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The Ethical Demand in Nursing A Scandinavian Perspective

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Abstract

This article discusses the ethics of information exchange in the nursing practice with children. Five concepts identified in three Swedish grounded theory studies and a content analysis which used the theoretical framework of ethical demand, were analyzed. Simultaneous concept analysis resulted in five concepts; being interconnected, acting according to accepted procedure, completeness, interdependence and social intercourse. These concepts are synthesised in the concept of intergrade, which emphasizes the value of maintaining the integrity of all involved in information exchange.

The Ethical Demand in Nursing: A Scandinavian Perspective

Information exchange is seen by many as fundamental to nurses and other health care providers (Cegala, Coleman, & Turner, 1998). Information exchange includes seeking, giving and verifying information, asking questions, answering questions and confirming that what has been said and understood by all parties. Both what is said, the discourse, and how it is said, the interaction, are both important parts of any constructive discussion (Tates, Meeuwesen, Elbers, & Bensing, 2002a).

The Sweden Health and Medical Service Act of 2003 require nurses and other health care professionals to give patients individualized information (Ministry of Health and Social Affairs, 2003). Children are not specifically mentioned but they are included in the concept of patient. The Health and Medical Service Act of 1982 in accordance with the United Nations Conventions on the Rights of the Child (UNCRC) (1989) seeks to assure the rights of children. This UN statement permeates all decision making concerning children that takes place within the Swedish government at all levels (The Children's Ombudsman, 2008).

To date most of the research on information exchange within nursing practice with children has been carried out mainly from the adult perspective, such that the view of children remains unclear. This discussion is complicated by the intent to respect the integrity of the child's view while appreciating their need for support and guidance from adults (Mårtenson & Fägerskiöld, 2007). Integrity can be respected or ignored but personal integrity can never be replaced by someone else (Bischofberger, Dahlqvist, & Elinder, 1991).

Ethical demand and symbolic interactionism

The Danish philosopher Lögstrup (1956/1997) based his ethical theory of interdependence on the assumption that human beings are always in relationships with one another. A person becomes involved in an ethical decision because the situation that emerges demands something from the person, in short an ethical demand. The ethical demand consists

of two fundamental parts. The first part is the content of the ethical demand, in that we are involved with each other's life and that we have to care for each other because of that involvement. According to Lögstrup (1956/1997), the second part is that our life is an ongoing gift so that we will never be in a position to demand something in return for what we do, because it is a gift. In other words the ethical demand is one-sided. People are called upon or challenged by other persons and situations as they arise (Lögstrup, 1956/1997), and this is also elucidated in symbolic interactionism (Blumer, 1986). Symbolic interactionism is about human beings acting on the basis of what meaning symbols have for them; the meaning comes out of the social interaction and is handled in an interpretive process (Blumer, 1986).

Relevant literature

No previous studies were found addressing the phenomenon of the ethical demand inherent in information exchange from the child's perspective. Two studies were found on the ethical demand inherent in the practice of nursing with children. One Swedish studied the parent's experience of their children's fear of cancer (Anderzén-Carlsson, Kihlgren, Svantesson, & Sørlie, 2007). They found that the parents of these children experienced their child's fear as both a suffering and an ethical demand which they had to respond to. There is also one study done in a Norwegian neonatal intensive care unit of nurses' perceptions of their responsibilities with premature infants and their families (Fegran, Helseth, & Slettebø, 2006). In this study the nurses felt their was an ethical demand inherent in their work which required them to develop collaborative partnerships with the families. The ethical demand for these nurses required them to reflect on their professional competence and motivation to involve parents and guardians in the care of their child.

Information exchange between children, parents and physicians during a medical encounter was studied by Tates, Meeuwesen, Bensing and Elbers (2002b). The interactions in this study used a modified version of the Roter Method of Interaction Process Analysis,

(RIAS) (Roter & Larson, 2002). According to Tates et al., (2002b) the medical interviews had two chief functions: to share information and create a good interpersonal relationship. The focus of the physician's communication was mainly parent-related. This literature suggests that there is need for greater understanding of the ethical demand placed on nurses related to information exchange between children, parents and nurses.

