



## Ethical aspects in community nursing in Croatia

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### Abstract

*The philosophy of public health nursing is based on the belief that care directed towards the individual, his family and different social groups, contributes to the protection of overall population health. Nurses' care for health is not limited only to age or different disease groups, but it refers to all other activities which contribute to health improvement – prevention, rehabilitation, concern for social justice, reducing disparities in providing health care services, and advocating the interests of community members. It is an unavoidable fact that every health situation includes a set of value judgements or norms, therefore every decision that is made has in itself a moral component as well. There is a small number of research dealing with examining the capacity for cognition of moral dilemmas, moral deliberation, decision-making and implementing those decisions in nursing practice, especially in public health nursing.*

*Since almost one third of the nurses (about ten thousand) in the Croatian health system work in community health care the aim of the authors was to determine how well the nurses were informed about the formal bodies that deal with ethical questions in their institutions (ethical committees) and wider community, and the number of nurses who are members of these committees; whether they know who to refer to for help in identifying and solving their ethical problem (formal bodies, health and other institutions) and how they perceive their capability in identifying and solving an ethical problem. Another aim was to determine which moral dilemmas nurses encounter in their everyday practice. The results of the research would be used for the advancement of nursing practice in public health nursing in the Republic of Croatia.*

*The sample consisted of 300 nurses, out of which 200 finished secondary level of education, 100 finished undergraduate and graduate study programme. A questionnaire on how well the nurses are informed and how they perceive their knowledge and skills in the field of nursing ethics. The questionnaire consisted of 16 questions and one open-ended question where nurses could write about most often encountered moral dilemmas in their practice.*

*The results of the research have shown that nurses who work in community are not sufficiently informed about the existence and formal structure of the bodies that deal with ethical questions in their institutions and wider community, and that they do not perceive their knowledge and skills as being sufficient for dealing with moral dilemmas in practical situations. Furthermore, it can be noted that, during stating ethical dilemmas they encounter in everyday practice, they are a lot more oriented towards themselves, mutual relations in the team and moral dilemmas which come within the competence of a doctor, while not mentioning the issues of social justice, disparity in providing health services, as well as issues of being*

*informed, dignity and mistanasia of community members. The reasons for that are to be found in a deficient theoretical education in the field of their professional ethics, especially when considering nurses with a secondary level education. Even though the nurses with higher education demonstrate more theoretical knowledge and understanding, they have not demonstrated sufficient confidence in three questions that are essential for practical application of knowledge and skills.*

## INTRODUCTION

The beginnings of nursing go far back in history, but there are still dilemmas as to whether its foundations lie only in practical skill or whether nursing is pure science; whether it is an autonomous discipline or is dependant on other disciplines (1). The truth is that in the course of its development, nursing has relied on other disciplines and it used methods and theoretical essentials from some other humanistic or biomedical sciences, but it emerged that most of the theoretical propositions, adopted from other fields, have not helped solve nursing questions and issues in practice.

The emphasis on its proper theories has gained an important impetus in the 1960s when nurses were allowed scientific education (all up to the doctorate level) in the field of their autonomous work – nursing. This has considerably stimulated numerous research, establishment of nursing professional and scientific journals, development of professional nursing and has also resulted in development of professional nursing ethics (1, 2).

Nowadays, nursing is considered to be a science based on general universal truths whose foundation is the care for a healthy or sick individual in their wholeness and uniqueness (1–3).

The phenomena connected with nursing can be found in four key concepts: person/human being, environment/society, health/illness and nursing (4). Those metaparadigm concepts and their interconnectedness are the basis for the development of philosophical viewpoints on nursing and its conceptual models (5).

Towards the end of the 19-th century nursing started to get divided into special areas due to increased health needs of the population (migration from villages to towns, industrialisation, development of the working class of proletarians, emergence of social diseases, etc.). Owing to Florence Nightingale, in the mid-19th century public health nursing started developing in England (6). Those first educated nurses visited people in different parts of London caring for their health, advising them on the importance of good personal hygiene, proper alimentation, environmental cleanliness, etc. (6, 7).

However, Lillian Wald is responsible for the introduction of a specific model of nursing public health – district nursing, which was first mentioned in 1877 (New York City)<sup>1</sup> (8). She directed public health nursing into three areas: taking care of the sick poor in their homes, taking care of the immigrants in their establishments and taking care of the children with special needs (9). She believed that the purpose of nursing is not only in taking care of the sick but also in the improvement of living conditions, socio-economic conditions in the community and the employment of work-capable population (10).

