

Understanding Ethics for Nursing Students



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Peter Ellis





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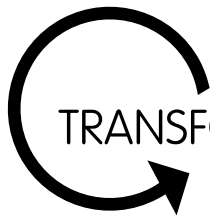
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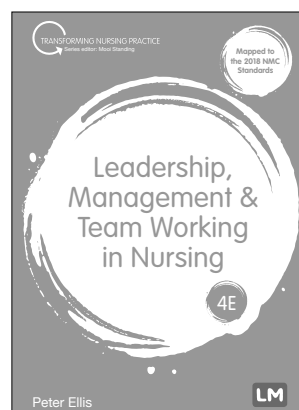
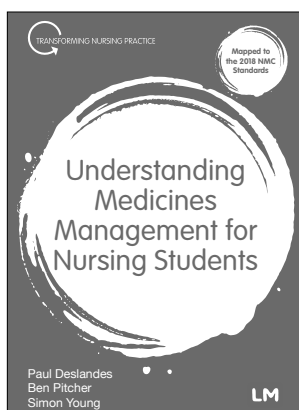
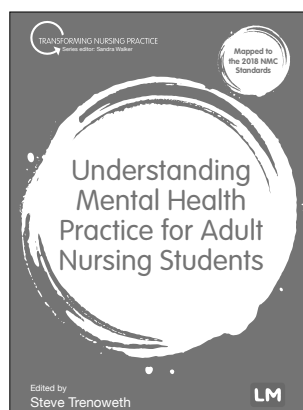
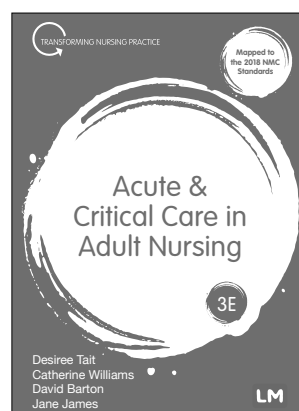
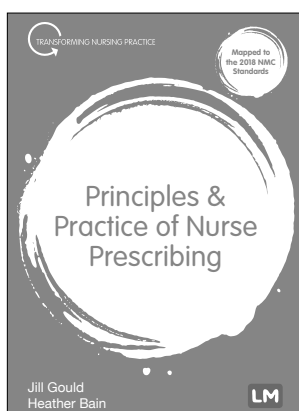
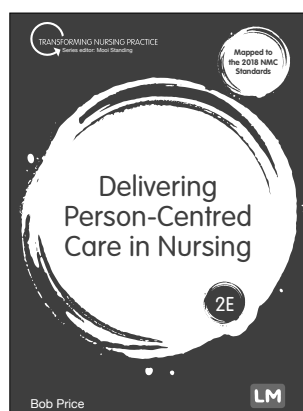
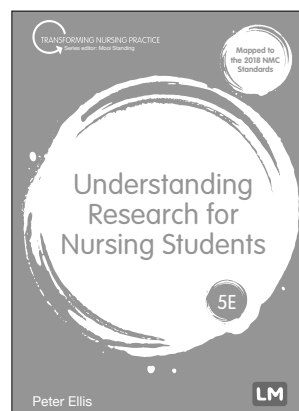
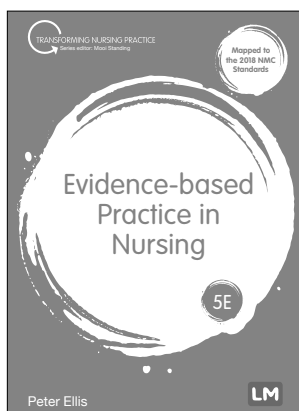
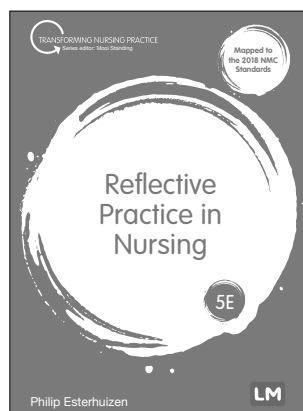
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About the author and contributors

About the author

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Peter: For Emily and Hannah, thank you for always striving to do the right thing.

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Introduction

Peter Ellis

In this book we attempt to introduce you to some of the ideas, concepts and realities of life as an ethical nurse. That is to say we take a very practical view of ethics rather than trying to present ethical thinking as something separate from the working lives of nurses and nursing students. This is very deliberate since we regard ethical thought and the exercise of ethics within practice to be as important as other nursing staples such as infection control.

We know from experience that some students are challenged by the notion of ethics and what this means for them and their thinking, as well as what is required of them in the workplace by way of action. In this book we demonstrate to you not only why ethics is important, but also how ethics applies to your thinking and activity in the university, the practice setting and in day-to-day-life; that is, we consider that ethicality in thought and action should play as important a part in our lives away from work as it does at work.