One grounded theory study of children' information exchange said that children resolved their main concerns by balancing the circumstances to maintain stability in the encounter and in the information exchange (Mårtenson, Fägerskiöld, & Berterö, 2007). Two other grounded theory studies focused on the process of information exchange between parents and guardians of medically ill children (Mårtenson, Berterö, & Fägerskiöld, 2008a) and the children's nurses (Mårtenson, Fägerskiöld, & Berterö, 2008b). In these studies the parents resolved their main concerns in the information exchange by firm handling of the situation, while the professional staff did it by sharing and contributing to their perceived responsibilities. Each of these studies were conducted at a Swedish university hospital on three outpatient units; a pediatric day care unit, a pediatric neurology and bowel disorders unit and a pediatric diabetic clinic. The observations were conducted in consultation rooms, corridors and waiting areas.

Method

Mayring (2000) did a qualitative content analysis (QCA) using Lögstrup's (1977) notion of ethical demand. This study generated two concepts; the mediation and the social norms. A simultaneous concept analysis (SCA) method by Haase, Leidy, Coward, Britt & Penn, (2000) was also chosen because it sought to answer a similar research question and it also developed a process model of looking at information exchanges in pediatrics. In a SCA study individual concepts are analyzed and accompanied by a critical examination of interrelated antecedents, defining characteristics and outcomes, and insights into existing relationships. The process carried out in this study involved nine interwoven steps.

The first step was the development of the consensus group. The consensus group consisted of four researchers, all of whom were experienced paediatric nurses. They also were the researchers and authors who used this qualitative research method while observing strict ethical principles.

The second step involved the selection of concepts to be analyzed. A total of five concepts were chosen, three core categories from the literature discussed above; balancing the circumstances, firm handling and sharing and contributing the responsibility, and two from the analysis of the ethical demand; the mediation and the social norms.

The third step included refinement of the concepts through clarification. The approach consisted of the constant comparative analysis method (Glaser, 1978) and the QCA (Mayring, 2000); concepts are presented in Table 1.

The fourth step involved clarification of the individual concepts. Each researcher in the consensus group made a critical and independent examination of the five concepts. All these five concepts were discussed by the consensus group, where each person argued from their own knowledge and experience. Balancing the circumstances is how children interact when receiving nursing services: balancing what is supportive, what is restraining and what is stabilizing. Reconstituting firm handling explained what is happening when parents were with their children and indicate a pattern of how they are close to the children in different ways. Sharing and contributing responsibility explained how nurses promote the integrity of all the participants, children as well as parents, involved in the encounter in pediatrics. The mediation is the space between human beings where we take care of each other because we are concerned for the other. The social norms are part of the system in which ethical demand are fulfilled. The discussions lasted until the consensus group was in agreement about the antecedents, the critical attributes and the outcomes of all the concepts.

Table 1. Refinement of the five concepts and their components to be analyzed in step 3

The mediation	**The social norms**	**Balancing the circumstances**	**Firm handling**	**Sharing and contributing the responsibility**
Personal empathy	Insight	Getting the facts	Collaborating	Interchanging of knowledge
Personal integrity	Judgment	Taking part	Aim sharing	Relationship-creating chat
Ethical outlook	Shared responsibility	Being in touch	Supportive resourcing	Calculated confirming
Trust	Relationships of power	Mutuality	Minor bypassing	Encouraging
Interdependence		Trust	Representative advocating	Dichotomous talking
		Family influence		Situation related effects

Step five was the development of validity matrices. In this step all individual concepts were compared and contrasted with all other concepts. This helped to refine definitions and clarify antecedents, critical attributes and outcomes. The uniqueness of SCA stems from each concept being developed simultaneously while all other concepts were considered. The validity matrix consisted of the five concepts from step 2 and of the 17 categories and nine components from step 3, in total 26 components.

Step six involved the revision of each individual concept clarification. The consensus group re-examined all the concepts and made any necessary revisions.

Step seven was the re-examination of the validity matrices. Here the consensus group examined the semantics under consideration. Terminology that needed to be changed was changed.

Step eight involved the development of a process model. The process model is an overview of the elements and processes of all of the concepts. This is seen as an analytic tool.

The last step, step nine, was the submission of the SCA results to peers for critique. This step allowed the researchers to rework the concepts again after presenting the results informally to colleagues at seminars. The process model can also be modified to some extent after the discussion with the colleagues during the seminar.

