



MORAL AGENCY IN NURSING: SEEING VALUE IN THE WORK AND BELIEVING THAT I MAKE A DIFFERENCE

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The subject of this article is moral agency in nursing, studied by the use of an applied philosophical method. It draws upon nurses' accounts of how they see intrinsic value in their work and believe that they make a difference to patients in terms that leave their patients feeling better. The analysis is based on the philosophy of Iris Murdoch to reveal how nurses' accounts demonstrated that they hold a view of themselves and their professional practice that is intrinsically linked to, and dependent upon, their capacity to see good in the work they do.

Introduction

My study of moral agency in nursing was triggered by a tendency in nurse education to conceptualize its goals in ways that suggest that individuals who are suited to nursing will ultimately be developed if one provides students with the right kind of nursing experience, delivered in the right kind of way, in the right kind of setting. This indicates a technical approach to nurse education that fails to consider adequately the influence of persons in relationship in the process. The nature of moral agency in nursing remains, however, the central interest to nurse educationalists who seek to nurture nurse learners towards a capability for nursing care that is concerned to meet patients' needs, as they themselves perceive them. That an alternative is a possibility is revealed, for example, by Benner *et al.*¹ and Benner² who have shown that nursing is in danger, on occasions, of being directed by a confident imposition of nurses' own views upon patients.

The purpose of this article is to describe the nature of moral agency in nursing by revealing how and why nurses see value in the work they do. To achieve this I draw on interviews that were part of another study, in which open interviews were transcribed and coded to draw out analytical themes.³ The analysis is

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informed by the work of Iris Murdoch, who drew attention to how, through an inner conscious working, we examine our response to events in our lives, and in so doing develop how we see the world and ourselves in relation to others. What is revealed is that nurses hold a view of themselves and their professional self identity that is intrinsically linked to, and dependent upon, their capacity to see good in the work they do.

To begin I offer accounts from nurses who spoke of their belief that they had made a positive difference to a patient and the feelings of satisfaction that were associated with this recognition. To preserve the nurses' anonymity, fictional names are used in the following accounts.

The value of knowing that one has made a positive difference

Mary was a clinical nurse specialist. When asked what had sustained her in her work, her first thought was of her patients. She said:

Patients I suppose ... what's really kept me going is pulling the curtains round, or closing the door and going in and doing something that made a difference to that person. Not necessarily putting their blood up or whatever, doing something that was important to them, and which made a difference to them. Made them feel better in some way. Whether it was putting their lipstick on, or something that was really important to them and absolutely nothing to do with their observations or anything else, nothing to do with anything like that, but something that really made a difference to them, whatever, sorting their flowers out, if that's what was important then they could have them arranged and see them.

Mary here distinguishes medical care, illustrated by 'putting up blood' and recording physiological 'observations', which might be regarded as giving care that could be generalized, from care that is person focused, illustrated by 'putting lipstick on', 'sorting flowers out' and arranging them so they can be seen, and 'doing something that was important to them'. It is the giving of person-focused care that Mary appears to regard as having particular value and a source of motivation for her: 'what's really kept me going'.

Mary goes on to identify the importance of privacy to such moments:

I think that it is being able to close the door and going in and saying look, and that's really made a difference to them.

Here, Mary speaks in terms of principle, which she seeks to apply to patients in general, perhaps indicating her sense of duty, something she ought to do as a nurse. Speaking of what had sustained her in her work Mary said:

When someone says you have really helped me, all the other things about it are invisible, it doesn't make any difference [speaking of the stress that she had to sustain]: 'But you know, you being here, or just knowing that you were in the room while the doctors were with me, that really, really helped me.'

Mary indicates here her recognition that her presence, at a time when a patient felt vulnerable, was not only of benefit to the patient. Mary also benefits because sources of strain on such occasions are rendered invisible to her. The need to give

focused attention to the patient for whom the nurse seeks to make a difference is again suggested in Mary's account:

And now if I am in a room with somebody, it's just ignoring my bleep, it's ignoring the phone, and just saying to them look you just talk to me and tell me exactly what's going on, or what the problem is or whatever.

Mary speaks here of her attempts to show the patient that she is listening. She goes on:

And it's actually sort of feeling afterwards, well if everything else is falling down around here, I will know that I have made a difference to that person. And when you feel that everyone is on your back, you can know that that was definitely worth while because I know that if I wasn't here today, then that wouldn't have happened for that person and that person would have still been upset, and struggling with whatever.