By default this book is very westernised in its approach to ethics; this is a result of the fact the authors have trained, worked and taught within a westernised model of health-care and healthcare ethics. This should not be seen as us not appreciating that there are a number of different world views of ethics; rather it reflects our experience and expertise as well as the settings within which the majority of our readers will work.

The structure of the book

Chapter 1 establishes the nature and purpose of ethics especially in how they apply to nursing and nursing students. We consider the nature of the establishment of identity as a nurse and the impact others have on the student nurse as you seek to develop an identity as a professional. We also examine the nature of values in nursing and what influence these have on the ways in which we develop our nursing identities and ways of working.

The second chapter explores some of the ideas of what ethics might be as well as exploding some of the myths. You are encouraged to explore your own understandings of the influences on your view of ethics and how these influences colour the ways in which you see the world and approach ethical decision-making. This chapter therefore

leads you, the reader, into a voyage of self-discovery allowing you to examine what will influence the nurse you choose to become.

Chapter 3 introduces some of the key approaches to ethics which influence western healthcare provision. These approaches are in turn influenced by the nature of intent, which is explored in some detail at the start of the chapter. Following on from this we introduce and explore some of the key elements of the consequentialist, non-consequentialist and virtue ethics.

In Chapter 4, we deviate from the norm for ethics textbooks in that we attempt to establish a mechanism for ethical thinking and decision-making which establishes the importance of reflection in and on action. The important message within this chapter is that we need to allow ethical principles and concepts to drive our ethical decision-making, rather than allowing our knee-jerk response to an ethical situation to drive us to look for ethical arguments to a decision we have made instinctively. The importance of embedding this inductive approach to ethical decision-making is seen to parallel the better ways of employing evidence in our nursing practice. In some respects, the new approach to revalidation for nurses underpins the importance of reflection on and in action. This is especially true in how it relates to practice issues which require us to reflect on the content of the Code, both singularly and with others.

The discussion of rights, where they come from and how they might apply is the subject matter of Chapter 5. Rights are pervasive in modern society, although many of us know very little about where they come from, what they require others to do, what privileges they confer on the holder and what happens when there appears to be a conflict of rights. This chapter seeks to explore some of these issues as well as examining the very special nature of the duty of care which exists between nurses and their patients.

The most powerful and important driver for activity in the healthcare setting – respect for personal autonomy – is explored in Chapter 6. The exercise of autonomy is unpacked in this chapter by examining empowerment, advocacy and consent in action. There are challenges in this chapter for the student and the trained nurse alike which require us to examine how we approach some of the basics of nurse–patient interaction.

Two of the most contentious issues in health care are examined in Chapter 7. Abortion (written by Hilary) and euthanasia (Peter) are used to explore how some of the arguments expounded elsewhere in the book might be used to generate argument, and counter-argument, in relation to ethical debate. This chapter also explores the nature of dilemmas and what these might mean for us in nursing practice. We note in this chapter how the nature of ethical debate is affected by the politics of the day.

Chapter 8, written by Hilary and Jane, places the rest of the book within the context of the realities of twenty-first-century nursing provision. It challenges nurses to take a lead in the provision of care, and in doing so to act as role models for other nurses and members of the wider healthcare team. We are reminded that ethics requires us

to engage with the realities of the situations before us, and as such it is an important aspect of the provision of evidence-based nursing care.

Requirements from the NMC Standards

Clinical judgement and decision-making in nursing requires the nurse to have knowledge and skills, which are outlined in detail in the document *Future Nurse: Standards of Proficiency for Registered Nurses* (NMC, 2018b). These standards are used by educational institutions when planning professional courses. They are grouped into seven 'Platforms', as shown in the box.

NMC Future Nurse: Standards of Proficiency for Registered Nurses (NMC, 2018b)

- **Platform 1: Being an accountable professional**

Registered nurses act in the best interests of people, putting them first and providing nursing care that is person-centred, safe and compassionate. They act professionally at all times and use their knowledge and experience to make evidence-based decisions about care. They communicate care effectively, are role models for others, and are accountable for their actions. Registered nurses continually reflect on their practice and keep abreast of new and emerging developments in nursing, health and care.

- **Platform 2: Promoting health and preventing ill health**

Registered nurses play a key role in improving and maintaining the mental, physical and behavioural health and well-being of people, families, communities and populations. They support and enable people at all stages of life and in all care settings to make informed choices about how to manage health challenges in order to maximise their quality of life and improve health outcomes. They are actively involved in the prevention of and protection against disease and ill health and engage in public health, community development and global health agendas, and in the reduction of health inequalities.