By looking at nursing practice from the point of view of a person in need of that care, she encouraged personal and public responsibility for health and emphasized the need for providing comprehensive and equally available health care. In such a way Lillian Wald conceptualized a new paradigm for nursing practice (8, 10).

Public health in Croatia began to develop strongly only after the First World War. The financial support of the Rockefeller Foundation made possible the construction of many health institutions and also provided scholarships for medical personnel training. Dr. Andrija Štampar, head of the Ministry of Public Health, was a doctor of advanced ideas and understanding of health services organization and activities. Being thoroughly familiar with the health situation and problems in the country he focused primarily on health problems and diseases which afflicted larger groups of people. He was also aware that without nurses who received quality and polyvalent education, the development and establishment of outpatient service and visiting nurse service as a starting point for modern health protection would not be possible. Owing to his initiative, the role of a professionally educated nurse was perceived as a nursing educator, care-giver and important member of an outpatient service. All of that inevitably indicated the necessity for special nursing education and establishment of nursing schools (1).

*Health centres*, whose establishment started in the 1950's, played a significant role in the promotion and protection of health in the Republic of Croatia. Mostly polyvalent and highly educated nurses worked in health centres. However, in the early 1960's, after several decades of continuous advancement, nursing profession in Croatia was reduced to a level of healthcare assistants (technical nursing skills), and nurses became members of primary care teams (1). Thereafter, there was no clear vision of a further development of this type of nursing care, and certain advances in the notion of the importance of nurses in the improvement of health were more the exception than the rule.

Nowadays, public health nursing is given great importance worldwide. It is believed that public health nurses should provide preventive, curative and rehabilitative care.

<sup>1</sup> Lillian D. Wald (1867–1.1940) was an American nurse and humanitarian. She is well-known for her contribution to protection of human rights. She founded an American Association of Public Health Nurses and coined a term *Public Health Nursing*.

The philosophy of community nursing is founded on a belief that care oriented towards the individual, his family and different social groups contributes to health protection of the entire population. Health care is not limited to age or different disease groups, but it includes all the activities that contribute to health improvement with the active participation of every member of the community (11). This is relevant for all extensive health programs oriented towards all social, economic and ecological influences (removing the risk factors or reducing their intensity).

It is of great importance for community nurses to have great responsibility and to have adequate knowledge and skills. Additionally, they need to have character traits like empathy, caring and compassion, they need to be good at assessing the living conditions of their patient, and be able to lead them, guide or advise them (12).

What represents a particular difficulty (and a challenge at the same time) in community nursing are situations in which they often need to reach a moral judgement by themselves. A community can include individuals from different cultures, of different religion and origin, and with different moral attitudes and values, which creates additional difficulties for nurses (13). Consequently, ethical dilemmas in the community demand a contemporary approach to ethical issues which must respect diversity, participation, advocacy, inclusion and ensuring support for the whole community (13, 14). Particular problem within the community can be social justice and health disparity issues. Social justice is a fundamental social value intended to prevent extreme inequality between people. According to social justice values each member of the community should be provided with fundamental material and nonmaterial goods sufficient for respectable life.

A large number of experts who studied of social justice emphasize that the sense of justice one experiences in the family creates a framework for later moral development (Coles, 1997., Grienberger i Rutte, 1997., Tiff, 2000.). They also agree that school, together with family, is the first institution where young people test the justice in social relations. (Short, 1991., Chetcuti i Griffiths, 2002.).

The concept of health disparity can be explained as inequality or difference in providing nursing care to people or groups within the community including special groups divided by age, gender, race, religious beliefs or sexual orientation (14, 15). The removal of health disparity is one of the fundamental moral issues community health nurses ought to deal with (14, 15).

The important role of nurses is to help community members understand and accept responsibility for their own health, and to influence the development of health networks which will help them solve their problems. Thus, four important steps in solving health disparity are mentioned: social participation, social mobilization, implementation of social justice and optimal use of all available resources (14, 15). Naturally, this requires different nursing activities: implementation of planned activities, advising, education and advocacy on behalf of a healthy or sick community member.

Even though it is evident that nurses often encounter various ethical dilemmas in their practice, very little research has been done to investigate the issue. Educational institutions and institutions where nurses are employed should give more consideration to nursing ethics. Nursing education needs to stimulate the development of moral visions, moral deliberation, and moral intuition, critical thinking skills, and social and political resourcefulness (2, 16).

