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Title: Empirical and normative ethics: A synthesis relating to the care of older patients

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Abstract

The aim of this study was to synthesize the concepts from empirical studies and analyze, compare and interrelate them with normative ethics. The International Council of nurses (ICN) and the Health and Medical Service Act are normative ethics. Five concepts were used in the analysis; three from the grounded theory studies and two from the theoretical framework on normative ethics. A simultaneous concept analysis resulted in five outcomes; interconnectedness, interdependence, corroboratedness, completeness and good care are all related to the empirical perspective of the nurse's interaction with the older patient, and the normative perspective, i.e. that found in ICN code and SFS law. Empirical ethics and normative ethics are intertwined according to the findings of this study. Normative ethics influence the nurse's practical performance and could be supporting documents for nurses as professionals.

Keywords: beneficence, empiric ethics, , Health and Medical Service Act, ICN code, normative ethics, nurse

Background

Safeguarding the welfare of the older population is one of the most important goals of the public health services. At macro level the Swedish National Board of Health and Welfare states that the main goal for older people is to have dignified and comfortable lives. They should have a life with a sense of value, and should feel secure (1- 3). All patients should be treated equally (4). These values, among other ethical values, are expressed in the International Council of nurses (ICN) (5) and the Health and Medical Service Act (4). The ICN code and the Health and Medical act are

examples of normative ethics containing codes and rules or customs that are generally established in caring situations and that are used to direct actions (4, 5). The normative ethic (4, 5) should have an effect on the empirical ethic, but this is not always the case. Nurses in a study by Tadd et.al (6) were unfamiliar with content in the ICN code and believed that the codes had little practical value (6).

Examples of values in the Health and Medical Act (4) are autonomy, integrity, dignity, and justice that are included in legal texts or in other governing documents formulated, for example, by professional organizations. The four ethical principles: autonomy, beneficence, non-maleficence, and justice (7) are distinct in different legislation and codes (4, 5). These principles are embodied in normative statements that affirm how things ought to be, how to value them, what things are good or bad, what actions are right or wrong. The four ethical principles are distinct but hard to make visible as common values in caring actions (7).

The normative guiding principles described in legislation and codes are both critical and normative. They should help in choosing the right action and in evaluating that action (8). A question could be if the code is ethical and whether the legislation has any effect on the different persons in the caring encounter. Many older people and their next of kin ought to be affected by these goals and intentions (2). Values and principles in normative ethics express a nurse's obligations to meet these aims are: priority, confidentiality, the outcome and to observe. Values state the professional aim can be seen as a kind of public guarantee of qualitative good and safe care for older patients (9-10). The basis for ethical values should therefore also cover professional values as public formulated values. Nurses have their own personal responsibility but are also regulated to ensure they give the best care. In law, texts and other governing documents describe patients' rights and nurses' obligations in order to ensure that the rights are realized. The ethics that are formulated in

public documents and guidelines should guide nurses in acting as professionals, and in performing good quality care (11).

The ethical values in caring are values based on professional ethics. The information in professional ethics is to describe the ideal of good caring; how it should be and how it should be supplied. The mandate for nurses is to provide care, and this comes from society. But individual requirements for good care arise in the encounter with the patient (11). There seems to be a limited and subjective understanding of ethics among nurses, as well as how to use codes in caring practice (12). At the micro level, nurses, their time, and their skills all constitute health care resources. The nurses' management of their time whilst on duty is a decision on resource allocation. The nurses should allocate time and skills in such a way that the older patient is benefited (3). In order to create a caring relationship in the encounter with the patient, there are four distinguishing characteristics of significance to be considered: mutuality, equality, acceptance and acknowledgment (13). When the connection is a caring relationship it is considered as meaning something good for the patient. The patients have legal rights be treated in a way that allows them to maintain their integrity and dignity. Often the knowledge in caring encounters is subjective, intuitive empathy with the other person's living situation. The caring knowledge is of a subjective nature (11).