- **Platform 3: Assessing needs and planning care**

Registered nurses prioritise the needs of people when assessing and reviewing their mental, physical, cognitive, behavioural, social and spiritual needs. They use information obtained during assessments to identify the priorities and requirements for person-centred and evidence-based nursing interventions and support. They work in partnership with people to develop person-centred care plans that take into account their circumstances, characteristics and preferences.

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- **Platform 4: Providing and evaluating care**

Registered nurses take the lead in providing evidence-based, compassionate and safe nursing interventions. They ensure that the care they provide and delegate is person-centred and of a consistently high standard. They support people of all ages in a range of care settings. They work in partnership with people, families and carers to evaluate whether care is effective and the goals of care have been met in line with their wishes, preferences and desired outcomes.

- **Platform 5: Leading and managing nursing care and working in teams**

Registered nurses provide leadership by acting as a role model for best practice in the delivery of nursing care. They are responsible for managing nursing care and are accountable for the appropriate delegation and supervision of care provided by others in the team, including lay carers. They play an active and equal role in the interdisciplinary team, collaborating and communicating effectively with a range of colleagues.

- **Platform 6: Improving safety and quality of care**

Registered nurses make a key contribution to the continuous monitoring and quality improvement of care and treatment in order to enhance health outcome and people's experience of nursing and related care. They assess risks to safety or experience and take appropriate action to manage those, putting the best interests, needs and preferences of people first.

- **Platform 7: Co-ordinating care**

Registered nurses play a leadership role in co-ordinating and managing the complex nursing and integrated care needs of people at any stage of their lives, across a range of organisations and settings. They contribute to processes of organisational change through an awareness of local and national policies.

This book draws from these Standards, and presents the relevant ones at the beginning of each chapter.

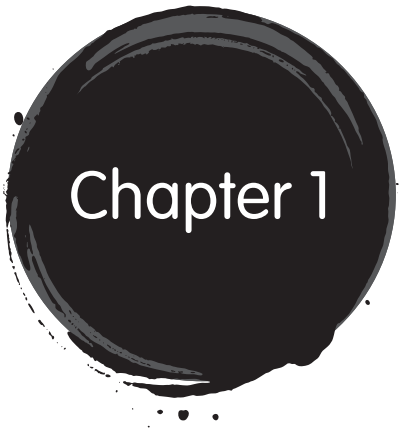
Features and activities

Throughout the book you are provided with opportunities to think in more depth about the issues being raised. This is achieved by providing various activities for you to undertake; these activities are there to support personal and professional understanding and growth and you are encouraged to engage with them. Where an activity is very personal to you there is no specimen answer at the end of the chapter. Where we do not state there is no specimen answer, you are encouraged to look at our reflections on the activities after you have come to some conclusion for yourself.

There are case studies in the book which are drawn from real life. The case studies are used to illustrate points made within the text, to provide context to the issues being explored, as well as to allow you to reflect on what you are reading. Scenarios serve the same purpose, but they are not taken from real life: rather they are our attempt to capture some of the important aspects of a discussion in a way which we hope is meaningful to the reader.

The book also uses concept summaries to highlight to you some concepts which we consider it is important for you to understand. You are encouraged to engage with these summaries and perhaps use the internet or other texts to explore these further. As well as concept summaries, we have provided a glossary of some of the important and some of the difficult-to-understand words and short phrases in the book. Words which appear in the glossary appear in bold in the text; you are encouraged to use the glossary to ensure you get the full benefit from each chapter you read.

Finally there are issues discussed in this book which may be very pertinent to you and others which may cause you some distress. If this is the case you are encouraged to seek the support of your mentor, personal tutor or university lecturer who will doubtless be equipped to support you as you explore your understanding of some of the issues which occur in the day-to-day practice of nursing. Most of all we hope this book stimulates your development as an ethically active nurse, and that this ethical activity remains a feature of your entire nursing career.



Chapter 1

Introducing ethics

Peter Ellis

NMC Future Nurse: Standards of Proficiency for Registered Nurses

This chapter will address the following platforms and proficiencies:

Platform 1: Being an accountable professional

At the point of registration, the registered nurse will be able to:

- 1.1 understand and act in accordance with *The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates*, and fulfil all registration requirements.
- 1.2 understand and apply relevant legal, regulatory and governance requirements, policies, and ethical frameworks, including any mandatory reporting duties, to all areas of practice, differentiating where appropriate between the devolved legislatures of the United Kingdom.

Platform 7: Co-ordinating care

At the point of registration, the registered nurse will be able to:

- 7.4 identify the implications of current health policy and future policy changes for nursing and other professions and understand the impact of policy changes on the delivery and co-ordination of care.

Chapter aims

After reading this chapter, you will be able to:

- discuss the practical nature of ethics;
- identify the influences on the development of your own ethical beliefs;
- understand some of the values that underpin ethical nursing practice;
- discuss why ethics are fundamental to good nursing practice;
- consider how ethics contribute to societal living.

