Nursing ethics in a developing country

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Abstract

Nursing is a true profession, distinguished by its philosophy of care, its full-time commitment to human wellbeing, its particular blend of knowledge and skills and its valuable service to the community (Curtin & Flaherty, 1982:92). Ethics is vital to nursing. Being a professional implies ethical behaviour and knowledge of what it means to be ethical (Pera & Van Tonder, 1996:v). Ethics is the foundation of committed service to humankind. When nurses practice in an ethical manner they should adhere to ethical principles like autonomy, beneficence, justice, veracity, fidelity, confidentiality and privacy. From this conceptual framework two questions can be asked, namely:

- Does the behaviour of nurses in health services in South Africa comply with the principles of ethics?
- How can ethical behaviour be facilitated in nurses in South Africa?

The first question was answered by doing a critical analysis of thirty-two case studies of recent ethical phenomena in health services. The ethical principles will be used as criteria for this analysis. Some of the ethical case studies will be presented in this paper to indicate the problems in relation to autonomy, beneficence, justice, veracity and fidelity. It will be demonstrated that from deontological ethical theories nurses are not doing their duty as advocates for the vulnerable patient and from utilitarianism the poor and uneducated patients are being exploited. To empower patients in developing countries it is of vital importance for nurses to behave in an ethical manner.
From a literature study a program for rational interaction for moral sensitivity (Rossouw, 1995) and virtue-based ethics in Nursing Education is identified to facilitate moral behaviour amongst nurses in developing countries.

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Introduction

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From this conceptual framework two questions can be asked, namely:

- Does the behaviour of nurses in health services in South Africa comply with the principles of ethics?
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The first question was answered by doing a critical analysis of thirty-two case studies of recent ethical phenomena in health services. The ethical principles were used as criteria for this analysis. Four of the ethical case studies will be presented in this paper to indicate the problems in relation to autonomy, beneficence, justice, veracity, fidelity and a lack of caring.
In empowering patients in developing countries it is of vital importance for nurses to behave in an ethical manner. From a literature study a program for rational interaction for moral sensitivity (Rossouw, 1995) and virtue-based ethics in Nursing Education was identified to facilitate moral behaviour amongst nurses in developing countries. In this way the second question and a possible solution to the moral problem will be addressed.

To describe nursing ethics in a developing country, I want to focus firstly on the case studies.

Research Article

Case study 1

A young woman, aged 18 years, reported at the unit for the termination of pregnancies of a public hospital for an abortion in terms of the Termination of Pregnancies Act (92 of 1996). All the staff in the unit work there of their own free will. The professional nurse on duty was a personal friend of the parents of the young woman. The nurse asked the young woman whether she had discussed it with her parents. In the presence of all the other patients, the young woman had to explain that she alone had made the decision and that she preferred not to involve her parents in the matter.

The nurse ordered the young woman to phone her parents and threatened to do it herself if the young woman refused to do so. The young woman was terror-stricken. While the doctor took the young woman away for an examination, the nurse said in the presence of everyone that she refused to have anything to do with the young woman's foolishness. The nurse refused to nurse the patient. In the meantime the doctor counselled the young woman and explained the procedure. The young woman was then admitted and prepared for the procedure. Medication was administered to the young woman to terminate the pregnancy. During the abortion the patient haemorrhaged more than was normal. The nursing aid reported this to the professional nurse.

The nurse failed to react to this. The nursing aid informed the doctor. The doctor was at the young woman's bedside within eight minutes and he ordered two units of blood and prescribed a schedule 7 analgesic for the young woman.

The nurse refused to administer the medication to the young woman. In fact, she left the unit. The nursing aid then contacted the matron on duty, who administered the medication and helped to stabilise the young woman's condition.

Interpretation of the conduct in case study 1

The conduct which is observed in case study one is that of a nurse who, firstly, ignored the autonomy of the 18-year old woman's right to self-determination. This right is granted to her in terms of the Children's Act, based on her age, as well as the Termination of Pregnancies Act which gives her the right to decide autonomously about the termination of her pregnancy. The nurse therefore not only ignored an ethical principle but also legal principles.

Secondly, the nurse ignored the young woman's right to privacy by confronting her in the presence of other patients because she failed to consult her parents in the matter.

Thirdly, this nurse acted unprofessionally by refusing to nurse the young woman. She neglected her duty to counsel according to her scope of practice in terms of the Nursing Act and the Termination of Pregnancies Act. She further neglected her duty by ignoring a prescription for the administration of an analgesic. While the young woman's life was in danger as a result of excessive loss of blood, she left the unit without caring for the wellbeing of the patient. A sub-professional person in the nursing profession acted as advocate for the patient, looking for help elsewhere.

