michal Rassin, R N

**Values grading among nursing students - differences between the ethnic groups.**

Nurse education today 2010 Jul; 30(5): 458-63

**Abstract:** This study was aimed at measuring professional and personal values among nursing students. The participants were 180 students tested according to 36 personal values and 20 professional values. The findings indicated that passing time has not harmed the fundamental values on which the nursing profession is based: human dignity, the prevention of suffering, reliability, and faithful relationships. Devaluation was observed in the values of equality among patients, and altruism, which were graded only in fifth and sixth place, respectively. It is necessary to consider the regression in the values: imagination, ambition, and cleanliness, which were graded among the bottom values on the list. Significant differences were found in the grading of several personal and professional values, as a function of ethnic origin. Results may help understand motives of nursing students and assist in promoting bachelor of nursing programmes while taking into consideration the unique characteristics of the student.
Document 202

Moumtzoglou, Anastasius

Factors impeding nurses from reporting adverse events.

Abstract: To explore the reasons why Greek nurses are reluctant to report adverse events.

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Document 203

Stokowski, Laura A


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Document 204

Deady, Rick; McCarthy, Joan

A study of the situations, features, and coping mechanisms experienced by Irish psychiatric nurses experiencing moral distress.
Perspectives in psychiatric care 2010 Jul; 46(3): 209-20

Abstract: The purpose of this study was to investigate moral distress in Irish psychiatric nurses.

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Document 205

Cloyes, Kristin G

Rethinking biopower: posthumanism, bare life, and emancipatory work.
ANS. Advances in nursing science 2010 Jul-Sep; 33(3): 234-43

Abstract: This article answers a call, recently published in Advances in Nursing Science, to more fully explore the use of Italian political philosopher Giorgio Agamben's theory of biopower in nursing research and scholarship. Giorgio Agamben argues that biopower is not a modern phenomenon, and critical analysis of the historical origins of Western political practice shows how humanist discourse has been complicit in a long tradition of marginalization and violence, accomplished in each era by designating certain classes of human beings as "bare life." I discuss how I have used Agamben's theory to frame my own research, and the challenges of applying this theory in emancipatory work.

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Document 206

Hader, Richard

Stand tall against shortcomings.
Nursing management 2010 Jul; 41(7): 6
Document 207

Vonarx, Nicolas

[Culture and nursing care, from a biomedical to an anthropological approach]. = Culture et soins infirmiers, de l'approche biomédicale au regard anthropologique.

Soins; la revue de référence infirmière 2010 Jul-Aug(747): 16-20

Abstract: Nursing training and practice have for a long time taken a biomedical approach to disease and the body, which fails to guarantee treatment which takes into account the differences of each patient. With transcultural healthcare theories and practices, partly inspired by anthropology, patients are explicitly considered as subjects whose experiences are a result of cultural, ethnic and social dimensions.

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Document 208

Lang, Amanda

Soapsuds: a lighter way of applying ethics to midwifery practice.
The practising midwife 2010 Jul-Aug; 13(7): 20-1

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Document 209

Keech, Linda

Be socially savvy.

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 210

Westwood, Claire

Six simple steps to ensure you achieve your aims.

Abstract: Goal setting is a common method for managers and leaders to set the direction of activities. Without clear goals, activities can continue for too long or never reach fruition. This article presents two simple templates for easy and straightforward goal setting that can involve health or other issues, and can be used at work or home.

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Document 211

Holland, Stephen

Scepticism about the virtue ethics approach to nursing ethics.
Nursing philosophy : an international journal for healthcare professionals 2010 Jul; 11(3): 151-8

Abstract: Nursing ethics centres on how nurses ought to respond to the moral situations that arise in their professional contexts. Nursing ethicists invoke normative approaches from moral philosophy. Specifically, it is increasingly common for nursing ethicists to apply virtue ethics to moral problems encountered by nurses. The point of this article is to argue for scepticism about this approach. First, the research question is motivated by showing that requirements on nurses such as to be kind, do not suffice to establish virtue ethics in nursing because normative rivals (such as utilitarians) can say as much; and the teleology distinctive of virtue ethics does not transpose to a professional context, such as nursing. Next, scepticism is argued for by responding to various
attempts to secure a role for virtue ethics in nursing. The upshot is that virtue ethics is best left where it belongs - in personal moral life, not professional ethics - and nursing ethics is best done by taking other approaches.

Sumner, Jane

**Reflection and moral maturity in a nurse's caring practice: a critical perspective.**
Nursing philosophy : an international journal for healthcare professionals 2010 Jul; 11(3): 159-69

**Abstract:** The likelihood of nurse reflection is examined from the theoretical perspectives of Habermas' Theory of Communicative Action and Moral Action and Sumner's Moral Construct of Caring in Nursing as Communicative Action, through a critical social theory lens. The argument is made that until the nurse reaches the developmental level of post-conventional moral maturity and/or Benner's Stage 5: expert, he or she is not capable of being inwardly directed reflective on self. The three developmental levels of moral maturity and Benner's stages are presented with discussion on whether or not there can be self-reflection because of an innate vulnerability that leads to self-protective behaviours. It is only when the confidence from mastery of practice has been achieved can the nurse be comfortable with reflection that enables him or her to become enlightened, emancipated, and empowered. The influences and constraints of the knowledge power between nurse and patient are acknowledged. The power hierarchy of the institution is recognized as constraining.

Paley, John

**Spirituality and reductionism: three replies.**
Nursing philosophy : an international journal for healthcare professionals 2010 Jul; 11(3): 178-90

**Abstract:** Several authors have commented on my reductionist account of spirituality in nursing, describing it variously as naïve, disrespectful, demeaning, paternalistic, arrogant, reifying, indicative of a closed mind, akin to positivism, a procrustean bed, a perpetuation of fraud, a matter of faith, an attempt to secure ideological power, and a perspective that puritanically forbids interesting philosophical topics. In responding to this list of felonies and misdemeanours, I try to justify my excesses by arguing that the critics have not really understood what reductionism involves; that rejecting reductionism is not the same as providing arguments against it; that the ethical dilemmas allegedly associated with reductionist views are endemic to health care; that 'reifying' is what believers in the spiritual realm do; and that the closed minds belong to those who dismiss reductionist science without having studied its achievements.

Newsom, Robert

**The 13th Annual International Philosophy of Nursing Conference report: University of West England, 7-9 September 2009.**

Gallagher, Ann

**Editorial. Ethical responses to unethical practices.**
Nursing ethics 2010 Jul; 17(4): 419-20
Document 216
Aitamaa, Elina; Leino-Kilpi, Helena; Puukka, Pauli; Suhonen, Riitta
Ethical problems in nursing management: the role of codes of ethics.
Nursing ethics 2010 Jul; 17(4): 469-82
Abstract: The aim of this study was to identify the ethical problems that nurse managers encounter in their work and the role of codes of ethics in the solutions to these difficulties. The data were collected using a structured questionnaire and analysed statistically. The target sample included all nurse managers in 21 specialized health care or primary health care organizations in two hospital districts in Finland (N = 501; response rate 41%). The most common ethical problems concerned resource allocation as well as providing and developing high quality care. This was the case in different managerial positions as well as in types of organization. Professional codes of ethics were used more often for problems related to patients' care compared with issues of resource allocation. Nurse managers at middle or strategic management levels used codes of ethics more often than those in charge of a ward. More research is required to investigate ethical decision making in nursing management, especially with regard to problem solving. In addition, new guidelines and continuing education in ethics are important for management personnel.

Document 217
Dameron, Carrie M
When is it appropriate to share personal beliefs?
Journal of Christian nursing: a quarterly publication of Nurses Christian Fellowship 2010 Jul-Sep; 27(3): 234

Document 218
Wassenich, Kathleen
Right of conscience.
Journal of Christian nursing: a quarterly publication of Nurses Christian Fellowship 2010 Jul-Sep; 27(3): 228; discussion 228

Document 219
Inghelbrecht, Els; Bilsen, Johan; Mortier, Freddy; Deliens, Luc
The role of nurses in physician-assisted deaths in Belgium.
CMAJ: Canadian Medical Association journal = journal de l'Association medicale canadienne 2010 Jun 15; 182(9): 905-10
Abstract: Belgium's law on euthanasia allows only physicians to perform the act. We investigated the involvement of nurses in the decision-making and in the preparation and administration of life-ending drugs with a patient's explicit request (euthanasia) or without an explicit request. We also examined factors associated with these deaths.

Document 220
Murphy, Fiona; Williams, Angela; Pridmore, Julia Ann
Nursing models and contemporary nursing 1: their development, uses and limitations.
Nursing times 2010 Jun 15-21; 106(23): 18-20

Abstract: This two part series explores the value of nursing models and considers whether the fundamental concepts, beliefs and values about nursing in these models are relevant to current policy. This first article provides an overview of nursing models; how and why they were developed; and some criticisms. The second article will examine the models in the context of contemporary nursing practice.

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Document 221
Schmitt, Laëtitia
[The responsibility of nursing care students] = La responsabilité de l'étudiant en soins infirmiers.

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Document 222
Carter, Sarah Jean
Breaking the law: midwives and civil disobedience.
Midwifery today with international midwife 2010 Summer(94): 44

Georgetown users check Georgetown Journal Finder for access to full text

Document 223
Harrowing, Jean N; Mill, Judy
Moral distress among Ugandan nurses providing HIV care: a critical ethnography.

Abstract: BACKGROUND: The phenomenon of moral distress among nurses has been described in a variety of high-income countries and practice settings. Defined as the biopsychosocial, cognitive, and behavioural effects experienced by clinicians when their values are compromised by internal or external constraints, it results from the inability to provide the desired care to patients. No research has been reported that addresses moral distress in severely resource-challenged regions such as sub-Saharan Africa. AIM: To describe the manifestation and impact of moral distress as it was experienced by Ugandan nurses who provided care to HIV-infected or -affected people. METHOD: A critical ethnography was conducted with 24 acute care and public health nurses at a large referral centre in Uganda. Data were collected through interviews, observation, and focus group discussions. RESULTS: Participants described their passion for nursing and commitment to patients. They experienced moral distress when a lack of resources put patients’ wellbeing at risk. The trauma imposed by systemic challenges on the nursing profession was acknowledged, as was the perception that the public blamed nurses for poor patient outcomes. However, participants were determined to serve to the best of their abilities and to take satisfaction from any contributions they were able to make. They cited the importance of education in the development of their capacity to provide care with a positive attitude, and demonstrated a collective resilience as they discussed strategies for addressing issues that affected them and their colleagues. CONCLUSIONS: The experience of moral distress among nurses in Uganda differed somewhat from the experience of nurses in high-income countries. Constraints imposed by the inability to implement skills and knowledge to their fullest extent, as well as a lack of resources and infrastructure may result in the omission of care for patients. Moral distress appears to manifest within a relational and contextual environment and participants focussed on the impact for patients, communities, and the nursing profession as a whole, rather than on their own personal suffering. The opportunity for continuing education led to strategies to transform personal attitudes and practice as well as to enhance the presentation of the profession to the public.

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Document 224

Ayad, Jindeel

Health care providers who smoke.
The American journal of nursing 2010 Jun; 110(6): 11

Abstract: AB When personal choice conflicts with professional responsibility.

Georgetown users check Georgetown Journal Finder for access to full text

Document 225

Dietsch, Elaine; Shackleton, Pamela; Davies, Carmel; McLeod, Margaret; Alston, Margaret

‘You can drop dead’: midwives bullying women.
Women and birth : journal of the Australian College of Midwives 2010 Jun ; 23(2): 53­9

Abstract: BACKGROUND: This paper describes how women experienced what came to be labelled as 'bullying' by a small number of midwives when they were evacuated from their rural and remote areas of NSW, Australia to a maternity unit to birth. RESEARCH QUESTION: What is the experience of women who are required to travel away from their NSW rural/remote communities to birth? PARTICIPANTS AND METHODS: Forty-two participants together with a number of their partners/support people were interviewed in depth for this qualitative, exploratory study. Upon thematic analysis of the transcribed interviews, an unexpected finding was that four participants (plus one partner) described experiences which were interpreted as bullying, by a small number of midwives working with them. Women identifying as Aboriginal were especially likely to share stories of midwifery bullying. RESULTS, DISCUSSION AND CONCLUSION: Emotional and cultural safety of women must be a prime consideration of midwives. Strategies to reverse power differentials between midwives and women are urgently required to eradicate bullying by any midwife.

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Document 226

Cavaliere, Terri A; Daly, Barbara; Dowling, Donna; Montgomery, Kathleen

Moral distress in neonatal intensive care unit RNs.
Advances in neonatal care : official journal of the National Association of Neonatal Nurses 2010 Jun ; 10(3): 145­56

Abstract: BACKGROUND: Moral distress is a significant problem for nurses (RNs). It has physical, emotional, and psychological sequelae and a negative impact on the quality, quantity, and cost of patient care. Moral distress leads to loss of moral integrity and job dissatisfaction and is a major cause of burnout and RNs leaving the profession. The majority of research has been carried out with RNs working in acute care, adult inpatient settings, especially critical care areas. Neonatal intensive care unit (NICU) RNs confront ethically and morally challenging situations on a regular basis. There are limited data clarifying their moral distress. AIMS: The purpose of this study was to describe the moral distress of RNs working in NICUs and to identify the situations that are associated with their moral distress. RESEARCH QUESTIONS: What are the intensity and frequency of moral distress in NICU RNs, what situations are associated with moral distress in NICU RNs, and what personal characteristics are correlated with moral distress in NICU RNs? DESIGN AND METHODS: This descriptive, correlational study was conducted with RNs in the level III NICUs of a healthcare system in the northeastern United States. Participation was voluntary and anonymous. A convenience sample of RNs completed a demographic data sheet and the Moral Distress Scale Neonatal-Pediatric Version. Data were collected during October 2008. Ninety-four of 196 eligible RNs (48%) participated in the study. FINDINGS: As a whole, the subjects did not perceive that the situations described in the instrument occurred frequently and did not cause great distress. Subjects' individual scores displayed wide variations for all dimensions of moral distress ranging from low to high, indicating that individual RNs may be experiencing moral distress. The situations receiving the highest scores are comparable with the areas that are problematic for other critical care nurses as described in the literature. In this study, 4 RN characteristics were significantly related to moral distress: the desire to leave their current position, lack of spirituality, altered approach to patient care, and considering but not leaving a previous job because of moral distress. CONCLUSIONS: The results of this study add to the understanding of the moral distress in NICU RNs. The data will provide evidence for eventual psychometric testing and factor analysis of the Moral Distress Scale Neonatal-Pediatric Version.

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Prime purpose of license revocation is to protect public. Duggan v. Board of Registration in Nursing, 456 Mass, 666 N.E.2d (5/7/2010)-MA.

Nursing law's Regan report 2010 Jun ; 51(1): 1

Kendall-Raynor, Petra

Would a pledge help to improve patient confidence in nursing?
Nursing standard (Royal College of Nursing (Great Britain) : 1987) 2010 May 26-Jun 1; 24(38): 12-3

Jopson, Nigel

The ice cream that changed my approach to nursing.
Nursing times 2010 May 25-31; 106(20): 10

Clark, Julie

Defining the concept of dignity and developing a model to promote its use in practice.
Nursing times 2010 May 25-31; 106(20): 16-9

Abstract: Understanding the meaning of "dignity" is a prerequisite for all healthcare staff so they know what they need to do to promote it within their services. The Dignity in Care campaign, launched in 2006, marked the Department of Health's commitment to ensuring services respect the dignity of those using them and ended tolerance of those that do not. This article proposes a definition so that the concept can be based on a common understanding and outlines a model based on existing research, which can be used to enhance dignity in health and social care.

Radcliffe, Mark

Compassion is no harder to measure than rain.
Nursing times 2010 May 4-10; 106(17): 23

Dokoupil, Tony

When nurses strike in New York [news]
Newsweek 2010 May 3; 155(18): 8
**Document 233**

O'Brien, Jennifer; Ringland, Margaret; Wilson, Susan

**Advancing nursing leadership in long-term care.**

Nursing leadership (Toronto, Ont.) 2010 May; 23 Spec No 2010: 75-89

**Abstract:** Nurses working in the long-term care (LTC) sector face unique workplace stresses, demands and circumstances. Designing approaches to leadership training and other supportive human-resource strategies that reflect the demands of the LTC setting fosters a positive work life for nurses by providing them with the skills and knowledge necessary to lead the care team and to address resident and family issues. Through the St. Joseph's Health Centre Guelph demonstration site project, funded by the Nursing Secretariat of Ontario's Ministry of Health and Long-Term Care, the Excelling as a Nurse Leader in Long Term Care training program and the Mentor Team program were developed to address these needs. Evaluation results show that not only have individual nurses benefitted from taking part in these programs, but also that the positive effects were felt in other parts of the LTC home (as reported by Directors of Care). By creating a generally healthier work environment, it is anticipated that these programs will also have a positive effect on recruitment and retention.

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**Document 234**

Cathcart, Eloise Balasco; Greenspan, Miriam; Quin, Matthew

**The making of a nurse manager: the role of experiential learning in leadership development.**

Journal of nursing management 2010 May; 18(4): 440-7

**Abstract:** To articulate the experientially acquired knowledge, skill and ethics embedded in nurse manager practice and describe the ways in which they were developed.

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**Document 235**

St-Pierre, Isabelle; Holmes, Dave

**The relationship between organizational justice and workplace aggression.**

Journal of advanced nursing 2010 May; 66(5): 1169-82

**Abstract:** This paper is a discussion of the links between organizational justice and workplace aggression.

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**Document 236**

Heijkenskjöld, Katarina Bredenhof; Ekstedt, Mirjam; Lindwall, Lillemor

**The patient's dignity from the nurse's perspective.**

Nursing ethics 2010 May ; 17(3): 313-24

**Abstract:** The aim of this study was to understand how nurses experience patients' dignity in Swedish medical wards. A hermeneutic approach and Flanagan's critical incident technique were used for data collection. Twelve nurses took part in the study. The data were analysed using hermeneutic text interpretation. The findings show that the nurses who wanted to preserve patients' dignity by seeing them as fellow beings protected the patients by stopping other nurses from performing unethical acts. They regard patients as fellow human beings, friends, and unique persons with their own history, and have the courage to see when patients' dignity is violated, although this is something they do not wish to see because it makes them feel bad. Nurses do not have the right to deny patients their dignity or value as human beings. The new understanding arrived at by the hermeneutic interpretation is that care in professional nursing must be focused on taking responsibility for and protecting patients' dignity.
Document 237
Suhonen, Riitta; Stolt, Minna; Launis, Veikko; Leino-Kilpi, Helena;
Research on ethics in nursing care for older people: a literature review.
Nursing ethics 2010 May ; 17(3): 337-52
Abstract: The aim of this review was to analyse the empirical studies that focus on ethics in nursing care for older people, scoping the need and areas for further study. A search of the MEDLINE and CINAHL databases (earliest to August 2009) was conducted using the the keywords: ethic* and nursing or care or caring and elderly or aged or older. After a four-stage process, 71 empirical articles were included in the review, with informants ranging from elderly people to relatives, caregivers, managers and students in care settings. The review focuses on the concepts, contexts, methods and validity of these studies. Based on the analysis, the reviewed research seems to be fragmented and multifaceted, focussing on selected issues such as autonomy, self-determination and informed consent. No large research programs or research traditions were found so it was not possible to draw any conclusions about suitable methods, study designs or instruments of measurement for use in this research area.

Document 238
Toren, Orly; Wagner, Nurith;
Applying an ethical decision-making tool to a nurse management dilemma.
Nursing ethics 2010 May ; 17(3): 393-402
Abstract: This article considers ethical dilemmas that nurse managers may confront and suggests an ethical decision-making model that could be used as a tool for resolving such dilemmas. The focus of the article is on the question: Can nurse managers choose the ethically right solution in conflicting situations when nurses' rights collide with patients' rights to quality care in a world of cost-effective and economic constraint? Managers' responsibility is to ensure and facilitate a safe and ethical working environment in which nurses are able to give quality care to their patients. In nursing it is frequently declared that managers' main obligations are to patients' needs and their rights to receive quality care. However, managers' ethical responsibilities are not only to patients but also to the nurses working in their institution. This article describes a real (but disguised) situation from an Israeli health care context to illustrate the dilemmas that may arise. The question is posed of whether nurse managers can maintain patients' and nurses' rights and, at the same time, fulfill their obligation to the conflicting demands of the organization. The article also offers a way to solve conflict by using an ethical decision-making model.

Document 239
Mattox, M. Casey; Bowman, Mathew S.
Your conscience, your right: a history of efforts to violate pro-life medical conscience, and the laws that stand in the way
Linacre Quarterly 2010 May; 77(2): 187-197

Document 240
Calas, Jean-François
[Taking care of a newborn suffering from dysmorphism] = Prendre soin d'un nouveau-né atteint de dysmorphie.
Abstract: Taking care of a newborn suffering from dysmorphism tests nurses' professional ethics. Lack of awareness of the pathology and professional fragility can fuel the healthcare worker's moral conflict. A study carried
out in neonatology shows that the phantasmagoric imaginations of the healthcare worker heighten the unease while training and service culture contributes to self understanding and the easing of tensions.

Document 241

Quick, Julie

Legal, professional and ethical considerations of advanced perioperative practice.


Abstract: Advances within the NHS have recognised nurses in roles that go beyond the historical parameters of their initial training and role characteristics (DH 1999, DH 2000). Working within such a role creates added responsibilities of advancing practice and the continuing development of knowledge and skills. Nurses working at a higher level of practice will require an understanding of not only the professional and legal implications that new roles create, but also an awareness of the ethical dilemmas that will undoubtedly become increasingly complex (Bartter 2002). This article examines the professional, legal and ethical implications of advanced perioperative practice through the author's role as a surgical care practitioner (SCP).

Document 242

Pross, Elizabeth; Boykin, Anne; Hilton, Nancy; Gabuat, Jesse

A study of knowing nurses as caring.

Holistic nursing practice 2010 May-Jun; 24(3): 142-7

Abstract: Knowing person as caring is integral to holistic nursing practices. Before a nurse can know other as caring, there must be an intentional focus on knowing self as caring. The purpose of this article is to describe practicing nurses’ living of Knowing, Patience, and Courage. This study is part of a larger ongoing study focused on grounding an entire organization in caring values.

Document 243

Yates, Patsy

Time to change consumer involvement in nursing research.


Document 244

Goethals, Sabine; Gastmans, Chris; de Casterlé, Bernadette Dierckx

Nurses' ethical reasoning and behaviour: a literature review.

