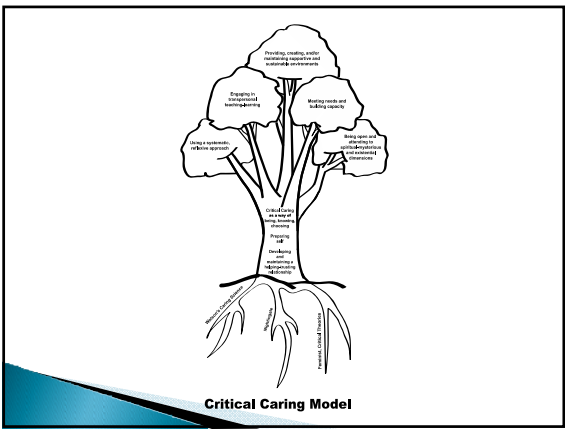


Relational Ethics in Public Health Nursing Practice

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Critical Caring Theory Development

Purpose: ▶ To examine Critical Caring's relevance to expert PHN practice and further develop it.

Participants:

Phase 1: ▶ Theoretical purposive sampling of expert PHNs practicing in 3 different geographical areas of Ontario (2005)

Phase 2: ▶ Convenience sampling for 2 focus groups (2011)

Methodology: ▶ Comparative case study design

Demographics

- ▶ 26 female CHN participants
 - 10 interviewed
 - 16 in 2 focus groups
 - national – 6 CHNs from 4 provinces
 - SW Ontario – 10 in 1 health unit, different program foci
- ▶ Education
 - All baccalaureate prepared
 - 27% masters
 - 12% in nursing
 - 15% non nursing

Demographics, cont'd

- ▶ PHN Experience
 - Range 8 – 33 years, Mean, 19.3 years
 - Total years of PHN experience 518.5
- ▶ Employment
 - 77% public health units/departments
 - 8% Community Health Centres
 - 4% Rural Health Centre
 - 11% Unspecified

Demographics (cont'd)

- ▶ Focus of practice:
 - CHCs: direct care and political advocacy
 - Public Health Units:
 - Young families, schools and children, vulnerable populations (e.g. MH), chronic disease prevention, communicable diseases, healthy lifestyles, young adults, telephone counselling, knowledge translation
 - Others:
 - Addressing community health needs at individual and family level and policy level

Critical Caring as a Way of Choosing

- ▶ Difficulty articulating ethical framework that guided practice
- ▶ **Social justice as expression of caring**
- ▶ Core values: respect, autonomy, self-determination, and honesty
- ▶ Professional standards/ethical code
- ▶ Organizational or program specific guidelines
- ▶ **Relational, contextual ethics most prominent**

**Caring/Social Justice in Action:
Meeting Basic Needs/Building
Capacity**

- ▶ Direct provision
 - (e.g.,PHNs collecting clothing in office, or meeting health needs in clinics, providing support, comfort, information)
- ▶ Linking with community resources
- ▶ Capacity building and empowerment
 - Empowerment approach, individual – community level

Everybody should be able to feel good about themselves. I'm thinking of a [home visit – the Mom] had cancer and her daughter had head lice and [agency policy is] we don't go and pick nits or check for head lice. I have to say I did. First I trained the home care worker to do it who then quit and . . . I just said, 'I'm going to do it.' . . . [W]ould I do that for everybody? No. But you make a decision based on the situation. The mom was dying and this was one more stress. She was just sitting there not coping at all with life and the daughter had intellectual difficulties; lots going on.

"I worked with a community group that very much wanted to see no smoking by-laws passed by the municipality and at that point the municipal government wasn't that receptive to the idea. So it was helping to work with that community group to build their capacity, to educate the community, to mobilize other community members, to advocate on behalf of the community....And the by-laws were passed."