Being a professional implies ethical behaviour and knowledge of what it means to be ethical

Case study 2

It was Saturday morning in the medical paediatric unit. Only a professional nurse and a nursing aid were on duty since the rest of the staff hadn't reported for duty. Between the two of them the nurse and the nursing aid started to bath the children in the unit. Anne, a girl aged 12 years, who suffered from rheumatic fever, bathed alone despite the prescription that she had to be observed for giddiness should she get up. In her effort to get out of the bath, Anne fell. The nursing aid found her on the floor. Anne was disorientated and the nursing aid immediately informed the professional nurse. The nurse explained to the nursing aid that the confusion and disorientation were temporary and it was decided not to do anything about it. There were other matters which enjoyed priority. No report was written and the doctor was not informed.

During his round that afternoon the doctor established that the girl had suffered paralysis on the left side of her body. A scan confirmed brain haemorrhage.

Interpretation of case study 2

What is reflected in case study two is a situation where the health service authorities create a context for unethical conduct through the under-provision of human resources. Such a situation makes it impossible to deliver quality nursing and the nursing team use crisis nursing where the priorities that are set could prejudice the patient. This situation is complicated further by the phenomenon of staff absenteeism. Firstly, such a phenomenon is related to burn-out as a result of under-provision of human and other resources. Secondly, absenteeism is also related to a culture of unprofessionalism and a lack of dedication where the staff neglect their responsibilities because of minor ailments.

Within such an undesirable working culture the ethical principles of non-maleficence and beneficence are sabotaged. The nurse has set the priorities so that they prejudiced the patient concerned. In fact, the damage that was caused might very well influence the quality of life of this person for the rest of her life. There was a lack of care for the patient and she did not receive the treatment that she was entitled to. The principle of justice is therefore problematic within a health service with limited resources. The nurse, when working under pressure, neglected her duty to inform the doctor and thus prevent damage.

Case study 3

This study is taken from a Paediatric Intensive Care Unit. A nurse and a nursing aid were on duty. The doctor prescribed that the line in the umbilical artery could be removed. The nursing aid saw the prescription and removed the line. The nursing aid merely administered a strip of Elastoplast over the wound area where the line was removed. The baby wore a nappy but was attached to an oximeter. The nursing staff became suspicious when the oxygen saturation dropped to 80% and the baby presented with bradycardia. The nursing staff decided to keep quiet and not to report the bleeding to the doctor.

Interpretation of case study 3

In case study three, the nursing aid acted outside her scope of practice. In terms of the Nursing Act, sub-professional groups always act under supervision of the professional nurse. Since the nursing aid acted outside her scope of practice, she caused damage to a baby. By not reporting the matter to the doctor, the professional nurse and the nursing aid also ignored their ethical principle of veracity.

Case study 4

A pregnant woman reported at the maternity hospital. No foetal heart was audible on examination and a diagnosis of inter-uterine death was made. The doc-

Ethics is the foundation of committed service to humankind.

tor decided to deliver the dead foetus by means of a Caesarean section. During the Caesarean section a 680g, 12 week premature baby was born. The normal minimum requirement of 800g was ignored and the baby was admitted to the paediatric intensive care unit and ventilated.

During the first few days the baby breathed by itself and the saturation levels were good. Later, the baby showed a low plate count and complications such as gangrene of the hands and feet, as well as infection, set in. The baby didn't breath spontaneously any more and it was decided that the prognosis was poor.

The parents were approached with a view to the disconnection of the ventilator and other supportive treatment. The parents were shocked as they were never informed of the true state of affairs. It was later agreed to disconnect the ventilator and to stop other treatment. Within minutes after the ventilator was disconnected, the baby's heart rate dropped and the saturation levels declined drastically. The parents were informed that the baby's condition was deteriorating. They refused, however to come to the hospital. The baby died.

Interpretation of case study 4

In case study four we have an example of very low-quality obstetrics. A fatal mistake was made when the foetal heart was monitored. It is unclear whether advanced technology such as ultrasonic sound apparatus was used in the diagnosis. With the availability of high technology the medical staff tried to compensate for the mistake by ventilating the baby and admitting it to an intensive care unit, thereby creating a further ethical dilemma of euthanasia. The parents were furthermore not informed of the actual situation.

Moral development of nurses in a developing country like South Africa

From the above-mentioned case studies it can be concluded that the ethical conduct of nurses does not meet the standards set by ethical principles.

To assess the level of moral development, I will use the perspectives of Rossouw (1994:8) to distinguish between three phases of moral development. He does not, however, want to indicate hereby that moral development is evolutionary or that all people necessarily move through all the phases. Moral development may sometimes not take place at all, or it could happen on a lower level. The three phases of moral development are described as survival, reactive and proactive morality.

