



## EDITORIAL

The last few books for review to arrive at the editorial office all concern health policy. This may suggest that a significant shift in focus in health care is taking place. In ethics the changes tend to happen gradually; therefore, for such a shift to be so clearly evident, something else may be happening. The increasing concern with limited resources is certainly a driving force at all levels of health care, and this gives rise to more ethical debate. A good many of the recently published articles in *Nursing Ethics* have highlighted the concerns of practitioners' moral uncertainty and/or moral distress, reflecting the consequences of policies and practices surrounding limited resources not only on direct care but also on the lives and the integrity of carers. The professionalization and professionalism demanded cannot be stretched in every direction at will. It is interesting that the articles in this issue reflect the whole spectrum of professionalization, from what brings people to nursing, to what keeps them in practice, and what makes them change their practice.

May-Karin Rogstad and her colleagues have studied what motivates nursing students to help people. What they found is more like the Aristotelian approach to virtue and less like the traditional Christian virtues of charity and compassion. Gweneth Doane and her associates take this a step further, by examining how nurses involve themselves as moral agents in decision making. With their study of Korean nursing students, Yong-Soon Kim and colleagues try to show that moral development is as much based in nature as in nurture. For effective professional work, ethics education must be made realistic, relying not only on character traits and the personal reasoning abilities that students demonstrate during their course work.

Mila Aroskar and her co-authors focused on the consequences of changes in governmental and institutional policies on nursing practice and patient care. The nurses in their study were very experienced, with many years of practice; they believed the changes were for the better. However, their reactions were positive: nurses are the best resources for legislators and policy developers, and should be used in this capacity.

Huey-Ming Tzeng examines the SARS epidemic in 2003 to consider what nurses regard as their 'professional care obligation' in extremely difficult circumstances. She wonders what this could mean to nurses in other parts of the world who may face the same consequences if other epidemics occur. Change in opinion and practice is possible with education, as Erdem Özkara and his colleagues demonstrate by their study of students training to become paramedical professionals and health technicians. Finally, Sølvi Helseth and Åshild Slettebø consider the ethical issues that became apparent in a research study concerned initially with a different topic.

Each of these articles is directly or indirectly concerned with health policies. Aroskar *et al.* suggest that the obvious way forward is for nurses to be much more a part of the policy making process. This is not a new idea, but it seems long in becoming reality. If

health policy is 'suddenly' becoming important, one may surely ask why nurses are *again* not in the forefront when important changes take place.

Two changes in this issue are: (1) the interviews with eminent or significant nurses and nurse educators give way to country profiles, where a more general overview will be supplied of the health situation, rather than one person's viewpoint; and (2) Editor's notes will be added at the end of articles when indicated, to make a point, to link to other articles, or to draw readers' attention to some significant item in the article. Particularly for country profiles, the Editor would be pleased to hear from readers who would like to provide material for them.

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