By her personal presence, she made a difference to her patient on that day in that situation. This is a source of satisfaction to Mary. The feelings that she associated with knowing that she had made a difference to the patient are a source of sustenance to her and contrast with those produced by the feeling that 'everyone is on your back'.

Diane was a newly appointed clinical nurse specialist. Until recently she had been working as a staff nurse on a busy surgical ward. She reported that:

You see some people in agony and you try to relieve that agony. Then you see that person smiling and you think, oh yes, I have done something. And the person turns round and says to you, you have really done well for me, you've given me my life back, so thank you very much. It is so satisfying and you think, yes, I have actually done something. So that is one thing in nursing which I love very much. You see that you have done something and you can get the feedback.

To have 'done something' that relieved the patient's agony, and which gave the patient her life back, is a source of value for Diane. She expresses her valuing the difference she has made as a nurse in terms of the 'love' that is experienced on those occasions when, within a nurse-patient encounter, she is brought to see the difference that she has made.

Practical judgement

Sheila worked in a busy accident and emergency department. When asked what had sustained her in her practice, she indicates the involvement of herself in her work and her capacity for practical judgement that is rooted in compassion:

I think that it is my compassion and, and – it's actually feedback from the patients, seeing results, seeing people getting better, and knowing that you have made a difference. And certainly today, I mean, I went to the ward today with that lady with subacute bowel obstruction, and you know, sort of being able to get that feedback, and knowing that she was better, and she was probably better because you had something to do with that.

The presence of Sheila in a particular situation, her diagnostic ability and her compassion, had led to someone feeling better. It is of interest to note that it is her compassion that Sheila speaks of first, and to which she seems to give primary

significance. It was her compassion that motivated her to relieve her patient's suffering and, in so doing, to make a positive difference to her.

That some nurses invest something of themselves when caring for their patients is associated with their experience of satisfaction and well-being when they are brought to see that they have personally made a difference to a patient in a positive way. Sue spoke of the importance of involving the self in nursing work:

You need to negotiate, but it is more than that, you actually have to put yourself in it. You can't be a nurse from an impersonal front, whatever people say, you have to get involved, and the level to which you get involved might vary, but you have actually to give something yourself.

Value in interpersonal moments of sharing

Some of the accounts offered by these nurses highlight private interpersonal moments that have a motivational quality for both the nurse and the patient. John, a nurse specialist who works with patients who are HIV positive, for example, begins by telling how nursing work can come to be experienced as 'routine':

After a while things become a little bit routine and you kind of think there must be better things than this, and those times when you feel that you are just doing the same old thing, and you think that it is time to change and to do something different, and that some of the challenges have gone. And when I end up feeling like that something always seems to happen that makes you re-evaluate what you are doing, and that always tends to be very patient focused. It's not that I can think of occasions when I have startlingly performed cardiac surgery or something, it's where you get feedback from a patient and you realize, well no one else, unless they were in this position, could have actually achieved that. Because they don't have that role or weren't there at the time.

An unexpected recognition of value when life has become routine is conveyed in John's account. Again, being positioned as a nurse, in a particular situation, and achieving something for the patient in that situation, is narrated. There seems also to be a recognition from John that nursing work is not regarded as carrying the same 'eye-catching' importance as medical work, such as the performance of cardiac surgery. When asked about what sustains him in his work he answered:

I'd have to say what has sustained me has been the patients that I have worked with. You know ... meeting an individual, he is in trouble, you haven't even particularly done anything for him, you have just been there at the time and you have offered support and expected nothing back in return, although you have received a lot back in return, there's been that, you know, kind of arrangement.

The position of this particular nurse, in a patient encounter that existed in a particular moment in time, is again spoken of here. The 'kind of arrangement' that John speaks of is found within a reciprocal relationship in which both parties recognize the value of the relationship to them. John seems unable to find words to describe his not expecting a return from his patient, and yet receiving it. This receiving is associated with feeling, and has been sustaining to him:

It is not something that can be defined but, you know, the kind of, the feeling that you've made a difference to an individual, and had I not been there at that time, that would never have occurred.

Rather than attempt to find words to define what he recognizes that he cannot define, John speaks of feelings that are experienced in an interpersonal encounter. Once again the presence of himself, in that particular situation, at that time, appears to have significance for him. In the following account of what sustains him, John indicates his inclination to underplay what he knows he has achieved because he thinks it will not win the attention of the wider arena of health care:

That is kind of what sustains you, so as I say, whenever I am getting fed up, something seems to happen, that you will meet one of those clients who will suddenly, you know, there will be the odd word, or the odd statement said that is enough just to remind you that what you are doing is of value, and you know, it might only be of value in a very individual way that is never going to win you the nurse of the year awards, but you know, that for a particular group of individuals you have made a significant difference.