It is not enough to say that a nurse is an eager, loving, sympathetic and supportive person and the care ability depends on how helpful the nurse is (14, 15). Personal ethics are concerned with how the individual reacts and performs in different settings and encounters, which depends upon the person's upbringing and the atmosphere at work, e.g. in a caring situation (3).

In this article the older patients are in focus. According to WHO (2) the older patients' position it is especially important to have legislation and ethical codes, since this group of people are vulnerable and have not so much to decide in caring. Generally the patient's position should have more authority and have self- decision (2). Code (5) declares a nurse must always act to help an older patient to find well-being and beneficence. Therefore it is very important to develop the nurse's codes; the code could benefit the nurse's profession (16). The existence of the codes is important and their applicability is usually appropriate, despite new challenges posed by modern health care (17). Doel (18) has another view of guidance, i.e. the nurses' code has tended to ignore the areas of practice and seems to act as an insurance policy that is used when something goes wrong.

Ethical values and morals are important aspects that influence the quality of care and should affect empirical ethics. On the other hand, quality of care depends on the nurse's behaviour, ethical values and actions (19). Ethics are complex, and sometimes it is difficult to see ethics in empirical terms and the consequences of normative ethics (20). For that reason it is very important to analyze, compare and interrelate the macro and micro perspectives of ethics. Maybe this could be useful in developing transformation of ethical values and ethics to nursing practice (6, 17, 19). Further, few studies have been found regarding caring ethics in practice i.e. how normative and empirical ethics interrelate with each other.

The aim of this study is to synthesize the concepts from empirical studies and analyze, compare and interrelate them with normative ethics.

Method

A simultaneous concept analysis (SCA) (21, 22) was chosen because it could answer the research questions and develop a process model, presenting the interrelated empirical and normative ethics.

This method is useful when concepts are close to each other, and the aim is to point out and clarify the relation. In SCA, individual concepts are analyzed and accompanied by a critical examination of interrelated antecedents, defining characteristics and outcomes, and this gives insights into existing relationships between the concepts.

Three empirical studies in a geriatric clinic identified and described the ethical values experienced from different perspectives, i.e. empirical ethics. In the first study, which was an observational study with follow-up interviews, the older persons' experiences of ethical values in the daily interaction with nurses in caring encounters were identified (23). In the second study, the next of kin were interviewed about their experiences of the interaction with nurses who care for older patients (24). Study three was an observational study with follow-up interviews, whereas the nurses' ethical values, which become visible through their behaviour in the interaction with the older patient in caring encounters, were identified (25).

The three empirical studies established the importance of three concepts; approaching, being amenable and corroborating, and each concept had several components.

A qualitative content analysis (QCA) (28) was conducted of the ethical values in normative ethics outlined in ICN (5) and law SFS (4). In ICN the concept was code; a set of rules and conventions and in Law SFS the concept was framework: a basic structure. The qualitative content analysis was performed to find the components of the respective concepts; code and framework.

Next, a simultaneous concept analysis (SCA) (21, 22) was conducted aiming to answer the research questions and develop a process model. Individual concepts were analyzed and this analysis was accompanied by a critical examination of interrelated antecedents, defining characteristics and outcomes. The method is described as guidelines in nine steps. The steps are intertwined with one another.

Step 1

Development of the consensus group: Each individual brings a certain expertise to the group. The consensus group consisted of four researchers, namely the authors, who were skilled in nursing care, geriatric care, qualitative research methods and ethical issues.

Step 2

Selection of concepts to be analyzed: A total of five concepts were selected, three core categories from the earlier accomplished studies; and two from the analysis of normative ethics in outline of ICN (5) and law SFS (4). These five concepts were: approaching, being amenable, corroborating, codes and framework.

Step 3

Refinement of the concept clarification approach: The approach consisted of the constant comparative analysis method (26) and the QCA (21, 22). Five concepts were used in the analysis and their identified components, see table 1.

Step 4

Clarification of individual concepts: Each researcher in the consensus group made a critical and independent examination of the five concepts. All these five concepts were discussed in the consensus group, where each person argued based on their own knowledge and experiences about the concepts and components see table 1. The discussions lasted until the consensus group was in agreement about the antecedents, the critical attributes and the outcomes of all the concepts.

