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1

Introduction

Win Tadd

Introduction

This is the second volume in a series of three, exploring ethics and nursing from the perspective of the wider Europe. Frequently, when we speak of Europe today, we in the UK, tend to think of the European Union with its 15 member states. However, Europe is a vast continent and since 1988 membership of the World Health Organization's European Region has grown from 32 to 51 states (WHO, 2000a). Nurses represent the largest group of health professionals within Europe, where it is estimated that some six million are practising (Crown and Andrews, 2000). Thus, by dint of their numbers alone, nurses have the potential to make a significant contribution to health care throughout the range of settings found within institutional and primary care sectors and at a variety of levels, from policy-making to the provision of individual patient care. Despite this, nursing's influence on health and health care, has not been as profound as one might expect for a number of reasons, not least of which is the lack of professional unity and fragmented approach that nurses have adopted in the past (Tadd, 1995).

The main reason for writing this book is that although there is a significant literature on ethics in nursing education, research and management, it tends to concentrate on specific national contexts. Today, however, Europe is becoming progressively more integrated with increasing exchange occurring on a variety of fronts across national boundaries. These fronts include social, cultural, academic, economic and political, and both health care and nursing take place within the context of these realities. Nurses fulfil their roles in a variety of settings and places including hospitals, health centres, nursing

homes, schools, industry, facilities for those with mental health problems, sheltered facilities for people with learning disabilities and hospices for the terminally ill. Nurses work with the starving populations of the world, with lepers, in war torn countries and with those affected by peace time disasters. In nursing there are no insignificant or futile tasks as every action counts to someone and every moment carries weight. Thus, there is a huge opportunity for nurses across Europe to learn from each other and slowly, networks, organizations and individuals are coming together to share their experiences from a range of professional areas. It is hoped that this book will add to these efforts and aspirations and help to increase ethical and cultural awareness, as well as knowledge and skills among nurses throughout Europe.

Health and health care in Europe

In terms of health status and health care systems within the European region, there is on one hand, great diversity, while on the other, similar challenges face all countries. Socio-economic factors remain the single most important determinant of health and although life expectancy is on the whole increasing within Europe, the inequalities in both morbidity and mortality between the rich and the poor are increasing (Kunst, 1997). This is the case in the affluent western European countries where social marginalization and isolation result in increasing poverty and health inequality for a number of groups such as the unemployed, the frail and the old. In Eastern Europe economic decline has placed enormous strains on the health sector and has resulted in a decline in the health status of the affected populations (Benzeval *et al.*, 1995).

In addition to socio-economic factors, demographic changes are affecting the whole of Europe. In Europe, there will be more than 100 million people who are over 65 years of age by 2050, while the number of people over 80 years will rise to 48 million. The next 25 years in the UK will see the numbers of those over 65 years grow from 10 to 12.5 million, while those over 80 years will increase from 2.4 million to 3.5 million (Butler, 1997). Many older people now rank among the most vulnerable in society and diseases such as stroke, Parkinson's disease and Alzheimer's are seen with increasing frequency in the ageing population. The increasing number of older people together with falling birth rates raise a number of challenges

set out in *Towards a Europe for all Ages* (European Commission, 1999) including a reduced workforce; pressure on pensions and public finances; increasing demand for health and social care, social diversity, social exclusion and gender issues.

In addition, there has been a marked increase in many preventable lifestyle-related diseases. Communicable diseases such as tuberculosis, hepatitis, HIV and AIDS are endemic in some eastern European countries while coronary heart disease and cancers continue to plague the more affluent societies. Changes, both social and economic, in family structures have resulted in an increase in mental health problems while armed conflict in some countries has resulted in the migration and displacement of whole populations. All of these factors point to a whole array of emerging health needs at a time when increasing costs, rapidly developing technology and higher public expectations, place health services and governments under increasing economic pressures. It is against this backcloth that nursing is practiced.