'Getting fed up' and then being reminded of the value of the work that one does, is spoken of here. There is a suggestion also of a 'roller coaster' existence, where a series of bad days is followed by a good moment, when the nurse knows that he personally has made a difference to a patient. That moment is associated with feelings of satisfaction and fulfilment, and is likely to remain private to the nurse who experiences it.

Sue, a ward sister who had been working in a particularly busy and trying ward, also suggests a 'roller coaster' existence, where times of strain were interspersed with moments when she recognized that she had made a difference to her patient.

Maybe you have three bad days, and you think what am I doing this job for, and one of your closest friends from school has told you that she earns ten times as much as you, and you think what do I do this for, and you walk up to a patient, they call you over and they just say thank you, and they don't have to send a card or chocolates; chocolates mean nothing quite honestly. A card or just calling me over and saying thank you, and that face lights up, somebody who has been difficult and who was not responding, their face lights up, and that, you never ever get that feeling in your job, you can't imagine what it is like to have that feeling, and I feel sorry for you. I guess it comes down to a privilege. You might get all your figures counted, and you might get a bonus, but you never ever get that feeling, and that is what puts me in a better position than you. And that's what; it is just when you think that nothing in this job ... you might go weeks without one of those, and then you will get one.

Sue speaks here of her recognition of the value of nursing. Once again feelings are spoken of and also the relevance of the nurse's particular position. Sue expresses her view that it was because she had been in a privileged position as a nurse that 'that feeling' had occurred.

The value of nursing and professional identity

We find within these nurses' accounts evidence of them experiencing value of two kinds: value that is recognized as being intrinsic to the moment; and value that is experienced when the self of the nurse achieves that which she or he set out to achieve. When these nurses recognized that they had personally achieved that which they believed a professional nurse ought to achieve, their experience was one of satisfaction: 'You are a professional, you do get a certain amount of satisfaction out of people enjoying coming to see you.'

However, to achieve the fulfilment that is provided by virtue in its Aristotelian sense, that is, virtue that is the product of trained and reasoned emotion, and is exercised through practical wisdom within situations, requires something more. It requires that the goals of nursing are embraced by nurses as a part of their ongoing chosen direction within their life plan. To achieve goals that were merely chosen in the whim of a moment, or from which nurses may readily walk away, will not suffice. In contrast to such a possibility, we find within these nurses' accounts an ability to recognize that which has intrinsic value in nursing.

Ohlen,⁴ in his study of influences upon nurses' professional identity, found that the most distinguishing feature of professional identity was a feeling of being a nurse, as opposed to working as a nurse, and that professional identity was closely related to personal identity. Professional identity is referred to by Ohlen as the 'commonality of the nursing profession and to the special way the nurse utilises this commonality within the nursing profession'. (p. 721).⁴ Ohlen goes on to assert that 'professional identity is the individual nurse's perception of her/himself in the context of nursing practice' (p. 722).⁴

The accounts of the nurses who have been presented here also suggest that it is only when nurses' chosen goals are a product of their psychic view of the world that it can be said that they have achieved these goals, and contributed to their developing practical wisdom as nurses and their flourishing as human beings. Worthy of note are Porter and Porter's⁵ findings that a positive self-image, as a reflection of the professional identity, is a prerequisite for nurses to enable them to have a strong and therapeutic relationship.

Reference has also been made in this article to the influence of compassion over understanding. Blum⁶ describes the experience of compassion as involving feeling with another person while recognizing that one's feelings are not the same as those of other persons. Blum says that compassion promotes equality, because, when one experiences compassion one experiences a regard for the other as a fellow human being. Compassion can also be understood as an emotion. Of significance to the emotion of compassion is what Oakley⁷ calls the affective dimension of emotion. This is to be understood in terms of feeling and a psychic dimension, which Oakley describes as 'the mental tone which affects us and which characteristically permeates our perceptions, our desires and actions in ways which we are not always aware of' (p. 11).⁷

The nurse who exhibits compassion will therefore not simply respond with feelings at the time of the patient's suffering, but will care for this patient in an ongoing way that may not always be expressed in terms of feeling. Affectivity of a psychic kind is an emotion that affects all our lives over extended periods and is present even when feeling is absent. Oakley points out how his account of

emotion is compatible with Aristotle's notion of virtue, or what it means to live well. For Aristotle, living well involved the development of good character as an enduring way of being that underlies and informs the actions that we perform on particular occasions.⁷ In displays of compassion, therefore, we find displays of character. Compassion is an altruistic virtue that involves a concern for the good of the other person, an imaginative awareness of the other's suffering, and a desire to act in order to relieve that suffering.