Findings

The definitions of the processed concepts and the developing outcome from information exchange through the SCA were: being interconnected, acting according to accepted procedure, completeness, interdependence and social intercourse. The obstacles to the critical attributes were: to limit collaboration and to ignore. Obstacles or helpers, depending on the circumstances, to the critical attributes were: to control, replace in discussion and to have conversation without relation. Promoting integrity was a repeatedly critical attribute, having

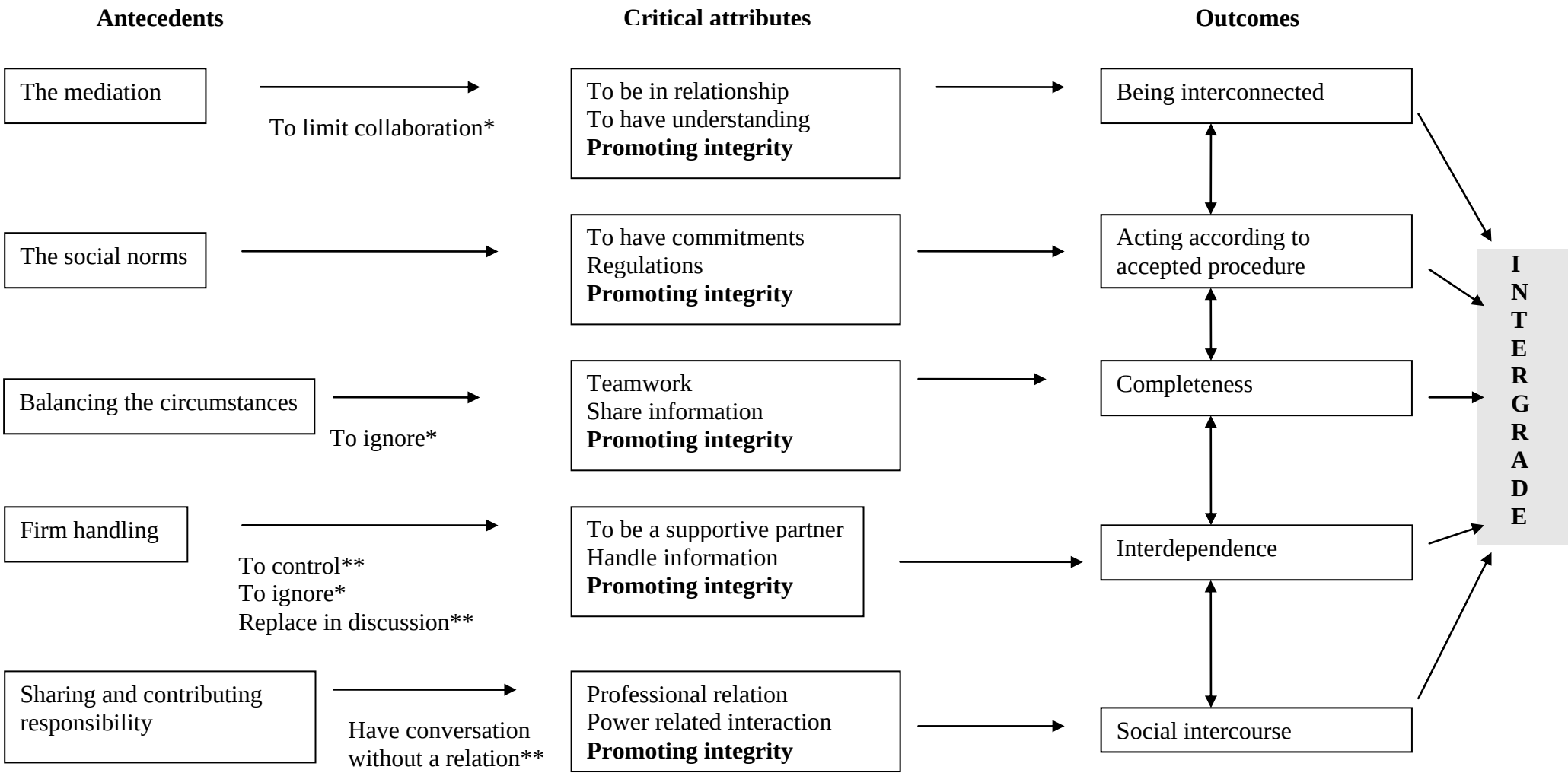
impact on the outcomes. The concepts interrelated to each other and advanced to the new advanced concept intergrade, which means to merge gradually with another through a continuous series of intermediate steps (see Figure 1: Information exchange in pediatric care).