"They're called special diet clinics because it's a diet form that we're filling out. You really could call them hunger clinics where primarily nurses are . . . assisting people to get the additional income on their social assistance cheque. I have to say, it's probably one of the most important things I've done as a nurse in my career. It's immediate. It's concrete"

[But] some of us are saying it's unethical not to [participate in the diet clinics] because the only intervention we make that saves people's lives is increasing their income. And so there's an interesting debate around ethics. . . . ethics [are] not very cut and dried here. There . . . [are] things you do that . . . [would] make your nursing school teacher's hair curl. I buy people cigarettes; if it's what's going to help somebody stay in detox for five days rather than kill herself out there on the street from using crack, I'll buy her cigarettes. I don't have an ethical problem with that. But technically maybe, a nurse isn't supposed to do that.

"I believe that it's a kind of trombone slide—that it's like the imperative of our discipline."

Caring/Social Justice Ethics in Practice (cont'd)

- ▶ Social injustice recognized as affront to human dignity and led to:
 - Advocacy - health care professionals and community agencies to protect human dignity
 - Political advocacy to address underlying sources

"Everybody is deserving and everyone has the right to everything from access to the supplies and what I can offer them, the right to decent housing, and the right to be treated without prejudice, and that people deserve kindness and respect. And . . . all of that can happen on a one-on-one basis or with a community, but you know, I have a responsibility to deal with the bigger picture. Otherwise I don't think it would be ethical to do my work if I wasn't doing the other; . . . not dealing with the bigger picture issues would be, I think, irresponsible and complicit with kind of the homelessness-making mechanizations. . . . I think that would be immoral."

“You know, you read about it—the poverty, the homelessness, the abuse. Until I was faced with it, face-to-face, and [saw] how ill and the lack of service that people have. . . . I don’t think I really realized the impact on health. And so, we continue to advocate where we can on a one-to-one basis and on a collective basis with [specific community agencies] . . . But it’s very difficult.”

- ### Enablers
- ▶ Mentors, on-the-job training and role models
 - ▶ Supportive work environments
 - To take concerns “up”
 - Social justice an organizational priority
 - Managers who value social justice and political advocacy
 - Supportive peers and nursing teams
 - ▶ Alliances with outside groups; advocacy as private citizen
 - ▶ Powerful clinical story
 - ▶ Subversion (“below board, if above board doesn’t work”)

- ### Barriers to Moral Agency
- ▶ Created ethical dilemmas and moral distress
 - Organizational, fiscal, and administrative constraints
 - Reorganizations and “corporate streamlining”
 - Reductionist – no longer dealing with whole community
 - Move from generalist to specialist practice
 - Mandatory programs
 - Bureaucratic structures
 - Increased downstream workload

How can I keep going out to visit these people in their homes and seeing these patterns over and over again? But it seems like our hands are tied sometimes because of funding or the way that we're structured not only within public health but the health system in general to actually act . . . It breaks your heart and I know what's right but it doesn't seem like I can actually do that within the constraints of the role I have.

Discussion

- ▶ Critical Caring is a caring, social justice ethics
 - Consistent with Watson's recent call for caring activism and feminist ethicists who have long argued for the need for both (e.g., Dillon, Baier)
- ▶ Critical Caring is a relational, contextual ethics
 - Consistent with nursing ethics in other nursing sectors (e.g., Rodney et al) and other disciplines (eg Young)
 - Appropriate for public health nursing (MacDonald)
 - Consistent with Nightingale and early ph nursing leaders

Discussion, (cont'd)

- ▶ Barriers to moral agency illustrate many of the barriers Reutter and Kushner warned of and are, in many respects, similar to those of nurses in acute care (Varcoe and Rodney)
 - Suggesting they stem from same ideological shift towards neoliberalism and concomitant value shift towards a corporate culture

Conclusion

- ▶ Smith (2007) argued that “when its capacity for caring is healthy and intact, nursing is the health profession *best suited* for leadership in reducing inequities”
- ▶ Ensuring that PHN’s capacity for caring—including through advocacy for social justice—is healthy and intact is of vital importance for:
 - Individual nurses
 - The nursing profession
 - The health of Canadians

Conclusion, (cont’d)

- ▶ Critical caring relevant to PHN practice and may be useful as a tool of resistance for:
 - Grounding public health nurses in nursing’s legacy, values, and knowledge base
 - Empowering PHNs by
 - naming aspects of their work and
 - giving credibility and visibility to public health nursing work
 - Meeting practice standards
