



EDITORIAL

In Roman mythology, Janus is the god of doors and gates, beginnings and endings. His head, with a face looking forwards and another looking backwards, enables the holding of two views together, presumably with the faculty of being tolerant of the old and the new, the known and the unknown. In modern usage, the two-faced Janus is often used to describe a person who is not honest in dealing with others, saying one thing to one person and another thing to someone else. Yet, in its original form, this seems a particularly relevant position to hold for nurses, who are often in situations where helping patients to look both backwards and forwards is crucial for coping with illness and disease or loss, and perhaps grief over lost abilities and health. Holding together various perspectives and trying to make sense of new situations always involves living in the present, but with the ability to interpret the past and embrace the future meaningfully.

These are also the well-known positions in nursing of reflection-in-action and reflection-on-action. These need a disposition or willingness to examine one's motives and values, analyse situations and account for them. Reflection-on-action demands personal engagement and an inward looking meditation on a past event that is necessary in order to change an attitude or a disposition. Reflection-in-action demands a clarity that can draw on past experience and interpretation of the present. Both are ethical stances, required for good practice. They are also the essence of research. It is therefore interesting that in this issue several articles demonstrate this necessary 'Janus' ability to face backwards and forwards, drawing on the past to use the future more ably.

Often-used expressions to describe general attitudes or functions, such as 'respect' and 'dignity', are increasingly requiring clear analysis to understand what is *really* being meant by them. Kirstine Sayers and Kay de Vries do this with the concept of 'being sensitive', so often used loosely in nursing but difficult to describe.

Jessica Schluter and colleagues considered the literature on moral sensitivity and the institutional climate in which nurses work, starting from the premise that, if the climate is not conducive to ethical work, staff will more often feel morally compromised and perhaps leave their employment. However, their conclusion was not definitive. One may wonder why this phenomenon has not been considered in more detail before.

Catherine Hough studied ethical decision making in a group of critical care nurses and the process of transformation they went through as they reflected on their actions, mainly in the light of good mentoring and role modelling.

Nursing leaders' experiences with the ethical dimension of their work was studied by Mary Tod Gray. Their decisions strengthened their ethical stance, but at the same time they expressed some vulnerability and need to maintain integrity, and be seen to be just in dealing with colleagues and students.

At the other end of the nursing career, Maritta Välimäki and co-authors asked nursing students, prior to their clinical placements in care for elderly people, about their perceptions of how older people express and value their self-determination. It seems important to make students aware of the need for such ethical aspects of their caregiving at various stages in their curriculum.

The often discussed issues of autonomy and advocacy are addressed by Anne Simmonds from within midwifery practice. She uses a feminist perspective to consider the relationship between these two aspects and how they influence each other.

Stina Öresland and her team are concerned with nurses who work with patients in their own homes and the stance they take there: are these nurses guests or professionals? As often, it seems to depend on the situation and the momentary need. The authors queried at the end why, if the nurses were guests, no-one had considered the patients as hosts. This, surely, is an ethical aspect of care that should be understood.

Marian Barnes and Tula Brannelly used two research projects to study the ethical stance of family and lay carers of sick people, and conclude that an ethic of care is applicable to informal as well as paid carers. This provides a language through which to negotiate good care, but managerialist policies tend to dismiss this in favour of a focus on individual rights.

A little-studied topic is the influence of advertising on nursing students' attitudes and decisions. Murat Civaner and others asked a large group of nursing students how promotional activities by pharmaceutical companies influence them. Given that nurses in Turkey are not able to prescribe medications, this is an issue that has wide repercussions about advertising of any kind, and the formation of attitudes towards health care in general. The authors conclude that attempts should be made to reduce the negative impact of such activities.

In this latter instance in particular, Janus is very relevant: while looking in one direction his other face can see very different things. The promotion of any health care product influences a view that is perhaps strictly in one direction only, while the alternative view cannot be seen. Yet, all patients present so many aspects of illness and needs that a single view of treatment (and medication) is impossible. It is then that the positive image of Janus comes to help: the ability to look not just backwards and forwards, but scanning the horizon for all possible views is a very necessary attribute in nursing in particular, and in health care generally.

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