A concern to understand one's patient has been considered in nursing literature in terms of empathy. For example, La Monica⁸ considers empathy to signify a central focus for feeling with the client's world, involving an accurate perception of the client's world by the helper, communicating this understanding to the client, and the client's perception of the helper's understanding. Truax⁹ enlarges on this by pointing out that accurate empathy involves more than just the ability of the therapist to sense the client's private world as if it were her or his own. It also involves more than the ability of the therapist to know what the client means. Accurate empathy involves sensitivity to current feelings and the verbal facility to communicate this understanding in language that is attuned to the client's feelings. Zagzebski meanwhile speaks of understanding, albeit in a different context, in the following way:

It cannot be merely . . . to know what it is, or to know lots of truths about it. One can conjure up possible cases in which someone can do all the above and still not understand . . . What elevates the above to understanding is the possessing of the right concepts, the right intuitive insight of the connection that makes the parts of the proof to be proper parts of sequence (p. 47).¹⁰

Nurses who have understanding in these terms, and who exercise practical wisdom, will have understanding that incorporates their patients's point of view.

The professional self of the nurse

How then is the professional self of the nurses providing these accounts to be understood? Kant refers to a 'noumenal self' that incorporates a self that, through reason, transcends the empirical world in the exercise of a will, which seeks absolute rules about what ought to be done.

Our will and our noumenal self are most apparent to us when we recognize our moral duty to act, despite what we may desire to do. Indeed, it is our capacity, by the means of reason, to hold this view and so to recognize the moral principle that is the necessary forerunner to our developing capacity for practical judgement. However, as the nurses' accounts here suggest, we are not to be thought of as impersonal and disengaged rational thinkers who exercise an impersonal will.¹¹

That nurses think with reference to principle is illustrated in their reported expectations and desires to make a difference to their patients in a positive way. When this was achieved, the nurses saw value in their work that was in some way affirming to them. This was associated with feelings of achievement and well-being that contributed to their developing professional self-image and were a source of motivation in their work.

A disengaged view of the self therefore appears not to be compatible with these nurses' view of themselves. In making a positive difference to their patients, the self of nurses appears to achieve that which they see as valuable. Where virtue exists, their own existence is affirmed, resulting in feelings of satisfaction and fulfilment.

Many deontologists recognize that moral judgement involves not merely judgement but also the faculties of moral sensitivity, perception and imagination: what Hursthouse¹² terms moral wisdom or *phronesis*, referred to by Aristotle as practical wisdom. However, Murdoch focuses on the 'self' and its relationship to value as experienced through consciousness. Antonaccio describes the self as a thinking consciousness, a moral identity that correlates with the good. Antonaccio wrote that, for Murdoch

to understand the meaning of the idea of the good is thus to affirm it in every conscious act. Conversely, if goodness is understood as real, then that which grasps the good in the act of thinking must also be real. Thus the idea of the good and the idea of the self as a thinking consciousness are grasped in one and the same act of understanding (p. 169).¹³

There is, then, a connection between nurses' views of themselves and what they achieve for their patients when they make a positive difference to them. Murdoch views the individual within a moral ontology that recognizes the claim of the good and that of 'the other' as constituting moral identity. Antonaccio explains Murdoch's view as follows:

this ontology pictures consciousness in relation to a transcendental background and as oriented toward perfected knowledge of individuals. Moral identity is mediated by the activity of consciousness in relation to a moral world of others that exists in a space of questions about the good (p. 170).¹³

According to Antonaccio, Murdoch believes that anything that alters vision in the direction of unselfishness, objectivity and realism is connected with virtue, since 'self is such a dazzling object that if one looks there one may see nothing else' (p. 34).¹³ Purification or transformation of consciousness requires one to find objects of attention that will focus and redirect psychic vision and energy away from the self. If learners of nursing are to maximize this possibility, they will need guidance and support in order to feel free to concentrate their attention upon the other, and, in so doing, learn how they may make a positive difference to patients.