Nursing in Europe

In June 1988, the first WHO Ministerial Conference on Nursing and Midwifery in Europe was held in Vienna. This conference was the first opportunity for nurses from across Europe to explore how they could extend and develop their roles in order to meet the challenge of the *Health for All Strategy* (WHO, 1985) and since then government chief nurses within Europe have met on a regular basis. In 1996, the Forum of National Nursing and Midwifery Associations and WHO was created and together with the existing European nursing bodies such as the Standing Committee of Nurses of the EU (PCN) established in 1971, the Advisory Committee on Training in Nursing set up in 1977, and the European Nursing Group based on the Council of Europe membership together with strong links with the newer democracies of Central and Eastern Europe, are all evidence of growing collaboration (Tadd, 1998). There are also an increasing number of informal networks, such as the European Oncology Nursing Society, the European Association of Nurses in AIDS Care, the Working Group of European Nurse Researchers, Euroquan and the International Association of Bioethics and the Nursing Ethics Network to mention but a few. Finally, a number of 'European' degree programmes

are emerging as nurses realize the mutual benefits of exchanging ideas and experiences. The University of Brighton for example, offers a degree in European Nursing Studies, together with collaborators in the Netherlands and Spain and the University of Surrey with eleven collaborators in other European countries offers a European Doctoral programme in Nursing.

Despite these strategies, and a World Health Assembly Resolution (WHA49.1, 1996) to strengthen the status and potential of nursing and midwifery roles in improving public health, it was acknowledged at the Second WHO Ministerial Conference on Nursing and Midwifery in Europe, held in Munich in June 2000, that progress within nursing has fallen short of what had been hoped for in Vienna, in many European countries. The reasons given for this lie outside the profession as well as within.

External factors include a lack of investment by some governments in the nursing workforce, the continued dominance of medicine in health care, piecemeal, rather than strategic development and a failure to make nursing an appealing career choice, which has resulted in acute shortages. Nurses themselves have shown a lack of organizational ability and have failed to provide the necessary leadership, to embrace their professional accountability, continue to focus on illness rather than health promotion and have been slow to amass evidence of their effectiveness. To combat these negative influences and enable nursing to fulfil its promise the Munich Declaration (Nurses and Midwives: A force for the future) was signed by the European Ministers of Health in June 2000 (WHO, 2000b). This Declaration affirmed the key and important roles that nurses and midwives have to play in improving health and ensuring the 'provision of high-quality, accessible, equitable, efficient and sensitive health services'. The declaration urges all member states in the European region to strengthen the nursing and midwifery contribution. Education, research, leadership and management were identified as vital ingredients if nurses and midwives are to exert a significant influence on the European health care agenda.

Nursing education, research and leadership in Europe¹

Throughout Europe there are wide variations in nursing education, in the participation of nurses in research and in the extent that

nurses influence policy development, delivery of health services and nursing practice. Council Directives for nursing (77/452/EEC, 1977) and midwifery (80/154/EEC, 1980a; 80/155/EEC, 1980b) education ensure some parity of educational preparation and recognition across member states of the European Union, but in other aspects of the nurses' role, and in countries not in the EU, there are differences that can create barriers to shared experience and learning.

One important difference is the level of influence that nurses are able to exercise at governmental level. While most EU member states have Chief Nurses at ministerial level, there are some notable exceptions such as Germany. In many of the countries of Central and Eastern Europe (CCEE) and newly independent states (NIS), posts of chief nurse are non-existent or held by doctors, such as in Romania, Tajikistan, Uzbekistan, Moldova and Russia. Even in countries where posts have been created at ministerial levels, active involvement in policy development often is not seen as a priority.

Similarly, in many countries and especially those mentioned above, nurses do not control nursing work. They are instead seen as assistants to doctors and their work is delegated and supervised by medical staff. Nursing leadership, at both national and local levels is vitally important, as frequently it is only when this is established that nursing education is developed in such a way that nursing knowledge, rather than medical knowledge is transmitted and professional development occurs. Without adequate leadership and a robust nursing management it is difficult to develop standards and introduce quality measures. Although in some countries like the UK these systems are highly developed, and exciting developments such as the introduction of nurse consultants are taking place, in many parts of Europe both nursing and quality standards are unheard of.