One of the aims of ethics instruction is providing all relevant information on morality, education, sensitivity to social conditions and changes and responsibility of nurses, in order for them to make ethical judgements in practice. Another aim would be the preparation of future nurses for identification and proper reaction to ethical dilemmas in nursing care. In order for these aims to be fulfilled, nurses need to know how to integrate their personal value and belief systems with valid ethical concepts in nursing and standards of ethical behaviour. Such integration should become a framework for decision-making and its implementation in nursing care (17).

A constituent part of nurses' professional integrity should not only be the capacity for moral reflection, but ethical reflection as well. Therefore, nurses need to be capable of deliberation and action based on available objective facts. They have to be entirely aware of all the moral aspects of a practical situation and consider its every starting point (17).

For that reason philosophy, that is, its subject area *ethics*, plays a fundamental role in heightening awareness of methodological approaches important for the formation of value reference points. Programs of nursing education and lifelong learning programs should include the study of ethics as a branch of philosophy, as well as professional ethics as a special subject area. Integrated contents should encourage nurses to observe certain ethical dilemmas from different perspectives which would strengthen their ethical reflection (1, 2, 17). The purpose of such education is not to offer ready-made solutions, but to solve dilemmas through analysis and comparison of different perspectives and to reach an optimal solution through such problem-solving. What must be borne in mind is that every assessment of a health situation includes a set of value judgements or norms, thus every decision contains a moral component as well.

Since in the the Croatian health system, more than one third of all nurses (about ten thousand) work in the field of primary health care and public health/community nursing and the aim of the research was to determine how well they are informed about the formal bodies that deal with ethical question in the institution where they work and nurses participation in such bodies. The aim was also to determine whether they know where they can get help in identifying and solving and ethical problem (bodies, health and other institutions) and to what extent they see themselves capable of identifying and solving an ethical problem. Another aim was to determine which moral dilemmas nurses encounter in their everyday work.

The results obtained from the research would be used to improve nursing practice and public health nursing in the Republic of Croatia.

## RESEARCH HYPOTHESES

In order to obtain complete results, several hypotheses have been proposed:

H-1 – community nurses are not familiar with the existence of formal bodies for resolving ethical problems in their institution, nor are they familiar with their structure (ethical committees)

H-2 – community nurses do not know where to find assistance in identifying and solving ethical problems (formal bodies, health and other institutions)

H-3 – community nurses believe they are not capable of identifying and resolving ethical problems in everyday practice.

## METHODS

Sample: Research included nurses who work in community health field: primary health care and public health (family practice offices, health visiting, public health institutions) in all regions of the Republic of Croatia. The sample (obtained by random sampling method) consisted of 300 nurses out of which 200 finished secondary education, 100 finished undergraduate and 10 graduate studies (B.A. level and M.A. level).

The research information was collected by means of a *Questionnaire on how well the nurses are informed and how they perceive their knowledge and skills in nursing ethics*, which consisted of 16 questions<sup>2</sup> and one open ended question about the most common moral dilemmas in their practice which nurses could fill in freely.

Descriptive statistics and frequency distribution were used in data analysis. All the figures were expressed as percentages.

## DISCUSSION

Data analysis has confirmed that there is a significant difference between nurses educated at secondary level and the ones educated at the higher level in how well they are informed, in their perception of nurses' knowledge and skills.

A high percentage of nurses with secondary education have confirmed the following hypotheses:

– they are not familiar with the existence or structure of the formal bodies that deal with ethical questions in the institution where they work (ethical committees),

– they do not know where they can get help in identifying and solving an ethical problem (bodies, health and other institutions),

– they do not see themselves as capable of identifying and solving an ethical problems in everyday practice.

A high percentage of nurses with a higher level education have shown that they are well-informed and they positively perceive their knowledge and skills in the area of nursing ethics, with the exception of three questions:

Question no.8 – Do you consider yourself capable of recognizing a moral conflict, analyze it, find a solution and evaluate it?

Question no.11 – Are you capable of participating in a dialogue with other members of the team and the patient/service user in order to reach agreement/consent?

Question no.14 – Are you capable of eliciting the opinion (moral attitude) of all the interested parties in the analysis of a specific moral dilemma?