Introduction

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

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

Are ethics important?

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

Activity 1.1 Reflection

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

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

When asked the question posed in Activity 1.1, most people say ethics is about right and wrong, good and evil, morality, philosophical questions, and actions. Indeed, ethics as a concept exists in multiple dimensions; these include:

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

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

In this book, ethics are regarded as all of these things, but most especially as a practical undertaking that helps to guide our day-to-day activity and, more specifically for us, nursing practice. This is underlined by the Nursing and Midwifery Council in *The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates* (NMC, 2018a), which exhorts us to both ‘prioritise people’ and ‘promote professionalism and trust’ as discussed at the start of the chapter.

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

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

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

Nursing takes place in a social setting, be that a physical place, such as a hospital, or within a more intimate and personal space, such as in people’s homes in the community. Given what we do as nurses has a direct and immediate impact on others, and given those others are usually in a state of vulnerability, the need for us to understand and adopt ethical behaviour becomes more apparent.

Activity 1.2 invites you to consider the far-reaching nature of ethics and its implications for our place in the world in general. It is important to remember that what we do as

human beings does not take place in a vacuum; what we do has an impact on someone, somewhere, at some time.

Activity 1.2 Reflection

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

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

The important thing about ethics is the way in which they guide us in our relationships with others. Ethics help us to consider questions such as ‘What is the right thing to do?’ and ‘What are the consequences of this action?’. What should be clear from your answer to Activity 1.2 is that ethical questions refer to both the right thing to do and the consequences of our actions in relation to how they affect other people. Of course, such arguments operate not only at the human level, but also at a professional level, where the basis for ethical behaviour is more formal (see Chapter 8). The distinction between *doing the right thing* and doing something to ensure *the right outcome* is an important one (see Chapter 3).

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

To achieve self-preservation and to improve our lives, Hobbes believed we needed a social contract (an unspoken agreement) that respected our individual and collective right to self-preservation. What we can take from this idea is something quite simple but at the same time quite profound: ethics makes our collective and individual lives better. Hobbes’ ‘natural rights’ reflect a good understanding of what we consider to be basic **human rights** now (e.g. the **right to life**, the right to safety from violence). What is most important about any notion of ethics and human rights is that they do, and must, apply to everyone in equal measure. It is this shared notion that rights belong to everyone which often causes us concern when we see how some regimes treat their citizens, even though what we see has no direct impact on us.

The idea of achieving a better life for everyone resounds throughout the history of ethics and ethical theories; notably, Aristotle (1976) describes ‘the good life’ as one in

which people both do well and live well – they achieve their potential and do so ethically. Sometimes this is called **human flourishing** (i.e. doing, being and feeling well and achieving one’s potential). What is increasingly clear here is that the understanding of why ethics is important has clear parallels with why nursing is important (to make people’s lives more comfortable and help them attain their goals), as well as with how nurses should follow a code of conduct; as nurses, we are therefore exhorted to both live and nurse well.

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

Activity 1.3 Reflection

Consider the nature of the societies explored in books and films such as *Lord of the Flies*, *The Hunger Games* or *A Clockwork Orange*. Consider the nature of the story in relation to societal norms, ethical behaviour and the potential consequences of life without ethical guidance. You may like to go online and find a synopsis of these books if you do not know them.

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

It is no surprise that the ethical code by which we live as human beings in general is not as well defined or laid out as the code of conduct for nursing. The power of *The Code* (NMC, 2018a) for nurses comes not only from the fact that we are humans, but also because on entering the nursing profession, we choose to submit ourselves to additional rules. These rules, which we accept as nurses, are part of a contract we have with society and the NMC as our profession’s regulator. We live by the rules, and therefore people know what to expect of us when they interact with nurses, and nurses are given a level of respect by the public at large as a result, as well as being paid to do the work of caring (for a clearer explanation of the notion of **special rights** and **special responsibilities**, see Chapter 5).

We have seen that everyone has a need to abide by some form of ethics in order for society to function. But ethics exist and operate at many more levels than this. For

example, when someone takes on any job, that person enters into a contract of employment that is both explicit (i.e. it is written down, and therefore both ethical and legal) and implicit (i.e. an employer can expect certain behaviours). A good example is the standard of reasonable and polite behaviour we might expect in a restaurant or supermarket. Such behaviour is a requirement of employment, and for student nurses can be found in both the university code of student discipline and the various NHS codes of conduct; this is an example of a special (ethical as well as legal) responsibility.

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

In fact, as nurses, our responsibilities run deeper and might be better understood as accountabilities, or perhaps more correctly as **liability** (Ellis and Ellis, 2021), there being an important distinction between being **responsible**, **accountable** or **liable**. Being responsible merely means that someone is identifiable as having an obligation to do something, while being accountable means someone can demand an account of their actions, while liability means there is some sanction that may be applied to that person because of a failure to do something or to behave in a certain way. It is however common practice to use the term accountability both for the definition used here and to mean liability, so we will continue to use the term accountability to represent both.