Being interconnected

The outcome being interconnected is about the way we approach one another in the encounter and is reflected in the critical attributes; to be in the relationship, to show understanding and promote integrity.

Being interconnected is to be in relationship and to show compassion toward the other person, such as when the child is frightened during an examination and need support from the nurses to carry on. The relationship is characterized by insights to guide and supervise the other person from the other person's perspective and best interests. When the relationship is felt to be trusted we dare to deliver ourselves into the encounter and are also keenly aware of each other. Being interconnected involves feeling understood, meeting the other person with empathy, and collaborating in order to handle the trust between all involved. Promoting integrity is an important factor in being interconnected, as when children, parents and nurses show each other respect during the encounter and show acceptance of the family's influence. This is exemplified as when the parents are in the consulting room while the child is going to be examined and the nurses assures that the child has privacy during the examination and the child agrees, so that the parents leave the room. Integrity is promoted when all parties show consideration for each other and participate in the situation and there is a kind and friendly tone used in the conversation.

An obstacle toward being interconnected is limitation of collaboration, such as when the child in not included or where the child is overlooked by the adults in the information exchange in the pediatric situation and left out.



* Obstacles
** Obstacles or enablers
→ Indicates the direction of the process
Bold Indicates that the element occurs more than once

Figure 2. Five- concept process model advancing to a new theoretical concept

Acting according to accepted procedures

The outcome of acting according to accepted procedures is reflected in the critical attributes to have commitment, regulations and promote integrity. When persons acting according to accepted procedures, it is about acting according to the system in need of fulfilling our obligations and using our rights in society ethically.

To be acting according to accepted procedures is to have commitment and to show engagement with the other person in the ongoing situation, to try to understand what is best for the other person in order to protect and to show consideration. It is also to have obligations which are based on justified demands. For parents it is to have guardian obligations to protect and support their children and this is also supported by ethics, unwritten social rules, and laws. These guardian obligations can be visualized as conversations between the nurses and the parents of children. In some cases the nurses must report the parents to a welfare officer, such as when there is considerable conflicts and potential for abuse. These circumstances influence the child's health and wellbeing and the parents or guardian's obligations are to act in a way that does not harm the child. To be acting according to accepted procedure is ruled by regulations, which guide the persons in what to do with the knowledge and also to share this knowledge with other persons, and for the nurses to give the child age appropriate information. The nurse has to be acting according to accepted procedures, such as ethics and statutes in pediatric care, while exchanging this information. Promoting integrity is a significant factor of to be acting according to accepted procedure and it is to be aware of the duty to take care of each other because of the position of being interdependent. It is to act in a way to respect privacy and human rights, thereby to give back the power, as when the nurse facilitates the child and the parent's participation in the information exchange in the pediatric care situation.

Completeness

The outcome of completeness is reflected in the critical attributes teamwork, sharing information and promoting integrity. Completeness is about preserving the totality of the persons involved in the information exchange in pediatric care, so they can feel that they are getting what they need and want.

Completeness is about teamwork, to be in a cohesive family, as when the parents help their child by explaining and helping them manage what occurs during the pediatric care situation. The family has the duty to share responsibilities with their child, in discussion and inform mutual ways while encouraging their child. Completeness is also about when a nurse, parent and child share information, which is understood and helpful. Promoting integrity requires completeness and reciprocity in the information exchange. Conversations need to be at the same level. This balances the respect for integrity with the need for information exchange. Integrity is also promoted as the child participates, being interdependent in a confidential manner, as when the nurse discusses blood sugar levels with a child with diabetes. The child has knowledge about blood sugar levels and insulin doses and how this will be managed in daily life and the nurse cannot prescribe exactly how to increase or decrease the insulin doses. An obstacle to completeness is to ignore, as if the child was bystander, where the adults fail to give the child proper attention.

Interdependence

The outcome concept of interdependence is reflected in the critical attribute to be a supportive partner, handling information and promoting integrity. It is about our mutuality in relationships, how we need to rely on one another and how our attitude towards each other influences the other.