International journal of nursing studies 2010 May; 47(5): 635-50

Abstract: BACKGROUND: Today's healthcare system requires that nurses have strong medical-technical competences and the ability to focus on the ethical dimension of care. For nurses, coping with the ethical dimension of care in practice is very difficult. Often nurses cannot act according to their own personal values and norms. This generates internal moral distress, which has a negative impact on both nurses and patients. OBJECTIVES: The objective of this review is a thorough analysis of the literature about nurses' ethical practise particularly with regard to their processes of ethical reasoning and decision making and implementation of those decisions in practise. DESIGN: We conducted an extensive search of the electronic databases Medline, Embase, Cinahl, and PsycInfo for papers published between January 1988 and September 2008. A broad range of search keywords was used. The 39 selected articles had a quantitative, qualitative, or mixed-method design. FINDINGS: Despite the conceptual difficulties that the literature on the ethical practise of nurses suffers, in this review we understand nurses' ethical
practise a complex process of reasoning, decision making, and implementation of the decision in practise. The process of decision making is more than a pure cognitive process; it is influenced by personal and contextual factors. The difficulties nurses encounter in their ethical conduct are linked to their difficult work environment. As a result, nurses often capitulate to the decisions made by others, which results in a conformist way of acting and less individually adapted care. CONCLUSIONS: This review provides us with a more nuanced understanding of the way nurses reason and act in ethically difficult situations than emerged previously. If we want to support nurses in their ethical care and if we want to help them to change their conformist practises, more research is needed. Especially needed are in-depth qualitative studies that explore the experiences of nurses. Such studies could help us better understand not only how nurses reason and behave in practise but also the relationship between these two processes.

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**Document 245**

Yanofchick, Brian

**Nurses Make the Mission Flourish**

Health Progress 2010 May-June; 91(3): 62-63

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**Document 246**

Jones, Carmella

**Nurses link health, spirituality in the parish**

Health Progress 2010 May-June; 91(3): 55-59

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**Document 247**

Donley, Rosemary

**Nursing, Social Justice and the Marketplace**

Health Progress 2010 May-June; 91(3): 35-37

Georgetown users check [Georgetown Journal Finder](http://www.chausa.org/pages/publications/health_progress/current_issue/) for access to full text

**Document 248**

Sanford, Kathleen

**The Legacy of Love: Guarding the Flame**

Health Progress 2010 May-June; 91(3): 11-16

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Document 249
Begley, Ann

**Another dimension.**
Nursing standard (Royal College of Nursing (Great Britain)) 1987 2010 Apr 21-27 24(33): 61

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Document 250
Begley, Ann

**Another dimension.**
Nursing standard (Royal College of Nursing (Great Britain)) 1987 2010 Apr 21-27; 24(33): 61

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Document 251
Cook, Rosemary

**Only human, and all the better for it.**
Nursing standard (Royal College of Nursing (Great Britain)) 1987 2010 Apr 14-20 24(32): 26-7

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Document 252
Cook, Rosemary

**Only human, and all the better for it.**
Nursing standard (Royal College of Nursing (Great Britain)) 1987 2010 Apr 14-20; 24(32): 26-7

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Document 253
Brown, Jane; Esegbona, Sarah; Crumbie, Alison; Jeffs, Lorraine

**Word of honour.**
Nursing standard (Royal College of Nursing (Great Britain)) 1987 2010 Apr 7-13; 24(31): 28-9

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Document 254
Lindy, Cheryl; Schaefer, Florence

**Negative workplace behaviours: an ethical dilemma for nurse managers.**

**Abstract:** To discover nurse managers' perception of negative workplace behaviours (bullying) encountered by staff on their unit. Background Negative workplace behaviour is a worldwide phenomenon happening in all types of work settings. Absent from the literature were studies specific to the nurse managers' perception on this topic.

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Document 255

Bosek, Marcia Sue DeWolf; Ring, Marcia Ellen

**Does good documentation equate to good nursing care?**

JONA's healthcare law, ethics and regulation 2010 Apr-Jun; 12(2): 43-7

**Abstract:** Good documentation does not necessarily equate to good care. This article explores the potential underpinnings of poor documentation from an ethical decision-making lens. Nursing standards of care related to documentation are reviewed. The internal and external constraints of moral distress are considered, as is moral residue. Finally, the roles of the nurse administrator as well as specific remedial and restorative measures are suggested.

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Document 256

Wocial, Lucia D; Hancock, Maureen; Bledsoe, Patricia D; Chamness, Amy R; Helft, Paul R

**An evaluation of unit-based ethics conversations.**

JONA's healthcare law, ethics and regulation 2010 Apr-Jun; 12(2): 48-54; quiz 55-6

**Abstract:** Unit-based ethics conversations (UBECs) provide nurses with an opportunity for meaningful conversation about the ethical issues they face in routine clinical practice. The goal of the program is to increase participants' abilities and confidence in dealing with ethically challenging situations. This article reviews results from a formal evaluation of UBECs at one organization. The results of this evaluation suggest the UBEC program provides a transformational ethics experience for nurses.

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Document 257

Grant, Marian

**Ethical and attitudinal considerations for critical care nurses regarding deactivation of implantable cardioverter-defibrillators.**

AACN advanced critical care 2010 Apr-Jun; 21(2): 222-6

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 258

Witt, Catherine L

**Called to a profession.**

Advances in neonatal care : official journal of the National Association of Neonatal Nurses 2010 Apr; 10(2): 49-50

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Document 259

McCarthy, Joan

**Moral instability: the upsides for nursing practice.**

Nursing philosophy : an international journal for healthcare professionals 2010 Apr ; 11(2): 127-35

**Abstract:** This article briefly outlines some of the key problems with the way in which the moral realm has traditionally been understood and analysed. I propose two alternative views of what is morally interesting and applicable to nursing practice and I indicate that instability has its upsides. I begin with a moral tale - a 'Good Samaritan' story - which raises fairly usual questions about the nature of morality but also the more philosophically fundamental question about the relationship between subjectivity and moral agency. I then consider this relationship from the perspectives of two twentieth century philosophers: Emmanuel Levinas and Michel Foucault. Levinas' basic
point is that the experience of ethical subjectivity is made possible through others: the demand to respond to the existence of others is the basic social structure that precedes individual freedom. If Levinas posits intersubjectivity as a fundamental or primitive feature of the moral realm, Foucault poses an even more basic question: how have moral subjects and relations of obligation been constituted? The aim of ethical inquiry, for Foucault, is to describe the network of discourses, institutions, relations, and practices through which certain kinds of subjects are constituted and constitute themselves, e.g. as a kind of person who can act morally. Finally, I consider some recent research in philosophy of nursing which illustrates how Levinasian and/or Foucauldian perspectives can deepen understanding of nurses' moral practices, specifically, the work of Norwegian public health nurses, Canadian pediatric nurses, and Irish midwives. I suggest that in spite of the instability of morality in general and the particular ethical challenges that face nurses, there are grounds for hope and possible strategies for living in unstable times.

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**Document 260**

Petruk, Joan

*Seeing ourselves as others see us.*

Alberta RN / Alberta Association of Registered Nurses 2010 Apr; 66(2): 3

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**Document 261**

Salladay, Susan A.; Kacho, Marcia

*When caring becomes personal.*

Journal of Christian Nursing 2010 April-June; 27(2): 71

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**Document 262**

Stagg, Denise

*Promoting ethical development in nursing education and beyond.*


*Abstract:* Ethical nursing practice can be referred to as doing what is best for those who are the recipient of one's services, according to the recipient. However, clear-cut lines of what is and is not in the best interest of the patient can become blurred. Nurses often encounter situations that require them to use ethical judgment. This article discusses how ethical decision making can be developed in students, new graduates, and nurses in practice.

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**Document 263**

Tettelbach, Colly A.

*Practice against our beliefs.*


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**Document 264**

McCarthy, Joan

*Moral instability: the upsides for nursing practice*
Kendall-Raynor, Petra

**Behaviour to be recorded and shared with future employers.**

Georgetown users check [Georgetown Journal Finder](http://www3.interscience.wiley.com/journal/117981254/home) for access to full text

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Fjetland, Kirsten J; Søreide, Gunn Elisabeth

**Ethical dilemmas: a resource in public health nurses' everyday work?**
Scandinavian journal of caring sciences 2010 Mar; 24(1): 75-83

**Abstract:** The aim of this article is to discuss how ethical dilemmas can be a valuable resource in public health nurses' parent counselling practice. The discussion is based on findings from a study where ten Norwegian public health nurses' narratives about their parent counselling practices are analysed. The context includes intentions and manuals from a state parent counselling program. The study has been approved by Norwegian Social Science Data Services. The narratives provide insight into public health nurses' rationale behind choices of actions, different roles they identify with and the ethical dilemmas they encounter in their everyday work. The ethical dilemmas explicated in the narratives, are connected to expectations concerning the content of parent counselling, as well as the role of the participants in the counselling sessions. The focus on ethical dilemmas that arises through different role-expectations, explicates how public health nurses' counselling practices are characterized by a multiplicity of voices and discourses. This article shows how a multiple-voiced aspect allows public health nurses to change and adjust their practice to meet parents' wishes and needs, without being disloyal to what they perceive to be their public commission.

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Coles, Deb

"Because we can..." Leadership responsibility and the moral distress dilemma.
Nursing management 2010 Mar; 41(3): 26-30

Georgetown users check [Georgetown Journal Finder](http://www3.interscience.wiley.com/journal/117981254/home) for access to full text

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Hellquist, Kristin A

**International nurses: pending policy for reform and ethical recruitment.**
Journal of emergency nursing: JEN : official publication of the Emergency Department Nurses Association 2010 Mar; 36(2): 159-61

Georgetown users check [Georgetown Journal Finder](http://www3.interscience.wiley.com/journal/117981254/home) for access to full text

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Document 269
Nicholas, Michael
The surgical care practitioner: a critical analysis.
Abstract: The role of the surgical care practitioner has been in existence for many years in some form or another with a variety of job titles and a wide range of duties. With the adoption of the European Working Time Directive and the need for skilled assistance, not only at the operating table but also pre and post surgery, the role is becoming formalised with voluntary codes of conduct, performance, ethics, standards and scope of practice.

Georgetown users check Georgetown Journal Finder for access to full text

Bartzak, Patricia J
Professional work ethic: strategies to motivate bedside nurses to deliver high-quality patient care.
Medsurg nursing : official journal of the Academy of Medical-Surgical Nurses 2010 Mar-Apr; 19(2): 85-9

Georgetown users check Georgetown Journal Finder for access to full text

Gallagher, Ann
Editorial.
Nursing ethics 2010 Mar ; 17(2): 155-6

Georgetown users check Georgetown Journal Finder for access to full text

Caldwell, Elizabeth Shirin; Lu, Hongyan; Harding, Thomas
Encompassing multiple moral paradigms: a challenge for nursing educators.
Nursing ethics 2010 Mar ; 17(2): 189-99
Abstract: Providing ethically competent care requires nurses to reflect not only on nursing ethics, but also on their own ethical traditions. New challenges for nurse educators over the last decade have been the increasing globalization of the nursing workforce and the internationalization of nursing education. In New Zealand, there has been a large increase in numbers of Chinese students, both international and immigrant, already acculturated with ethical and cultural values derived from Chinese Confucian moral traditions. Recently, several incidents involving Chinese nursing students in morally conflicting situations have led to one nursing faculty reflecting upon how moral philosophy is taught to non-European students and the support given to Chinese students in integrating the taught curriculum into real-life clinical practice settings. This article uses a case study involving a Chinese student to reflect on the challenges for both faculty members and students when encountering situations that present ethical dilemmas.

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Hanssen, Ingrid; Alpers, Lise-Merete
Utilitarian and common-sense morality discussions in intercultural nursing practice.
Nursing ethics 2010 Mar ; 17(2): 201-11
Abstract: Two areas of ethical conflict in intercultural nursing - who needs single rooms more, and how far should nurses go to comply with ethnic minority patients' wishes? - are discussed from a utilitarian and common-sense morality point of view. These theories may mirror nurses' way of thinking better than principled ethics, and both philosophies play a significant role in shaping nurses' decision making. Questions concerning room allocation, noisy behaviour, and demands that nurses are unprepared or unequipped for may be hard to cope with owing to physical restrictions and other patients' needs. Unsolvable problems may cause stress and a bad conscience as no solution
is 'right' for all the patients concerned. Nurses experience a moral state of disequilibrium, which occurs when they feel responsible for the outcomes of their actions in situations that have no clear-cut solution.

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Document 274

Litzén, Kim; Blom, Tammy; Ewalds-Kvist, B?atrice; Winch, Sarah

Moral stress, moral climate and moral sensitivity among psychiatric professionals.

Nursing ethics 2010 Mar; 17(2): 213-24

Abstract: The aim of the present study was to investigate the association between work-related moral stress, moral climate and moral sensitivity in mental health nursing. By means of the three scales Hospital Ethical Climate Survey, Moral Sensitivity Questionnaire and Work-Related Moral Stress, 49 participants' experiences were assessed. The results of linear regression analysis indicated that moral stress was determined to a degree by the workplace's moral climate as well as by two aspects of the mental health staff's moral sensitivity. The nurses' experience of 'moral burden' or 'moral support' increased or decreased their experience of moral stress. Their work-related moral stress was determined by the job-associated moral climate and two aspects of moral sensitivity. Our findings showed an association between three concepts: moral sensitivity, moral climate and moral stress. Despite being a small study, the findings seem relevant for future research leading to theory development and conceptual clarity. We suggest that more attention be given to methodological issues and developing designs that allow for comparative research in other disciplines, as well as in-depth knowledge of moral agency.

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Document 275

Range, Lillian M; Rotherham, Alicia L

Moral distress among nursing and non-nursing students.

Nursing ethics 2010 Mar; 17(2): 225-32

Abstract: Their nursing experience and/or training may lead students preparing for the nursing profession to have less moral distress and more favorable attitudes towards a hastened death compared with those preparing for other fields of study. To ascertain if this was true, 66 undergraduates (54 women, 9 men, 3 not stated) in southeastern USA completed measures of moral distress and attitudes towards hastening death. Unexpectedly, the results from nursing and non-nursing majors were not significantly different. All the present students reported moderate moral distress and strong resistance to any efforts to hasten death but these factors were not significantly correlated. However, in the small sample of nurses in training, the results suggest that hastened death situations may not be a prime reason for moral distress.

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Document 276

Goldman, Anny; Tabak, Nili

Perception of ethical climate and its relationship to nurses' demographic characteristics and job satisfaction.

Nursing ethics 2010 Mar; 17(2): 233-46

Abstract: In this study, we examined the perception of actual and ideal ethical climate type among 95 nurses working in the internal medicine wards of one central hospital in the state of Israel. We also examined whether nurses' demographic characteristics influence that perception and if a relationship between perceptions of an actual and an ideal ethical climate type influences nurses' job satisfaction. A questionnaire composed of three subquestionnaires was administered and the responses analyzed using multiple linear regressions, analysis of variance and Pearson's correlation coefficient. The results demonstrated that demographic characteristics (such as: gender, job tenure and level of education) partially influence the perception of an ideal ethical climate. Incongruence in perceptions of 'caring' and 'independence' climate types indicated a decline in nurses' job satisfaction, while perception of actual 'caring' and 'service' climates positively influenced all aspects of job satisfaction. We recommend constructing training programs emphasizing the ethics of nursing practice and also to help lead nurses to clarify an ethical framework and guide nursing staff in dealing with ethical dilemmas.
Document 277

Matsuda, Masami

**Cristina Paganini interviews Masami Matsuda.**

*Nursing ethics* 2010 Mar; 17(2): 269-70

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 278

Gruber, Jonathan; Kleiner, Samuel A.

**Do Strikes Kill? Evidence from New York State**


**Abstract:** Concerns over the impacts of hospital strikes on patient welfare led to substantial delay in the ability of hospitals to unionize. Once allowed, hospitals unionized rapidly and now represent one of the largest union sectors of the U.S. economy. Were the original fears of harmful hospital strikes realized as a result? In this paper we analyze the effects of nurses' strikes in hospitals on patient outcomes. We utilize a unique dataset collected on nurses' strikes over the 1984 to 2004 period in New York State, and match these strikes to a restricted use hospital discharge database which provides information on treatment intensity, patient mortality and hospital readmission. Controlling for hospital specific heterogeneity, patient demographics and disease severity, the results show that nurses' strikes increase in-hospital mortality by 19.4% and 30-day readmission by 6.5% for patients admitted during a strike, with little change in patient demographics, disease severity or treatment intensity. This study provides some of the first analytical evidence on the effects of health care strikes on patients, and suggests that hospitals functioning during nurses' strikes are doing so at a lower quality of patient care.

*http://www.nber.org/papers/w15855* (link may be outdated)

Document 279

Gallagher, Ann

**The trouble with 'transcultural nursing ethics' [editorial]**

*Nursing Ethics* 2010 March; 17(2): 155-156

Georgetown users check [Georgetown Journal Finder](#) for access to full text

Document 280

Hanssen, Ingrid; Alpers, Lise-Merete

**Utilitarian and common-sense morality discussions in intercultural nursing practice.**

*Nursing Ethics* 2010 March; 17(2): 201-211

**Abstract:** Two areas of ethical conflict in intercultural nursing - who needs single rooms more, and how far should nurses go to comply with ethnic minority patients' wishes? - are discussed from a utilitarian and common-sense morality point of view. These theories may mirror nurses' way of thinking better than principled ethics, and both philosophies play a significant role in shaping nurses' decision making. Questions concerning room allocation, noisy behaviour, and demands that nurses are unprepared or unequipped for may be hard to cope with owing to physical restrictions and other patients' needs. Unsolvable problems may cause stress and a bad conscience as no solution is 'right' for all the patients concerned. Nurses experience a moral state of disequilibrium, which occurs when they feel responsible for the outcomes of their actions in situations that have no clear-cut solution.

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Moral stress, moral climate and moral sensitivity among psychiatric professionals.

Nursing Ethics 2010 March;17(2): 213-224

Abstract: The aim of the present study was to investigate the association between work-related moral stress, moral climate and moral sensitivity in mental health nursing. By means of the three scales Hospital Ethical Climate Survey, Moral Sensitivity Questionnaire and Work-Related Moral Stress, 49 participants' experiences were assessed. The results of linear regression analysis indicated that moral stress was determined to a degree by the workplace's moral climate as well as by two aspects of the mental health staff's moral sensitivity. The nurses' experience of 'moral burden' or 'moral support' increased or decreased their experience of moral stress. Their work-related moral stress was determined by the job-associated moral climate and two aspects of moral sensitivity. Our findings showed an association between three concepts: moral sensitivity, moral climate and moral stress. Despite being a small study, the findings seem relevant for future research leading to theory development and conceptual clarity. We suggest that more attention be given to methodological issues and developing designs that allow for comparative research in other disciplines, as well as in-depth knowledge of moral agency.

Masami Matsuda: interview by Cristina Paganini

Nursing Ethics 2010 March;17(2): 269-270

Beware the plea: new law mandates loss of license.

Florida Nurse 2010 March; 58(1): 15

Nursing professional values: validation of a scale in a Spanish context.

Nurse education today 2010 Feb; 30(2): 107-12

Abstract: To validate culturally the "Nursing Professional Values Scale: NPVS-R" for use in Spain.

Moral distress: a consequence of caring.


Abstract: With the increase of technology in health care, oncology nurses often are involved in ethical discussions regarding the best use of aggressive interventions for patients. Conflicts between ethical principles and external forces can produce moral distress for oncology nurses caring for people with cancer. Moral distress can impact nurses in significant ways, including mental health and job satisfaction, and may impact care delivery. This article
reviews the concept of moral distress and suggests interventions and future research to minimize its impact on nurses and patients.

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**Document 286**

Gardner, Andrew; McCutcheon, Helen; Fedoruk, Maria

Superficial supervision: are we placing clinicians and clients at risk?


**Abstract:** Mental health nurses recognize the importance of professional boundaries and therapeutic relationships and understand that clinical supervision is an important component to good clinical practice and their ongoing professional development. This qualitative constructivist grounded theory research has uncovered a potential risk in contemporary mental health clinical practice, where the desire for expedient answers may compromise the outcome of formal structured supervision. The notion of a new concept 'superficial supervision' and its implications for formal structured supervision are explored.

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**Document 287**

Elchos, Sarah

Is this ethical? You DECIDE.

Nursing management 2010 Feb ; 41(2): 18-21

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**Document 288**

Clark, Michael

The rapidly growing field of tissue viability.

Journal of Tissue Viability 2010 February; 19(1): 1

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**Document 289**

Schmitt, Catherine A.

Nursing's code of ethics.

AORN Journal 2010 February; 91(2): 200-201

Georgetown users check [Georgetown Journal Finder](#) for access to full text.

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**Document 290**

Stein, Patricia S.

Silence can hurt patients.

AORN Journal 2010 February; 91(2): 200

Georgetown users check [Georgetown Journal Finder](#) for access to full text.
**Document 291**

Schnell, Martin W.


Pflege 2010 February; 23(1): 37-43

**Abstract:** Self care is an answer to the response of finiteness, which is given through the fact of the human body. The article demonstrates in reference to the Selfcaredeficit-Theory (Orem, 2006) how self care in everyday life, ancient roman called it cura sui, is related to nursing practice, specially to acutecare. Self care turns out as an category of ambivalence between ethics and power.

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**Document 292**

Tingle, John

**Being open with patients and learning how to apologize.**


**Abstract:** This article outlines the National Patient Safety Agency’s 'Being Open' policy and argues that it has the potential to create a much more patient-centred NHS. However, it is very easy to say the word 'sorry', but much harder to say the word effectively and in a meaningful way. The NHS should not underestimate the task that lies ahead in implementing the 'Being Open' policy; ingrained defensive cultures do not change overnight.

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**Document 293**

United States. District Court, Eastern District of New York

Cenzon-Decarlo v. Mt. Sinai Hospital [Date of Decision: 15 January 2010]

Case # 09 CV 3120 (RJD), 15 January 2010.

**Abstract:** Synopsis: Court dismissed nurse’s complaint that she was forced to participate in an abortion against her religious beliefs because the Church amendment, which prohibits discrimination of persons who refuse to perform abortions based on conscience does not provide for a private right of action.

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**Document 294**

Gasull Vilella, Maria


Bioética and Debat 2010 January-April; 16(59): 22-23

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**Document 295**

Gallagher, Ann

The scope and purpose of nursing ethics [editorial]

Nursing Ethics 2010 January;17(1): 3-4

Georgetown users check [Georgetown Journal Finder](#) for access to full text
Validation of a Korean version of the Moral Sensitivity Questionnaire.

