



## EDITORIAL

The word 'obligation' runs through the pages of this issue. What nurses should or must do in the course of their professional life cannot always be described accurately and it is therefore to be expected that authors will engage with this topic from different angles and in varying depth. However, the question has also to be asked whether nursing is obsessed with the idea of professional obligation. A Google search of 'professional obligation' indicated a staggering choice of 26 million pages and the second item was an article that had appeared in this journal. Other 'hits' were mainly concerned with medicine and the law, with nurses well represented also. One common major aspect of professional obligation was that of maintaining professional development. The emphasis in the present articles is on moral, rather than professional, obligations.

One useful distinction between professional obligations and moral obligations is that the former are imposed by others and the latter are self-imposed. Furthermore, the former are 'formal' and the latter 'informal'. Nurses have moral obligations 'imposed' – as in their codes of conduct – and also may freely take on others as they and the profession 'grow' and develop in understanding of what caring professional actions require. We have tended to use the word 'moral' in relation to personal actions and commitments, but, if managers and politicians impose 'moral' duties, will these necessarily be regarded as 'moral' by practitioners? Who then has the responsibility, and even the accountability, for professional moral decisions? By imposing increasing numbers of guidelines and directives for so-called safe practice, are such bodies actually reducing the ethical capabilities of professionals such as nurses? It is not surprising, perhaps, that nurses are therefore trying to identify areas where their practice is not only professional but personal and also individual in terms of moral autonomy. Most of the authors in the present set of articles address aspects of obligation in this sense.

As colleagues elsewhere, Inga-Britt Lindh and her co-authors see nursing as essentially a relational undertaking. Here the focus is on student nurses and how they learn to develop and maintain their sense of what is expected of good nurses.

Kathryn Weaver analyses the meaning and concept of ethical sensitivity in the context of professional work.

Regien Heymans and her colleagues interviewed Dutch nurses to elicit what they knew of the codes of ethics in use in their country. They found a general lack of knowledge of the existing codes and therefore an implicit use of them.

Beata Dobrowolska and her Polish associates compared several European codes of ethics for nurses. Although different codes place different emphases on certain aspects, when analysed in this way they are not hugely divergent.

How conscience is perceived was the task of Vera Dahlqvist and her team of researchers. They found that conscience is seen to be sometimes a guide and sometimes a burden. From their findings they compiled a questionnaire to assess some perceptions of conscience relevant for health care providers.

Anne Davis and Emiko Konishi considered the obligation on nurses to whistleblow in a society that shuns exposure and disruption of harmony.

A team of Iranian nurses led by Robabeh Memarian argues that being familiar with ethics as a subject leads directly to clinical competence because of the ability to make better and more adequate decisions.

Anita Lundqvist and Tore Nilstun were concerned about how health care interventions affect the dignity of children and parents in hospital.

Although Ireen Proot and her co-authors are concerned directly with autonomy, this is not so dissimilar to the concept of dignity. Here, the autonomy applies to patients who have suffered from a stroke.

Finally, Marjorie Schaffer looked at how end-of-life decisions are arrived at and implemented. The age-old strategy of the various parties talking with each other seems still to be necessary for good outcomes for all concerned.

From theoretical analysis to practical implementation of care, and from care for children to care for dying people, the underlying quest for moral understanding and ethical engagement revolves around 'obligation': how, how much of it, why, when, where, to whom, and what it is.

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