

# Nursing Ethics: Feminist Perspectives

Helen Kohlen  
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*Editors*

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*Living a feminist life does not mean adopting a set of ideals or norms of conduct although it might mean asking ethical questions about how to live better in an unjust and unequal world ... how to create relationships with others that are more equal; how to find ways to support those who are not supported or are less supported by social systems; how to keep coming up against histories that have become concrete, histories that have become as solid as walls (Sarah Ahmed, *Living a Feminist Life*, 2017, p. 1).*

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## Foreword

I have had the pleasure of knowing Joan McCarthy and Helen Kohlen for many years. Both Joan and Helen serve as Editorial Board members of the journal *Nursing Ethics*. At our Board meetings, we take stock of journal trends and note the progress of the journal year on year. A regular topic of discussion is the dominance of empirical research submissions to the journal and the paucity of groundbreaking philosophical scholarship in nursing ethics.

I was then excited to learn of plans for a book on the theme of feminist perspectives, edited by Joan and Helen.

It is a privilege to write the foreword to this book and to have had the pleasure of reading the manuscript before it moved to production. It became clear that this is a book which is timely, important, and innovative. It is a book that fills a gap for innovative and radical scholarship in nursing ethics.

The book is timely as it is published during the COVID-19 pandemic when usually invisible care practices have been made visible and, temporarily at least, recognised as being of value. It is timely also in that it is published during the 200th anniversary year of the birth of Florence Nightingale, an anniversary which is stimulating a renewed interest in nursing history and values. The World Health Organization (WHO) nominated 2020 as 'International Year of the Nurse and Midwife' and responded to some of the international challenges for nursing in a seminal report by WHO, in partnership with the International Council of Nurses and the global Nursing Now campaign. The *State of the World's Nursing Report 2020* points out that the global nursing workforce is 27.9 million with 19.3 million identified as 'professional nurses'.

The WHO report confirms that 'nursing remains a highly gendered profession with associated biases in the workplace'. Whilst some 90% of nurses are female, few are in leadership positions and there is evidence of gender-based discrimination in pay and in the work environment. The report also points out that there is a global shortage of some 6 million nurses and that one in every eight nurses works in a country other than their home country. The ten key actions identified in the *State of the World's Nursing Report 2020* include deliberate planning 'for gender-sensitive nursing workforce policies' which ensures 'equitable and gender-neutral' remuneration, 'enabling work environments for women' and 'gender transformative leadership development for women in the nursing workforce'. Another key action, pertinent to this book, relates to the effective monitoring and responsible and ethical

management of nurse mobility and migration. For too long, more affluent countries have recruited nurses from areas which need their expertise and experience (see [file://homes.surrey.ac.uk/home/downloads/9789240003279-eng%20\(3\).pdf](file://homes.surrey.ac.uk/home/downloads/9789240003279-eng%20(3).pdf)).

This book is important in speaking to these critical issues and, it is hoped impactful, in bringing to readers' attention insights from 14 expert feminist and ethics scholars from 6 countries (Ireland, Germany, USA, Canada, New Zealand, and England). Their contributions inform of the breadth and depth of feminist theory and illuminate its potential to challenge conventional approaches to ethical practice, thus promoting improvements in the way we think, value, and practice. The book is also important in highlighting the complexity of care practices and necessary engagement with history, culture, politics, economics, gender relations, and ethics. The book is, overall, a treasure trove of scholarship from some of our finest feminist and ethics theorists and researchers.

The book is innovative in that it brings together—and makes accessible—an engaging range of feminist perspectives. Many of the perspectives being brought to bear are new and are persuasive in urging a critical rethinking of conventional approaches to nursing ethics. A rethinking that goes beyond gender to consider also race, class, religion, and culture. A rethinking that embraces intersectional, intercultural, interrelational, and interconnected lenses on nursing and midwifery care practices. The book chapters stimulate reflection on the relationships amongst past, present, and future scholarship; between philosophical and practical approaches to nursing ethics; between 'real ethical problems' and those considered 'petit ethical problems'; and amongst personal, professional, policy, and political dimensions of care practices.