The survival phase is actually a premoral phase in which "the good" and "the other" are absent. The purpose of survival overshadows any moral motives. This phase corresponds with Gilligan's (1982) first phase in which people only care about themselves and not about others. This phase is probably typical after a phase of suppression, which was part of the apartheid era in South Africa. During this era the rights of people were ignored and their own rights became so important to them that the rights of others are now ignored. The moral development of nurses in the case studies is typical of this phase. The lack of morality of the survival phase can, however, only have disastrous consequences for the individual and the community.

The next phase is known as the reactive phase. In this phase people act correctly to meet the legal demands. This phase corresponds with the first level of Kohlberg (1981), which he calls the preconventional level. People act in a so-called ethical manner with a view to not getting into trouble because they contravene certain rules or laws. This type of moral conduct is also observed in a developed country like the USA. Nurses and doctors often act in a specific way purely to avoid a possible lawsuit. Moral conduct is therefore not the primary motive.

The final phase that is distinguished is the proactive phase. In this phase moral conduct forms part of the inherent characteristics or values of the person. People in this phase respect the rights of other people and meet all the ethical principles without having them prescribed by rules. Each individual accepts the responsibility for their own morality in the collective morality of the community within which they function. Kohlberg's (1981) highest level of moral development corresponds with this.

Nursing education in South Africa is of the best in the world. Our nurses are in high demand in the UK, USA, Australia and the Middle East. Our nurses thus possess the knowledge and skills. The legal-ethical framework of the practice of nursing is clearly defined. Ethical and legal rules are explicitly spelled out.

Despite the above, something is wrong with the ethics of nursing. The case studies are reminiscent of thriller movies. This brings me to the second question, namely how can ethical conduct be facilitated in the nurse?

Possible Solutions To The Problem

The solution to this problem is, in my opinion, vested in the following two measures, viz.:

- Rational interaction for moral sensitivity.
- Virtue-based ethics in Nursing Education.

Rational interaction for moral sensitivity

Rossouw (1994:64) describes rational interaction for moral sensitivity as an alternative method of ethical decision making. I want to apply this approach somewhat differently.

Rational interaction within the context of the paper indicates a discourse between two or more persons who have an interest in an ethical issue. Each of the abovementioned case studies can, for example, be the subject of such a discourse. Each ethical issue or ethical principle in the case study can be debated. All nursing staff in a unit, clinic or hospital can participate in the discourse.

The purpose of the discourse is to promote or restore sensitivity and awareness in respect of morality. The participants in the discourse should thus again become aware of, or sensitive to, what is right and good.

A rational discourse refers to the stating of arguments which each participant can understand. In this case, rationality does not imply a modernistic rationality but a post-modernistic rationality where values, cultures and emotions are also considered. Rational arguments aid at convincing the other participants of the importance of ethical conduct.

In the discussion of moral development it was indicated that the highest level of moral development is achieved when the person's ethical values have internalised to the extent that rules have become obsolete. For this reason I want to present virtue-based ethics in nursing education as a second solution.

Virtue-based ethics in Nursing Education

Virtues indicate the inherent characteristics of a person and imply that the ethical values have been internalised to such an extent that they form part of the person's character. The person thus acts morally without the necessity of rules.

Virtue ethics is not new to nursing. If we study the history of ethical traditions in

nursing, we observe that there was a period when the emphasis was on the development of the practitioner's character. This period was followed by a moral tradition where the emphasis was on responsibility. Today, the ethical tradition is characterised by a focus on human rights. The latter two traditions can be typified as so-called rule-orientated ethical traditions. Rules cannot, however, ensure moral conduct, therefore more than rules are needed. This implies that the practitioner must possess certain virtues for sustained moral conduct.

Macedo (1991) describes the types of virtues that I think are necessary to ensure moral conduct in nursing. These virtues are as follows:

- Reflection
- Courage
- Fairness
- Honesty
- Empathy
- Perseverance
- Dedication
- Responsibility
- Reliability
- Strive for excellence

For decades these virtues were not sufficiently emphasized in Nursing Education. These virtues should be internalised by the student nurse to such an extent that they form an integral, permanent part of his/her character. This would mean that each of these virtues is presented in all study content by means of role-play, case studies and role modelling. It would also mean that what was neglected for decades should be re-emphasized in order to overcome deprofessionalisation of nursing.

Conclusion

According to Marcedo (1991), the above virtues are also a prerequisite for successful functioning in a plural democratic society. These virtues also facilitate the successful participation in a rational discourse on ethical issues. If nurses possess these virtues they are capable of sustained moral conduct.
These virtues are not foreign to Africa and Mbiti (1991) describes them as part of an Africa philosophy. We thus only need to re-emphasise them.

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