The overall sample of nurses with a higher education is small which makes it very difficult to reach a valid assessment of their knowledge and competences. But if the nurses' qualifications in the health system are taken into account (ratio of 1 with undergraduate and graduate degree to 4 with secondary education/the ratio is even larger) relevant conclusions can be drawn. Namely, in nursing study programs, ethics is an obligatory course, but the content of the course depends on the lecturers and their perspectives (the lecturers are mostly doctors, theologians and philosophers). Students are rarely taught about authentic nursing ethics and methodology of ethical judgement. Thus, it is completely justifiable that nurses negatively perceive their ability of judgement in issues that are fundamental in practical, clinical situations: noticing the conflict of moral values, analysis, solution finding, evaluation and the capability to mediate between all the interested parties in the analysis of a certain moral dilemma.

The most mentioned ethical dilemmas nurses encounter in their everyday practice were: adolescent pregnancy, lifestyle of pregnant women, poor relationships between colleagues (lying, deceit, dishonesty), admitting to their own mistakes in the process of work, moral values of team members, not being acquainted with the code of ethics, career development/ corruption and nepotism, relations between doctors and nurses, advising patients on treatments with uncertain outcomes, handling aggressive patients, advising on artificial miscarriage, organ donation, etc.

Alltogether, the research has shown that community nurses are not sufficiently informed about the existence and formal structure of bodies that deal with ethical issues in their institutions and in the wider community,

<sup>2</sup> The questionnaire has been modified in accordance with: Aulisio M P, Arnold R M, Youngner S J. Health Care Ethics Consultation: Nature, Goals and Competencies. A Position Paper from the Society for Health and Human Values – Society for Bioethics Consultation Task Force on Standards for Bioethics Consultation. *Annals of Internal Medicine* 2000;133(1): 62

TABLE 1

Questionnaire on how well the nurses are informed and how they perceive their knowledge and skills in nursing ethics.

Questions	Secondary education			Higher education		
	Yes	No	I am not sure	Yes	No	I am not sure
1. Is there an Ethics Committee in the institution where you work?	52 %	9%	39 %	81%	3%	16 %
2. Is there a nurse in the Ethics Committee where you work?	23 %	15%	62%	69%	3%	28%
3. Is there an opportunity in your health institution or your town for consultation on issues such as: patient's informed consent, their right to privacy, the right to bring their own decisions, refusal of life-preserving treatment, etc.	11%	9%	80%	24%	34%	62%
4. Do you have the opportunity to get ethics consultation or ask for advice from people who can or should be able to provide help in cases of moral dilemma including people of different religion or culture?	11%	32%	57%	26%	15%	59%
5. Do you apply the guidelines of the Ethical Codex of Croatian nurses' in your practice?	62%	11%	27%	92%	0%	8%
6. Are you familiar with the Croatian legislation on abortion, eutanasia, informed consent, shared decision-making in the treatment process, etc.	42%	52%	6%	51%	33%	16%
7. Do you consider yourself capable of identifying a moral problem and analyze it responsibly?	33%	61%	6%	52%	43%	5%
8. Do you consider yourself capable of recognizing a moral conflict, analyze it, find a solution and evaluate it?	31%	54%	15%	34%	57%	9%
9. Do you ask other co-workers for help if you are not sure a moral conflict exists?	54%	46%	0%	77%	23%	0%
10. Do you include the patient/service user and/or his family in the analysis of a moral dilemma?	19%	81%	0%	59%	41%	0%
11. Are you capable of participating in a dialogue with other members of the team and the patient/service user in order to reach agreement/consent?	22%	41%	37%	34%	23%	43%
12. Is it possible to get help from your or other institutions or people in order to implement the chosen option/decision?	11%	8%	81%	52%	11%	37%
13. Are you capable of listening, showing empathy, support and respect to all the interested parties in the analysis of a specific moral dilemma?	44%	13%	43%	65%	2%	33%
14. Are you capable of eliciting the opinion (moral attitude) of all the interested parties in the analysis of a specific moral dilemma?	5%	77%	18%	21%	69%	10%
15. Do you feel capable of recognizing communication barriers in people who are involved in analysing a certain ethical dilemma?	35%	37%	28%	49%	19%	32%
16. Do you feel the need to have additional counselling or acquisition of knowledge in nursing ethics?	91%	0%	9%	73%	5%	22%

and that they do not perceive their knowledge and skills as sufficient for the analysis of moral dilemmas in practical situations. Furthermore, it was noticed that in indicating ethical dilemmas they encounter in everyday practice, they are a lot more oriented towards themselves, relations in the team and medical problems, while ethical issues related to social justice and health disparity are not mentioned at all.

This result is not unexpected since nursing education incorporates professional, nursing ethics only in the last years in graduate education. Clinical practice situations or simulation of ethical dilemmas, as well as problem-solving training, are almost non-existent.