What is also innovative is the inclusion of many diverse ethical concepts, drawn from feminist perspectives, which illuminate the complexity and contextual and cultural richness of care practices. These concepts include, for example, moral habitability, care respect, bearing witness, presence, we-identity, moral space, and conscientious commitment. The book also urges action, for example, in relation to the tragic Canadian example of Brian Sinclair who was 'ignored to death' (Chap. 4); the author asks if there might have been a different outcome 'if even one nurse had advocated on his behalf'.

The book delivers on its promises to, first, explore historical and philosophical perspectives, drawing on feminist thought. Introductory chapters on the history, evolution, and interaction between feminist perspectives and nursing ethics set the scene. These chapters challenge readers to critically consider different ways of engaging with the role and nature of nursing ethics and to expand their horizons from the local to the global and from the personal and professional to the philosophical and political. The inclusion of feminist and ethical perspectives applied to experiences of indigenous and marginalised peoples enables readers to go beyond usual parochial concerns. Secondly, the book delivers on its promise to apply a feminist lens to some of the most pressing ethical issues encountered by nurses and midwives: issues such as technology in home care, organisational culture and leadership, clinical ethics support, research, and providing care during a pandemic.

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This book is a call to action, a book to stimulate much-needed reflection and to challenge complacency. It is a book which enables us to consider anew our global care obligations and to enact what Shelagh Rogers refers to as ‘a collective responsibility to make things better. To act. Because if we do nothing, nothing will change.’

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## Acknowledgements

First of all, we thank the authors who have generously contributed to this book with enthusiasm, integrity, and patience—it has been our honour and delight to work with you.

Joan thanks her colleagues in the School of Nursing and Midwifery, University College Cork (UCC), who have always been ready to humorously and patiently put up with the fact that, even though she is not a nurse herself, she is never short of some pronouncement or other on what nurses should or should not, could or could not, do! Truth to tell, what motivates and inspires Joan is the work ethos, valour, and patient-centred commitment of her university colleagues, clinical colleagues, and students. She is also indebted to other UCC colleagues and friends who have stretched her feminist bow beyond the healthcare realm: Dolores Dooley, Department of Philosophy (now retired but always philosophising); Órla O'Donovan, Department of Applied Social Studies; Róisín O'Gorman, Department of Theatre; Mary Donnelly, Faculty of Law; and Claire Murray, Faculty of Law. Her medical ethics colleague, Louise Campbell, in the School of Medicine, National University of Ireland Galway, is also deserving of sincere thanks for her ever-vigilant and astute philosophical and feminist oversight, as is her colleague, Katherine O'Donnell, Department of Philosophy, University College Dublin, who keeps Joan's feminist ruminations current and modest. In the summer of 2015, Helen was invited to the University for Humanistic Studies in Utrecht (UvH) as a visiting professor to teach feminist ethics and its application in the clinical setting. The discussions with students and colleagues were very motivating to broaden and deepen her knowledge in feminist care ethics. Helen particularly thanks her colleagues from the UvH, Inge van Nistelrooy, Merel Visse, Carlo Leget, Alistair Niemeijer, Frans Vosman, and Vivianne Baur, who continuously support her in developing her expertise. Helen also thanks her doctoral students at the University of Vallendar for their interest in raising feminist questions and reading feminist work beyond the curriculum.

In April 2019, thanks to Brocher Foundation in Switzerland, we were able to spend a full month writing and editing on the shores of Lake Geneva. We thank our international 'April Hermits' group (Zoe Dubus [France], Michal Lavidor [Israel], Sara Mattheisen [USA], Bernike Pasveer [Netherlands], Diane B. Paul [USA], Oddgeir Synnes [Norway], Gerrit Jan van der Wilt [Netherlands]), who shared the time with us in Brocher and with whom we had inspirational talks about the book. In November 2019 we went to New York to interview Joan Tronto and there we

benefitted from her wise and witty insights about nursing ethics, care ethics, and our plans for the book.