Step 5

Development of validity matrices: This specific validity matrix consisted of the five concepts from step 2, and of the 25 components from step 3. The validity matrix consisted in total of 125 concepts and components. All individual concepts and components were compared and contrasted with all other concepts and components. This helped to refine definitions and clarify antecedents, critical

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

Approaching	Being amenable	Corroborating	Ethical Codes ICN	HSL framework law
Being addressed	Receiving	Showing consideration	Respect	Benefit
Receiving respect	Showing respect	Connecting	Equity	Equity
Desiring to participate	Facilitating participation	Caring for	Professionalism	Respect
Increasing self- determination	Showing professionalism		Participation	Safety
Gaining self-confidence			Benefit	Available
			Quality assurance	Participation
			Safety	Self-determination

attributes and outcomes. The unique aspect of SCA (21, 22) is that each concept is developed simultaneously and all other concepts and components are taken into consideration

Step 6

Revision of individual concept clarification: The consensus group re-examined all the concepts, and necessary revisions were made.

Step 7

Re-examination of validity matrices: Here the consensus group took the semantics under consideration. The consensus group employed dictionaries to verify the terms. Only the terminology that really needed to be changed was changed.

Step 8

Development of a process model: The process model is an overview of the components and processes of the concepts. It should be seen as an analytic tool, see figure 1.

Step 9

Submission of the SCA results to peers for critique: This was the final step in the SCA process. When presenting the results informally to colleagues in a seminar the concepts were reworked again. This step was important, as was the possibility for the SCA and the process model to become complete. The process model was modified to some extent after the discussion with colleagues in the seminar.

Findings

Interconnectedness

The outcome, interconnectedness, concerns the way we approach and connect with one another in the caring encounter and is reflected in the critical attributes; appropriate attitude, being invited, and guarantee confidence. In interconnectedness, connecting is central to the interaction in caring encounters as the associated actions open up the caring relationship.