Han, Sung-Suk; Kim, Juhu; Kim, Yong-Soon; Ahn, Sunghee

Nursing Ethics 2010 January;17(1): 99-105

Abstract: The main purpose of this study was to validate a scale to examine the moral sensitivity of Korean nurses. A pre-existing scale, the Moral Sensitivity Questionnaire (MSQ), developed by Lützén, was used after deletion of three items. The reliability and validity of the scale were examined by using Cronbach's alpha and factor analysis, respectively. According to the results, reliability of the scale was adequate but its construct validity was not fully supported. Through discussion on evidence of validity, five subconstructs emerged. In particular, unlike the factor structure of the MSQ, two subconstructs, patient-oriented care and professional responsibility, were newly extracted. It was assumed that the other three MSQ subconstructs, conflict, meaning and benevolence (expressed as nurses being ethically good), would not be sensitive to cultural background. Given these findings, interpretations about the meaning of moral sensitivity of Korean nurses are discussed.

Tschudin, Verena

Nursing ethics: the last decade.

Nursing Ethics 2010 January;17(1): 127-131

Elias, Robert

Reflections on the International Centre for Nursing Ethics (ICNE) 10th anniversary conference: Nursing ethics: looking back, moving forward.

Nursing Ethics 2010 January;17(1): 141-142

Willis, Danny G.; Grace, Pamela J.

A response to 'Ontologies of nursing in an age of spiritual pluralism: closed or open worldview?' by Barbara Pesut: our review of the Central Unifying Focus perspective as implying an open worldview: a clarification.

Nursing Philosophy 2010 January; 11(1): 24

Pesut, Barbara

Ontologies of nursing in an age of spiritual pluralism: closed or open worldview?

Nursing Philosophy 2010 January; 11(1): 15-23
Document 301

Poston, Rebecca Deal; Buescher, Christine R.
The essential role of the clinical research nurse (CRN).
Urologic Nursing 2010 January-February; 30(1): 55-63, 77

Abstract: In an age of increasing focus on expanding the opportunity of clinical research trial participation to broader patient populations, the clinical research nurse (CRN) has become an essential member of the clinical research team. The CRN is responsible for many roles and aspects of clinical trial management. Clarification of these roles and responsibilities will be provided in this article.

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Document 302

Pesut, Barbara
Ontologies of nursing in an age of spiritual pluralism: closed or open worldview?
Nursing Philosophy 2010 January; 11(1): 15-23

Abstract: North American society has undergone a period of sacralization where ideas of spirituality have increasingly been infused into the public domain. This sacralization is particularly evident in the nursing discourse where it is common to find claims about the nature of persons as inherently spiritual, about what a spiritually healthy person looks like and about the environment as spiritually energetic and interconnected. Nursing theoretical thinking has also used claims about the nature of persons, health, and the environment to attempt to establish a unified ontology for the discipline. However, despite this common ground, there has been little discussion about the intersections between nursing philosophic thinking and the spirituality in nursing discourse, or about the challenges of adopting a common view of these claims within a spiritually pluralist society. The purpose of this paper is to discuss the call for ontological unity within nursing philosophic thinking in the context of the sacralization of a diverse society. I will begin with a discussion of secularization and sacralization, illustrating the diversity of beliefs and experiences that characterize the current trend towards sacralization. I will then discuss the challenges of a unified ontological perspective, or closed world view, for this diversity, using examples from both a naturalistic and a unitary perspective. I will conclude by arguing for a unified approach within nursing ethics rather than nursing ontology.

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Document 303

Kagan, Paula N.; Smith, Marlaine C.; Cowling, W. Richard, 3rd.; Chinn, Peggy L.
A nursing manifesto: an emancipatory call for knowledge development, conscience, and praxis.
Nursing Philosophy 2010 January; 11(1): 67-84

Abstract: The purpose of this paper is to present the theoretical and philosophical assumptions of the Nursing Manifesto, written by three activist scholars whose objective was to promote emancipatory nursing research, practice, and education within the dialogue and praxis of social justice. Inspired by discussions with a number of nurse philosophers at the 2008 Knowledge Conference in Boston, two of the original Manifesto authors and two colleagues discussed the need to explicate emancipatory knowing as it emerged from the Manifesto. Our analysis yielded an epistemological framework based on liberation principles to advance praxis in the discipline of nursing. This paper adds to what is already known on this topic, as there is not an explicit contribution to the literature of this specific Manifesto, its significance, and utility for the discipline. While each of us have written on emancipatory knowing and social justice in a variety of works, it is in this article that we identify, as a unit of knowledge production and as a direction towards praxis, a set of critical values that arose from the emancipatory conscience-ness and intention seen in the framework of the Nursing Manifesto.

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Document 304
Köpke, Sascha; Meyer, Gabriele

Evidence-based patient information and informed, shared decision making: a responsibility for nursing care?

Pflege Zeitschrift 2010 January; 63(1): 12-15

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Milton, Constance L.

Nursing ethics and power in position.
Nursing Science Quarterly 2010 January; 23(1): 18-21

Abstract: Power in positions of authority and responsibility may be manifested in myriad ways in management positions, with all businesses and disciplines, including the discipline of nursing. From the nursing disciplinary theoretical perspective of humanbecoming, this column begins a discussion regarding the obligations of healthcare disciplines to address the ethical questions of what should and ought members of healthcare disciplines be doing to enhance the quality and integrity for healthcare recipients' experiences. Exercising power judiciously and with transparency will be defined and emphasized as important for members of healthcare disciplines, for preserving and protecting the legacy of future healthcare leaders.

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Foster, Roxie

Building the science of pediatric nursing.

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Porter, Sam

Fundamental patterns of knowing in nursing: the challenge of evidence-based practice.

Abstract: This article reconsiders the fundamental patterns of knowing in nursing in light of the challenge of narrow empirics in the form of evidence-based practice. Objections to the dominance of evidence-based practice are reviewed, and the reasons for it are examined. It is argued that it is partially the result of weaknesses in the alternative patterns of ethical, personal, and esthetic knowing, the ineffability of which compromises accountability. This ineffability can be countered only by introducing a wider form of empirics than countenanced by evidence-based practice into all patterns of knowing, to demonstrate their salience and to make their use in practice transparent.

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Noel, Dianne L.

Occupational health nursing practice through the Human Caring lens.

Abstract: Many health care and academic centers have adopted Watson's Theory of Human Caring as their guiding principle; the theory is also used in other disciplines, such as library science. Human caring theory offers occupational health nurses as structure that not only defines a focus for practice, but also provides a basis for moral and philosophical practice analyses. In particular, nurses may find this theory useful in confirming the definition of "caring" and reconsidering what nursing is all about. More importantly, consideration and application of this theory
may lead to research on its applicability to the field of occupational health nursing. This article presents the science and philosophy of human caring, specifically Watson's Theory of Human Caring. Two case studies are presented that demonstrate how the theory could be used to evaluate occupational health nursing practice. To demonstrate its possible relevance as an occupational health nursing framework, an analysis of and comparison to existing occupational health nursing guidelines are detailed and discussed.

Gallagher, Ann
Editorial.
Nursing Ethics 2010 January; 17(1): 3-4

Abstract: In 2008 the United Kingdom Nursing and Midwifery Council (NMC) published the latest version of its code of conduct (The code: standards of conduct, performance and ethics for nurses and midwives). The new version marked a significant change of style in the Code compared with previous versions. There has been considerable controversy and the accrual of an extensive body of literature over the years in the UK and Europe criticizing nursing codes of ethics and questioning their ethical standing and their usefulness. In this article we review the current NMC Code. We argue that the NMC has been misguided in labelling the Code as a code of ethics, and suggest that the new document falls short in many respects.

Storch, Janet L
Comment.
Nursing Ethics 2010 January; 17(1): 19-21

Abstract: Although organizational and situational factors have been found to predict burnout, not everyone employed at the same workplace develops it, suggesting that becoming burnt out is a complex, multifaceted phenomenon. The aim of this study was to elucidate perceptions of conscience, stress of conscience, moral sensitivity, social support and resilience among two groups of health care personnel from the same workplaces, one group on sick leave owing to medically assessed burnout (n = 20) and one group who showed no indications of burnout (n = 20). The results showed that higher levels of stress of conscience, a perception of conscience as a burden, having to deaden one's conscience in order to keep working in health care and perceiving a lack of support characterized the burnout group. Lower levels of stress of conscience, looking on life with forbearance, a perception of conscience as an asset and perceiving support from organizations and those around them (social support) characterized the non-burnout group.
Han, Sung-Suk; Kim, Juhu; Kim, Yong-Soon; Ahn, Sunghee

**Validation of a Korean version of the Moral Sensitivity Questionnaire.**

Nursing Ethics 2010 January; 17(1): 99-105

**Abstract:** The main purpose of this study was to validate a scale to examine the moral sensitivity of Korean nurses. A pre-existing scale, the Moral Sensitivity Questionnaire (MSQ), developed by Lützén, was used after deletion of three items. The reliability and validity of the scale were examined by using Cronbach's alpha and factor analysis, respectively. According to the results, reliability of the scale was adequate but its construct validity was not fully supported. Through discussion on evidence of validity, five subconstructs emerged. In particular, unlike the factor structure of the MSQ, two subconstructs, patient-oriented care and professional responsibility, were newly extracted. It was assumed that the other three MSQ subconstructs, conflict, meaning and benevolence (expressed as nurses being ethically good), would not be sensitive to cultural background. Given these findings, interpretations about the meaning of moral sensitivity of Korean nurses are discussed.

Tschudin, Verena

**Nursing ethics: the last decade.**

Nursing Ethics 2010 January; 17(1): 127-131

Elias, Robert

**Report.**

Nursing Ethics 2010 January; 17(1): 141-142

Cloutier, Ginette

[Home concerns and ethical questions] = Soins à domicile et questions éthiques.


American Nurses Association

**NURSING'S SOCIAL POLICY STATEMENT: THE ESSENCE OF THE PROFESSION**


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2=1 : "
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*  Document 326
Bjarnason, Dana and Carter, Michele A., eds.
LEGAL AND ETHICAL ISSUES: TO KNOW, TO REASON, TO ACT
Call number: RT85 .L443 2009

*  Document 327
Davis, Anne J.; Fowler, Marsha D.; Aroskar, Mila Ann
ETHICAL DILEMMAS & NURSING PRACTICE
Call number: RT85 .D33 2010

*  Document 328
Guido, Ginny Wacker
LEGAL & ETHICAL ISSUES IN NURSING
Call number: KF2915 .N8 G85 2010

*  Document 329
Keatings, Margaret and Smith, O'Neil
ETHICAL & LEGAL ISSUES IN CANADIAN NURSING
Call number: RT85 .K43 2010

*  Document 330
Benner, Patricia; Sutphen, Molly; Leonard, Victoria; and Day, Lisa
EDUCATING NURSES: A CALL FOR RADICAL TRANSFORMATION
Call number: RT73 .E38 2010

*  Document 331
Huston, Carol J.
PROFESSIONAL ISSUES IN NURSING: CHALLENGES & OPPORTUNITIES
Document 332
Baumgartner, Adrian
[Ethics today--disparity of performance and returns]. = Ethik heute--Mißverhältnis Leistung und Ertrag.
Krankenpflege. Soins infirmiers 2010; 103(10): 2
Georgetown users check Georgetown Journal Finder for access to full text

Document 333
Gregory, David; Harrowing, Jean; Lee, Bonnie; Doolittle, Lisa; O'Sullivan, Patrick S
Pedagogy as influencing nursing students' essentialized understanding of culture.
International journal of nursing education scholarship 2010; 7(1): Article30
Abstract: In this qualitative study, we explored how students understood "culture." Participants defined culture and wrote narratives regarding specific cultural encounters. The sample comprised both nursing (n=14) and non-nursing (n=8) students to allow for comparison groups. Content analysis of the narratives revealed two broad paradigms of cultural understanding: essentialist and constructivist. Essentialist narratives comprised four themes: determinism (culture defied individual resistance); relativism (the possibility of making value judgments disappeared); Othering (culture was equated to exotica, and emphasized difference); and, reductionism (personhood was eclipsed by culture). In contrast, the constructivist narratives were characterized by influence (non-determinism), dynamism (culture was dynamic and evolutionary); and, relationship-building. The unintended negative consequences of essentialist notions of culture were revealed in the nursing students' narratives. Pedagogy is implicated in nursing students' essentialized understanding of culture.
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Document 334
Hofer, Brigitte; Hofmann, Hedi
["He should not break all the bones"] = "Er soll sich nicht alle Knochen brechen".
Krankenpflege. Soins infirmiers 2010; 103(7): 18-21
Georgetown users check Georgetown Journal Finder for access to full text

Document 335
Pagé, Ginette
[Care as opposed to world-wide neo-liberalization] = Le care face à la mondialisation néolibérale.
Krankenpflege. Soins infirmiers 2010; 103(8): 57
Georgetown users check Georgetown Journal Finder for access to full text

Document 336
Adejumo, A O; Adejumo, P O
Clinical ethics in African countries and emerging nurse's role in Nigeria.
African journal of medicine and medical sciences 2009 Dec ; 38(4): 311-8
Abstract: Emerging trends in nursing have broadened the traditional scope of nursing practice with growing demands for ethical considerations in clinical judgments. Nurses are experiencing more ethical dilemmas in areas such as end of life issues, organ donation and transplantation, and truth telling among others. It is expected that these challenges will continue to increase and even become more complex. Despite this, the academic and professional preparation of
nurses in Africa to cope with these issues is doubtful. The myriad of peculiar socioeconomic and political problems in many African societies present potential threat to the adoption of ethical standards in health care practice. Many health care workers including nurses attach little importance to consumer rights in making informed decisions in issues related to clinical care and research participation. The alleged participation of nurses in the inhuman treatment of the children recruited during the Pfizer's clinical trial of Trovan for cerebrospinal meningitis in northern Nigeria exemplifies this. Such conducts could reduce patients' worth as persons, and at the same time an indictment of nurses' moral sanctity. This paper reviews the current ethical challenges facing professional nurses in Nigeria. The concept and critical relevance of clinical ethics in giving adequate information to patients, relatives and other health workers upon which ethically sound informed decision making is done in clinical situations were highlighted.

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* [Document 337](#)
Epstein, Elizabeth Gingell; Hamric, Ann Baile

**Moral distress, moral residue, and the crescendo effect.**

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* [Document 338](#)
Kane, Roslyn

**Conscientious objection to termination of pregnancy: the competing rights of patients and nurses.**
Journal of nursing management 2009 Nov; 17(7): 907-12

**Abstract:** To highlight the potential difficulties in the management of staff with a conscientious objection to abortion, in light of expanding role of nurses.

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* [Document 339](#)
Arries, Ebin J.

**Editorial comment. Is an African nursing ethics possible?**
Nursing Ethics 2009 November; 16(6): 681-682

Georgetown users check [Georgetown Journal Finder](#) for access to full text

* [Document 340](#)
Taylor, Elizabeth Johnston; Carr, Mark F.

**Nursing ethics in the seventh-day adventist religious tradition.**
Nursing Ethics 2009 November; 16(6): 707-718

**Abstract:** Nurses' religious beliefs influence their motivations and perspectives, including their practice of ethics in nursing care. When the impact of these beliefs is not recognized, great potential for unethical nursing care exists. Thus, this article examines how the theology of one religious tradition, Seventh-day Adventism (SDA), could affect nurses. An overview of SDA history and beliefs is presented, which explains why 'medical missionary' work is central to SDAs. Theological foundations that would permeate an SDA nurse's view of the nursing metaparadigm concepts of person, health, environment (i.e. community), and nursing (i.e. service) are presented. The ethical principles guiding SDA nurses (i.e. principled, case-based, and care ethics) and the implications of these theological foundations for nurses are noted in a case study.

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**Document 341**

Repenshek, Mark

**Moral distress: inability to act or discomfort with moral subjectivity?**

*Abstract:* Amidst the wealth of literature on the topic of moral distress in nursing, a single citation is ubiquitous, Andrew Jameton's 1984 book *Nursing practice*. The definition Jameton formulated reads '... moral distress arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action'. Unfortunately, it appears that, despite the frequent use of Jameton's definition of moral distress, the definition itself remains uncritically examined. It seems as if the context of how moral distress arises (i.e. anger, frustration etc.) has been co-opted as its definition. This current work suggests that the current definition is not moral distress as defined by Jameton, but rather, in large part, nursing's discomfort with moral subjectivity in end-of-life decision making. A critical examination of how the Catholic tradition's normative ethical framework accounts for moral subjectivity in end-of-life decision making serves to aid nursing's discomfort and as a starting point to recontextualize moral distress.

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**Document 342**

Gallagher, Ann

**International Council Of Nurses 24th Quadrennial Conference, Durban, South Africa, 27 June - 4 July, 2009; Pre_ICN nursing ethics conference (Kwa-Zulu Natal University School of Nusing); Ethicists' network meeting at ICN Congress, Tuesday, June 30**

*Abstract:* This paper is a report of a grounded theory study of how nurses deal with an allegation of unprofessional conduct.

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**Document 343**

Pugh, Dale

**The phoenix process: a substantive theory about allegations of unprofessional conduct.**

*Abstract:* This paper is a report of a grounded theory study of how nurses deal with an allegation of unprofessional conduct.

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**Document 344**

Baumann, Andrea; Kolotylo, Camille

**The Professionalism and Environmental Factors in the Workplace Questionnaire: development and psychometric evaluation.**

*Abstract:* The aim of this paper is to describe the development and testing of a questionnaire intended to determine key professionalism attributes and key environmental attributes that influence the professionalism of nurses in their practice environments.

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**Document 345**

Doane, Gweneth Hartrick; Storch, Janet; Pauly, Bemie

**Ethical nursing practice: inquiry-in-action.**
Abstract: Although the need to theorize ethics within the complexities of nursing practice has been identified within the nursing literature, to date the link between ethics epistemology and specific nursing actions has received limited attention. In particular, little exploration has been carried out to examine how nurses 'know' what is ethical and the knowledge they draw upon to inform their nursing actions within the complexities of their everyday practice. This study describes a participatory inquiry project that focused on developing and articulating an epistemology of ethics while in the midst of everyday nursing work. Epistemological and methodological insights are discussed in light of the challenges nurses face in contemporary healthcare contexts.

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Document 346
Pang, Dong; Senarathana, Wilawan; Kunaviktikul, Wipada; Klunklin, Areewan; McElmurry, Beverly J
Nursing values in China: the expectations of registered nurses.
Nursing & health sciences 2009 Sep; 11(3): 312-7
Abstract: The purpose of this study was to identify the essential professional values of Chinese nurses and their manifestations in the current health-care environment. Data were collected from 29 nurse experts by semi-structured individual interviews or focus groups in Beijing and Shanghai, China. Thematic analysis was used to analyze the data. Seven themes were identified: altruism, caring, trustworthiness, dignity, responsibility for the development of the profession, autonomy, and justice. On the whole, these values were in accordance with the codes of the International Council of Nurses and the Chinese Nursing Association. Additionally, culture and socioeconomic trends were found to have an influence on nurses' understanding and explanation of professional values. The findings of this study provided insight into Chinese nurses' professional values and might contribute to the future development of a culturally sensitive scale to measure nursing values in China.

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Document 347
Beirne, Mary
Using a professional portfolio to enhance school nursing practice.
NASN school nurse (Print) 2009 Sep; 24(5): 212-4

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Document 348
Johnstone, Megan-Jane
Nursing ethics in the new millennium [editorial]
Nursing Ethics 2009 September; 16(5): 523-524

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http://nej.sagepub.com/archive/ (link may be outdated)

Document 349
Rchaidia, Leila; Dierckx de Casterlé, Bernadette; De Blaeser, Liesbeth; Gastmans, Chris
Cancer patients' perceptions of the good nurse: a literature review.
Nursing Ethics 2009 September; 16(5): 528-542
Abstract: This article discusses findings from a mixed method literature review that investigated cancer patients' perceptions of what constitutes a good nurse. To find pertinent articles, we conducted a systematic key word search of five journal databases (1998-2008). The application of carefully constructed inclusion criteria and critical appraisal identified 12 relevant articles. According to the patients, good nurses were shown to be characterized by specific,
but inter-related, attitudes, skills and knowledge; they engage in person-to-person relationships, respect the uniqueness of patients, and provide support. Professional and trained skills as well as broad and specific nursing and non-nursing knowledge are important. The analysis revealed that these characteristics nurtured patient well-being, which manifests as optimism, trust, hope, support, confirmation, safety and comfort. Cancer patients' perceptions of what constitutes a good nurse represent an important source of knowledge that will enable the development of more comprehensive and practice-based views on good nursing care for such patients. These perceptions help us to understand how nurses effectively make a difference in cancer patient care.

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http://nej.sagepub.com/archive/ (link may be outdated)

Document 350

Brady, Mary

**Hospitalized children's views of the good nurse.**

Nursing Ethics 2009 September; 16(5): 543-560

**Abstract:** Research relating to patients' views of the good nurse has mainly focused on the perspectives of adult patients, with little exploring the perceptions of children. This article presents findings from a qualitative study that explored views of the good nurse from the perspective of hospitalized children. The aims of the study were threefold: to remedy a gap in the literature; to identify characteristics of the good nurse from the perspective of children in hospital; and to inform children's nursing practice. Twenty-two children were interviewed using an adapted 'draw and write' technique. Five themes relating to children's views of the good nurse emerged from the analysis: communication; professional competence; safety; professional appearance; and virtues. Each of these will be discussed in relation to good nurse literature and recommendations made for children's nursing practice.

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http://nej.sagepub.com/archive/ (link may be outdated)

Document 351

Pauly, Bernadette; Varcoe, Colleen; Storch, Janet; Newton, Lorelei

**Registered nurses' perceptions of moral distress and ethical climate.**

Nursing Ethics 2009 September; 16(5): 561-573

**Abstract:** Moral distress is a phenomenon of increasing concern in nursing practice, education and research. Previous research has suggested that moral distress is associated with perceptions of ethical climate, which has implications for nursing practice and patient outcomes. In this study, a randomly selected sample of registered nurses was surveyed using Corley's Moral Distress Scale and Olson's Hospital Ethical Climate Survey (HECS). The registered nurses reported moderate levels of moral distress intensity. Moral distress intensity and frequency were found to be inversely correlated with perceptions of ethical climate. Each of the HECS factors (peers, patients, managers, hospitals and physicians) was found to be significantly correlated with moral distress. Based on these findings, we highlight insights for practice and future research that are needed to enhance the development of strategies aimed at improving the ethical climate of nurses' workplaces for the benefit of both nurses and patients.