## CONCLUSION

Community health nursing is an extremely important area of nurses' work. In order to work in community nursing, nurses need to have an extensive education

since their practice should entail the problems of healthy and sick individuals, health improvement and prevention of disease in narrow and wider communities, but also wider social and even political work. Fundamental moral issues, social justice and health disparity issues and the advocacy for healthy and sick individuals are all an integral part of such work. Research results have shown that nurses lack important knowledge and skills in those areas, but that they also lack support from their health and other institutions. In nursing education nursing ethics needs to be studied as a branch of philosophy and as professional ethics. Nurses ought to have good communication skills, they need to be taught mediation skills and how to examine the problem from different perspectives, and their ethical reflection needs to be strengthened. They also need to become aware of the fact that almost every assessment of a health situation includes a set of value judgements or norms, thus, every decision also has a moral component. Nurses, regardless of the

nursing field they work in, need to be members of ethical committees, since their perspective of the moral problem is of great value. This perspective comes from a member of the team who in the process of health care is closest to a healthy or sick individual and thereby has access to many subjective and objective facts.

## REFERENCES

1. KALAUZ S 2011 Profession of nurses in the light of ethic pluriperspectives (in Croatian). Pergamena d.o.o., Zagreb.
2. KALAUZ S 2012 Nurses ethics (in croatian). Medicinska naklada, Zagreb.
3. PAPATHANASIOU I, SKLAVOU M, LAMBRINI K 2013 Holistic nursing care: theories and perspectives. *American Journal of Nursing Science* 2(1): 1-5 Available: <http://www.sciencepublishinggroup.com/j/ajns> doi: 10.11648/j.ajns.20130201.11
4. THORNE S, CANAM C, DAHINTEN S, HALL W, HENDERSON A, KIRKHAM S R 1998 Nursing's metaparadigm concepts: disimpacting the debates. *J Adv Nurs* 27(6): 1257-68
5. SCHIM S M, BENKERT R, BELL S E, WALKER D S, DANFORD C A 2007 Social justice: added metaparadigm concept for urban health nursing. *Public Health Nurs* 24(1): 73-80
6. MONTEIRO L A 1985 Florence Nightingale on public health nursing. *Am J Public Health* 75(2): 181-186
7. ELLIS H 2010 Florence Nightingale: nurse and public health pioneer. *Br J Hosp Med (Lond)* 71(1): 51
8. BUHLER-WILKERSON K 1993 Bringing care to the people: Lillian Wald's legacy to public health nursing. *Am J Public Health* 83(12): 1778-1786
9. ZERVEKH J V 1992 Public health nursing legacy. Historical practical wisdom. *Nurs Health Care* 13(2): 84-91
10. FEE E, BU L 2010 The Origins of Public Health Nursing: The Henry Street Visiting Nurse Service. *Am J Public Health* 100(7): 1206-1207. doi: 10.2105/AJPH.2009.186049
11. SCHULZ P R 1993 Foundations of nursing's perspectives on health education. *Hoitotiede*. 3(5): 223-30
12. IVANOVL L, ODENT T L 2013. Public health nursing, ethics and human rights. *Public Health Nurs* 30(3): 231-8. doi: 10.1111/phn.12022.
13. BJARNASON D, MICK J, THOMPSON J A, CLOYD E 2009 Perspectives on transcultural care. In: Bjarnason D, Carter MA (eds), *Nursing Clinics of North America: Legal and Ethical Issues: To Know, To Reason, To Act*. WB. Saunders; Philadelphia, p 495-503. doi: 10.1016/j.cnur.2009.07.009.
14. BUTTS J B, RICH L K 2012 Nursing Ethics: Across the Curriculum and Into Practice -Community/Public Health Nursing (Chapter 11). *Jones & Bartlett Learning*: 322-411
15. Public Health Leadership Society 2002 Principles of the Ethical Practice of Public Health (version 2.2). Available: [www.apha.org/NR/rdonlyres/.../ethicsbrochure.pdf](http://www.apha.org/NR/rdonlyres/.../ethicsbrochure.pdf)
16. LA SALA C A, BJARNASON D 2010 Creating Workplace Environments that Support Moral Courage. *The Online Journal of Issues in Nursing* 15(3); Available: [www.nursingworld.org/.../Workplace-Environments](http://www.nursingworld.org/.../Workplace-Environments) doi:10.3912/OJIN.Vol15No03Man04
17. OMERY A 1989 Values, moral reasoning, and ethics. *Nurs Clin North Am* 24(2): 499-508