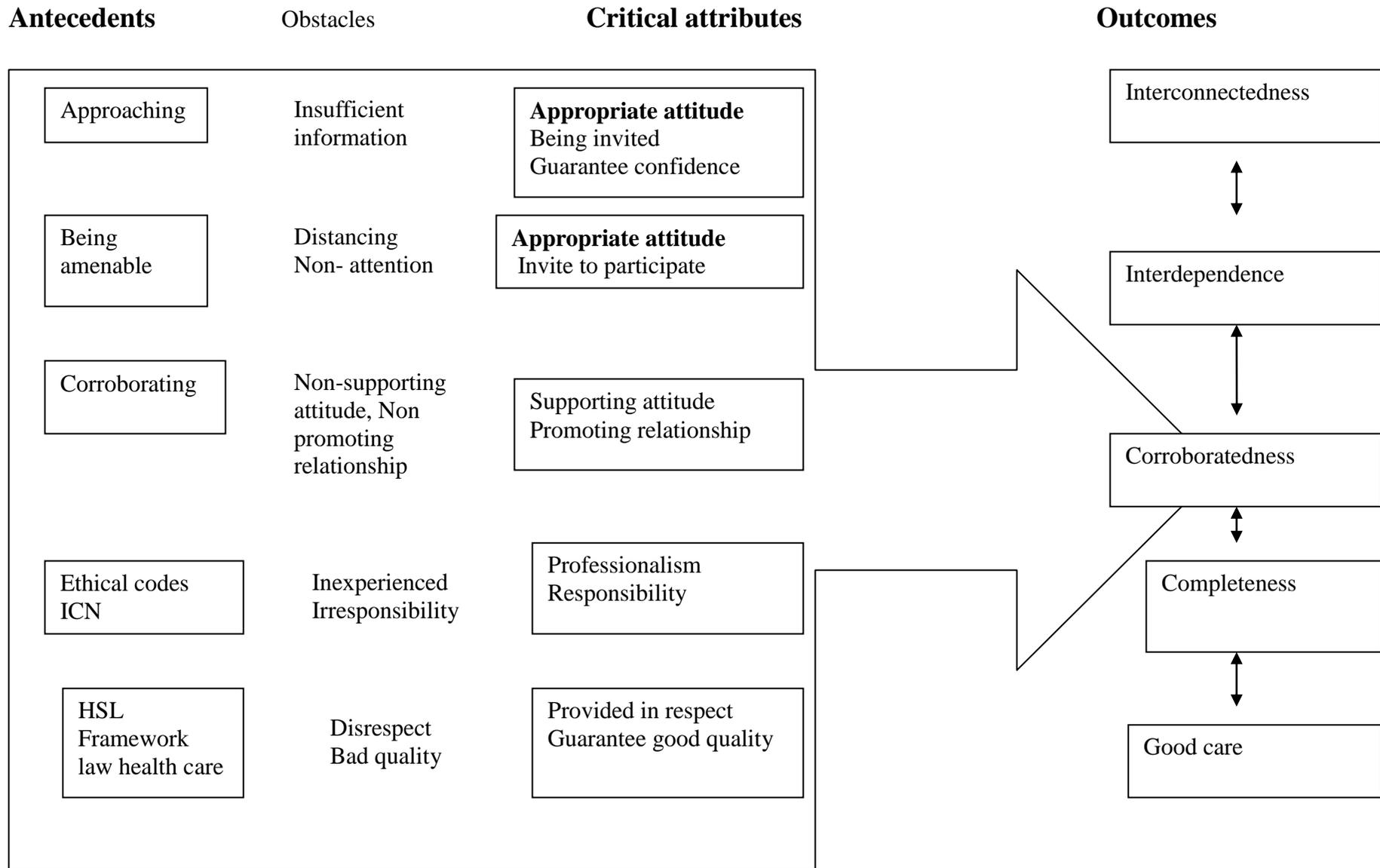


Figure 1. Five-concept process model advancing to five outcomes; comprising empirical and normative ethics

Appropriate attitude means the attitude the nurse have, i.e. the embodied attitude appearing in acting and consideration. The nurse has a responsibility to ensure an appropriate attitude, i.e. they have responsibility to practice with compassion and respect for the inherent dignity, worth and uniqueness of every individual. It is also about respect for patient autonomy.

Interconnectedness is also about connecting to another person; the other person is being invited to and involved in a caring encounter, and deal respectfully with information given.

The nurse could act with perception and good behaviour when giving information to someone else. With that performance the other person could be involved in planning their own health care to the extent they are able and choose to participate. The nurse should connect, and promote good care and treatment should as far as possible be designed and conducted in consultation with the patient and their next of kin. Interconnectedness is a foundation for participation, concerned with attention and including developing confidence.

When a person is perceived to have an appropriate attitude, there will be feelings of security and confidence. Interconnectedness is the foundation of a relationship and there is reciprocity between the different persons involved. With appropriate conduct, the result is confidence. The nurses should promote, advocate for, and strive to protect the health, safety, and rights of the patient, and the caring should be of good quality and cater to the patient's need for security in care and treatment. Being confident concerns feeling secure in the caring situation. The interconnectedness can be viewed from physical, psychological and social aspects and it is important that these aspects are presented with an appropriate attitude.

Obstacles to interconnectedness may appear when a person in a caring encounter gives no invitation and lacks confidence.

Interdependence

The outcome of interdependence is reflected in the critical attributes of appropriate attitude, inviting to participate, and being professional. It is about our mutuality in relations, how we need to rely on one another and how our attitude towards each other influences the other person.

In empirical ethics, an appropriate attitude is embodied in the caring encounter by nurses when receiving another person; showing nearness or distance. When a person is met with a responsive attitude and responsive performance, this gives the person in the caring encounter a feeling of being valued both verbally and through body language. If a person gives an opportunity and possibility to participate and there is mutuality in exchanging information, the other person experiences better participation. Better participation depends on the professionalism the nurse have, i.e. participation depends on how present the nurse is, how the nurses make use of facilities and necessary equipment. A present nurse is a nurse who is readily available for the other persons in need.