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Document 352

Filipova, Anna A.

**Licensed nurses' perceptions of ethical climates in skilled nursing facilities.**

Nursing Ethics 2009 September; 16(5): 574-588

**Abstract:** This study examines the presence of ethical climates in skilled nursing facilities and identifies their antecedents (work group, job position, tenure). A cross-sectional survey design was implemented. A total of 359
facilities were selected in the Midwestern United States. Responses were received from nurses representing 100 of those facilities (28%). A total of 656 usable questionnaires were returned of the 3060 distributed (21.4% response rate). Descriptive statistics, confirmatory factor analysis, and multivariate and univariate analyses of variance were used. The results confirmed the presence of five ethical climates. Significant differences between registered and licensed practical nurses with regard to egoistic and independence ethical climates were found. Furthermore, nurses in management and non-management positions differed significantly in their perceptions of caring and egoistic climates. The results suggest incongruence in value perceptions and imply that researchers and practitioners have to direct efforts towards preventing and identifying reasons behind this.

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**Document 353**

Monteverde, Settimio

**The importance of time in ethical decision making.**

Nursing Ethics 2009 September; 16(5): 613-624

**Abstract:** Departing from a contemporary novel about a boy who is going to die from leukaemia, this article shows how the dimension of time can be seen as a morally relevant category that bridges both 'dramatic' issues, which constitute the dominant focus of bioethical decision making, and 'undramatic' issues, which characterize the lived experience of patients, relatives and health care workers. The moral task of comparing the various time dimensions of a given situation is explained as an act of 'synchronizing' the clocks. Ethical sensitivity and competence are presented as core skills that allow a continuity of care in situations where dramatic issues seem to be resolved, but undramatic ones are still not addressed. A nine-step model of shared decision making is proposed as an approach to identifying critical junctures within an illness trajectory and synchronizing the clocks of the involved actors.

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**Document 354**

Konishi, Emiko; Yahiro, Michiko; Nakajima, Naoko; Ono, Miki

**The Japanese value of harmony and nursing ethics.**

Nursing Ethics 2009 September; 16(5): 625-636

**Abstract:** Harmony is one of the most fundamental Japanese values. It is derived from Confucianism and encompasses a state of mind, an action process and outcomes of the action. This article draws on research data and discusses Japanese nurses' perceptions of harmony as reflected in their everyday practice. The most important virtues for these nurses were reported as politeness and respect for other persons. The outcome from the nurses' harmonious practice, it is claimed, benefited patients and created peaceful, harmonious relationships for all. Because of the unique link between harmony and the location of interaction, the ideal 'workplace harmony' threatened some nurses' professional decision making. These nurses confused harmony with conformity by superficial agreement. The Japanese seniority system could be a major factor contributing to this problem. Ethics education that includes traditional values and concepts in Japanese culture is strongly urged.

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**Document 355**

Davis, Anne J.

**Anne J Davis. Interview by Ann Gallagher.**

Nursing Ethics 2009 September; 16(5): 662-664

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Bradshaw, Ann

**Measuring nursing care and compassion: the McDonaldised nurse?**

*Journal of Medical Ethics* 2009 August; 35(8): 465-468

**Abstract:** In June 2008 the UK government, supported by the Royal College of Nursing, stated that nursing care would be measured for compassion. This paper considers the implications of this statement by critically examining the relationship of compassion to care from a variety of perspectives. It is argued that the current market-driven approaches to healthcare involve redefining care as a pale imitation, even parody, of the traditional approach of the nurse as "my brother's keeper". Attempts to measure such parody can only measure artificial techniques and give rise to a McDonald's-type nursing care rather than heartfelt care. The arguments of this paper, although applied to nursing, also apply to medicine and healthcare generally.

Fowler, Marsha D.

**Preface to thematic section: religions, spirituality, ethics and nursing. Religion: overturning the taboo**

*Nursing Ethics* 2009 July; 16(4): 391-392

**Abstract:** This article calls nursing to engage in the study of religions and identifies six considerations that arise in religious studies and the ways in which religious faith is expressed. It argues that whole-person care cannot be realized, neither can there be a complete understanding of bioethics theory and decision making, without a rigorous understanding of religious-ethical systems. Because religious traditions differ in their cosmology, ontology, epistemology, aesthetic, and ethical methods, and because religious subtraditions interact with specific cultures, each religion and subtradition has something distinctive to offer to ethical discourse. A brief example is drawn from Native American religions, specifically their view of 'speech' and 'words'. Although the example is particular to an American context, it is intended to demonstrate a more general principle that an understanding of religion per se can yield new insights for bioethics.

Reimer-Kirkham, Sheryl

**Lived religion: implications for nursing ethics**

*Nursing Ethics* 2009 July; 16(4): 406-417

**Abstract:** This article explores how ethics and religion interface in everyday life by drawing on a study examining the negotiation of religious and spiritual plurality in health care. Employing methods of critical ethnography, namely, interviews and participant observation, data were collected from patients, health care providers, administrators and spiritual care providers. The findings revealed the degree to which 'lived religion' was intertwined with 'lived ethics' for
many participants; particularly for people from the Sikh faith. For these participants, religion was woven into
everyday life, making distinctions between public and private, secular and sacred spaces improbable. Individual
interactions, institutional resource allocation, and social discourses are all embedded in social relationships of power
that prevent religion from being a solely personal or private matter. Strategies for the reintegration of religion into
nursing ethics are: adjusting professional codes and theories of ethics to reflect the influence of religion; and the
contribution of critical perspectives, such as postcolonial feminism, to the understanding of lived ethics.

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Chalmers, Linda

**From ethics violation to remediation: a learning experience--and a reminder for all.**

Professional case management 2009 May-Jun; 14(3): 151-3

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**Document 361**

Mlinar, Suzana; Tusak, Matej; Karpljuk, Damir

**Self-concept in intensive care nurses and control group women**

Nursing Ethics 2009 May; 16(3): 328-339

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**Document 362**

Vaartio, Heli; Leino-Kilpi, Helena; Suominen, Tarja; Puukka, Pauli

**Nursing advocacy in procedural pain care**

Nursing Ethics 2009 May; 16(3): 340-362

**Abstract:** In nursing, the concept of advocacy is often understood in terms of reactive or proactive action aimed at
protecting patients' legal or moral rights. However, advocacy activities have not often been researched in the context
of everyday clinical nursing practice, at least from patients' point of view. This study investigated the implementation
of nursing advocacy in the context of procedural pain care from the perspectives of both patients and nurses. The
cross-sectional study was conducted on a cluster sample of surgical otolaryngology patients (n = 405) and nurses (n
= 118) from 12 hospital units in Finland. The data were obtained using an instrument specially designed for this
purpose, and analysed statistically by descriptive and non-parametric methods. According to the results, patients
and nurses have slightly different views about which dimensions of advocacy are implemented in procedural pain
care. It seems that advocacy acts are chosen and implemented rather haphazardly, depending partly on how active
patients are in expressing their wishes and interests and partly on nurses' empowerment.

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Newsom, Robert

**Why bind nursing with psychopolitical chains? [comment]**

Nursing Ethics 2009 May; 16(3): 363-367

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Brkljacic, Morana
The challenge of cross cultural bioethics in the 21st century
Nursing Ethics 2009 May; 16(3): 368-372
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Nasrabadi, Alireza Nikbakht; Joolaee, Soodabeh; Parsa-Yekta, Zohre; Bahrani, Nasser; Noghani, Fatemeh; Vydelingum, Vasso
A new approach for teaching nursing ethics in Iran
Indian Journal of Medical Ethics 2009 April-June; 6(2): 85-89
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Purnell, Marguerite J.
Gleaning wisdom in the research on caring.
Nursing Science Quarterly 2009 April; 22(2): 109-115
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Granados Gámez, Genoveva
The nurse-patient relationship as a caring relationship.
Nursing Science Quarterly 2009 April; 22(2): 126-127
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Grimm, Jason W.; Wells, Jeffrey L.
Illegal immigrants in the emergency department: an ethical dilemma for nurses?
Journal of Emergency Nursing 2009 April; 35(2): 127-128
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Moral distress questionnaire for clinical nurses: instrument development.
Journal of Advanced Nursing 2009 April; 65(4): 885-892
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Isaacs, Sandy; Ploeg, Jenny; Tompkins, Catherine
How can Rorty help nursing science in the development of a philosophical ‘foundation’?
Nursing Philosophy 2009 April; 10(2): 81-90
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Alberti, Thierry
[Risk and psychiatry, ethical issues] = Risque et psychiatrie, les enjeux ethiques.
Soins. Psychiatrie 2009 Mar-Apr; (261): 11

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Document 372
Hofmann, Irmgard
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Ethik in der Medizin 2009 March; 21(1): 82-83

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Document 373
Storch, Janet; Rodney, Patricia; Pauly, Bernadette; Fulton, Thomas Reilly; Stevenson, Lynn; Newton, Lorelei; Makaroff, Kara Schick
Enhancing ethical climates in nursing work environments.
Canadian Nurse 2009 March; 105(3): 20-25

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Miracle, Vickie A.
Compassionate use in research.
Dimensions of Critical Care Nursing 2009 March-April; 28(2): 85-88

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Johnstone, Megan-Jane
Moral excellence and patient safety.
Australian Nursing Journal 2009 March; 16(8): 25

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Joolaee, Soodabeh; Davis Anne J.
Soodabeh Joolaee. Interview by Anne J. Davis.
Nursing Ethics 2009 March; 16(2): 248-252
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Gray, Jean

**Debate on spirituality needed.**
Nursing Standard 2009 February 11-17; 23(23): 1

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Kurtzman, Ellen T.

**Planning a National Nursing Quality and Safety Alliance: strengthening nursing's policy voice [editorial]**
The Journal of Nursing Administration 2009 February; 39(2): 47-50

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Document 379

Raymond, Martha K.

**First, do no harm.**
RN 2009 February; 72(2): 10

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Document 380

Voyce, Anneka

**Working through an ethical dilemma.**

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Pfrimmer, Dale

**Duty to care.**
Journal of Continuing Education in Nursing 2009 February; 40(2): 53-54

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Tingle, John; McHale, Jean

**Specialist healthcare law for nurses: an introduction.**

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**Document 383**

Lachman, Vicki D.

**Practical use of the nursing code of ethics: part I.**
Medsurg Nursing 2009 January-February; 18(1): 55-57

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Snowden, Frances

**On preparing for a deposition.**

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Lambert, Kathleen A.

**Gifts and gratuities for the case manager.**
Professional Case Management 2009 January-February; 14(1): 53-54

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Milton, Constance L.

**Transparency in nursing leadership: a chosen ethic.**
Nursing Science Quarterly 2009 January; 22(1): 23-26

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Schoonover-Shoffner, Kathy

**A heart for justice?**

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**Document 388**

McDonald, Skip; Brown-Collins, Alice

**Overcoming injustice in nursing and healthcare.**

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Salladay, Susan A.; Bell, Karen S.
Facing ethical dilemmas.
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May, Thomas; Aulisio, Mark P.
Personal morality and professional obligations: rights of conscience and informed consent
Perspectives in Biology and Medicine 2009 Winter; 52(1): 30-38
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* Document 391
Helft, Paul R.; Bledsoe, Patricia D.; Hancock, Maureen; Wocial, Lucia D.
Facilitated ethics conversations: a novel program for managing moral distress in bedside nursing staff.
JONA'S Healthcare Law, Ethics and Regulation 2009 January-March; 11(1): 27-33
Abstract: Moral distress is a prominent problem for bedside nurses, and workable solutions for managing the toll it takes are needed. We created a unit-based ethics conversations program in response to nurses' need to find ways to deal with their moral distress. We review our initial experiences in conducting more than 100 such facilitated conversations in a large hospital system.
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Jensen, Annika; Lidell, Evy
The influence of conscience in nursing.
Nursing Ethics 2009 January; 16(1): 31-42
Abstract: The influence of conscience on nurses in terms of guilt has frequently been described but its impact on care has received less attention. The aim of this study was to describe nurses’ conceptions of the influence of conscience on the provision of inpatient care. The study employed a phenomenographic approach and analysis method. Fifteen nurses from three hospitals in western Sweden were interviewed. The results showed that these nurses considered conscience to be an important factor in the exercise of their profession, as revealed by the descriptive categories: conscience as a driving force; conscience as a restricting factor; and conscience as a source of sensitivity. They perceived that conscience played a role in nursing actions involving patients and next of kin, and was an asset that guided them in their efforts to provide high quality care.
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Longerich, Brigitte
*The patient's "code" = Le patient "codé".*
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Bagnaschi, Pia
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Call number: **KF2915 N8 E95 2009**

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Tschudin, Verena

**Global trends in nursing ethics**


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* Chapter Document 411

Storch, Janet L.

**Ethics in nursing practice**


Call number: **R724 C616 2009**

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Ulrich, Connie M.; Zeitzer, Mindy B.

**Ethical issues in nursing practice**


Call number: **QH332 P46 2009**

* Chapter Document 413

Benner, Patricia E.; Tanner, Christine A.; Chesla, Catherine A.

**The primacy of caring and the role of experience, narrative, and community in clinical and ethical expertise**


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* Chapter Document 414

Rubin, Jane

**Impediments to the development of clinical knowledge and ethical judgment in critical care nursing**


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Fullbrook, Suzanne
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British Journal of Nursing 2008 December 11 - 2009 January 7; 17(22): 1420-1421
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Haberman, Clyde
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The ethics of time: care for your patient or nurse your charts.
Journal of Emergency Nursing 2008 December; 34(6): 558-560
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Ethics as the essence of nursing = L'ethique comme essence du soin.
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How should one characterize and envision an ethical clinical situation? = Comment caractériser et envisager une situation d'éthique clinique ?
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The content of advocacy in procedural pain care -- patients' and nurses' perspectives
Journal of Advanced Nursing 2008 December; 64(5): 504-513
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Fullbrook, Suzanne
Professional regulation. Part 9: politics and ideology in nursing
British Journal of Nursing 2008 November 13-26; 17(20): 1290-1291
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Monteiro, Maria Adelane Alves; Barbosa, Régia Christina Moura; Barroso, Maria Graziela Teixeira; Vieira, Neiva Francenely Cunha; Pinheiro, Ana Karina Bezerra
Ethical dilemmas experienced by nurses presented in nursing publications.
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Mikos-Schild, Sophia
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Wadensten, Barbo; Wenneberg, Stig; Silén, Marit; Fen Tang, Ping; Ahlström, Gerd
A cross-cultural comparison of nurses' ethical concerns
Nursing Ethics 2008 November; 15(6): 745-760
Abstract: The aim of this study was to compare Swedish and Chinese nurses' experiences of ethical dilemmas and workplace distress in order to deepen understanding of the challenges neuroscience nurses encounter in different cultures. Qualitative interviews from two previously performed empirical studies in Sweden and China were the basis of this comparative study. Four common content areas were identified in both studies: ethical dilemmas, workplace distress, quality of nursing and managing distress. The themes formulated within each content area were compared and synthesized into novel constellations by means of aggregated concept analysis. Despite wide differences in the two health care systems, the nurse participants had similar experiences with regard to work stress and a demanding work situation. They were struggling with similar ethical dilemmas, which concerned seriously ill patients and the possibilities of providing good care. This indicates the importance of providing nurses with the tools to influence their own work situation and thereby reducing their work-related stress.
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Document 432
Fullbrook, Suzanne
**Professional regulation. Part 8: government and NMC proposals**
British Journal of Nursing 2008 October 23 - November 12; 17(19): 1238-1239

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Boyd, Julia

*Florence Nightingale's remarkable life and work [review of Florence Nightingale: the Woman and her Legend, by Mark Bostridge]*
Lancet 2008 October 18-24; 372(9647): 1375-1376

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[http://www.thelancet.com/home](http://www.thelancet.com/home) (link may be outdated)

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Fullbrook, Suzanne

*Professional regulation. Part 7b: CHRE report and the NMC response*
British Journal of Nursing 2008 October 9-22; 17(18): 1174-1175

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**Document 435**
Sumner, Jane F.; Fisher, William P.

*The moral construct of caring in nursing as communicative action: the theory and practice of a caring science.*
ANS: Advances in Nursing Science 2008 October-December; 31(4): E19-E36

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Lachman, Vicki D.

*Making ethical choices: Weighing obligations and virtues.*
Nursing 2008 October; 38(10): 42-46

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**Document 437**
Laabs, Carolyn A.

*The community of nursing: moral friends, moral strangers, moral family*
Nursing Philosophy 2008 October; 9(4): 225-232

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**Document 438**
Fullbrook, Suzanne
Habits in perioperative nursing culture

Abstract: This study focuses on investigating habits in perioperative nursing culture, which are often simply accepted and not normally considered or discussed. A hermeneutical approach was chosen as the means of understanding perioperative nurses' experiences of and reflections on operating theatre culture. Focus group discussions were used to collect data, which was analysed using hermeneutical text analysis. The results revealed three main categories of habits present in perioperative nursing culture: habits that promote ethical values (by temporary friendship with patients, showing respect for each other, and spending time on reflection on ethics and caring); habits that hinder progress (by seeing the patient as a surgical case, not acknowledging colleagues, and not talking about ethics); and habits that set the cultural tone (the hidden power structure and achieving more in less time).

Nurses' professional and personal values

Abstract: The purpose of this study was to measure professional and personal values among nurses, and to identify the factors affecting these values. The participants were 323 Israeli nurses, who were asked about 36 personal values and 20 professional values. The three fundamental professional nursing values of human dignity, equality among patients, and prevention of suffering, were rated first. The top 10 rated values all concerned nurses' responsibility towards patients. Altruism and confidentiality were not highly rated, and health promotion and nursing research were rated among the last three professional values. For personal (instrumental) values, honesty, responsibility and intelligence were rated first, while ambition and imagination were rated 14th and 16th respectively out of 18. Significant differences (P<0.05) were found among some personal and professional values rated as functions of culture, education, professional seniority, position and field of expertise. The results may assist in understanding the motives of nurses with different characteristics and help to promote their work according to professional ethical values.

Inclusion of patients' voices in a virtue ethics for nurses [editorial]

Workplace distress and ethical dilemmas in neuroscience nursing.

Georgetown users check [Georgetown Journal Finder] for access to full text
* Document 449
Nakao, Hisako; Chishaki, Akiko; Obayashi, Masayuki
Awareness of ethical issues by nursing professionals at a general local hospital in Japan.
Fukuoka Igaku Zasshi = Hukuoka Acta Medica 2008 August; 99(8): 175-183

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Fullbrook, Suzanne
Professional regulation. Part 4: Self-regulation and the Consumer Council
British Journal of Nursing 2008 July 24-August 13; 17(14): 902-903

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Fullbrook, Suzanne
Professional regulation in nursing. Part 3: self regulation
British Journal of Nursing 2008 July 10-23; 17(13): 848-849

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Cassetta, Marilyn
"Ethics in aesthetic nursing...avoiding the ugly side of beauty".
Plastic Surgical Nursing 2008 July-September; 28(3): 117-120; quiz 121-122

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Haggerty, Lois A.; Grace, Pamela
Clinical wisdom: the essential foundation of "good" nursing care.

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* Document 454
Juthberg, Christina; Eriksson, Sture; Norberg, Astrid; Sundin, Karin
Stress of conscience and perceptions of conscience in relation to burnout among care-providers in older people.

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* Document 455
Salladay, Susan A.

**A Christian code of ethics?**

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* Document 456

Chamings, Patricia A.

**Is it professionally acceptable for a nurse to stay home during a pandemic? Pro**

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* Document 457

James, Dottie C.

**Is it professionally acceptable for a nurse to stay home during a pandemic? Con**

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Salladay, Susan A.

**Life and death decisions: cultivating resources.**
Nursing 2008 July; 38(7): 60

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Baldacchino, Donia R.

**Teaching on the spiritual dimension in care to undergraduate nursing students: the content and teaching methods.**

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Sellman, Derek

**A new code for nurses in the UK (NMC, 2008) [editorial]**
Nursing Philosophy 2008 July; 9(3): 151-153

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Allan, Helen; Tschudin, Verena; Horton, Khim

**The devaluation of nursing: a position statement**
Nursing Ethics 2008 July; 15(4): 549-556
Abstract: How nursing as a profession is valued may be changing and needs to be explored and understood in a global context. We draw on data from two empirical studies to illustrate our argument. The first study explored the value of nursing globally, the second investigated the experiences of overseas trained nurses recruited to work in a migrant capacity in the UK health care workforce. The indications are that nurses perceive themselves as devalued socially, and that other health care professionals do not give nursing the same status as other, socially more prestigious professions, such as medicine. Organizational and management structures within the NHS and the independent care home sector devalue overseas nurses and the contribution they make to health care. Our conclusions lead us to question the accepted sociocultural value of the global nursing workforce and its perceived contribution to global health care, and to consider two ethical frameworks from which these issues could be discussed further.

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Häggström, Elisabeth; Mbusa, Ester; Wadensten, Barbro
Nurses' workplace distress and ethical dilemmas in Tanzanian health care
Nursing Ethics 2008 July; 15(4): 478-491
Abstract: The aim of this study was to describe Tanzanian nurses' meaning of and experiences with ethical dilemmas and workplace distress in different care settings. An open question guide was used and the study focused on the answers that 29 registered nurses supplied. The theme, Tanzanian registered nurses' invisible and visible expressions about existential conditions in care', emerged from several subthemes as: suffering from (1) workplace distress; (2) ethical dilemmas; (3) trying to maintaining good quality nursing care; (4) lack of respect, appreciation and influence; and (5) a heavy workload that did not prevent registered nurses from struggling for better care for their patients. The analysis shows that, on a daily basis, nurses find themselves working on the edge of life and death, while they have few opportunities for doing anything about this situation. Nurses need professional guidance to gain insight and be able to reflect on their situations, so that they do not become overloaded with ethical dilemmas and workplace distress.

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Article  Document 463
Imes, Christopher
Journal of Advanced Nursing 2008 July; 63(2): 218

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Article  Document 464
Miller, Lori L.