In many countries doctors or scientists still teach nurses. In the Ukraine for example, out of 6387 teachers of nursing some 4362 are doctors and only 158 are qualified nurses. Similar situations exist in Russia, Azerbaijan, Belarus, Armenia, Uzbekistan, Albania and Kyrgyzstan to mention but a few. It is extremely difficult in these circumstances for change to occur as other professionals are unlikely to read nursing literature, understand the nurse's role, or appreciate the need to raise professional standards. Without a robust system of nursing education, nursing research cannot flourish and consequently, research awareness, critical thinking and the ability and confidence to question and challenge are not developed.

The crucial role of nurse education in promoting change was recognized by the World Health Organization and many countries where the education of nurses is seriously deficient have been helped by the introduction of the WHO Learning Material on Nursing (LEMON) package which has been translated into many languages (WHO, 1996). These countries are now avidly seeking support to strengthen their nursing education systems and are developing closer links with countries where nursing is more developed. In some countries such as Estonia, Latvia and Lithuania collaborative links with the Nordic countries, including Finland, Sweden, Denmark and Norway, have paid huge dividends in terms of developments in nursing education with both undergraduate and higher degrees in nursing now being available.

Ethics

The central nature of education, research and management to the development of nursing is thus apparent and one theme that links all of these fields is ethics. One cannot introduce ethics in to a nursing curriculum without considering or questioning the role of the nurse; one cannot teach ethics without teaching critical thinking and analytic skills. Once taught, practices and methods of working are increasingly questioned and challenged. Similarly, an understanding of the research process and nursing research demands that one considers the ethics of research and finally because ethics is fundamentally concerned with how we treat people and the nature of our relationships with others, it underpins notions of management, leadership and indeed standards. This book is written with the aim of offering insights to the ethical aspects of these key elements. It is hoped that it will be of particular interest to those countries currently struggling to raise the profile of nursing within their countries, as well as raising ethical and cultural awareness among nurses throughout Europe.

The rest of this book

The book is divided into four parts, the Introduction of which this chapter is part, Part I which explores education, Part II which explores aspects of research and Part III which considers management.

Chapter 2 by Simon Woods and Lars Sandman explores the nature of Continental philosophy and considers its interest and uses to nurses and nursing. In many ways this chapter is foundational which is why it follows in the Introductory section, as the ideas it examines are fundamental to our way of seeing and understanding the world. They are also particularly important when one wants to consider what constitutes nursing, nursing knowledge and nursing research, which are the topics of concern in this book.

Part I begins with Chapter 3 in which Marianne Arndt explores the connection between the recognition of nursing as an academic discipline and the development of ethics as a distinct subject in nursing curricula. She discusses ethics teaching in the UK and contrasts this with the situations found in Germany, Austria and Switzerland. Arndt argues that the appearance of ethics in nursing curricula is a consequence of growing professional awareness and development and is foundational to the development of an autonomous and independent profession. She emphasizes the importance of both a nursing literature on ethics and the relationship between medical and nursing ethics to the development of nursing ethics as a discrete area of nursing knowledge.

Donna Dickenson, in Chapter 4, argues that the 'one size fits all' approach to ethics education, based as it is on teaching a set of universal principles, is no longer tenable within today's increasingly integrated Europe. Based on the results of a European Commission funded research study 'European Biomedical Ethics Practitioner Education Project', Dickenson argues that ethics education should be based on an experiential, reflective approach which takes account of the everyday experiences of people, their values and the contextual and social aspects of their situations.