Further, the nurse should be involved in planning of the care, participation, consultation, and sharing in decisions concerning the care of the patient. Presence is also when the other person is given individual information concerning his state of health and treatment methods available. The dignity of individuals means that all have a basic right to be respected. Nurses are professional to another person when they are competent and possess knowledge in the caring encounter.

Appropriate attitude provides a guarantee that the caring encounter will be good and the nurse's encouragement and responsible attitude will lead to the other person feeling secure. The nurse has a responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth. Obstacles to interdependence are inappropriate attitude i.e. a person is treated distantly. This attitude becomes visible when a person does not trust another or is against the other. Inappropriate attitude is also when a person is not attentive and does not give clear information to the other person.

Corroboratedness

The outcome, corroboratedness, is reflected in the critical attributes supporting attitude and promoting relationships. In corroboratedness a person has a responsibility to promote a relationship; confirming the other person and making that person feel more certain. This relationship is based on support and giving strength, i.e. nurses have an obligation to do their best according to the patient's own values and necessity. Consideration and thoughtfulness should be shown towards the other person. This is also concerned with having good manners towards someone else. The nurse is responsible for the other person, and care and treatment should as far as possible be designed and conducted in consultation with that person. Nurses have to promote the relationship with other persons, and this relationship should be based on respect for self-determination and privacy. Nurses carry personal responsibility and accountability for nursing practice and should protect the other person's integrity,

Corroboratedness means having a supporting attitude, i.e. giving attention to and having knowledge about someone. This means paying attention to the other person's condition and encouraging them in order to motivate them. Encouragement can be expressed verbally through words, or bodily through a pleasant demeanour. This performed acting is respectful and considerate, i.e. a person being professional.

Promoting a relationship includes connecting in a mutual relationship. In a relationship with mutuality, different persons can exchange information to create participation. In promoting a relationship the nurse has a special responsibility in a caring relationship, so the other person is involved. This supporting attitude guarantees security in the relationship for the receiver of the caring. A supporting attitude also guarantees safety when the nurse displays competence and knowledge regarding the issues in the caring encounter.

Obstacles to corroboratedness are a non-supporting attitude and a non-promoting relationship. This means disconnecting, non-mutuality in a caring relationship. This leads to less participation, security and safety.

Completeness

The outcome, completeness, is reflected in the critical attributes; professionalism and responsibility, i.e. the extent to which a nurse benefits a person and displays the trait of being answerable, which aids or promotes the well-being of a person. The concept of need relates to health and quality of life. Completeness is about preserving the totality of the person. Completeness is about caring for and caring about the entire person in a caring encounter; the older person's experiences of being treated with professionalism and responsibility. Responsibility involves different parts of the duty as a nurse. At first duty is the responsibility for nursing practice. This person has the responsibility to invite the other person to the caring encounter and also respect the person's decision-making. The nurses should be readily available for patients with needs. Nurses have personal responsibility for maintaining competence by continual learning.

Completeness means providing care by ensuring that use of technology and scientific advances are compatible with the safety and dignity of the other person in the caring encounter. A nurse's responsibility is to protect other person's security and integrity, and carry out good health care ~~for~~ ~~the patients.~~

With responsibility follows professionalism. Professionalism stands for respect. Respect in this study is about respect in treatment and for the patient's value and dignity. The dignity of the patient is connected with their existence as a person, not with functions or qualities. It also concerns respect for human needs without prejudice. To make this possible the provider must give information with respect, give care with safety, and guarantee individuals receive sufficient information. Obstacles to completeness are inexperienced and irresponsible persons. This means

those who treat another person with less respect and give incomplete information. This also involves not following principles concerning safety when providing care. Irresponsibility is when a person provides less participation and does not respect another person's right to make a decision about caring.

Good care

Good care means safe care provided with respect and a focus on the patient. It should be accessible, equal and professional. The nurse has a responsibility in caring for and caring about the other person in a caring encounter. Good care is performed with respect and consideration for individuals' specific needs, conditions, expectations and values. Care should be provided with respect for the equal dignity of all human beings and for the dignity of the individual. Priority for health and medical care should be given to those whose need of care is greatest. Good care means also the act or activity of looking after and making decisions with the other person.