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Fullbrook, Suzanne
Professional regulation in nursing. Part 2: political change
British Journal of Nursing 2008 June 26-July 9; 17(12): 784-785
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Fullbrook, Suzanne
Professional regulation in nursing. Part 1: an introduction
British Journal of Nursing 2008 June 12-25; 17(11): 712-713

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Lorenz, Susan G.
12-hour shifts: an ethical dilemma for the nurse executive
The Journal of Nursing Administration 2008 June; 38(6): 297-301

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Hanford, Jack T.
Transforming Care: a Christian view of Nursing Practice by Mary M. Doornbos, Ruth E. Groenhout, and Kendra G. Hotz [book review]
Ethics and Medicine 2008 Summer; 24(2): 127

Document 469
Hanford, Jack T.
Commitment and Responsibility in Nursing: A Faith-based Approach edited by Bart Cusveller, Agnes Sutton, Donal O'Mathuna [book review]
Ethics and Medicine 2008 Summer; 24(2): 121

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Browne, Annette J.; Tarlier, Denise S.
Examining the potential of nurse practitioners from a critical social justice perspective.
Nursing Inquiry 2008 June; 15(2): 83-93

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Pauly, Bernadette Bernie
Shifting moral values to enhance access to health care: harm reduction as a context for ethical nursing practice.
Document 472
Fullbrook, Suzanne
**Duty of care and political expectations. Part 5: standards and clinical outcomes**
British Journal of Nursing 2008 May 22 - June 11; 17(10): 650-652
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Fullbrook, Suzanne
**Duty of care and political expectations. Part 4: standards as a political promise**
British Journal of Nursing 2008 May 8-21; 17(9): 596-597
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Karstadt, Lyn
**Contemporary codes of behaviour**
British Journal of Nursing 2008 May 8-21; 17(9): 565
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Vieira, Margarida
**The Nightingale Pledge, today = O Juramento de Nightingale, hoje.**
Servir 2008 May-August; 56(3-4): 97-98
Georgetown users check [Georgetown Journal Finder](http://www.csmu.edu.tw/genedu/public_html/journal.htm) for access to full text

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J. Ehlers, Valerie
**Is caring a lost art in nursing or is it a changing reality? commentary on the editorial written by Juliet Corbin.**
International Journal of Nursing Studies 2008 May; 45(5): 802-804
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Tai, Michael Cheng-tek
**The enhancement of nurses' self-image**
Formosan Journal of Medical Humanities 2008 May; 9(1-2): 59-64
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http://www.csmu.edu.tw/genedu/public_html/journal.htm (link may be outdated)
Resolving ethical dilemmas using debates.

Nurse Educator 2008 May-June; 33(3): 101-102

Learning, decisions and transformation in critical care nursing practice

Nursing Ethics 2008 May; 15(3): 322-331

Abstract: Critical care nurses are key providers in a high acuity environment. This qualitative research study explored ethical decision making in a critical care practice setting. Fifteen critical care nurses with varying experience and education levels were purposively sampled to assure the representativeness of the data. The theoretical concepts of experiential learning, perspective transformation, reflection-in-action and principle-based ethics were used as a framework for eliciting information from the participants. A new model of focused reflection in ethical decision making was developed. Findings showed that having a role model or mentor to help guide the ethical decision-making process was critical for focused ethical discourse and the decision making.

Nurses' moral sensitivity and hospital ethical climate: a literature review

Nursing Ethics 2008 May; 15(3): 304-321

Abstract: Increased technological and pharmacological interventions in patient care when patient outcomes are uncertain have been linked to the escalation in moral and ethical dilemmas experienced by health care providers in acute care settings. Health care research has shown that facilities that are able to attract and retain nursing staff in a competitive environment and provide high quality care have the capacity for nurses to process and resolve moral and ethical dilemmas. This article reports on the findings of a systematic review of the empirical literature (1980 - February 2007) on the effects of unresolved moral distress and poor ethical climate on nurse turnover. Articles were sought to answer the review question: Does unresolved moral distress and a poor organizational ethical climate increase nurse turnover? Nine articles met the criteria of the review process. Although the prevailing sentiment was that poor ethical climate and moral distress caused staff turnover, definitive answers to the review question remain elusive because there are limited data that confidently support this statement.

Duty of care and political expectations. Part 3: law and the new code

Fullbrook, Suzanne

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Fullbrook, Suzanne

**Duty of care and political expectations. Part 2: readers’ concerns/experiences**

British Journal of Nursing 2008 April 10-23; 17(7): 456-457

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Milton, Constance L.

**Ethical implications for living with adversity: the ever-present experience in the global nursing community.**

Nursing Science Quarterly 2008 April; 21(2): 115-118

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Pacquiao, Dula F.

**Nursing care of vulnerable populations using a framework of cultural competence, social justice and human rights.**

Contemporary Nurse 2008 April; 28(1-2): 189-197

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Yarbrough, Susan; Alfred, Danita; Martin, Pam

**Research study: professional values and retention.**

Nursing Management 2008 April; 39(4): 10, 12, 14 passim

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Rice, Elizabeth M.; Rady, Mohamed Y.; Hamrick, Arreta; Verheijde, Joseph L.; Pendergast, Debra K.

**Determinants of moral distress in medical and surgical nurses at an adult acute tertiary care hospital.**

Journal of Nursing Management 2008 April; 16(3): 360-373

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Lang, Kellie R.; Grady, Christine; Danis, Marion; Soeken, Karen L.; O'Donnell, Patricia; Taylor, Carol; Farrar, Adrienne; Ulrich, Connie M.

**The professional ills of moral distress and nurse retention: is ethics education an antidote?**


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Fullbrook, Suzanne; Sanders, Karen
Law in focus: incorporating legislation and guidelines into practice
British Journal of Nursing 2008 March 13-26; 17(5): 326-327

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Vieira, Margarida
The truth in nursing care = A verdade nos cuidados de enfermagem.
Servir 2008 March-April; 56(2): 49-50

Document 491
McCarthy, Joan; Deady, Rick
Moral distress reconsidered
Nursing Ethics 2008 March; 15(2): 254-262
Abstract: Moral distress has received much attention in the international nursing literature in recent years. In this article, we describe the evolution of the concept of moral distress among nursing theorists from its initial delineation by the philosopher Jameton to its subsequent deployment as an umbrella concept describing the impact of moral constraints on health professionals and the patients for whom they care. The article raises worries about the way in which the concept of moral distress has been portrayed in some nursing research and expresses concern about the fact that research, so far, has been largely confined to determining the prevalence of experiences of moral distress among nurses. We conclude by proposing a reconsideration, possible reconstruction and multidisciplinary approach to understanding the experiences of all health professionals who have to make difficult moral judgements and decisions in complex situations.

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Murphy, Norma; Roberts, Deborah
Nurse leaders as stewards at the point of service
Nursing Ethics 2008 March; 15(2): 243-253
Abstract: Nurse leaders, including clinical nurse educators, who exercise stewardship at the point of service, may facilitate practising nurses' articulation of their shared value priorities, including respect for persons' dignity and self-determination, as well as equity and fairness. A steward preserves and promotes what is intrinsically valuable in an experience. Theories of virtue ethics and discourse ethics supply contexts for clinical nurse educators to clarify how they may facilitate nurses' articulation of their shared value priorities through particularism and universalism, as well as how they may safeguard nurses' self-interpretation and discursive reasoning. Together, clinical nurse educators and nurses may contribute to management decisions that affect the point of service, and thus the health care organization.
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Lützén, Kim
**Time for ethics**
Nursing Ethics 2008 March; 15(2): 145-146
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Day, Michael
**Industry's push to woo nurses has been helped by journals**
BMJ: British Medical Journal 2008 February 16; 336(7640): 352
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MacRae, Susan
**Ethics in everyday nursing practice.**
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Johnstone, Megan-Jane
**Questioning nursing ethics.**
Australian Nursing Journal 2008 February; 15(7): 19
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Gadsby, Alison
**'Nurses cannot avoid tough ethical decisions'**
Nursing Times 2008 January 8-14; 104(1): 12
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Haddad, Amy
**Covering up for a colleague**
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Alperson, Sunny Yim

**Tai Chi philosophy and nursing epistemology.**

ANS. Advances in nursing science 2008 Jan-Mar; 31(1): E1-E15

**Abstract:** This article analyzes the philosophy underpinning Tai Chi practice in light of nursing epistemology. The first half of the article reviews the general characteristics of major Chinese philosophical traditions that have been merged in Tai Chi: Confucianism, Daoism, and Buddhism. In the second half, themes of integration and praxis in Tai Chi are linked with Carper's fundamental patterns of knowing in nursing. Tai Chi is a practical fusion of humanistic philosophy with an experiential dimension of movement in a nondualistic foundation. The author argues that TC philosophy can be applied to integrated knowledge development and nursing praxis.

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Schroeter, Kathryn

**Duty to care versus duty to self.**


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Molzahn, Anita E.; Sheilds, Laurene

**Why is it so hard to talk about spirituality?**

Canadian Nurse 2008 January; 104(1): 25-29

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Parker, Francine Mancuso

**Ethics: the power of one**


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Transcultural Nursing Society

**Transcultural Nursing Society position statement on human rights**


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**Document 504**
Globalization, an outgrowth of technology, while informing us about people throughout the world, also raises our awareness of the extreme economic and social disparities that exist among nations. As part of a global discipline, nurses are vitally interested in reducing and eliminating disparities so that better health is achieved for all people. Recent literature in nursing encourages our discipline to engage more actively with social justice issues. Justice in health care is a major commitment of nursing; thus questions in the larger sphere of globalization, justice and ethics, are our discipline's questions also. Global justice, or fairness, is not an issue for some groups or institutions, but a deeper human rights issue that is a responsibility for everyone. What can we do to help reduce or eliminate the social and economic disparities that are so evident? What kind of ethical milieu is needed to address the threat that globalization imposes on justice and fairness? This article enriches the conceptualization of globalization by investigating recent work by Schweiker and Twiss. In addition, I discuss five qualities or characteristics that will facilitate the development of a viable and just global ethic. A global ethic guides all people in their response to human rights and poverty. Technology and business, two major forces in globalization that are generally considered beneficial, are critiqued as barriers to social justice and the common good.
Tschudin, Verena and Davis, Anne J., eds.
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Call number: RT42.G56 2008

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Call number: RT84.5.F477 2008

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SPIRITUAL DIMENSIONS OF NURSING PRACTICE
Call number: RT85.2.C37 2008a

Fowler, Marsha D.M., ed.
GUIDE TO THE CODE OF ETHICS FOR NURSES: INTERPRETATION AND APPLICATION
Call number: RT85.G85 2008

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Call number: RT85.N877 2008

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ETHICAL DECISION MAKING IN NURSING AND HEALTH CARE: THE SYMPHONOLOGICAL APPROACH
Call number: RT85.H87 2008

Perrin, Kathleen Ouimet and McGhee, James
ETHICS AND CONFLICT
Call number: RT85.P47 2008a

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O'Brien, Mary Elizabeth
SPIRITUALITY IN NURSING: STANDING ON HOLY GROUND
Sudbury, MA: Jones and Bartlett, 2008. 423 p.
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Burkhardt, Margaret A. and Nathaniel, Alvita K.
ETHICS & ISSUES IN CONTEMPORARY NURSING
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Bertram, Sylvia
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Fisher, Anastasia A.; Hatton, Diane C.; Davis, Anne J.
Globalisation and imprisoned women: a challenge for nursing ethics
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Ethical ambiguity: can one do 'right' in a 'wrong' situation? The case of Machsomwatch
Wagner, Nurith
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Chamberlain, Mark; Le Touze, Dominique; Welsh, James
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Austin, Wendy
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Cranin, A. Norman
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Boutain, Doris M.

Social justice as a framework for undergraduate community health clinical experiences in the United States. International Journal of Nursing Education Scholarship 2008; 5: Article 35

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Manthey, Marie

Social justice and nursing: the key is respect.

Creative Nursing 2008; 14(2): 62-65

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Craven, Christa

A "consumer's right" to choose a midwife: shifting meanings for reproductive rights under neoliberalism.


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Teeri, Sari; Välimäki, Maritta; Katajisto, Jouko; Leino-Kilpi, Helena

Nurses perceptions of older patients integrity in long-term institutions.


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Sessanna, Loralee; Finnell, Deborah; Jezewski, Mary Ann

Spirituality in nursing and health-related literature: a concept analysis


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Beagan, Brenda; Ells, Carolyn
Powell, Thomas W.  
**A model for ethical practices in clinical phonetics and linguistics**  
Clinical Linguistics and Phonetics 2007 November-December; 21(11-12): 851-857

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Day, Lisa  
**Courage as a virtue necessary to good nursing practice**  
American Journal of Critical Care 2007 November; 16(6): 613-616

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Block, Jennifer  
**Reply to “Must maternity medicine be reborn?” [letter]**  
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Tang, Ping Fen; Johansson, Camilla; Wadensten, Barbro; Wenneberg, Stig; Ahlström, Gerd  
**Chinese nurses’ ethical concerns in a neurological ward**  
Nursing Ethics 2007 November; 14(6): 810-824

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Laabs, Carolyn Ann  
**Primary care nurse practitioners’ integrity when faced with moral conflict**  
Nursing Ethics 2007 November; 14(6): 795-809

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Lundmark, Mikael  
**Vocation in theology-based nursing theories**  
Nursing Ethics 2007 November; 14(6): 767-780

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**The value of nursing: a literature review**
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Ulrich, Connie; O'Donnell, Patricia; Taylor, Carol; Farrar, Adrienne; Danis, Marion; Grady, Christine

**Ethical climate, ethics stress, and the job satisfaction of nurses and social workers in the United States.**
Social Science and Medicine 2007 October; 65(8): 1708-1719

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Lewis, Paul

**Midwives and supervisors of midwives: a crucial relationship.**
Practising Midwife 2007 October; 10(9): 4-5

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Suominen, Hanna; Lehtikunnas, Tuija; Back, Barbro; Karsten, Helena; Salakoski, Tapio; Salanterä, Sanna

**Applying language technology to nursing documents: pros and cons with a focus on ethics.**
International Journal of Medical Informatics 2007 October; 76(Suppl 2): S293-S301

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Numminen, Olivia H.; Leino-Kilpi, Helena

**Nursing students' ethical decision-making: a review of the literature**
Nurse Education Today 2007 October; 27(7): 797-807

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Craig, Courtney

**Do no harm? A new nurse must learn to "live the questions now."**
AJN: American Journal of Nursing 2007 October; 107(10): 39

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Fullbrook, Suzanne

**Common law and a duty of care: the application of principles**
British Journal of Nursing 2007 September 27 - October 10; 16(17):1074-1075

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Coles, Katy

**Recreational scans: harmless curiosity?**
RCM Midwives 2007 September; 10(8): 370-371

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Eboh, Winifred Oluchukwo; Pitchforth, Emma; van Teijlingen, Edwin

**Lost words: research via translation.**
RCM Midwives 2007 September; 10(8): 374-347

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Angelucci, Patricia; Carefoot, Shannon

**Working through moral anguish.**
Nursing Management 2007 September; 38(9): 10, 12

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McClendon, Heather; Buckner, Ellen B.

**Distressing situations in the intensive care unit: a descriptive study of nurses' responses.**
Dimensions of Critical Care Nursing 2007 September-October; 26(5): 199-206

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McNamee, Michael John

**Nursing schadenfreude: the culpability of emotional construction**
Medicine, Health Care and Philosophy 2007 September; 10(3): 289-299

*Abstract:* The purpose of this paper is to examine the concept of Schadenfreude - the pleasure felt at another's misfortune - and to argue that feeling it in the course of health care work, as elsewhere, is evidence of a deficient character. In order to show that Schadenfreude is an objectionable emotion in health care work, I first offer some conceptual remarks about emotions generally and their differential treatment in Kantian and Aristotelian thought. Second, I argue that an appreciation of the rationality of the emotions is crucial to our self-understanding as persons in general and nurses in particular. Third, I present a critique of Portmann's (2000, *When Bad Things Happen to Other People*. London: Routledge) defence of Schadenfreude with examples from both nursing and medical scenarios. Specifically, I show how his exculpation of the emotion in terms of low self-esteem and a commitment to justice are not compelling. I argue that we are active in the construction of our emotional experiences of Schadenfreude, how we may indeed 'nurse' the emotion, and thus become culpable for them in ethical terms.

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Olshansky, Ellen

What do we mean by compassion and caring in nursing and why does it matter anyway? [editorial]
Journal of Professional Nursing 2007 September-October; 23(5): 247-248

Girard, Nancy J.

Surgical conscience: still pertinent.
AORN Journal 2007 July; 86(1): 13-14

Rushton, Cynda Hylton; Penticuff, Joy Hinson

A framework for analysis of ethical dilemmas in critical care nursing.
AACN Advanced Critical Care 2007 July-September; 18(3): 323-329

Milton, Constance L.

Professional values in nursing ethics: essential or optional in the global universe?

O'Donnell, Lolita T.

Ethical dilemmas among nurses as they transition to hospital case management: implications for organizational ethics, part II

Olsen, Douglas

Ethical cautions for nurses: when is therapeutic reciprocity appropriate or ethical?
AJN: American Journal of Nursing 2007 July; 107(7): 75
Document 567
Vivaldelli, Joan
**Therapeutic reciprocity:** “A union through pain.”
AJN: American Journal of Nursing 2007 July; 107(7): 74, 76

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Williams, Dian L.
**Is there a case for paternalism in forensic nursing?**

Document 569
Chaloner, C.
**Ethics in nursing: the way forward**
Nursing Standard 2007 May 30-June 30; 21(38): 40-41

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Fullbrook, Suzanne
**Best interests: a review of issues that affect nurses’ decision making**
British Journal of Nursing 2007 May 24 - June 13; 16(10): 600-601

Document 571
Bunch, Eli Haugen
**Norway: some ethical challenges faced by health providers who work with first-generation immigrant men from Pakistan diagnosed with type 2 diabetes**
Call number: RT85_E72 2006

Document 572
Garzón, Nelly
**Colombia: social justice in nursing ethics**
Call number: RT85_E72 2006
**Document 573**
McGonigle, Dee; Mastrian, Kathleen; Pavlekovsky, Kim
*Ethical realism revisited.*
Professional Case Management 2007 May-June; 12(3): 184-187
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**Document 574**
Lunardi, Valéria Lerch; Lunardi Filho, Wilson Danilo; da Silveira, Rosemary Silva; da Silva, Mara Regina Santos; Dei Svaldi, Jacqueline Sallete; Bulhosa, Michele Salum
*Nursing ethics and its relation with power and work organization.*
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**Document 575**
Nakao, Hisako; Chisaki, Akiko; Obayashi, Masayuki
*Nursing professionals' awareness of ethical problems in Japan [poster presentation]*
Eubios Journal of Asian and International Bioethics 2007 May; 17(3): 86
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http://www.eubios.info/EJAIB52007.pdf (link may be outdated)

**Document 576**
Morrison, Eileen E.
*Complementary therapies: what are the ethics challenges for Kansas nurses?*
Kansas Nurse 2007 May; 82(5): 3-5
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**Document 577**
Pesut, Barbara; Thorne, Sally
*From private to public: negotiating professional and personal identities in spiritual care*
Journal of Advanced Nursing 2007 May; 58(4): 396-403
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**Document 578**
Uhrenfeldt, Lisbeth; Hall, Elisabeth O.C.
*Clinical wisdom among proficient nurses*
Nursing Ethics 2007 May; 14(3): 387-398
Abstract: This article examines clinical wisdom, which has emerged from a broader study about nurse managers' influence on proficient registered nurse turnover and retention. The purpose of the study was to increase understanding of proficient nurses' experience and clinical practice by giving voice to the nurses themselves, and to look for differences in their practice. This was a qualitative study based on semistructured interviews followed by
analysis founded on Gadamerian hermeneutics. The article describes how proficient nurses experience their practice. Proficient practice constitutes clinical wisdom based on responsibility, thinking and ethical discernment, and a drive for action. The study showed that poor working conditions cause proficient nurses to regress to non-proficient performance. Further studies are recommended to allow deeper searching into the area of working conditions and their relationship to lack of nurse proficiency.

Gallagher, Ann
The respectful nurse
Nursing Ethics 2007 May; 14(3): 360-371
Abstract: Respect is much referred to in professional codes, in health policy documents and in everyday conversation. What respect means and what it requires in everyday contemporary nursing practice is less than clear. Prescriptions in professional codes are insufficient, given the complexity and ambiguity of everyday nursing practice. This article explores the meaning and requirements of respect in relation to nursing practice. Fundamentally, respect is concerned with value: where ethical value or worth is present, respect is indicated. Raz has argued that the two ways of encountering value are to respect and to engage with it. The former requires acknowledgement and preservation. Respect in nursing practice necessarily requires also engagement. Respect is an active value and can be conceptualized within the context of virtue ethics as a hybrid virtue having both intellectual and ethical components. Examples from the literature are provided to illustrate situations where the respectful nurse requires these components or capabilities.

Zuzelo, Patti Rager
Exploring the moral distress of registered nurses
Nursing Ethics 2007 May; 14(3): 344-359
Abstract: Registered nurses (RNs) employed in an urban medical center in the USA identified moral distress as a practice concern. This study describes RNs' moral distress and the frequency of morally distressing events. Data were collected using the Moral Distress Scale and an open-ended questionnaire. The instruments were distributed to direct-care-providing RNs: 100 responses were returned. Morally distressing events included: working with staffing levels perceived as 'unsafe', following families' wishes for patient care even though the nurse disagreed with the plan, and continuing life support for patients owing to family wishes despite patients' poor prognoses. One high frequency distressing event was carrying out orders for unnecessary tests and treatments. Qualitative data analysis revealed that the nurses sought support and information from nurse managers, chaplaincy services and colleagues. The RNs requested further information on biomedical ethics, suggested ethics rounds, and requested a non-punitive environment surrounding the initiation of ethics committee consultations.

Juthberg, Christina; Eriksson, Sture; Norberg, Astrid; Sundin, Karin
Perceptions of conscience in relation to stress of conscience
Nursing Ethics 2007 May; 14(3): 329-343
Abstract: Every day situations arising in health care contain ethical issues influencing care providers' conscience. How and to what extent conscience is influenced may differ according to how conscience is perceived. This study aimed to explore the relationship between perceptions of conscience and stress of conscience among care providers working in municipal housing for elderly people. A total of 166 care providers were approached, of which 146 (50 registered nurses and 96 nurses' aides/enrolled nurses) completed a questionnaire containing the Perceptions of Conscience Questionnaire and the Stress of Conscience Questionnaire. A multivariate canonical correlation analysis was conducted. The first two functions emerging from the analysis themselves explained a noteworthy amount of the
shared variance (25.6% and 17.8%). These two dimensions of the relationship were interpreted either as having to
deaden one's conscience relating to external demands in order to be able to collaborate with coworkers, or as having
to deaden one's conscience relating to internal demands in order to uphold one's identity as a 'good' health care
professional.

