



EDITORIAL

Fear can be an obstacle to caring. Caring for people we are afraid of, for whatever reason, has never been easy. Nurses will occasionally come across 'unpopular' or violent patients. However, what about colleagues we are afraid of? Such patients and colleagues challenge our values. In this issue the first set of articles addresses nurses' values – perceived and declared – when working with colleagues who are infected with diseases that may be dangerous, and when caring for patients who may be considered as political enemies. In most nursing programmes, some debate will probably include caring for patients who are prisoners, or who carry parasites, or present other challenges to any nurse's sense of order, hygiene and justice. Professional care today may include many more personally and politically provocative situations.

A professional stance is clearly that we do not judge, but willingly treat every person the same and equally. Nevertheless, such situations cannot but demand of us a response when we first encounter them. Not many nurses around the world will have had to care for people who are labelled as terrorists, unless they choose to work in the armed forces or in aid agencies. Israel presents a situation in which terrorism is a daily occurrence and most nurses there will have had to care for terrorists and/or their victims at some stage during their working career. The fact of caring for injured 'terrorists' must surely pose a unique challenge.

It has been known for a long time that certain occupations, such as coal mining, carry hazards of diseases, and nursing has in the past had its share of these, such as the danger of becoming infected from patients with tuberculosis. A new danger in recent years has been posed by rather more pernicious infections, such as hepatitis C and HIV. Individual carriers can perhaps present a greater danger to patients than to colleagues. New boundaries of honesty and information sharing have been fairly easy to establish and are well recognized. Yet, what of the personal stance taken towards a possibly infected colleague? This question needs still to be addressed by individuals.

It is interesting that three key studies in this issue were carried out in Israel. The lead article, by Ilya Kagan and colleagues, is concerned with attitudes towards infected colleagues. In addition, a study by researchers from Finland, Estonia and Lithuania, headed by Maritta Välimäki, is similarly concerned with attitudes, this time with willingness to care for patients infected with HIV/AIDS.

The second article from Israel, by Ilana Margalith and her team, reports on how nursing students approach the care of people who they consider as enemies of their country. A 'natural' reaction might therefore be to treat the victims of such people – one's own 'kind' – with more urgency and care. This was a theoretical study, but with some control, and indeed generally reveals a professional attitude, although clearly with a bias towards caring for one's own people first.

Michal Rassin, also from Israel, writes more generally about personal and professional values held by Israeli nurses, and interprets how these may have been shaped by culture and social change.

A second theme concerns whistleblowing. Kayoko Ohnishi and co-authors describe the process of whistleblowing in a psychiatric hospital in Japan, where such an action is culturally problematic. For different reasons, the situation described by Joan McCarthy and her team from Ireland is as shocking as the foregoing, and is also differently interpreted.

The various problems encountered by transplant co-ordinators in Japan and the UK were studied by Fumie Arie, who presents a cross-cultural study of the kind that is increasingly carried out and found to be enlightening.

Lillemor Lindwall and Irène von Post studied what happens in operating theatres. They were concerned with 'habits' and how these shape the work in these often pressurized environments.

Grada van Bruchem-van de Scheur and her team describe another aspect of their large study on end-of-life care in the Netherlands. Their focus here is on decisions concerning alleviation of pain and other symptoms, and how and why certain decisions are made.

The complexity of today's health care is sometimes bewildering, and it is not surprising that seemingly simple situations can quickly become complex and demand reflection to a degree that is often impossible to achieve under the pressure of work. All the articles presented here demand a capacity to reflect and judge that can really only come with experience, but yet is often expected of student nurses. A quote from the chair of a nursing department is most apposite for one of the articles: 'We can't teach them everything they need to know, but many practice settings expect students to come out [of nursing school] knowing everything' (p. 180).¹ In publishing their enquiries, the present authors help all nurses and students to understand more deeply how and why their professional decision making is so important for those they serve and for themselves.

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Reference

- ¹ Barendsen L. Service at work. In: Gardner H ed. *Responsibility at work. How leading professionals act (or don't act) responsibly*. San Francisco, CA: Wiley, 2007: 172–95.