The outcome, good care, is reflected in the critical attributes; that all persons have equal values, care is provided with respect, and good quality is guaranteed in the caring encounter. Dignity of individuals means that all have basic rights that must be respected and all people have the same worth. Care should be provided with respect for the equal value of all individuals, all people have the same worth. Equity exists when caring resources are divided equally, in accordance with the older patient's needs. The older patient must be treated according to her/his own condition and with ethical consideration. Providing care with respect means respecting individuals and encouraging the older patient's self-determination.

The attribute of guarantee of good quality means the nurses have a responsibility to provide care of good quality and must ensure the security of individuals. Care must be of good quality and cater to the patient's need of security in care and treatment. The nurse assumes the major role in

determining and implementing acceptable standards of clinical nursing practice and management. The nurse is active in developing a core of research-based professional knowledge. A guarantee is when nurses prepare guiding principles with the aim of developing caring while implementing research and developing structures according to ethical values.

Good quality is about experience and the state of confidence of the older person who needs care but also involves security connected with quality of organization. It demands a good relationship with other health-care professionals so the nurses can establish standards of care and a work setting that promote safety and quality in care. The nursing profession is committed to promoting health, welfare, and safety of all people. Obstacles to good care are disrespect and lack of quality.

Discussion and reflections

Empirical ethics and normative ethics are intertwined, which is explained in this study. The findings make clear that interconnectedness, interdependence, corroboratedness, completeness and good care are all related to the micro perspective; nurse's interactions with the older patient, and the macro perspective; what is stated in the ICN code (5) and SFS law (4). The ethical values are made visible through different performances and actions, but the meanings of the micro and macro perspectives are the same. Further, this study makes it apparent nursing practice is ethically, it is also clear that codes prescribe this ethical practice which is opposite to the study of Tadd et.al. (6), which found that the codes have little practical value. These ethical values are there to be used by nurses and help older patients, the health care system, as well as society. Development as a human being but also as a competent professional is possible by relating the normative ethic (code and law) to empirical ethics. This is in agreement with Verpeet et.al. (16), who state that normative ethics should benefit the nursing profession as well as it should benefit the older patient. The progress in health care organisations is moving more rapidly and there is a need for greater

applicability regarding ethical values; there must be recognition. Our study shows that there is conformity with nurses' empirical ethics and normative ethics, but there is a need of transformation so codes and law can be more useful in nursing actions (8, 10, 12). The values of confidence, dignity, respect, responsibility, and equal care are highlighted in this study, but they are presented differently depending on the context; micro-macro or empirical-normative.

Interconnectedness means that nurses have a special responsibility to show with verbal and non-verbal body language that they are inviting the older patient to take part in the caring encounter. The patient has rights to be invited and feel confidence. The nurse's responsibility is to ensure confidence. With an appropriate attitude the connecting is more successful and the older patient experiences dignity. The nurse as well as the patient needs confidence in a caring relationship. Appropriate attitude, being invited and guaranteeing confidence enable dignity to be preserved by both parties. The knowledge and understanding of these findings could be used in caring encounters to guide professionals to a careful and reciprocal approach. As Berg (29) states; this will reduce the patient's sense of vulnerability and lead to the patient becoming more involved and confident (29). Warnock (30) claims that sympathy and altruism are human perceptions of the condition of human interconnectedness.

Appropriate attitude is also central in outcome interdependence. Through appropriate attitude a nurse can establish a mutual relation with an older patient. But the nurse's attitude is not enough (16); one must have the ability to invite the other party into the caring encounter because the nurse and the older patient are dependent on each other in a caring relationship. One aspect of interdependence is being present and paying attention to the patient. Maybe this explanation could be an answer to Tarliers' (14), questions about the viewpoint that dependence is a complex concept.

Interdependence is about an equal dependence; the nurse and the patient being participants in mutuality.