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* Document 582
Kim, Yong-Soon; Park, Jin-Hee; Han, Sung-Suk
Differences in moral judgment between nursing students and qualified nurses
Nursing Ethics 2007 May; 14(3): 309-319
Abstract: This longitudinal study examined how nursing students' moral judgment changes after they become
qualified nurses working in a hospital environment. The sample used was a group of 80 nursing students attending a
university in Suwon, Korea, between 2001 and 2003. By using a Korean version of the Judgment About Nursing
Decisions questionnaire, an instrument used in nursing care research, moral judgment scores based on Ketefian's
six nursing dilemmas were determined. The results were as follows: (1) the qualified nurses had significantly higher
idealistic moral judgment scores than the nursing students; (2) the qualified nurses showed significantly higher
realistic moral judgment scores than the nursing students; and (3) when comparing idealistic and realistic moral
judgment scores, both the qualified nurses and the nursing students had higher scores for idealistic moral judgment.
Further study is recommended to examine changes in moral judgment.

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* Document 583
Olsen, Douglas
Editorial comment: nursing and other health care disciplines have a longstanding tradition of conscientious
objection
Nursing Ethics 2007 May; 14(3): 277-279

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* Document 584
Chaloner, Chris
An introduction to ethics in nursing

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* Document 585
Milton, Constance L.
Evidence-based practice: ethical questions for nursing
Nursing Science Quarterly 2007 April; 20(2): 123-126

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Document 586
Chung, Loretta Yuet Foon; Wong, Frances Kam Yuet; Chan, Moon Fai
Relationship of nurses' spirituality to their understanding and practice of spiritual care

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**Document 587**

World Health Organization [WHO]. International Council of Nurses. International Confederation of Midwives

**Islamabad Declaration on Strengthening Nursing and Midwifery**


[Click for link](http://www.searo.who.int) (link may be outdated)

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**Document 588**

Day, Lisa

**Foundations of clinical ethics: disengaged rationalism and internal goods.**

American Journal of Critical Care 2007 March; 16(2): 179-183

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**Document 589**

Davis, Anne J.

**An ethical voice for nurses -- is anybody listening? [letter]**

Nursing Ethics 2007 March; 14(2): 264

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**Document 590**

Toiviainen, Leila

'The Globalisation of Nursing: Ethical, Legal and Political Issues' University of Surrey 10-11 July 2006: a summary of the deliberations of the concurrent working groups

Nursing Ethics 2007 March; 14(2): 258-263

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**Document 591**

Memarian, Robabeh; Salsali, Mahvash; Vanaki, Zohreh; Ahmadi, Fazlolah; Hajizadeh, Ebrahim

**Professional ethics as an important factor in clinical competency in nursing**

Nursing Ethics 2007 March; 14(2): 203-214

**Abstract:** It is imperative to understand the factors that influence clinical competency. Consequently, it is essential to study those that have an impact on the process of attaining clinical competency. A grounded theory approach was adopted for this study. Professional competency empowers nurses and enables them to fulfill their duties effectively. Internal and external factors were identified as affecting clinical competency. A total of 36 clinical nurses, nurse educators, hospital managers and members of the Nursing Council in Tehran participated in this research. Data were obtained by semistructured interviews. Personal factors and useful work experience were considered to be significant, based on knowledge and skills, ethical conduct, professional commitment, self-respect and respect for others, as well as from effective relationships, interest, responsibility and accountability. Effective management, education systems and technology were named as influential environmental factors. Personal and environmental
factors affect clinical competency. Ethical persons are responsible and committed to their work, acquiring relevant work experience. A suitable work environment that is structured and ordered also encourages an ethical approach by nurses.

Dahlqvist, Vera; Eriksson, Sture; Glasberg, Ann-Louise; Lindahl, Elisabeth; Lützén, Kim; Strandberg, Gunilla; Söderberg, Anna; Sorlie, Venke; Norberg, Astrid

**Development of the perceptions of conscience questionnaire**
Nursing Ethics 2007 March; 14(2): 181-193

**Abstract:** Health care often involves ethically difficult situations that may disquiet the conscience. The purpose of this study was to develop a questionnaire for identifying various perceptions of conscience within a framework based on the literature and on explorative interviews about perceptions of conscience (Perceptions of Conscience Questionnaire). The questionnaire was tested on a sample of 444 registered nurses, enrolled nurses, nurses' assistants and physicians. The data were analysed using principal component analysis to explore possible dimensions of perceptions of conscience. The results showed six dimensions, found also in theory and empirical health care studies. Conscience was perceived as authority, a warning signal, demanding sensitivity, an asset, a burden and depending on culture. We conclude that the Perceptions of Conscience Questionnaire is valid for assessing some perceptions of conscience relevant to health care providers.

Dobrowolska, Beata; Wronska, Irena; Fidecki, Wieslaw; Wysokinski, Mariusz

**Moral obligations of nurses based on the ICN, UK, Irish and Polish codes of ethics for nurses**
Nursing Ethics 2007 March; 14(2): 171-180

**Abstract:** A code of professional conduct is a collection of norms appropriate for the nursing profession and should be the point of reference for all decisions made during the care process. Codes of ethics for nurses are formulated by members of national nurses' organizations. These codes can be considered to specify general norms that function in the relevant society, adjusting them to the character of the profession and enriching them with rules signifying the essence of nursing professionalism. The aim of this article is to present a comparative analysis of codes of ethics for nurses: the ICN's Code of ethics for nurses, the UK's Code of professional conduct, the Irish Code of professional conduct for each nurse and midwife, and the Polish Code of professional ethics for nurses and midwives. This analysis allows the identification of common elements in the professional ethics of nurses in these countries.

Heymans, Regien; van der Arend, Arie; Gastmans, Chris

**Dutch nurses' views on codes of ethics**
Nursing Ethics 2007 March; 14(2): 156-170

**Abstract:** This study explored the experiences and views of Dutch nurses on the content, function, dissemination and implementation of their codes of ethics. A total of 39 participants, who differed in age, qualifications, length of work experience and health care setting, took part in focus groups. The findings revealed common unfamiliarity with and a rather implicit use of codes, and negative comments on the growing number of codes available in the Netherlands. Limited dissemination, implementation and functioning of codes of ethics were also identified. The findings were discussed using concepts from the literature, nursing practice and personal experience.
Moral responsibility: a relational way of being
Nursing Ethics 2007 March; 14(2): 129-140

Abstract: This article reports a study exploring the meaning of the complex phenomenon of moral responsibility in nursing practice. Each of three focus groups with a total of 14 student nurses were conducted twice to gather their views on moral responsibility in nursing practice. The data were analysed by qualitative thematic content analysis. Moral responsibility was interpreted as a relational way of being, which involved guidance by one's inner compass composed of ideals, values and knowledge that translate into a striving to do good. It was concluded that, if student nurses are to continue striving to do good in a way that respects themselves and other people, it is important that they do not feel forced to compromise their values. Instead they should be given space and encouragement in their endeavours to do good in a relational way that advances nursing as a moral practice.

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Newman, Diana
Nursing Theories: Conceptual and Philosophical Foundations, by Hesook Suzie Kim and Ingrid Kollak [book review]
Journal of Advanced Nursing 2007 March; 57(6): 668

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Kolmer, D.M. Beneken genaamd; Tellings, A.; Garretsen, H.F.L.; Bongers, I.M.B.
Communalization of health care: how to do it properly

Abstract: Communalization of health care refers to the increasing responsibility of citizens to look after their ill or handicapped fellow members of society and to provide care to them. Governments in Western Europe more and more develop health care policies directed at communalization of health care. The article discusses the care responsibilities of individuals based on the views of the philosophers Buber, Levinas, and Ricoeur and on the views of the family therapist Nagy. The care responsibilities of states are discussed in terms of the views of the political philosophers Rawls and Daniels and these are linked to right liberal, left liberal, and Christian-democrat views on care responsibilities of states. Thereupon, four criteria for a proper communalization of health care are proposed and different forms of health care policies with respect to communalization of care are assessed. In the last section, we look closely at several measures in the just reformed Dutch health care system and discuss how far these measures meet our criteria for a proper communalization. We focus in this section on the effects of these measures on family care because more and more family care plays an important role in good functioning of the health care system.

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Adlersberg, Mary
Duty to provide care
Nursing BC / Registered Nurses Association of British Columbia 2007 February; 39(1): 9-10

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Tweed, Stephen
Nursing seen as the most ethical occupation.
Caring 2007 February; 26(2): 58

Johnson, Martin; Haigh, Carol; Yates-Bolton, Natalie
Valuing of altruism and honesty in nursing students: a two-decade replication study

Garcia Fornas, Lourdes; Ontiveros Lao, Joan; Angelet Hidalgo, Puertas Molina, Gemma; Meritxell; Galindo Tarifa, Nagore Itxaso; Losada Thonón, Francisco Javier; Macià Parris, Mar
¿Por qué os parece que la formación ética es importante para una enfermera? [Why does it seem to you that ethics education is important for a nurse?]

Shirley, Jamie L.
Limits of autonomy in nursing's moral discourse

Barazzetti, Gaia; Radaelli, Stefania; Sala, Roberta
Autonomy, responsibility and the Italian Code of Deontology for Nurses
Nursing Ethics 2007 January; 14(1): 83-98
Abstract: This article is a first assessment of the Italian Code of deontology for nurses (revised in 1999) on the basis of data collected from focus groups with nurses taking part in the Ethical Codes in Nursing (ECN) project. We illustrate the professional context in which the Code was introduced and explain why the 1999 revision was necessary in the light of changes affecting the Italian nursing profession. The most remarkable findings concern professional autonomy and responsibility, and how the Code is thought of as a set of guidelines for nursing practice. We discuss these issues, underlining that the 1999 Code represents a valuable instrument for ethical reflection and examination, a stimulus for putting the moral sense of the nursing profession into action, and that it represents a new era for professional nursing practice in Italy. The results of the analysis also deserve further qualitative study and future consideration.
Transforming Care: A Christian Vision of Nursing Practice by Mary Molewyk Doornbos, Ruth E. Groenhout, and Kendra G. Hotz [book review]
Health Progress 2007 January-February; 88(1): 62

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http://www.chausa.org (link may be outdated)
McLellan, Faith
*Mental health and justice: the case of Andrea Yates*

Gaudion, Anna; Bragg, Rosalind; Homeyard, Claire
*Professional ethics and charging for care.*
*Practising Midwife* 2006 December; 9(11): 16-17

Leners, Debra Woodward; Roehrs, Carol; Piccone, Adam Vincent
*Tracking the development of professional values in undergraduate nursing students*
*Journal of Nursing Education* 2006 December; 45(12): 504-511

McCaffree, Donald
*Moral distress and the intensive care unit [editorial]*
*Critical Care Medicine* 2006 December; 34(12): 3049-3050

McCormack, Brendan; McCance, Tanya V.
*Development of a framework for person-centered nursing*
*Journal of Advanced Nursing* 2006 December; 56(5): 472-479

Clark, Meghan J.; Clark, Lisa McCarthy
*National Catholic Bioethics Quarterly* 2006 Winter; 6(4): 801-803
Document 617
Wolf, Zane Robinson; Zuzelo, Patti Rager
"Never again" stories of nurses: dilemmas in nursing practice.
Qualitative Health Research 2006 November; 16(9): 1191-1206
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Berggren, Ingela; Severinsson, Elisabeth
The significance of nurse supervisors' different ethical decision-making styles
Journal of Nursing Management 2006 November; 14(8): 637-643
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Document 619
Jairath, Nalini; Donley, Rosemary; Shelton, Deborah; McMullen, Patricia; Grandjean, Cynthia
Nursing and the common good: a clearer definition of the concept could be helpful to all the healing professions
Health Progress 2006 November-December; 87(6): 59-63
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Document 620
Glasberg, Ann-Louise; Eriksson, Sture; Dahlqvist, Vera; Lindahl, Elisabeth; Strandberg, Gunilla; Söderberg, Anna; Sørlie, Venke; Norberg, Astrid
Development and initial validation of the stress of conscience questionnaire
Nursing Ethics 2006 November; 13(6): 633-648
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McCamant, Karen L.
Humanistic nursing, interpersonal relations theory, and the empathy-altruism hypothesis
Nursing Science Quarterly 2006 October; 19(4): 334-338
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Document 622
Anderson, Tricia
Between a rock and a hard place.
Practising Midwife 2006 October; 9(9): 50
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Kirkham, Sheryl R.; Browne, Annette J.

**Toward a critical theoretical interpretation of social justice discourses in nursing**

ANS: Advances in Nursing Science 2006 October-December; 29(4): 324-339

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Kostas-Polston, Elizabeth A.; Hayden, Susan J.

**Living ethics: contributing to knowledge building through qualitative inquiry**

Nursing Science Quarterly 2006 October; 19(4): 304-310

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Flaming, Don

**The ethics of Foucault and Ricoeur: an underrepresented discussion in nursing**

Nursing Inquiry 2006 September; 13(3): 220-227

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Verpeet, Ellen; Dierckx de Casterlé, Bernadette; Lemiengre, Joke; Gastmans, Chris

**Belgian nurses' views on codes of ethics: development, dissemination, implementation**

Nursing Ethics 2006 September; 13(5): 531-545

*Abstract:* The aim of this study was to explore how Belgian nurses view issues related to the development, dissemination and implementation of a code of ethics for nurses. Fifty nurses took part in eight focus groups. The participants stated that, on the whole, a code of ethics for nurses would be useful. They stressed that a code should be a practical and useful instrument developed by nurses for nurses, and that it should be formulated and presented in a practical way, just as educational courses dealing specifically with codes of ethics require a practical approach to be effective. They emphasized that the development of a code should be an ongoing process, enabling nurses to provide input as they reflect on the ethical issues dealt with in the code and apply the code in their practice. Finally, they stressed the need for support at institutional level for the effective implementation of a code.

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Appleby, Sheena

**Engaging with the challenge of change.**

RCM midwives: the official journal of the Royal College of Midwives 2006 August; 9(8): 302-305

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Kidd, J.; Finlayson, M.

**Navigating uncharted water: research ethics and emotional engagement in human inquiry**
Heikkinen, Anne; Lemonidou, Chryssoula; Petsios, Konstantinos; Sala, Roberta; Barazzetti, Gaia; Radaelli, Stefania; Leino-Kilpi, Helena

Ethical codes in nursing practice: the viewpoint of Finnish, Greek and Italian nurses

Holm, Søren

What should other healthcare professions learn from nursing ethics
Nursing Philosophy 2006 July; 7(3): 165-174

McCarthy, Joan

A pluralist view of nursing ethics
Nursing Philosophy 2006 July; 7(3): 157-164

Naef, Rahel

Bearing witness: a moral way of engaging in the nurse-person relationship
Nursing Philosophy 2006 July; 7(3): 146-156

Scott, P. Anne

Perceiving the moral dimension of practice: insights from Murdoch, Vetlesen, and Aristotle
Nursing Philosophy 2006 July; 7(3): 137-145

Armstrong, Alan E.

Towards a strong virtue ethics for nursing practice
Nursing Philosophy 2006 July; 7(3): 110-124
Document 635
Milton, Constance L.
**Breaking the rules of the game: ethical implications for nursing practice and education**
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Document 636
Berlinger, Nancy
"Just act normally:" how culture gives birth to policy [review of A Pleasing Birth: Midwives and Maternity Care in the Netherlands, by Raymond de Vries]
Georgetown users check *Georgetown Journal Finder* for access to full text

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Nathaniel, A.K.
**Moral reckoning in nursing**
Western Journal of Nursing Research 2006 June; 28(4): 419-438; discussion 439-448
Georgetown users check *Georgetown Journal Finder* for access to full text

Document 638
Kiehl, E.M.
**Using an ethical decision-making model to determine consequences for student plagiarism**
Journal of Nursing Education 2006 June; 45(6): 199-203
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Document 639
Tadd, Win; Clarke, Angela; Lloyd, Llynos; Leino-Kilpi, Helena; Strandell, Camilla; Lemonidou, Chryssoula; Petsios, Konstantinos; Sala, Roberta; Barazzetti, Gaia; Radaelli, Stefania; Zalewski, Zbigniew; Bialecka, Anna; van der Arend, Arie; Heymans, Regien
**The value of nurses' codes: European nurses' views**
Nursing Ethics 2006 July; 13(4): 376-393
**Abstract:** Nurses are responsible for the well-being and quality of life of many people, and therefore must meet high standards of technical and ethical competence. The most common form of ethical guidance is a code of ethics/professional practice; however, little research on how codes are viewed or used in practice has been undertaken. This study, carried out in six European countries, explored nurses' opinions of the content and function of codes and their use in nursing practice. A total of 49 focus groups involving 311 nurses were held. Purposive sampling ensured a mix of participants from a range of specialisms. Qualitative analysis enabled emerging themes to be identified on both national and comparative bases. Most participants had a poor understanding of their codes. They were unfamiliar with the content and believed they have little practical value because of extensive barriers to their effective use. In many countries nursing codes appear to be 'paper tigers' with little or no impact; changes are needed in the way they are developed and written, introduced in nurse education, and reinforced/implemented in clinical practice.
**Document 640**

Rittenbach, Teresa Harr  
*A framework of moral reasoning for nurse practitioners*  
National Catholic Bioethics Quarterly 2006 Summer; 6(2): 391  

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**Document 641**

Price, B.  
*Mentoring learners in practice: No 21. Discussing ethics in practice*  
Nursing Standard 2006 May 10-16; 20(35): 45-46

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**Document 642**

Alvim, Neide Aparecida; Ferreira, Mária de Assunção; Cabral, Ivone Evangelista; de Almeida Filho, Antonio José  
*The use of medicinal plants as a therapeutical resource: from the influences of the professional formation to the ethical and legal implications of its applicability as an extension of nursing care practice*  
Revista Latino-americana de Enfermagem. 2006 May-June; 14(3): 316-323

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**Document 643**

Salvage, Jane  
*More than a makeover is needed to improve nursing’s image*  
Journal of Advanced Nursing 2006 May; 54(3): 259-260

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**Document 644**

Watson, Jean  
*Can an ethic of caring be maintained?*  
Journal of Advanced Nursing 2006 May; 54(3): 257-259

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**Document 645**

Law Harrison, Lynda  
*Maintaining the ethic of caring in nursing*  
Journal of Advanced Nursing 2006 May; 54(3): 255-257

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*  Document 646
Tschudin, Verena
Cultural and historical perspectives on nursing and ethics: listening to each other-- report of the conference in Taipei, Taiwan, 19 May 2005, organized by ICNE and Nursing Ethics
Nursing Ethics 2006 May; 13(3): 304-322
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*  Document 647
Izumi, Shigeko
Bridging western ethics and Japanese local ethics by listening to nurses' concerns
Nursing Ethics 2006 May; 13(3): 275-283
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*  Document 648
Gastmans, Chris
Editorial comment
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**Abstract:** This paper uses Margaret Urban Walker's "expressive collaborative" method of moral inquiry to examine and illustrate the morality of nurses in Great Britain from around 1860 to 1915, as well as nursing complicity in one of the first eugenic policies. The authors aim to focus on how context shapes and limits morality and agency in nurses and contributes to a better understanding of debates in nursing ethics both in the past and present.

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**Abstract:** A virtue centred approach to ethics has been criticized for being vague owing to the nature of its central concept, the paradigm person. From the perspective of the practitioner the most damaging charge is that virtue ethics fails to be action guiding and, in addition to this, it does not offer any means of act appraisal. These criticisms leave virtue ethics in a weak position vis-a-vis traditional approaches to ethics. The criticism is, however, challenged by Hurthouse in her analysis of the accounts of right action offered by deontology, utilitarianism and virtue ethics. It is possible to defend the action guiding nature of virtue ethics: there are virtue rules and exemplars to guide action. Insights from Aristotle's practical approach to ethics are considered alongside Hurthouse's analysis and it is suggested that virtue ethics is also capable of facilitating action appraisal. It is at the same time acknowledged that approaches to virtue ethics vary widely and that the challenges offered here would be rejected by those who embrace a radical replacement virtue approach.
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**Sensitivity to ethical issues confronted by Korean hospital staff nurses**
Nursing Ethics 2005 November; 12(6): 595-605
**Abstract:** This descriptive study was undertaken to identify the degree of ethical sensitivity of staff nurses and to analyze the differences in ethical sensitivity in terms of both general and ethics-related characteristics. Participants were 236 staff nurses working in general hospitals in Korea. Ethical sensitivity was measured by means of an instrument developed by the researchers. The results showed that the mean score for the degree of ethical sensitivity was 0.71 out of a possible maximum score of 1 (range 0.30 to 0.97). For general characteristics, there was a significant difference in ethical sensitivity according to age (F (df 223) = 3.99, P = 0.02). For characteristics related to ethics, there was a significant difference in ethical sensitivity according to attitude towards the nursing profession (F (df 423) = 2.94, P = 0.03). It is therefore recommended that a training program reflecting these variables be developed to enhance staff nurses' ethical sensitivity.
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Moral competence in nursing practice
Nursing Ethics 2005 November; 12(6): 582-594

Abstract: This article presents the derivation of moral competence in nursing practice by identifying its attributes founded on Thai culture. In this process moral competence is formed and based on the Thai nursing value system, including personal, social and professional values. It is then defined and its three dimensions (moral perception, judgment and behavior) are also identified. Additionally, eight attributes as indicators of moral competence are identified and selected from three basic values. The eight attributes are loving kindness, compassion, sympathetic joy, equanimity, responsibility, discipline, honesty, and respect for human values, dignity and rights. All attributes are discussed by addressing the three moral dimensions in order to present how to deal with ethical issues in nursing practice. As a summary, a model of moral competence is presented to demonstrate moral competence in nursing practice in Thailand.
Providing care and facing death: nursing during Ebola outbreaks in central Africa

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May, Thomas; Craig, J.M.; May, Carol; Tomkowiak, John
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Corley, Mary C.; Minick, Ptlene; Elswick, R.K.; Jacobs, Mary
Nursing Ethics 2005 July; 12(4): 381-390
Abstract: This study examined the relationship between moral distress intensity, moral distress frequency and the ethical work environment, and explored the relationship of demographic characteristics to moral distress intensity and frequency. A group of 106 nurses from two large medical centers reported moderate levels of moral distress intensity, low levels of moral distress frequency, and a moderately positive ethical work environment. Moral distress intensity and ethical work environment were correlated with moral distress frequency. Age was negatively correlated with moral distress intensity, whereas being African American was related to higher levels of moral distress intensity. The ethical work environment predicted moral distress intensity. These results reveal a difference between moral distress intensity and frequency and the importance of the environment to moral distress intensity.
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A path analytic model of ethical conflict in practice and autonomy in a sample of nurse practitioners
Nursing Ethics 2005 May; 12(3): 305-316

Abstract: The purpose of this study was to test a causal model of ethical conflict in practice and autonomy in a sample of 254 nurse practitioners working in the primary care areas of family health, pediatrics, adult health and obstetrics/gynecology in the state of Maryland. A test of the model was conducted using a path analytic approach with LISREL 8.30 hypothesizing individual, organizational and societal/market factors influencing ethical conflict in practice and autonomy. Maximum likelihood estimation was used to estimate the parameters most likely to have generated the data. Forty-five percent of the total variance in ethical conflict was explained by the variables of ethical environment and ethical concern. Ethical concern, idealistic philosophy, ethics education in continuing education, percentage of client population enrolled in managed care, and market penetration explained 15% of the total variance in autonomy. The findings of this study indicate that the causal model of ethical conflict in practice
and autonomy is consistent with the data and contributed to a fuller understanding of clinical decision making associated with practicing in a managed care environment. The final model supported a conceptual framework that is inclusive of three domains: individual, organizational and societal/market variables.

