



EDITORIAL

Some 20 years ago, 'stress' fostered the rather large 'support' industry in nursing. The evolutionary process led to 'moral distress' and, in society in general, to an adoption of 'spirituality' for coping with some of it. It is easy to label something a 'spiritual experience' because everyone uses the expression. In fact it may not be much more than another instant personal gratification. Ethics is difficult enough to define, but spirituality almost defies description. Perhaps the only way to describe spirituality is in how it transforms the person into someone with a concern for others. True spirituality seems to be a kind of ordinary response to an experience of something extraordinary.

The thematic section in this issue deals with workplace stressors and satisfiers. The first article, by Atika Khalaf and team, expresses surprise that joy in caring was an outcome of a study carried out with staff working with undernourished patients in hospital. The inherent feelings of frustration and joy, guilt and shame in their work express the need for staff to understand well the situations in which patients find themselves, and for teaching on the subject to be realistic. Yet, what of joy in such contradictory circumstances?

An answer is offered in the second article, by Ali Ravari and co-authors. These researchers asked what spiritual job satisfaction meant to their nurse participants. This unusual study gives a deep insight not only into nursing in Iran, but also into the nurses' inner selves as they recount moments of deep understanding of their work. They experienced nursing as an opportunity to worship God while providing care for patients that is compatible with scientific care methods.

Annika Jensen and Evy Lidell describe the influence of conscience on the provision of nursing care as a driving and a restricting force, as well as a source of sensitivity and an asset in striving for high quality care.

Majda Pajnikihar found in her study that, for nursing to be good and nurses to be satisfied with their work, partner-like relationships with patients were important. The health care system in Slovenia is still emerging from a time when collective responsibility in institutions obscured the uniqueness of individuals and interpersonal relationships. Nursing is looking for its own expression of satisfaction through professional relationships.

An overview of moral distress in a paediatric intensive care team composed by Wendy Austin and colleagues highlights the need for team work, and in particular for teams to share practice stories.

Other articles are less specific on the theme of stress and satisfaction in nursing, but they still express the sense of striving for professionalism, and hence for professional fulfilment.

Olivia Numminen and her colleagues studied the importance of codes of ethics in teaching nursing students. They found that the integrated method of teaching students may be questionable in this area as it may depend too much on the personal commitment of the teacher and not on formal teaching and learning of ethics.

Aslihan Akpınar and her co-authors questioned nurses working in intensive care in Turkey about their attitudes to end-of-life decisions. This is a recurring theme in these pages. The need to educate this group of professionals on end-of-life care generally is stressed, as nurses may otherwise act in maternalistic ways contrary to ethical demands.

Inés Barrio-Cantalejo and colleagues from Andalusia, Spain, were concerned whether people who acted as proxies for patients who had made advance directives concerning their care specific to the authors' region were able to make the decisions the patients would have made themselves. Their study describes the process they used to conclude that discussion with patients significantly improves the results.

The abuse of elderly people is a well hidden but growing problem. Radka Bužgová and Kateřina Ivanová studied staff and residents in a residential setting, and also used official complaints about abuse of elderly people made to the city authorities in the place of their study. The need for clear guidelines regarding rights violations and creating preventive policies is acknowledged.

A case study by Wyona Freysteinson on end-of-life care for twins highlights the importance of being able to reason ethically in a particular situation, and to put that reasoning into practice.

Any moment of deep insight, be this in nature or in discovering something significant in a research study, could be described as a 'spiritual' moment. Probably the real test of this would be if the person makes use of the insight in that he or she is to some extent transformed, finding satisfaction in concern for fellow human beings that may not have been present before. Spirituality and ethics may therefore be close neighbours in nursing.

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It is with deep sadness that we announce the death of Professor Christopher Newell on 20 June 2008. He had served as an Consultant Ed. and was a regular reviewer of manuscripts. Our sympathies go to his family and colleagues.