Closing the section on education, van der Arend and Smits examines whether ethics education produces ethical practice. In many ways these authors echo Dickenson's conclusions by suggesting that traditional approaches to ethics education in nursing pay too little attention to the nature of nursing, the context in which care is given and the emotional aspects of care. They argue that more empirical investigation is required into the ethical aspects of nursing care and into how nurses make ethical decisions in practice. They also argue that changes in educational approaches are needed, from formal lectures on ethics to a process that links theoretical ethical input to practical ethics experiences, if nurses are to develop their ethical skills and expertise. Finally, van der Arend

and Smits conclude that a greater emphasis should be placed on the ethics of care rather than on a principlist approach, as this stresses the importance of meaningful relationships.

Part II considers some philosophical and ethical aspects of research in nursing which has largely been empirical in nature with conceptual or scholarly inquiry being relatively underused. In Chapter 6 Stephen Edwards discusses the relevance of philosophical inquiry to advancing nursing knowledge. He begins his discussion with an explanation of what philosophical research is and the ways in which it differs from empirical investigation. He goes on to consider one example of how philosophical research is relevant to nursing, by examining Parse's human becoming theory. Finally, Edwards demonstrates how the use of philosophical inquiry can generate progress in nursing research.

Van der Arend, in Chapter 7, explores the nurse's role in relation to research ethics and research ethics committees. He begins the chapter with a discussion of the various roles nurses play in relation to research, as researchers, research assistants, research facilitators, research subjects and consumers of research before exploring the ethical issues that each of these roles raise. Van der Arend then goes on to describe the regulations and practices affecting ethics committees in France, Germany, the UK, the Netherlands, the Nordic countries and Belgium. Finally he considers the nurse's role as a member of a research ethics committee and argues why their input to these committees is essential.

Part III of the book considers ethical aspects in relation to the management of health care. Anne Scott's Chapter 8 specifically explores the issues for nurses raised by the allocation of resources in health care. She begins by differentiating between resource allocation and rationing as these terms are frequently confused and describes in detail various approaches to the question of resource allocation. She goes on to consider resource allocation in nursing identifying some elements that are of importance. Scott suggests that before considering questions of resource allocation, however, it is important that nurses think about their function as without this it is not possible to recognize the essential requisites for 'good nursing practice' and she highlights her position by the use of a case-study. Scott goes on to argue that nurses must move their focus of attention from the micro-level of resource allocation to one that is more strategic, and she emphasizes that the perceived powerlessness experienced by many nurses prevents them from recognizing and using the considerable power which they collectively hold. Scott concludes her chapter by exploring what

is required if nurses are to provide an acceptable level of care. The elements are knowing what constitutes an acceptable level of care in the particular context, having the resources to provide such a level of care, having the professional and personal integrity to provide the care and, perhaps most importantly, speaking out when any of the first three levels are lacking.

In Chapter 9 Tope and Koskinen also touch on the issue of resource allocation in their discussion of quality assurance. After a general introduction that explores the nature of quality and some of the issues involved in trying to define and measure it the authors move on to consider quality in health care by asking why it is that 'quality' has now become such a hot topic highlighting five elements that anyone would expect from a quality care package. Tope and Koskinen then explore the concept of quality standards and what these may mean at the various levels of the organization and to individual practitioners. Their discussion moves on to consider nursing and quality in the contexts of the UK, Finland and Greece, highlighting the similarities and differences between these countries and arguing strongly for the need for evidence-based practice to improve standards. In their final section, Tope and Koskinen discuss the ethical challenges raised in relation to health care quality.

The final chapter by Ann P. Young, deals with the topic of nursing leadership and management. Young begins by defining what is meant by the terms 'management' and 'leadership' before identifying the common factors within Europe which influence the managerial roles that are assumed by health professionals. Young then compares the cultural and historical factors that underpin the health care systems of the UK, the Netherlands and Romania and examines how these differences influence both the managerial roles and leadership skills of nurses. She goes on to identify and discuss some of the dilemmas arising from conflicting views of management in the three countries, before highlighting the significance of the variations and the risks in assuming that there can be one model of good management or leadership practice.

Notes

1. For those interested in comparative information about European nursing and health care, the World Health Organization website at <http://www.who.dk/Nursing> contains a host of useful information.

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