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Ethical climate in nursing practice: the leader's role
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Abstract: Clarity in an organization's mission, vision, and values is key to effective management in today's complex healthcare work environment. To clearly articulate mission, vision, and values, employees must experience consistency between what is espoused and what is lived. The purpose of this article is to discuss the nurse leader's role in ensuring congruence between caring missions and caring practices. Ethical principles are discussed as the foundation necessary for creating an ethical climate for nursing practice. Components of ethical climate are presented and strategies to create a positive ethical climate for nursing practice are provided.

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**A review of spiritual and religious measures in nursing research journals: 1995-1999**
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**Moral distress in healthcare practice: the situation of nurses**
HEC (Healthcare Ethics Committee) Forum 2005 March; 17(1): 33- 48
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Winch, Sarah

**Ethics, government and sexual health: insights from Foucault**

*Nursing Ethics* 2005 March; 12(2): 177-186

*Abstract:* The work of Michel Foucault, the French philosopher who was interested in power relationships, has resonated with many nurses who seek a radically analytical view of nursing practice. The purpose of this article is to explore 'ethics' through a Foucauldian lens, in a conceptual and methodological sense. The intention is to provide a useful framework that will help researchers critically to explore aspects of nursing practice that relate to the construction of the self, morality and identity, be that nurse or patient related. The fundamentals of the research method of genealogy and the methods of ethics are reviewed. Using an example taken from the sexual health practice area, advice is given on how to structure data collection, incorporate interview data, avoid discourse determinism and measure resistance.

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**Using organizational mission, vision, and values to guide professional practice model development and measurement of nurse performance**

*Journal of Nursing Administration* 2005 February; 35(2): 86-93

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**Advanced practice nursing: leadership to effect policy change**

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**Moral problems and distress among nurse practitioners in primary care**

*Journal of the American Academy of Nurse Practitioners* 2005 February; 17(2): 76-84

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**Ethical dilemma and moral distress: proposed new NANDA diagnoses**


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Teaching core nursing values

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Woods, Martin
Nursing ethics education: are we really delivering the good(s)?
Nursing Ethics 2005 January; 12(1): 5-18

Abstract: The vast majority of research in nursing ethics over the last decade indicates that nurses may not be fully prepared to ‘deliver the good(s)’ for their patients, or to contribute appropriately in the wider current health care climate. When suitable research projects were evaluated for this article, one key question emerged: if nurses are educationally better prepared than ever before to exercise their ethical decision-making skills, why does research still indicate that the expected practice-based improvements remain elusive? Hence, a number of ideas gleaned from recent research about the current nature of nursing ethics, and especially teaching nursing ethics to student nurses, are analysed and critiqued in this article, which concludes with a cluster of ideas and conclusions based on that analysis. It is hoped that such a review may serve as a catalyst for nurse educators to re-examine their teaching practices with a view to enhancing good (i.e. ethical) nursing practice through educational means.

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Involvement of nurses in euthanasia: a review of the literature
Journal of Medical Ethics 2004 October; 30(5): 494-498

Abstract: In ethical debates about euthanasia, the focus is often exclusively on the involvement of physicians and the involvement of nurses is seldom given much attention. Yet nurses occupy a central position in the care of terminal patients, where being confronted with a euthanasia request is an ever present possibility. To assess the involvement of nurses in euthanasia, this article provides an overview of relevant findings from the scientific literature. From this it becomes apparent that nurses are involved in various phases of the euthanasia process: observing the request for euthanasia, decision making, carrying out of euthanasia, and the aftercare for the patient's family members.

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Aroskar, Mila A.; Moldow, D. Gay; Good, Charles M.

**Nurses' voices: policy, practice and ethics**

*Abstract:* This article deals with nurses’ ethical concerns raised by the consequences of changes in governmental and institutional policies on nursing practice and patient care. The aims of this project were to explore perspectives of registered nurses who provide or manage direct patient care on policies that affect nursing and patient care, and to provide input to policy makers for the development of more patient-centred policies. Four focus groups were conducted with a total of 36 registered nurse participants. The project team identified major themes that emerged in the analysis of transcripts of the focus group discussions. The four major themes were: effects of policy focused on cost containment, effects on quality of care, effects on patient education and access to needed services, and effects on nurses and nursing. The participants identified primarily negative effects of changes in national health policy and legislation that influence institutional policies on patient care and nursing practice. The effects of identified policy changes raised concerns about meeting nurses’ ethical obligations to patients and families. Participants specified key points for consideration by legislators and other policy makers. They viewed nurses who are involved in direct patient care as a critical resource for legislators and other policy makers in the development of public and institutional policies that affect nursing and patient care.

Doane, Gweneth; Pauly, Bernadette; Brown, Helen; McPherson, Gladys

**Exploring the heart of ethical nursing practice: implications for ethics education**

*Abstract:* The limitations of rational models of ethical decision making and the importance of nurses' human involvement as moral agents is increasingly being emphasized in the nursing literature. However, little is known about how nurses involve themselves in ethical decision making and action or about educational processes that support such practice. A recent study that examined the meaning and enactment of ethical nursing practice for three groups of nurses (nurses in direct care positions, student nurses, and nurses in advanced practice positions) highlighted that humanly involved ethical nursing practice is also simultaneously a personal process and a socially mediated one. Of particular significance was the way in which differing role expectations and contexts shaped the nurses’ ethical practice. The study findings pointed to types of educative experiences that may help nurses to develop the knowledge and ability to live in and navigate their way through the complex, ambiguous and shifting terrain of ethical nursing practice.

White, Edward; Winstanley, Julie

**Mental health nursing and clinical supervision**

*Abstract:* The limitations of rational models of ethical decision making and the importance of nurses' human involvement as moral agents is increasingly being emphasized in the nursing literature. However, little is known about how nurses involve themselves in ethical decision making and action or about educational processes that support such practice. A recent study that examined the meaning and enactment of ethical nursing practice for three groups of nurses (nurses in direct care positions, student nurses, and nurses in advanced practice positions) highlighted that humanly involved ethical nursing practice is also simultaneously a personal process and a socially mediated one. Of particular significance was the way in which differing role expectations and contexts shaped the nurses’ ethical practice. The study findings pointed to types of educative experiences that may help nurses to develop the knowledge and ability to live in and navigate their way through the complex, ambiguous and shifting terrain of ethical nursing practice.
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**Principled thinking: a comparison of nursing students and experienced nurses**

Journal of Continuing Education in Nursing 2004 March-April; 35(2): 66-73

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**Ethical reflection in an organisational and technological world**

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Lemonidou, Chryssoula; Papathanassoglou, Elizabeth; Giannakopoulou, Margarita; Patiraki, Elisabeth; Papadatou, Danai

**Moral professional personhood: ethical reflections during initial clinical encounters in nursing education**

Nursing Ethics 2004 March; 11(2): 122-137

**Abstract:** Moral agency is an important constituent of the nursing role. We explored issues of ethical development in Greek nursing students during clinical practice at the beginning of their studies. Specifically, we aimed to explore students' lived experience of ethics, and their perceptions and understanding of encountered ethical conflicts through phenomenological analysis of written narratives. The process of developing an awareness of personal values through empathizing with patients was identified as the core theme of the students' experience. Six more common themes were identified. Development of the students' moral awareness was conceptualized as a set of stages, commencing with empathizing with patients and nurses, moving on to taking a moral stand and, finally, concluding by becoming aware of their personal values and showing evidence of an emerging professional moral personhood. The notions of empathy, caring and emotion were in evidence throughout the students' experience. Implications for practice and nurse education are discussed.

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Bjorklund, Pamela

**Invisibility, moral knowledge and nursing work in the writings of Joan Liaschenko and Patricia Rodney**

Nursing Ethics 2004 March; 11(2): 110-121

**Abstract:** The ethical 'eye' of nursing, that is, the particular moral vision and values inherent in nursing work, is constrained by the preoccupations and practices of the superordinate biomedical structure in which nursing as a practice discipline is embedded. The intimate, situated knowledge of particular persons who construct and attach meaning to their health experience in the presence of and with the active participation of the nurse, is the knowledge that provides the evidence for nurses' ethical decision making. It is largely invisible to all but other nurses. Two nurse researchers, Joan Liaschenko of the University of Minnesota and Patricia Rodney of the University of Victoria, have investigated the ethical concerns of practising nurses and noted in their separate enquiries the invisible nature of critical aspects of nursing work. Noting the similarities in their respective observations, and with the feminist ethics of Margaret Urban Walker as a theoretical framework, this article examines the concept of 'invisibility' as it relates to nursing work and nursing ethics.

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Understanding the importance of values and moral attitudes in nursing care in preserving human dignity

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Pilkington, F. Beryl
Exploring ethical implications for acting faithfully in professional relationships

Hanssen, Ingrid
An intercultural nursing perspective on autonomy

Abstract: This article is based on an empirical study regarding ethical challenges in intercultural nursing. The focus is on autonomy and disclosure. Autonomy is a human capacity that has become an important ethical principle in nursing. Although the relationship between autonomy and patients' possibly harmful choices is discussed, the focus is on 'forced' autonomy. Nurses seem to equate respect with autonomy; it seems to be hard to cope with the fact...
that there are patients who voluntarily undergo treatment but who actively participate neither in the treatment offered nor in making choices regarding that treatment. Nurses' demand for patients to be autonomous may in some cases jeopardize the respect, integrity and human worth that the ethical principle of autonomy is meant to ensure. Even though respect for a person's autonomy is also respect for the person, one's respect for the person in question should not depend on his or her capacity or aptitude to act autonomously. Is autonomy necessarily a universal ethical principle? This article negates this question and, through the issues of culture, individualism versus collectivism, first- and second-order autonomy, communication and the use of family interpreters, and respect, an attempt is made to explain why.

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Dodd, Sarah-Jane; Jansson, Bruce S.; Brown-Saltzman, Katherine; Shirk, Marilyn; Wunch, Karen
Expanding nurses' participation in ethics: an empirical examination of ethical activism and ethical assertiveness
Nursing Ethics 2004 January; 11(1): 15-27
Abstract: This research project investigated the extent to which nurses engage in two important kinds of ethical behaviours: ethical activism (where they try to make hospitals more receptive to nurses' participation in ethics deliberations) and ethical assertiveness (where they participate in ethics deliberations even when not formally invited). This research probed not only the extent to which nurses engage in these ethical behaviours but also whether this is influenced by professional, training and organizational factors. A random sample of 165 nurses from three major hospitals in Los Angeles provided the data. Regression analyses indicate that both ethical activism and ethical assertiveness are strongly influenced by nurses' perceptions of the receptivity of hospitals to their inclusion in ethics deliberations. In addition, nurses' education in ethics is a significant predictor of ethical activism. The findings have important implications for the content of nurses' ethics training as well as for expanding the boundaries of nurses' participation in ethics deliberations. The authors define ethics deliberations as specific meetings of a number of people to discuss an ethical issue, such as one regarding the care of a patient.

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Olson, Tom and Walsh, Eileen
HANDLING THE SICK: THE WOMEN OF ST. LUKE'S AND THE NATURE OF NURSING, 1892-1937
A social crisis in both the labor and ecological systems constitutes a problem that requires the formulation of a new ethics for humanity. The social crisis is a result of the organizational model used by modern societies in the production of wealth and its unequal distribution. This intense inequality in wealth distribution contributes to a schism between populations. On one side an opulent and privileged society exists, and on the other a poor and downtrodden humanity. This crisis in the labor system stems from automated production methods, which devalue man's work and exclude him from contemporary society. The ecological crisis emerges from the dominance with which men have subjugated the Earth and its resources. Man has not acknowledged Earth's permutations and, therefore, has not...
taken the necessary caution of such changeability nor respected its effects. Such crises affect all populations and
cry out for attention. Contemporary societies demand solutions to these questions. Nursing is a part and parcel of
this yearning. In this setting, the nurse should be able to offer collaboration and solidarity with a project of creating a
world ethos based on a minimum consensus amongst humans. Understanding and believing that spirituality is
invaluable in this process, the authors of this work aim at addressing it as an essential dimension for nurses' ethics.

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Medicine, Health Care and Philosophy: A European Journal 2004; 7(2): 217-220
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Dierckx de Casterle, Bernadette; Grypdonck, Mieke; Cannaerts, Nancy; Steeman, Els

**Empirical ethics in action: lessons from two empirical studies in nursing ethics**


**Abstract:** Despite the burgeoning of publications in nursing ethics, only more recently has empirical evidence on nursing ethics been published. How nursing ethics can be empirically studied as well as enriched by empirical data will be the focus of this paper. Two empirical studies will be briefly presented and their contribution to ethics discussed. The first one is a quantitative research project about nurses' ethical behavior in daily practice. Using an adapted version of Kohlberg's theory of moral development, this study tried to describe and explore nurses' responses to ethical dilemmas in daily nursing practice. The second study attempted to describe the specificity of residential palliative care. A qualitative approach was used to explore and describe the processes that take place on an inpatient palliative care unit, and the experiences of patients, relatives and palliative care team members. The analysis of the value of both research projects for ethics underlines the power of empirical understanding in the relationship between research and ethics. The need for integration of both qualitative and quantitative research methodologies is argued.

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Johnstone, Megan-Jane

**Moral activism and the nursing profession: meeting the challenge to be involved [editorial]**

International Nursing Review 2003 December; 50(4): 193-194

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**Document 889**

Bagg, Sara

**Possibilities for nursing care**


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**Document 890**

Verpeet, Ellen; Meulenbergs, Tom; Gastmans, Chris

**Professional values and norms for nurses in Belgium**

Nursing Ethics 2003 November; 10(6): 654-665

**Abstract:** Because of their responsibilities for providing high-quality care, at times when they are continuously confronted with inherent professional and ethical challenges, nurses should meet high ethical standards of practice and conduct. Contrary to other countries, where codes of ethics for nurses are formulated to support those standards and to guide nurses' professional practice, Belgian nurses do not have a formal code of ethics. Nevertheless, professional ethics is recognized as an important aspect in legal and other professional documents. The aim of this article is to illustrate that codes of ethics are not the only professional documents reflecting nurses' values, norms and responsibilities. Other documents can also set out professional nursing ethics, and as such replace codes of ethics.

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Edwards, Sharon
**Critical thinking at the bedside: a practical perspective**
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**Researching nursing practice: does person-centredness matter?**
Nursing Philosophy 2003 October; 4(3): 179-188
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Niven, C.A.; Scott, P.A.
**The need for accurate perception and informed judgement in determining the appropriate use of the nursing resource: hearing the patient's voice**
Nursing Philosophy 2003 October; 4(3): 201-210
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**Dialogue and decision in a moral context**
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Peter, Elizabeth; Liaschenko, Joan
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Nursing Outlook 2003 September-October; 51(5): 197-198

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Nursing Philosophy 2003 July; 4(2): 168-169

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The relational narrative: implications for nurse practice and education

Nursing Philosophy 2003 July; 4(2): 149-154

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Hess, Joanne D.

Gadow's relational narrative: an elaboration

Nursing Philosophy 2003 July; 4(2): 137-148

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Nortvedt, Per

**Immersed subjectivity and engaged narratives: clinical epistemology and normative intricacy**

*Nursing Philosophy* 2003 July; 4(2): 129-136

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**Relational pedagogy. Embodiment, improvisation, and interdependence**

*Nursing Philosophy* 2003 July; 4(2): 121-128

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Bishop, Anne H.; Scudder, John R., Jr.

**Gadow's contribution to our philosophical interpretation of nursing**

*Nursing Philosophy* 2003 July; 4(2): 104-110

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Minicucci, Daryl Sharp; Schmitt, Madeline H.; Dombeck, Mary T.; Williams, Geoffrey C.

**Actualizing Gadow's moral framework for nursing through research**

*Nursing Philosophy* 2003 July; 4(2): 92-103

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Volker, Deborah Lowe

**Is there a unique nursing ethic?**

*Nursing Science Quarterly* 2003 July; 16(3): 207-211

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**Response to Volker's column: nursing theoretical frameworks -- an ethic for nursing service**

*Nursing Science Quarterly* 2003 July; 16(3): 212-213

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Houtepen, Rob; Hendrikx, David

**Nurses and the virtues of dealing with existential questions in terminal palliative care**

*Nursing Ethics* 2003 July; 10(4): 377-387

**Abstract:** We have conducted a small qualitative empirical study into the problems that nurses encounter in delivering existential support in their care of dying patients. We found that nurses are confronted with four types of problem: determining whether the patient actually has put a genuine question for existential support on the agenda; assessing what the import of such a question is; devising an adequate procedure for offering existential support; and organizing adequate support for themselves. Our analysis shows that it takes a 'fine-tuned antenna' from nurses to determine these existential questions, which are often put indirectly and in a variety of forms. We have attempted to show that the subtleties of the communicative dimension of palliative terminal care require an intricate set of virtues on the part of the nurse. We have analysed these virtues in a bottom-up approach, inferring them directly from the material obtained from interviews. The framework utilized is the Aristotelian one of striking the right balance between the poles of a morally relevant dimension.

Skott, Carola

**Storied ethics: conversations in nursing care**

*Nursing Ethics* 2003 July; 10(4): 368-376

**Abstract:** The purpose of this article is to discuss narration of ethical themes in nursing care. The text represents part of the findings of an ethnographic study aimed at description of everyday work on an oncology ward. Nurses on this ward are constantly involved in ethical care issues and narratives are told to share experiences. Of vital importance in ethical decision making is the perpetual creation of a mediating moral world constituted by daily experience. The need for making space in nursing for a continual learning conversation is expressed and in this I include writings of nursing theorists.

Tschudin, Verena; Schmitz, Christine

**The impact of conflict and war on international nursing and ethics**

*Nursing Ethics* 2003 July; 10(4): 354-367

**Abstract:** Modern nursing evolved out of a war. Today's nurses not only work in war zones the profession as a whole needs to consider its responsibility in caring for victims conflict and what its international duty is in preventing wars. This means that must be informed of the devastation caused by conflict not only in countries where conflicts and war take place but also world-wide. Nurses' responsibility is to prevent illness and alleviate suffering, which includes the long-term morbidity caused by wars. They need to be more politically active in conflict resolution and prevention at local, community, national and international levels. The purpose of this article is to address these issues from an ethical perspective and to suggest implications for nursing education and practice.
Gastmans, Chris

**Editorial comment**
Nursing Ethics 2003 July; 10(4): 352-353

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Redman, Barbara A.; Fry, Sara T.

**Ethics and human rights issues experienced by nurses in leadership roles**
Nursing Leadership Forum 2003 Summer; 7(4): 150-156

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Henery, Neil

**Constructions of spirituality in contemporary nursing theory**

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Jezuit, Deborah

**Personalization as it relates to nurse suffering: how managers can recognize the phenomenon and assist suffering nurses**

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Cameron, Miriam E.

**Our best ethical and spiritual values**

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Carty, Rita M.; Silva, Mary Cipriano

**Ethical role modeling for international scholarship and research in nursing and midwifery**

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van der Arend, Àrie

**Interview: Ria von Bonninghausen tot Herinkhave-Visser**
Nursing Ethics 2003 May; 10(3): 326-332
Moral stress: synthesis of a concept
Lutzen, Kim; Cronqvist, Agneta; Magnusson, Annabella; Andersson, Lars

Abstract: The aim of this article is to describe the synthesis of the concept of moral stress and to attempt to identify its preconditions. Qualitative data from two independent studies on professional issues in nursing were analysed from a hypothetical-deductive approach. The findings indicate that moral stress is independent of context-given specific preconditions: (1) nurses are morally sensitive to the patient's vulnerability; (2) nurses experience external factors preventing them from doing what is best for the patient; and (3) nurses feel that they have no control over the specific situation. The findings from this analysis are supported by recent research on stress in the workplace but differ that the imperatives directing work are moral in nature. Stress researchers have found that persons who experience that they have no control over their work situation and at the same time experience high demands may be prone to cardiovascular diseases. An important question raised by this study is whether moral stress should be recognized as a health risk in nursing. Further research is required in order to generate intervention models to prevent or deal with moral stress.

A comparative study of Chinese, American and Japanese nurses' perceptions of ethical role responsibilities
Pang, Samantha Mei-che; Sawada, Aiko; Konishi, Emiko; Olsen, Douglas P.; Yu, Philip L.H.; Chan, Moon-fai; Mayumi, Naoya

Abstract: This article reports a survey of nurses in different cultural settings to reveal their perceptions of ethical role responsibilities relevant to nursing practice. Drawing on the Confucian theory of ethics, the first section attempts to understand nursing ethics in the context of multiple role relationships. The second section reports the administration of the Role Responsibilities Questionnaire (RRQ) to a sample of nurses in China (n = 413), the USA (n = 163), and Japan (n = 667). Multidimensional preference analysis revealed the patterns of rankings given by the nurses to the statements they considered as important ethical responsibilities. The Chinese nurses were more virtue based in their perception of ethical responsibilities, the American nurses were more principle based, and the Japanese nurses were more care based. The findings indicate that the RRQ is a sensitive instrument for outlining the embedded sociocultural factors that influence nurses' perceptions of ethical responsibilities in the realities of nursing practice. This study could be important in the fostering of partnerships in international nursing ethics.