Interdependence is being a supportive kind partner who acts as a negotiator with the team, such as when the parents and nurse assist the child. It is also to communicate mutuality and communicate anticipated outcomes in a collaborative manner. Interdependence involves the handling of information, such as when the nurse gives information to the parents when talking to their child and vice versa. The information is also handled when all involved people provide information to each other. When nurses and parents promote integrity, an essential factor of interdependence, they act as they are proxy to the child by being unselfish and giving their support. This is illustrated when a child with diabetes handles the information interdependently and develops objectives for themselves. The child does not have to show their notebooks to their parents or to the nurses, unless they want to. It is the child's own decision making competence that is encouraged as the parents and nurses are seen as supportive partners.

An obstacle to interdependence is ignoring the other, such as when the information exchange is between parents and nurses without the child. Controlling is an obstacle when the parents manipulate the health care situation and talk about themselves and their own problems in a way which detracts from the family as a cohesive unit rather than showing support and respect. Replacing in discussions is an obstacle when the parents talk over the head of the child without involving them. On the other hand when the parents and nurse are supportive they help the child understand and include the child in discussions.

Social intercourse

The outcome social intercourse is reflected in the critical attributes of professional relationships, power related interactions and the promotion of integrity. It is about the interplay between nurses, parents and child in pediatric care.

In social intercourse the professional relation is when the nurse invites a trustful relationship by being professional. The nurse approves the child, parents systematically to

create a supportive and trustful relationship and facilitates mutual connections. A trustful relation often arises when the nurses talks a little about themselves. Some nurses used to tell the child a little about their own grandchildren doings and sayings and experienced this to be seen as amusing and as relationship creating chat. This could improve a trustful relation, as the child dares to talk about themselves. It can involve freedom of choice when the nurse realizes that the child and the parents are doing their best and that improvement will come eventually and everything is as good as it can be at that moment. The power related interaction in social intercourse involves nurses providing information and exchanges knowledge with parents and child. The contextual influence of the settings, here the three pediatric outpatient unit's support the use of power related communication and the nurse are acting according to accepted procedures. When nurses promoting integrity, a significant factor of social intercourse, it is to give support, as when praising the child for a good test result, and to show them consideration, if the test result is not as good as wanted or expected. Integrity is also promoted when the nurse give positive feedback to the child and the parents in order to encourage them. Privacy is respected and integrity is thereby promoted when the nurse speaks in private with the child, if needed and wanted. Integrity is also promoted when the nurse respects the child's view and, for example, the child decides whether to have an insulin pump or not.

Depending on the pediatric nursing care situation, conversation without a relationship is an obstacle or helper to social intercourse. Sometimes information exchange is just about a result of a blood test or confirmation of a date for the next visit and then it is seen as a help. However, it becomes an obstacle when the involved people talk about other things or bypass each other.

The advanced outcome intergrade is developed from the five concepts; balancing the circumstances, firm handling, sharing and contributing the responsibility, the mediation and

social norms. These concepts were scrutinized and clarified and interrelated with each other to form five new outcomes; being interconnected, acting according to accepted procedure, completeness, interdependence and social intercourse. Intergrading is the approach we have when we interact with each other from the view of what is expected from us in society. When we are interconnected with each other, we act in the other person's bests interests. We need understanding in order to find out what the other person's bests interests are and to expect this attitude. While we intergrade, we preserve the totality of children and identify the dependency of parents and the social interplay with the nurses in the information exchange in pediatrics. Intergrade is built upon a hierarchical order, where being interconnected is the base of how to be act according to accepted procedures, completeness, interdependence and social intercourse, which all interact with one another. Being interconnected is the prerequisite to intergrade and thereby occupies a place of its own. Intergrade is the advanced concept, which means to merge gradually with another through a continuous series of intermediates.

Discussion

The simultaneous concept analysis (SCA) strategy highlights concepts in care as complex and interrelated. Because these interrelationships exist, these concepts cannot be analyzed in isolation. The findings of this SCA (Haase et al., 2000) revealed how the ethical demand (Lögstrup, 1997) in the information exchange in pediatrics is conceptualized and visualized in a five-concept process model (Figure 1). An additional strength is that the concept process model is grounded in empirical data from three observational grounded theory (GT) studies (Mårtenson et al., 2007; Mårtenson et al., 2008a; Mårtenson et al., 2008b). This use of empirical GT data is here seen as modifiability (Glaser, 1978) of these studies, modifiability is openness to development when the findings can be used in new research and be modified by new results.