In the UK, nurses may be held accountable in one of four ways:

1. to their employer via their contract;
2. to the NMC as a registrant;
3. to the civil courts;
4. to the criminal courts.

(Griffith and Tengnah, 2020)

Indeed, the first platform of *Future Nurse: Standards of Proficiency for Registered Nurses* is that of being an *accountable professional* (NMC, 2018b).

Nursing, as a profession, requires us to intervene in people's lives at a point when they need a lot of support and may be vulnerable. In these situations, *The Code* (NMC, 2018a) serves as a means of protecting the **interests** (see Chapter 5) of the patient or client, and as nurses we accept the rules as part and parcel of how we ought to act; they are a more specific form of social contract, if you like. *The Code* applies to registered nurses, midwives and nursing associates. Students of these professions are prepared, through their training, to fulfil *The Code's* requirements upon successful completion of their professional education.

Activity 1.4 Critical thinking

Go online to the NMC website and find a copy of *The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates*. Look at the section entitled 'Promote Professionalism and Trust' and reflect on what this means in relation to the messages in this chapter so far.

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

The Code (NMC, 2018a) highlights how the conduct of nurses, midwives and nursing associates relates to the wider public and public perception of our professions in that it exhorts us to:

- prioritise people;
- practise effectively;
- preserve safety;
- promote professionalism and trust.

What we see is reference to 'people' and 'trust' – the reference is not just to patients (it does not say prioritise patients) – as well as the need to maintain trust in the profession. The choice of wording here supports the argument made thus far: ethics are important for life in general, and not something we can choose to switch on only when we are at work.

Understanding values

So far, we have identified that ethics are an important aspect of life in society, and life without ethical codes might prove challenging and potentially dangerous. The questions that arise for us as nurses are:

- What do ethics require of us?
- What **values** should guide our ethical thinking and behaviours?

The contract that we enter into on joining the nursing profession is reflected in some of the *Future Nurse* proficiencies. Take, for example, platform 7 – ‘co-ordinating care’ – where the NMC states, *facilitate equitable access to healthcare for people who are vulnerable or have a disability, demonstrate the ability to advocate on their behalf when required, and make necessary reasonable adjustments to the assessment, planning and delivery of their care* (NMC, 2018b, page 26).

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

Furthermore, platform 5, ‘leading and managing nursing care and working in teams’, points to interesting requirements for nursing practice in that nurses need to *understand and apply the principles of **human factors**, environmental factors and strength-based approaches when working in teams* (NMC, 2018b, page 20).

This points to an important message: all nurses, and other health and social care professionals, are different. There may seem to be a tension here between the aim of having all nurses work in accordance with *The Code* and expressly recognising that they are influenced by human factors. This tension only arises if our own values are at odds with those of the profession to which we belong, as it is our values, principles and assumptions that guide our individual behaviours. To understand this better, as well as to meet the challenge of the NMC standards or proficiencies, we must first understand what values are, and then identify and understand our own values.

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

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

Notably, these definitions reflect the purpose behind Hobbes’ natural rights, cited earlier. Schwartz (1994) identifies ten values:

Introducing ethics

1. security;
2. conformity;
3. tradition;
4. benevolence;
5. universalism;
6. self-direction;
7. stimulation;
8. hedonism;
9. achievement;
10. power.

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

Essentially, the actions that underpin values are driven by attitudes and beliefs which we cherish as human beings (Jiga-Boy et al., 2016). Such beliefs are so important to us that they are not altered by the situations in which we find ourselves (so, if we were starving, we might feel bad about stealing a loaf of bread, even if we did so to stay alive or to feed our children). The beliefs that we have as individuals are often shared by people who are like us and so act like we do. We therefore admire the actions of such individuals as their actions are seen as displaying our shared values and beliefs; conversely, we are wary of, or even despise, people who act in ways that are contrary to our values.

People who enter the caring professions usually share common values and beliefs, such as benevolence, and expect these to be displayed by other people in similar caring roles. As a society, we tend to admire people who demonstrate these values in the way they interact with and care for others. Some students find it hard to adapt to some of the values of more seasoned professionals or fail to understand the values that motivate them. Understanding the values that motivate you as a nurse is important. Values can provide a point of reference when we confront difficult ethical situations. Activity 1.5 asks you to identify some of your own values as well as those of some of the people you work with. Understanding and responding to your own values will help motivate you and will highlight to you when things are not as they should be in the practice setting. Of interest, Kaya and Boz (2017) support this observation in their conceptual model which suggests nurses with a high level of value awareness have higher job satisfaction and provide improved patient care.