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Nursing Philosophy 2003 April; 4(1): 53-60
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Expanding the use of empiricism in nursing: can we bridge the gap between knowledge and clinical practice?
Nursing Philosophy 2003 April; 4(1): 44-52
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Doane, Gweneth Hartrick
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Uncovering meaning: how nursing knowledge changes policy in practice
Nursing Science Quarterly 2003 April; 16(2): 115-119
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Rogers, Bonnie
Nursing -- an ethic of caring
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Berggren, Ingela; Severinson, Elisabeth
Nurse supervisors' actions in relation to their decision-making style and ethical approach to clinical supervision
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Herzlinger, Jaclyn

**Congregational nursing**

SH'MA 2003 March; 33(599): 13

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Wildschut, Glenda

**Interview [with Glenda Wildschut] [photo]**

Nursing Ethics 2003 March; 10(2): 218-221

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Pask, Elizabeth J.

**Moral agency in nursing: seeing value in the work and believing that I make a difference [Iris Murdoch]**

Nursing Ethics 2003 March; 10(2): 165-174

**Abstract:** The subject of this article is moral agency in nursing, studied by the use of an applied philosophical method. It draws upon nurses’ accounts of how they see intrinsic value in their work and believe that they make a difference to patients in terms that leave their patients feeling better. The analysis is based on the philosophy of Iris Murdoch to reveal how nurses’ accounts demonstrated that they hold a view of themselves and their professional practice that is intrinsically linked to, and dependent upon, their capacity to see good in the work they do.

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Elder, Ruth; Price, John; Williams, Gail

**Differences in ethical attitudes between registered nurses and medical students**

Nursing Ethics 2003 March; 10(2): 149-164

**Abstract:** In this study we compared the ethical attitudes of a group of experienced, predominantly female, registered nurses (n = 67) with those of a group of final year, mixed sex, medical students (n = 125). The purpose was to determine the basis of differences in attitudes that could lead to ethical disagreements between these two groups when they came to work together. A questionnaire developed to explore ethical attitudes was administered and the responses of the two groups were compared using t-tests. Because of the preponderance of females among the nurses an analysis of variance of the gender-adjusted scores for each group was also carried out. On comparing the responses, the nurses differed significantly from the medical students in a number of ethical domains. A potential source of conflict between these two groups is that the nurses were inclined to adopt the perspective of patients but the medical students identified with their profession. When corrected for the effects of gender, the differences persisted, indicating that it was discipline that determined the differences. We recommend that students of nursing and medicine receive ethics education together, and that more open dialogue between doctors and nurses with respect to their different ethical viewpoints is needed in the work setting. This article will be of interest to educators of students of medicine and nursing, as well as to doctors and nurses who are eager to improve their professional relations and thereby improve patient care.

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Caring as being in nursing: unique or ubiquitous
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Ethical helps and challenges faced by nurse leaders in the healthcare industry
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Dickson, Australia: Australian Nursing Council, January 2003; 11 p.
http://www.nursesreg.nsw.gov.au/ANMCPertinentConduct.pdf (link may be outdated)

Duffy, Joanne R.; Hoskins, Lois M.
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Clarke, Sean P.; Aiken, Linda H.
**Failure to rescue: needless deaths are prime examples of the need for more nurses at the bedside**

Gamble, Debi
**Is recruitment of foreign nurses a viable or ethical component of strategies to solve the current nursing shortage in U.S.? [debate; pro]**

Thompson, Joyce Beebe
**Is recruitment of foreign nurses a viable or ethical component of strategies to solve the current nursing shortage in U.S.? [debate; con]**

Tschudin, Verena
**Interview: Anne J. Davis [photo]**
Nursing Ethics 2003 January; 10(1): 101-110

Cortis, Joseph D.; Kendrick, Kevin
**Nursing ethics, caring and culture**
Nursing Ethics 2003 January; 10(1): 77-88

**Abstract:** Recent years have witnessed the publication of numerous articles that draw a critical alignment between ethics and caring. In essence, this theme suggests that caring is a moral pursuit centred on the beneficent attention of one person shown to another. Yet, if such language is to have real poignancy, it must be geared towards an inclusive agenda that meets the needs of all within the community. Research evidence suggests that this is not always the case, especially in terms of the care offered to members of minority ethnic groups. This article will focus on the findings of a qualitative research study that explored the expectations and perceived experiences of nursing care among members of the Pakistani community in Bradford, West Yorkshire, UK. The findings suggest that nurses should develop a more informed narrative that readily reflects the needs of the Pakistani community.

**Everyday Choices (2003)**
Fanlight Productions

**Abstract:** Following Allison, a visiting nurse, and Gerardo, a home-care patient with developing dementia, this
program explores the boundaries between patient autonomy and human compassion and safety and professional roles. The documentary was produced by Ben Actenberg and Christine Mitchell who first collaborated on Code Gray: Ethical Dilemmas in Nursing.

http://www.fanlight.com/ (link may be outdated)

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APPROACHES TO ETHICS: NURSING BEYOND BOUNDARIES
Call number: RT85 .A676 2003

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Jasper, Melanie
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Sala, Roberta
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Tadd, Win, ed.
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Tschudin, Verena
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Call number: RT85 .T73 2003

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Wilmot, Stephen
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Call number: RT85 .W55 2003

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PARISH NURSING: A HANDBOOK FOR THE NEW MILLENNIUM  
Call number: RT120_P37_P368_2003

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Cady, Rebecca F. and Carcio, Helen A.  
THE ADVANCED PRACTICE NURSE’S LEGAL HANDBOOK  
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Pang, Samantha Mei-che  
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O'Brien, Mary Elizabeth  
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Call number: **RT85 .E834 2003**

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Call number: **RT85 .E834 2003**

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**International nursing ethics: context and concerns**
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**Whose culture? An attempt at raising a culturally sensitive ethical awareness**
Call number: **RT85 .A676 2003**

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**Narrative ethics**
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Lindsay, Robin; Graham, Helen

**Relational narratives: solving an ethical dilemma concerning an individual's insurance policy**
In: Tschudin, Verena, ed. Approaches to Ethics: Nursing Beyond Boundaries. New York: Butterworth-Heinemann,
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Scott, P. Anne

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Martin, Pam; Yarbrough, Susan; Alfred, Danita
Professional values held by baccalaureate and associate degree nursing students
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Nurse Researcher 2003; 11(1): 7-21
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**Nurse who was not competent and who covered up her actions [case study]**
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Scott, Helen
**RCN's [Royal College of Nursing] definition of nursing: what makes nursing unique? [editorial]**
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**Enrolled nurses and the administration of medications: to give or not to give?**

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Do nurses feel empowered? Nurses' assessments of their own qualities and performance with regard to nurse empowerment
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Hendel, Tova; Steinman, Michal
Israeli nurse managers' organizational values in today's health care environment
Nursing Ethics 2002 November; 9(6): 651-662
Abstract: The total value set of a working individual consists of three components: personal, professional and organizational values. In the light of the changing health care environment, the individual nurse manager's values may no longer be applicable for coping with the needs of the work environment. For many nurses who developed their values in keeping with the humanistic tradition, the 'new' organizational values may create confusion, frustration and conflict. The purpose of this study was to determine if the organizational domain in the value sets of Israeli middle nursing managers in acute care hospitals reflect the process of shifting values needed in today's management roles. Analysis of the results revealed that head nurses did not yet fully internalize the 'new' organizational values. Implications of the results for planning undergraduate and graduate programmes are detailed.
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Corley, Mary C.
Nurse moral distress: a proposed theory and research agenda
Nursing Ethics 2002 November; 9(6): 636-650
Abstract: As professionals, nurses are engaged in a moral endeavour, and thus confront many challenges in making the right decision and taking the right action. When nurses cannot do what they think is right, they experience moral distress that leaves a moral This article proposes a theory of moral distress and a research agenda to develop a better understanding of moral distress, how to prevent it, and, when it cannot be prevented, how to manage it.
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Doane, Gweneth A. Hartrick
Am I still ethical? The socially-mediated process of nurses' moral identity
Nursing Ethics 2002 November; 9(6): 623-635
Abstract: In a recent, currently unpublished, research project that sought to examine the meaning and enactment of ethical nursing practice across a variety of clinical settings, the significance of moral identity was highlighted. This article describes the findings and illuminates how the moral identities of the nurse participants arose and evolved as they navigated their way through the contextual and systemic forces that shaped the moral situations of their practice. The study revealed the socially-mediated process of identity development and the narrative, dialogical, relational and contextual nature of nurses' moral identities.
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Davis, Anne J.

Interview: Nelly Garzon

Nursing Ethics 2002 November; 9(6): 579-582

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van der Arend, Arie

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*The Cartesian melodrama in nursing [editorial]*
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Cleary, Michelle; Jordan, Raighne; Horsfall, Jan
**Ethical practice guidelines: an evaluation**
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Ethics and Medicine 2002 Fall; 18(3): 171-187
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Gustafsson, B.; Parfitt, B.A.
**Views of humanity and nursing practice: an analysis of nursing**
Ethics and Medicine 2002 Fall; 18(3): 159-170
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Weis, Darlene; Schank, Mary Jane
**Professional values: key to professional development**
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**Document 1016**
Blair, Patricia

**Correctional nursing: what's wrong with this picture?**
CorrectCare 2002 Fall; 16(4): 8

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**Document 1017**
Gastmans, Chris

**A fundamental ethical approach to nursing: some proposals for ethics education**
Nursing Ethics 2002 September; 9(5): 494-507

**Abstract:** The purpose of this article is to explore a fundamental ethical approach to nursing and to suggest some proposals, based on this approach, for nursing ethics education. The major point is that the kind of nursing ethics education that is given reflects the theory that is held of nursing. Three components of a fundamental ethical view on nursing are analysed more deeply: (1) nursing considered as moral practice; (2) the intersubjective character of nursing; and (3) moral perception. It is argued that the fundamental ethical view on nursing goes together with a virtue ethics approach. Suggestions are made for the ethics education of nurses. In particular, three implications are considered: (1) an attitude versus action-orientated ethics education; (2) an integral versus rationalistic ethics education; and (3) a contextual model of ethics education. It will also be shown that the European philosophical background offers some original ideas for this endeavour.

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Davis, Anne J.

**Interview: Judith A. Oulton**
Nursing Ethics 2002 September; 9(5): 461-464

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Landry, Heidi; Landry, Michael

**Nursing ethics and legal issues: an integrative approach in nursing education**
Journal of Nursing Education 2002 August; 41(8): 363-364

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Castledine, George

**Nurse who swore and shouted at patients and staff [case study]**
British Journal of Nursing 2002 July 11-24; 11(13): 855

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Carlsson, Gunilla; Drew, Nancy; Dahlberg, Karin; Lutzen, Kim
Uncovering tacit caring knowledge
Nursing Philosophy 2002 July; 3(2): 144-151
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Chang, Betty L.; Lee, Jan L.; Pearson, Marjorie L.; Kahn, Katherine L.; Elliott, Marc N.; Rubenstein, Lisa L.
Evaluating quality of nursing care: the gap between theory and practice
JONA: The Journal of Nursing Administration 2002 July-August; 32(7-8): 405-418
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Takase, Miyuki; Kershaw, Esme; Burt, Lorraine
Does public image of nurses matter?
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Sullivan, Eleanor J.
Nursing and feminism: an uneasy alliance [editorial]
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* Document 1025
Killen, Aileen R.
Stories from the operating room: moral dilemmas for nurses
Nursing Ethics 2002 July; 9(4): 405-415
Abstract: This article explores stories related by perioperative nurses when asked to describe ethical judgements and subsequent actions that affected patient outcomes. A total of 214 patient care situations were analysed for moral actions taken and moral outcomes achieved in the perioperative arena. Content analysis of the patient care situations revealed a wide variety of ethical issues. Concerns about informed consent and quality of care were the most frequently identified issues. Respondents reported that 7% of patients underwent unwanted procedures and that positive moral outcomes were achieved in 65% of situations. It is of concern that, despite the fact that more than two-thirds (69%) of the respondents reported undergoing ethics education, only 27% could relate a story of an ethical situation.
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Fry, Sara T.; Harvey, Rose M.; Hurley, Ann C.; Foley, Barbara Jo
Development of a model of moral distress in military nursing
Nursing Ethics 2002 July; 9(4): 373-387
Abstract: The purpose of this article is to describe the development of a model of moral distress in military nursing. The model evolved through an analysis of the moral distress and military nursing literature, and the analysis of interview data obtained from US Army Nurse Corps officers (n = 13). Stories of moral distress (n = 10) given by the
Interview participants identified the process of the moral distress experience among military nurses and the dimensions of the military nursing moral distress phenomenon. Models of both the process of military nursing moral distress and the phenomenon itself are proposed. Recommendations are made for the use of the military nursing moral distress models in future research studies and in interventions to ameliorate the experience of moral distress in crisis military deployments.

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**Interview**
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Hunt, Geoffrey
**The value of nursing [editorial]**
Nursing Ethics 2002 July; 9(4): 340-341

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Cutcliffe, John R.; Herth, Kaye
**The concept of hope in nursing 1: its origins, background and nature**
British Journal of Nursing 2002 June 27-July 10; 11(12): 832, 834-840

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Fischman, Josh
**Nursing wounds: when arrogant docs drive nurses away, patients suffer**

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**Respect: the not-so-secret ingredient [viewpoint]**
AJN: American Journal of Nursing 2002 June; 102(6): 11

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Boetzkes, Elisabeth; Robert, Deirdre; Swanson, Catherine
**Secrecy, integrity, agency: nurses and genetic terminations**
Journal of Clinical Ethics 2002 Summer; 13(2): 124-130
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Tingle, John
Introduction of a new nursing Code of Professional Conduct [comment]
British Journal of Nursing 2002 May 23-June 12; 11(10): 665

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Ahern, Kathryn; McDonald, Sally
The beliefs of nurses who were involved in a whistleblowing event
Journal of Advanced Nursing 2002 May; 38(3): 303-309

Document 1035
Smith, Katharine V.; Godfrey, Nelda S.
Being a good nurse and doing the right thing: a qualitative study
Nursing Ethics 2002 May; 9(3): 301-312
Abstract: Despite an abundance of theoretical literature on virtue ethics in nursing and health care, very little research has been carried out to support or refute the claims made. One such claim is that ethical nursing is what happens when a good nurse does the right thing. The purpose of this descriptive, qualitative study was therefore to examine nurses’ perceptions of what it means to be a good nurse and to do the right thing. Fifty-three nurses responded to two open-ended questions: (1) a good nurse is one who...; and (2) how does a nurse go about doing the right thing? Three hundred and thirty-one data units were analysed using qualitative content analysis. Seven categories emerged: personal characteristics, professional characteristics, patient centredness, advocacy, competence, critical thinking and patient care. Participants viewed ethical nursing as a complex endeavour in which a variety of decision-making frameworks are used. Consistent with virtue ethics, high value was placed on both intuitive and analytical personal attributes that nurses bring into nursing by virtue of the persons they are. Further investigation is needed to determine just who the ‘good nurse’ is, and the nursing practice and education implications associated with this concept.

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Kendrick, Kevin David; Robinson, Simon
‘Tender loving care’ as a relational ethic in nursing practice
Nursing Ethics 2002 May; 9(3): 291-300
Abstract: In the West, the term ‘tender, loving care’ (TLC) has traditionally been used as a defining term that characterizes nursing. When this expression informs practice, it can comfort the human spirit at times of fear and vulnerability. Such notions offer meaning and resonance to the ‘lived experience’ of giving and receiving care. This suggests that, in a nursing context, TLC is rooted firmly in relationship, that is, the dynamic that exists between carer and cared for. Despite this emphasis on relationship, there is a scarcity of literature that draws a connection between TLC and the moral challenge that is so much a part of human interaction. In this article we will address this deficit and present a narrative that places TLC at the centre of moral engagement between nurse and patient; in essence, we offer an alternative means of viewing relational ethics.
Document 1037
Davis, Anne J.; Styles, Margretta Madden
**Interview: Margretta Madden Styles**
Nursing Ethics 2002 May; 9(3): 240-242

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Peters, Michael
**Derrida and the tasks for the new humanities: postmodern nursing and the culture wars**
Nursing Philosophy 2002 April; 3(1): 47-57

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Glass, Nigel
**Florence Nightingale: casting light on a disputed reputation [review of permanent exhibits at the Florence Nightingale Museum, St. Thomas's Hospital, London, UK]**
Lancet 2002 March 23; 359(9311): 1073

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**New Code of Professional Conduct to be introduced [news]**
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Nathaniel, Alvita
**Moral distress among nurses**
Ethics and Human Rights Issue Update 2002 Spring; 1(3): 3-8

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Lunardi, Valeria Lerch; Peter, Elizabeth; Gastaldo, Denise
**Are submissive nurses ethical?: Reflecting on power anorexia**
Revista Brasileira 2002 March-April; 55(2): 183-188

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**Care ethics in pediatric critical care nursing**

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Smirnoff, Meg

**Nursing Ethics: Communities in Dialogue, by Rose Mary Volbrecht [book review]**

APA Newsletters 2002 Spring; 01(2 Revised): 26

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Arslanian-Engoren, Cynthia

**Feminist poststructuralism: a methodological paradigm for examining clinical decision-making**


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Goldberg, Lisa

**Rethinking the birthing body: Cartesian dualism and perinatal nursing**


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MacDonald, Chris

**Nurse autonomy as relational**

Nursing Ethics 2002 March; 9(2): 194-201

Abstract: This article seeks an improved understanding of nurse autonomy by looking at nursing through the lens of what recent feminist scholars have called 'relational' autonomy. A relational understanding of autonomy means a shift away from older views focused on individuals achieving independence, towards a view that seeks meaningful self-direction within a context of interdependency. The main claim made here is that nurse autonomy is, indeed, relational. The article begins with an explanation of the notion of relational autonomy. It then explains both the collective and the individual application of the term 'professional autonomy'. Finally, it argues that both senses of professional autonomy are best understood as relational, and suggests some implications of this conclusion.

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Interview: Lisbeth Hockey
Nursing Ethics 2002 March; 9(2): 122-125

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Sadala, Maria Lucia Araujo; Adorno, Rubens de Camargo Ferreira
Phenomenology as a method to investigate the experience lived: a perspective from Husserl and Merleau Ponty's thought

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Kenny, Gerard
The importance of nursing values in interprofessional collaboration
British Journal of Nursing 2002 January 10-23; 11(1): 65-68

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Leight, Susan B.
Starry night: using story to inform aesthetic knowing in women's health nursing

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ANA House of Delegates passes revised Code of Ethics

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Parse, Rosemarie Rizzo
Transforming healthcare with a unitary view of the human

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Practical Nursing Philosophy: The Universal Ethical Code, by D. Seedhouse [book review]
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Case Studies in Nursing Ethics, by S. T. Fry and R. M. Veatch [book review]
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Irving, Jo A.; Snider, Josephine
Preserving professional values
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Wronska, Irena; Marianski, Janusz
The fundamental values of nurses in Poland
Nursing Ethics 2002 January; 9(1): 92-100
Abstract: Polish society has found itself at a very important point in its history. The transformation from a traditional to a postmodern pluralistic society involves changes in many spheres of social life. These trends give rise to the question of which way the younger generation of Polish nurses will be going. The main objective of this research was to elucidate the opinions of nurses on life and health as basic values, and on their ethical and religious background regarding their nursing care. The study made use of a questionnaire for collection and interpretation of the data. Although this article shows some lack of consistency, and even contradictions, it is possible to conclude that life and health are cherished with affection by the great majority of nurses as positive factors of human existence.
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Davis, Anne J.; Bergman, Rebecca
Interview [with Rebecca Bergman]
Nursing Ethics 2002 January; 9(1): 3-6
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Norberg, Astrid
Editorial comment [Conscience]
Nursing Ethics 2002 January; 9(1): 2
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Bingham, Ray
Leaving nursing: Hospital staffing cuts have created conditions under which this dedicated nurse can no longer work
Health Affairs 2002 January-February; 21(1): 211-217
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Iyer, Patricia W., ed.
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LEGAL NURSE CONSULTING: PRINCIPLES AND PRACTICE
Call number: KF2915 .N8 L35 2003

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FLORENCE NIGHTINGALE: THE MAKING OF A RADICAL THEOLOGIAN
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Online Journal of Issues in Nursing 2002; 7(3): 7

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Taylor, Susan
Moral fatigue -- a nursing perspective

Abstract: It is perhaps inevitable that a phenomenon called moral fatigue would be labeled, described, and applied to nurses, whose working environment has more than its share of moral conflicts. When professionals' duties to patients and their families -- duties that are caught up in uncertainty and fast-paced institutional and cultural change -- are made to seem irrelevant to the patients' real needs, the resulting discomfort of professionals is generally called moral distress. This article explores the dimensions of moral distress among nurses and presents moral fatigue as a holistic experience with both personal and institutional consequences.

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Reflection: Possible strategies to improve its use by qualified staff

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Advances in Nursing Science 2001 December; 24(2): 1-18

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Nursing and ethics: the maturing of a discipline [editorial]
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Interview: Madam Lin Ju Ying
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Castledine, George
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British Journal of Nursing 2001 September 13-26; 10(16): inside back cover
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Penas, Cheri D.; Barkley, Thomas W., Jr.
Ethical theory and principles of decision making for the acute care nurse practitioner
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Caring in nursing: a different interpretation
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Takase, Miyuki; Kershaw, Esme; Burt, Lorraine
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Grady, Christine

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Davis, Anne J.; Mitoh, Takako

**Interview - Takako Mitoh [interview with Takako Mitoh]**
Nursing Ethics 2001 September; 8(5): 393-396

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Lindseth, Anders

**Editorial comment [editorial]**
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Gastmans, Chris

**Ethical codes in nursing: European perspectives on content and functioning**
EACME Newsletter 2001 August (2): 6-8

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Spence, Deborah G.

**Hermeneutic notions illuminate cross-cultural nursing experiences**

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Crigger, Nancy
Antecedents to engrossment in Noddings' theory of care
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McCutcheon, Helen H.I.; Pincombe, Jan
Intuition: an important tool in the practice of nursing
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Cook, Ann Freeman; Joyner, Jane Clare
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Salsberry, Pamela J.
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**Infusion nursing code of ethics**


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**Professionalism in nursing behaviors of nurse practitioners**


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**Ethical Issues in Rural Nursing Practice in Botswana**

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**The child I was, and am . . . 1952: polio. 1982: AIDS. Sneaky little opportunistic invaders**


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