In order to obtain a holistic view of the concepts, analysis should reflect diverse perspectives (Haase et al., 2000). The strength with SCA is the consensus group process, where varied perspectives of the concepts are discussed and the discussion is ended when consensus is reached. This consensus was obtained during a number of discussions between the authors and with colleagues at a seminar.

Some limitations could be discussed in the seventh step in the SCA (Haase et al., 2000), where the re-examination of validity matrices took place and the consensus group was discussing the semantics. To think and write in English, not use the participant's first language, Swedish, was challenging in order to get the correct nuances of the words, but was handled through the use of dictionaries, paper copies and web based, and translators.

Promoting integrity was a critical attribute in all the outcomes, but with some differences in the nuances. Promoting integrity was more about respect and bodily integrity in being interconnected, but in acting according to accepted procedure it was more about the duties we have to take care of each other, because our involvement with one another. This approach highlights what is called for in the third article of the UNCRC (1989) document, that is to say, to always support what is in the child's best interests. In the completeness promoting integrity was about being inviolable and untouchable. The Norwegian nursing theorist Martinsen (2006) explains the zone of untouchability as the zone that protects all life and not only human relations, and the life itself demands to be taken care of, to be treated gently because it is vulnerable. This vulnerability is a precondition for ethical behaviour. Promoting integrity was more about the interplay in the interdependence. Finally, in the social intercourse promoting integrity was about to be in harmony. All these meanings of the critical attribute promoting integrity emphasize the complexity of concepts in care.

The advanced outcome intergrade stands for the process of merging gradually one with another through a continuous series of intermediate forms, in other words to become involved, step by step, with each other through unbroken sequences of interventions.

In order to preserve completeness in pediatric care, the information exchange has to be shared between the participants and no one is to be ignored. Completeness and the teamwork between the persons involved, is to be seen in a study with phenomenological approach, (Kelsey, Abelson-Mitchell, & Skirton, 2007), where ten hospitalized young people, aged 13-16 years, were interviewed to explore their perceptions of their involvement in healthcare decisions affecting their management of care. The necessity of providing accurate information at an appropriate level and the importance of involving the young people was seen as important by the young people and the main obstacle to participate in own healthcare was inadequate communication.

The trust in interdependence is described by Lögstrup (1997, p. 18) as follows: "By our very attitude to one another we help to shape one another's world. … We help to shape his or her world not by theories and views but by our very attitude toward him or her. Herein lies the unarticulated and one might say anonymous demand that we take care of the life which trust has placed in our hands." Trust from another perspective is described in a concept analysis of Johns (1996), where trust is developed as a process - the nurse-patient relationship and as an outcome – trust may occur at any time after a good relationship has been established and is a snapshot of the process at that moment. Clinically, trust is described as: assimilation of information, decision-making, a trusting relationship, and the consequences of trusting (Johns, 1996). These different meanings of trust are another example of the complexity of concepts in care.

The social intercourse is the interplay between the family and health professionals and this interplay is discussed by Corlett and Twycross (2006), where the relationships develop

with a lack of effective communication. The professional relations and power related interactions and an element of control often prevent open and mutual negotiation between families and health professionals. Parents wish to be involved in the care of their child but, at the same time, they want to decide what their participation will involve. The health professionals lack of understanding needs to be highlighted and discussed (Corlett & Twycross, 2006). The parents want to act according to accepted procedures but they want to be interconnected, and this emphasizes the hierarchical structure of intergrade, where being interconnected is the basis the other outcomes in this study.

Conclusions

This study adds a theoretical perspective of information exchange in pediatric care with the base the ethical demand. This new knowledge may be used to understand and develop information exchange in pediatric care in further research. The findings of this study also contribute to knowledge which can be used in practice, enabling nurses to promote the integrity of children as well as parents during information exchange in pediatric care. This mutual informing relationship is important among nurses to discuss and implement pediatric care. The notion of intergrade, as developed in this article, can be applied to nursing science and nurses, by understanding the complexity and interrelations between the outcomes and the unique position of being interconnected could function as guidelines.

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