Activity 1.5 Critical thinking

Consider the reasons that brought you into nursing. What values underpin what you try to achieve as a nurse? As well as identifying the values, write a sentence about what each value means and how you might show it in action. You may like to write them down and perhaps discuss them with your colleagues, practice supervisor or tutor. Look for the similarities and differences between your answers and think about why this might be.

Activity 1.5 asks you to identify your own values; knowing, understanding and living according to your values has a number of advantages:

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

The argument being made thus far therefore suggests that your priorities and values as a person should be the same as those you have as a nurse; indeed, it would prove difficult to live according to one set of values as a nurse and another set in your private life. Try Activity 1.6.

Activity 1.6 Reflection

Make a list of the things that are important to you as a person. Use single words where possible, so where you might write 'being the best I can be', instead put 'achievement'. Now take your answers from Activity 1.5 and again turn your answers into single words, so 'to care for people' becomes just 'caring'. Lastly, compare the two lists. Look for words that might have a similar basis, such as 'love' and 'care'. Now reflect on whether the two lists actually contain similar ideas. What do these lists say about you both as a nurse and as a person?

Where there is a mismatch between a person's values and behaviours as a nurse and his or her personal values and behaviours, stress and tension will result. Nurses who only pretend to value human life in work, but who outside of work do not live by the same values, will inevitably start to demonstrate this incongruence in the workplace – they will be short-tempered, perhaps harsh with patients, and show apathy where they should show concern. It is at this point that patient care will become affected and the individual's integrity and fitness to be a nurse will be called into question.

It is worth reflecting here, however, that people can share the same values but may have different opinions about things or act in slightly different ways. For example, nurses involved in medical abortion may support the procedure because they place a high value on human life and the right to choose how to live it, while others who also place a high value on human life may object to medical abortion because they support the right to life of the as yet unborn child. So, while values can and do guide our actions as individuals, our interpretations of these values into action may vary.

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

Professional identities

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

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

What is happening here is that the student is creating new understandings about behaviours and attitudes; these attitudes and behaviours may be adopted by students and form part of their emerging professional identity (Blais and Hayes, 2015). Socialisation into nursing norms of behaviour and values takes place more in the practice setting than in the classroom; remember we said earlier that ethics is as

much a practical pursuit as an academic one. Remember that *Future Nurse: Standards of Proficiency for Registered Nurses* (NMC, 2018b) recognises the impact of *human factors* on the ways in which people behave; their definition identifies the impact of *environmental, organisational and job factors, and human and individual characteristics*, on the ways in which people behave. It is here, at the cutting edge of nursing, that identities are created. Our identity as humans results from reflection on our experiences and observations about things we have seen and been involved with; our identity as nurses is shaped, for better or for worse, in the same way through reflection on our practice experience – which is one of the reasons why reflection is seen as a valuable tool in nurse education.

Of course, one of the dangers of learning through the observation of others is the behaviours and displayed attitudes of others who may themselves be flawed, or we may choose to reject what are reasonable behaviours and attitudes. Often nursing students report behaviours in practice, by other nurses, that they find upsetting or that they know are wrong. Rahman and Myers (2019) identify how **whistleblowing** when things are wrong takes courage because being a **whistle-blower** can impact on the individual's professional existence, even when what they are doing is for the greater good.

Sadly whistleblowing may not be enough to stop poor or illegal behaviours in health and social care settings. It also takes integrity and courage to follow through on the message from the whistle-blower and to deal with what may be a challenging or emotional situation. When responses to whistleblowing are not what they should be then bad things happen; see for example the case of Lucy Letby discussed in Chapter 2.

These issues create a clear message for us when thinking about the creation of personal values, ethics and identities from the start of our nursing lives; we need to be mindful of what sort of nurse, and indeed person, we choose to become.

When examining *The Code* (NMC, 2018a), you were asked to consider the section entitled 'Promote Professionalism and Trust'. If we look at the other three key statement areas, we will see how, collectively, they provide a basis for the values we need to function ethically and professionally as nurses in the twenty-first century:

- prioritise people;
- practise effectively;
- preserve safety.

Respecting individuals

One of the fundamental aspects of ethical life, and nursing ethics in particular, is the need to avoid judging people. *The Code* requires nurses to *stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers* (NMC, 2018a, page 18). Clearly, there are a number of issues with such a position and many challenges for nurses who have to care for

people who, in the ordinary course of events, they may not choose to have anything to do with. There are also personal ethical and moral issues that may arise from our individual moral and religious viewpoints.

