



## EDITORIAL

This editorial is being written straight after the 23rd ICN Quadrennial Congress held in May 2005 in Taipei, Taiwan. Nearly 4000 nurses from 148 countries were present at that meeting. The diversity of every aspect of life and work in nursing was very evident. To be in the presence of these nurses, who were all concerned with people challenged by health problems, was truly inspiring. With thousands of oral and poster presentations, the emphasis on learning from each other could not but impress.

The thematic section in this issue is on the religious and cultural influences on behaviour. Culture still often has a sense of being what 'other people' do, with 'ours' being the norm and perhaps taken for granted. Yet all over the world there may be a tendency to copy what others do, often for some short-term gain rather than sincerely to enter into dialogue with other people and cultures. The first two articles in this section, however, describe phenomena as they are, rather than ask for emulation, admiration or adaptation.

Zuhal Bahar and colleagues discuss the findings of a study carried out among women in three different locations in Turkey that enquired about their practices concerning their health, in particular around pregnancy, labour and the postpartum period. Someone who did not grow up in this society might regard these practices as superstitious and may not take them seriously. However, when looking detachedly at one's own practices concerning these issues, there may be just as many aspects that someone from another culture would find curious. The Turkish authors point out that these women tended to drop certain customs as they became more educated. This raises the questions of whether rationality is always the preferred mode, and also if, after thorough education, there will remain nothing that makes families and their social groups and customs unique, that is, in awe of the mysterious, the unexplained and perhaps unexplainable in life, and if and how that can be either maintained or regained. These may be the issues on religious and cultural aspects of nursing in future articles.

The article by Yu Xu and Jianhui Zhang addresses the most relevant and topical issue of nurse migration and how this affects individuals and countries. One point made is that different policies stress different parts of the same concern, but if the policies are pulling in opposite directions, who is one to believe, let alone follow?

Pantip Jormsri writes from Thai and Buddhist perspectives. Buddhism has a great attraction in the West among people of all walks of life and it is therefore good to have an article that sets nursing practice within this framework and world of behaviour and action.

Yong-Soon Kim and co-authors write about a Korean study and give an insight into the local culture. At the ICN Congress it was noted more than once how many eastern studies were presented in quantitative form, whereas western researchers had moved to more qualitative studies. Perhaps this is a progression that needs to be made, or

perhaps not. The point about cultural and ethics studies is not that everyone should eventually do the same, but should be able to do what is right in their situation.

Anita Hallgren and co-authors demonstrate how relating to and their relationship with women during childbirth can have a huge impact on the mothers. This article makes one aware of the very small details of behaviour and character that we may overlook so easily, but which can only be considered as virtues.

Ann Begley then reverses the topic and writes about the theoretical aspects of virtue ethics, and how this relates to everyday practice.

Although not intended, Ann Begley's article explains some of the issues raised by Anita Hallgren, whose article sets into context Ann Begley's theories.

The letter by Pierre LaPlante highlights the very practical aspects of being a migrating nurse in a country that relies even more heavily on foreign nurses than the 'usual suspects' (USA, UK, Australia) in such practices.

Yet again these articles show great diversity, but always with the aim of improving care and respecting the person of concern. That person has to be oneself too, for it is only in understanding ourselves and our own culture, beliefs, customs and attitudes that nursing can indeed move forward.

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