Corroboratedness is a relatively new concept in studies about ethics. Corroboratedness places a responsibility on the nurse to promote the older patient's well-being and health through support and giving strength i.e. promoting a relationship, confirming a person and making the person feel more certain. Confirming is a well-known concept related to ethical values (31, 32), but corroboratedness is something more; it is also about encouraging. Corroboratedness includes connecting, i.e. a relationship between nurses and patient, and the distinct responsibility of nurses to use competence, skilfulness and knowledge. It also includes showing respect and infusing confidence. The older patient thereby gains trust in the relationship, and thus has an experience of being respected, of dignity and of confidence. The values of respect, confidence and dignity are central in ICN code SFS law (4, 5). Corroboratedness involves ethical values including empathy and sympathy, but also ethical values concerning skills, knowledge and competency. Corroboratedness can be seen as a guarantee of good and skilful care for older patients (9).

To act in caring with completeness is essential, i.e. nurses must be professional and responsible. This means nurses are competent and possess knowledge in caring that is both theoretical and practical and they are willing to perform their duties. The nurses' empathy and attitude provided a guarantee that the caring encounter will be good and their encouragement and responsible attitude will lead to the older patient feeling supported and secure. These professional ethics are described in law and codes (4, 5, 9). This also means nurses have the responsibility to develop their competence both theoretically and practically. It is not enough to maintain their competence; there is also a need of development, expanding caring activities and keeping up-to-date with alterations in laws and codes (4, 5, 9).

The outcome, good care, points out that caring should be carried out with respect and has a guarantee of good quality. What does it stand for? It stands for the ethical values of confidence, dignity, respect, responsibility, and equal care made visible in nurses' actions. These values are demonstrated in different attitudes and behaviours. It is not enough to be an eager, loving, sympathetic and supportive person (10, 15). Nurses must also have knowledge and competence and focus on the value of the older patient's autonomy and beneficence (3) as well as being ethically sensitive in professional practice. This sensitivity to being ethically alert could be developed with a respectful attitude and sensitivity to providing quality treatment for the individuals who need care. All these aspects promote good, confident and secure care. We find in our study that the ICN code (5) can assist nurses, and there is a relation between normative ethics (4) and empirical ethics (23-25). These findings are opposite to what Heikkinen et.al. (33), stated; that the obstacles to using the codes are the codes themselves and nurses themselves.

Methodological considerations

In this study we used the SCA methodology (21, 22); accordingly this method could contribute to development of methods. ICN code and SFS law (4, 5) could benefit nursing professionals and thus also benefit the older patient

The SCA strategy highlights concepts in ethical values in caring encounters as complex and interrelated. Because this interrelationship exists, these concepts cannot be analyzed in isolation. The findings of this SCA (21, 22) have revealed how the normative ethics in ICN code and SFS law (4, 5) are conceptualized in the five-concept process model (Figure 1). An additional strength is that the concept process model is grounded in empirical data from observational GT studies (23-25). In order to obtain a holistic view of the concepts, analysis should reflect diverse perspectives (21, 22). The strength of 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. One difficulty was that the authors were all Swedish native- speakers, which led to difficulties reaching consensus in English. This could be seen as a limitation of the study. To handle that issue in a good way English dictionaries, and native English speakers were used to find the correct nuances.

Conclusion

The findings of this study make clear that interconnectedness, interdependence, corroboratedness, completeness and good care are all related to the micro perspective of the nurse's interaction with the older patient, and the macro perspective, i.e. that found in ICN code and SFS law (4, 5).

Empirical ethics and normative ethics are intertwined according to the findings of this study. The normative ethic could benefit the older patient. ICN code and SFS law (4, 5) influence the nurse's practical performance. Normative ethics are supporting documents for nurses as professionals and by extension also for older patients. The normative ethics are important but more transformation of normative ethics to empirical is required.