Finally, we would like to extend our thanks to Springer Nature for taking a chance on our idea. When we both got an invitation from Springer Nature to work on a book on nursing, the publisher had some initial doubts about the necessity of a book on feminist ethics. An extended book proposal and evaluations by respected international scholars were convincing and we were eventually given the go-ahead to undertake this feminist project.

We would especially like to thank Barbara Zöhrer who was convinced about our idea from the beginning and supported us in every way possible. We would also like to thank Nathalie Lhorset-Poulain who took over the editorship when Barbara went on maternity leave and has guided us to this point. Finally, we thank Smitha Diveshan and Vinodhini Subramaniam who patiently accompanied us on every step of the development of the book.

Of course, no woman is an island. Alice and June, Helen's daughters, supported the work of the book as they are convinced about any endeavour necessary to move on with the goals of feminism. We also deeply appreciate all the Sundays, holidays, and other days, when our partners (Helen's Tom and Joan's Elixchel) talked through our editorial conundrums with us, kept the home fires burning and the dinner in the oven while we Skyped or typed or crafted this book into being.

Cork, Ireland  
Bremen, Germany

Joan McCarthy  
Helen Kohlen

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## Introduction

Over the course of our personal and professional lives, we have been deeply engaged with feminist thinking and its emancipatory implications for human life, health, and well-being. We first met in 2007 at the 10th Nursing and Philosophy Conference in Dublin when Joan presented her co-authored book, *Nursing Ethics: Irish Cases and Concerns* (with Dolores Dooley, Gill and Macmillan, Dublin, 2005/2012). Over the years, shared participation in nursing ethics conferences and collaboration on an international research project confirmed that our interests and politics were closely aligned and that our work together was as much fun as it was productive.

Helen began thinking about feminism and feminist ethics during her studies in literature when she read Toni Morrison, Charlotte Perkins Gilman, and Susan Sontag. She had enthusiastically read *La Deuxième Sexe* by Simone de Beauvoir when she was 14, but did not know anything about feminism at that time. Similarly, Joan was astonished and relieved to read Simone de Beauvoir, Iris Marion Young, and Sarah Hoagland in her undergraduate and graduate studies. Tools that were not the master's tools (thanks Audre Lorde) became available to them to make sense of their lives and their place in the world.

Helen's time training as a nurse was marked by everyday ethical concerns and questions of gender inequality. She kept a diary with narrative accounts of ethical issues that stimulated her later to investigate the political-ethical dimensions in clinical ethics. During her time as a visiting researcher at the Center for Bioethics, University of Minneapolis, in the USA, Helen was introduced to feminist philosophy and its relevance for nursing by Joan Liaschenko. Meanwhile, Joan's PhD supervisor, Dr. Dolores Dooley, University College Cork (UCC), introduced her to nursing ethics and to the nursing ethics curriculum that she was developing for public health nurses who were undertaking the first programme of nursing studies to be rolled out by the university. She also introduced Joan to the seminal feminist text on medical ethics, *Feminist Perspectives in Medical Ethics*, edited by Helen B. Holmes and Laura Martha Purdy (Bloomington and Indianapolis; Indiana Press. 1992). In the intervening years, Joan Liaschenko and, later, her co-author and friend, Elisabeth Peter, from the University of Toronto, have consistently brought a feminist voice to nursing ethics scholarship—their contribution to advancing the political breadth and depth of the field continues to inspire us both. We are very thankful that they supported our book from the very first step and immediately agreed to contribute their work.