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

Concept summary: Binary thinking

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

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

One of the defining features of the professional identity has always been the knowledge that professions have. It is the possession of this knowledge, and the skills and means to exercise this knowledge, that generates the difference between persons within the profession and those from outside (the other). So, for example, we might consider the classic, although admittedly stereotyped, notion of the all-knowing surgeon and the grateful, ignorant patient. Of course, as nurses, we possess a body of knowledge and we have access to the skills and the tools to use this knowledge. We may therefore choose to create an identity for ourselves in which we take the view that we are the professional and we know what is in the patient’s (the other’s) **best interests** (i.e. we choose to become the ‘all-knowing’ nurse). Conversely, we can choose a different identity for ourselves, one in which we *work in partnership with people to make sure [we] deliver care effectively* (NMC, 2018a, page 6) and apply our knowledge and skills alongside our patients’, recognising the things we have in common (our humanity, our cares, our fears).

The suggestion here is that by dwelling on our differences – what sets us apart from (or perhaps what we might consider makes us better than) other people – we generate artificial barriers, a sort of *them and us*, if you like, and this stands in the way of both useful and ethical relationships with patients (and indeed our peers). These barriers are created to support things that are perhaps not **morally relevant** (they have no

ethical worth), when what we should be concentrating on is our common humanity and issues of identity that have some moral meaning. But how is this achieved?

Activity 1.7 Decision-making

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

Proficiency 4.1 states that registered nurses should:

demonstrate and apply an understanding of what is important to people and how to use this knowledge to ensure their needs for safety, dignity, privacy, comfort and sleep can be met, acting as a role model for others in providing evidence based person-centred care.

(NMC, 2018b, page 17)

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

It is difficult to put into words exactly what this means. But if we consider what we would like in the way of behaviour from others if we or a loved one were to be a consumer of care, we may start to get somewhere close to understanding what respect, dignity and humanity might look like in action (see Chapter 3 and Kant's 'rule of universality'). So, if we value other people as equals, then we may be described as respectful; if we value the dignity of others, we may be described as noble; and if we display humanity, we can claim compassion as a facet of our professional identity.

Case study: Edith Cavell

Edith Cavell was a British nurse who lived and worked in Belgium. Throughout her short nursing service in the First World War, Edith helped the wounded from either side without any discrimination. She clearly chose to consider the moral elements of her calling to be a

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nurse and care for the sick and injured. Sadly, she was executed in 1915 for helping Allied soldiers escape occupied Belgium. Edith Cavell clearly displayed the ability to put the welfare of others before her professional, or indeed national, identity. You can find a statue in her honour at St Martin's Place in the north-east corner of Trafalgar Square in London.

The courage that Edith Cavell showed is reflected in the way in which nurses, and other key workers, have continued to work during the COVID-19 pandemic, especially in its early days when it was unclear how virulent the virus was. The ability to care for other people, regardless of the potential impact on oneself, demonstrates the moral benchmark that we have as nurses: respecting individuals for their humanity, respecting characteristics that are *morally relevant*.

In Chapter 2, we start to look at ideas of what ethics is and what ethics is not, which will add further to our understanding of some of the ideas contained in this chapter. For now, though, we will consider: Do values, personal and professional identity, and respecting others help us to make our lives, and the lives of those around us, better?

Is ethics a nursing concern?

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

So, why is our relationship to our patients at least as important ethically as what we do? First, and as we shall see in Chapter 3, one of the important features of ethical and moral behaviour is the **intent** that underlies it. Intent is the stimulus for how we act and why we choose to do what we do. What is important about intent is that sometimes the outcome of an action is not what we primarily intended it to be, but because we acted from the right motives, or with the right *intent*, the action is nevertheless regarded as ethical.

The notion of the relationship in care being at least as important as cure is further thrown into stark relief when we consider the content of many of the complaints received by the NHS each year. NHS Digital (2022) reported that 28 per cent of all complaints received about the NHS (hospital and community services) in 2021–2022 were about staff behaviour, values and poor communication. By contrast, clinical treatment accounted for 25.6 per cent of complaints in the same time period.

If ethics is about attitudes and values, and these attitudes and values drive behaviours, such as how we choose to communicate with others, then clearly there remains some work to be done in the caring professions.

Case study: Edenfield Centre

In 2022, a BBC documentary uncovered a regime of physical and emotional abuse at the Edenfield Centre, a mental health hospital in Greater Manchester. Staff at the hospital who were supposed to care for vulnerable people, many of who were at risk of self-harm or harm to others, were mocking and physically abusing residents. You may find it useful to go online and find out what the Panorama reporter Alan Haslam had to say about his time undercover in this mental health facility. You will also find a link to this story in the useful websites at the end of the chapter.

What this case study shows is that even in a caring environment, it is easy for people, who may previously have been caring individuals, to allow themselves to start regarding those they look after as *other* at best and perhaps merely as objects at worst. When respect for people is lost, then bad things happen, and in nursing, as well as other health and social care professions, that often means to the most vulnerable in society. Working ethically is therefore a nursing concern.