The accounts given above record the satisfaction that nurses experience when they are shown that they personally have made a positive difference to a patient. The acquisition of nursing knowledge and understanding that accompanies such experiences is likely to be a source of satisfaction to them. A distinction can be made between two kinds of knowing within nursing: one where the self of the nurse achieves satisfaction or validation of some kind within the professional role; and the other where the ego is transcended by feelings that are derived from within an interpersonal encounter, in which the nurse experiences the other.

Knowing the existence of others is not enough to guarantee our ability to understand them and, as a result, to recognize when we have made a positive difference to them. While we each have the ability to experience others, in our attempt to achieve understanding we must try to focus our attention upon the other. Imagination is necessary to this process, although we must be careful in exercis-

ing our imagination that we do not assume too much, for we can never have complete understanding or knowledge of another. When we exercise our empathic or moral imagination, the real world excites our attention as we reach away from the self and escape our natural tendency for egoism.¹⁴

What excites our attention is what we perceive to have value. The ability of nurses to perceive this value within a nurse–patient encounter is a crucial forerunner to the development of their capacity to give focused attention to patients and, in so doing, to leave their egoistic self behind. Those interpersonal moments of knowing that are not definable in words but happen ‘when that face lights up’ and are associated with feeling, are indicative of such occasions.

The reflective response of the nurses to their situation, and their willingness to share their reflections with others, are also in keeping with Murdoch’s reflective position that requires the agent critically to evaluate his or her own values in relation to natural desires, social roles and conventional beliefs. Mary, for example, indicated her concern to reflect when she said:

I do spend an awful lot of time reflecting on what I do in situations and how things went, and I am very much aware that I do. I put time aside on the train. That is my time, if I am reading I often think, oh I must just think back over that. Definitely reflection.

John also referred to the place of reflection in his practice when he said:

I think that one picks up on occasions when things haven’t gone quite so well and you think about how things might have been managed in a slightly different way. Maybe the approach wasn’t the correct approach, or you didn’t achieve the best outcome and there is a process of reflection upon how you might approach things differently in the future.

Steven, a clinical nurse specialist, spoke of the influence of reflection upon his developing self-awareness:

Be self-aware, and I think also to reflect on things, because I am a very reflective person anyway. Sometimes I keep doing it with my friends and they say oh, just stop asking all these questions and just leave me, but if you talk about it, you understand more about yourself and rationalize everything and move on with that.

Murdoch’s preservation of the self’s autonomy is compatible with nurses’ apparent willingness to reflect on their experience and to seek to learn from it. The nurses’ accounts of patients’ responses to them point to the opportunity to learn from them and to recognize that they have made a positive difference to their patients because they acted as professional nurses. That nurses do make a positive difference to patients, by leaving them feeling better by their presence, rather than feeling worse, is endorsed by the nurses’ stories of what it means to be a nurse, and by those norms and values held within society and nurse education. While Murdoch recognizes that autonomy is always mediated by social, linguistic, historical and other forces that shape and inform moral identity, moral identity is constituted by a prior framework of value. Antonaccio¹³ points out that Murdoch’s conception of the self attempts to preserve the self’s integrity without isolating it from a world of others that defines its normative claims and purposes. For Murdoch the self is constituted not only by its public choices, but also by its inner beliefs, desires and perceptions. Nurses’ understanding of their situation is

nourished from a public arena in society's and patients' communicated expectations of their role, and, in a personal and moral sense, from an inner capacity to see value, to appraise ideological influences within health care, and to invoke action that makes a positive difference to the patients in their care.

It is interesting here to note Kilkus¹⁵ observation that assertive nurses believe in themselves and their abilities, which, it is assumed, leads to further personal and professional empowerment.

These observations are borne out by the accounts offered here. It is the nurses' recognition of the need to reflect, and of their ability to make a positive difference to their patients (a recognized requirement of a nurse's professional role) that contributes to their personal and professional identity. There is optimism here that is derived from a recognition that nurses who are nourished by an inner strength and commitment to intrinsic value can examine the cultural influences on them. Those who embrace the goals of nursing as their own goals need not be pulled and pushed by ideologies that result in a lack of recognition of the good they do. Yet the struggle to believe in one's potential to make a positive difference in today's world of health care can be hard, and motivation may be lost. Nurses need educational and environmental support in order that they may continue to develop their professional identity and work to persuade others of the fundamental importance of this good within the world of health care.

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