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

Approaching	Being amenable	Corroborating	Ethical Codes	HSL framework
			ICN	law
Being addressed	Receiving	Showing consideration	Respect	Benefit
Receiving respect	Showing respect	Connecting	Equity	Equity
Desiring to participate	Facilitating participation	Caring for	Professionalism	Respect
Increasing self- determination	Showing professionalism		Participation	Safety
Gaining self- confidence			Benefit	Available
			Quality assurance	Participation
			Safety	Self- determination

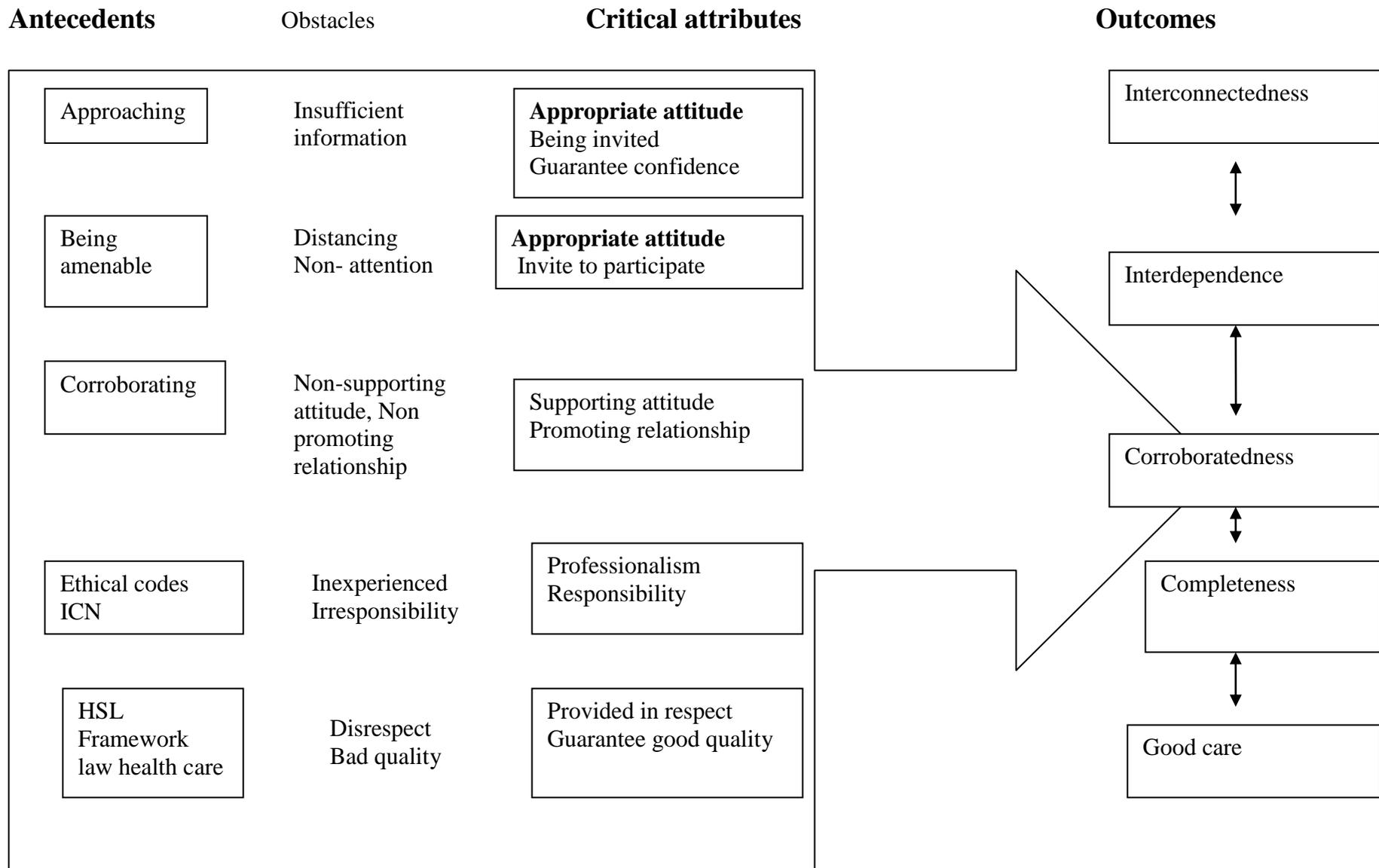


Figure 1. Five-concept process model advancing to five outcomes; comprising empirical and normative ethics