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

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

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

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

All of the above looks quite onerous – hard to achieve and to live by. What should be apparent, however, to any student is that an individual does not become a nurse overnight; as with all facets of care, nurses progressively take on more responsibility, gain more understanding and socialise into the role. Henderson (1966), a prominent and still very influential nursing theorist, said, *Every nurse has to develop her own concept [of morality], otherwise she is merely imitating others or acting under authority* (page 21).

What Henderson is saying here, and the important message for this chapter, is that nurses need both to have and to enact their own moral code, otherwise they become mere puppets acting in ways in which others see fit. This can lead to nurses acting in ways that are in contrast to the express aims of nursing. When a nurse acts in a manner that is at odds with the values which he or she holds, this can lead to **moral stress**. During the first years of the COVID-19 pandemic, Riedel et al. (2022) observe how there were many tensions for nurses, leading to moral stress arising from issues including:

- caring for patients and keeping themselves and their families safe;
- providing what feels like inadequate care;
- the tension between isolating patients and respecting their freedoms;
- tensions arising from divergent views on patient treatment.

In some respects it is the challenging times which make us more aware and questioning of our moral and ethical views, with the pandemic proving no exception to this rule.

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

Wainwright (1991) suggests, *What qualifies someone to speak on ethical matters, in the context of professional practice, is not so much their knowledge of the profession (although this may be important) as their understanding of moral philosophy* (page 46). Of course, this is a little idealised, but the suggestion here is that understanding and being able to argue clearly and in an ethically informed way are important steps in being able to influence moral and ethical decision-making. So, the suggestion is, at least in part, that it is a requirement that nurses learn and understand something of the nature, language and practice of ethics.

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

Chapter summary

This chapter has provided an overview of what we mean by ethics and the reasons why ethics is important in society at large, for patient care and for nursing and individual nurses in particular. We have identified what values are and how these might be used to shape the ways in which we act, albeit on occasions in different ways, in both our private and our professional lives.

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

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

Activities: Brief outline answers

Activity 1.2 Reflection (page 9)

What the big ethical questions have in common is that the consequences of certain actions, and indeed the actions themselves, all relate to human life. Climate change may impoverish lives and reduce life expectancy both now and in the future; of course, there are arguments about what we are doing to the planet in general, but many of these revolve around the impact on current and future generations of people. The issue here is that small things we do in the here and now may affect other people both here and now as well as in the future as well as nearby and elsewhere on the planet.

Activity 1.3 Reflection (page 10)

What we see in each of these books are societies, or elements within society, where the normal values which guide behaviour have been abandoned by at least some of the characters. As a result, life becomes brutish and short for some, if not all, of the characters. These, albeit fictional, accounts of life without rules demonstrate something of the argument being made here: ethical rules and social and cultural norms and boundaries exist to make our lives better and less brutish.

Activity 1.5 Critical thinking (page 14)

The values that bring most people into the caring professions include the desire 'to care for people', 'to make a difference' and 'to improve people's lives'. These value statements point to the fact that people are important to nurses, and people come in all shapes, sizes, colours, classes, and with all manner of belief systems and behaviours. What is relevant to nurses is simply this: patients are people, and people deserve our care. Of course, we may have other values in our lives, such as respect for other people's freedoms and choices; again, these reflect some of the proficiencies the NMC requires from us as nurses.

Activity 1.6 Reflection (page 15)

For many of you, there will be areas of great similarity between the two value lists you have created. For you, there is something inevitable about your choice of nursing as a career as it fulfils

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

Activity 1.7 Decision-making (page 19)

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

Further reading

de Araujo Sartorio, N and Lourdes Campos Pavone Zoboli, E (2010) Images of a 'good nurse' presented by teaching staff. *Nursing Ethics*, 17(6): 687–94.

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

Engward, H (2010) Exploring undergraduate student nurses' situated experiences of ethics: centring students through story discussions. *Occasional Papers in Education and Lifelong Learning: An International Journal*, 4(1–2): 49–62.

A useful study into how undergraduate students view ethics.

Price, SL, Sim, SM, Little, V, et al. (2021) A longitudinal, narrative study of professional socialisation among health students. *Medical Education*. 55(4): 478–85. <https://doi.org/10.1111/medu.14437>

An enlightening study into professional identity development in a number of health care professions.

Winters, N (2016) Seeking status: the process of becoming and remaining an emergency nurse. *Journal of Emergency Nursing*, 42(5): 412–19.

An interesting insight into the socialisation of nurses in the emergency department.

Useful websites

www.bbc.co.uk/news/uk-63045298

The story of the abuses at the Edenfield Centre.

www.mindtools.com/a5eygum/what-are-your-values

An interesting take on what values are and how you might identify yours.

www.nmc-uk.org

The online presence of the Nursing and Midwifery Council, where relevant publications such as *The Code* can be found.