## Nursing Ethics and Feminist Perspectives

Nursing ethics is a field of scholarship that pays attention to the ethical dimensions of the professional work and practices of nurses and midwives (Midwifery is a profession that has its own distinct history, practices, and goals. Nevertheless, there are some significant overlaps between the practices of nurses and midwives – especially as they pertain to the gendered nature of these practices. As such, we suggest that much of the content of this book is also relevant to midwifery professionals and chapters 2 and 10 explicitly address midwifery concerns). To do this, nursing ethics draws on traditional ethical theories such as deontology and utilitarianism, and, in the last four decades, principlism, which have provided diverse conceptual and methodological resources for policy makers, healthcare organisations, regulatory bodies, and health professionals, including nurses, who are faced with ethical challenges in the provision of healthcare. Historically, these theories have dominated the ethical landscape navigated by health professionals in general. However, while nursing ethics scholarship applies many of the tools of these traditional ethical approaches, it is also deeply engaged with the unique history, goals, and practices of nursing which have evolved around a distinctive way of engaging with patients and with health. Many scholars working in nursing ethics pay attention to the specific quality of the everyday relationship the nurse has with patients. Human relationships, and the ethical bonds and responsibilities to which they give rise, have been seen to be at the heart of the moral realm of nursing practice. In the 1990s, US-based Anne Bishop and John R. Scudder stated, ‘if the moral sense is inherent in nursing, then moral problems appear in everyday practice and are resolvable from within practice’ (Bishop and Scudder 1990, p. 113). Patricia Benner’s seminal work also pays close attention to the quality and range of caring practices required of the nurse in order to expertly engage in a more holistic way with patients (Benner 1984). From Canada, Janet Storch describes nursing ethics as being centrally about ‘being in relationship to persons in care’ (Storch 2004, p. 7). She highlights the everyday ethical dimension of nursing practices: ‘Almost every nursing action and situation involves ethics. To raise questions about ethics is to ask about the good in our practice’ (Storch 2004, p. 7).

In addition, the scholarship of nursing ethics has also viewed the practice of nursing as an act of service to the wider community and has involved deliberation on the responsibilities of nurses in relation to the welfare of society as a whole. Attention was given to this theme in the very first documented textbook on nursing ethics by Isabel Robb, *Nursing Ethics: For Hospital and Private Use*, published in 1900, and the first journal of nursing, *The Trained Nurse*, that included articles on nursing ethics starting in 1888 (Fowler 1984). Ongoing international scholarship on issues of equality, equity, and justice, as well as the inclusion of a commitment to social justice in many contemporary nursing codes, also suggests that the idea of service, human rights, and social inclusion continues to be a key concern of nursing ethics (The ICN 2012; Canadian Nursing Code of Ethics 2017). For example, the Faculty of Nursing at the University of Alberta has established a Health Equity Research Group that aims to build and support research capacity and scholarship

related to global health, social justice, and social policies, which specifically considers the ways in which these broad topics intersect with issues of equity, diversity, and inclusion.

The history of the nursing profession and of nursing ethics as a discipline is also, inescapably, a history of women. That nursing has been, and continues to be, a predominantly female profession—over 90% of the global nursing workforce is female (World Health Organisation 2020)—is not a matter of chance or ‘nature’; it is because the work of caring has long been designated the work of women. It would seem necessary then that any enquiry about the ethical nature and scope of nursing practices should address the ways in which gender might impact our understanding of these—hence the need for a feminist perspective on nursing ethics.

The diversity of theoretical starting points when tackling the subject of ethics makes it difficult to identify a single ‘feminist perspective’ in ethics. Some of these starting points include traditional ethical theories as well as more contemporary approaches. What feminist perspectives on ethics share is that they critique these ethical frameworks from a feminist perspective. Feminist approaches to ethics, in general, consider the impact of gender roles and gendered understandings on the moral lives of individual human beings. In addition, they draw attention to the power and power differentials inherent in moral relationships at individual, societal, and organisational levels. These emphases are applicable to women and men wherever power differentials and gender bias are evident. As Margaret Little points out, feminist perspectives concern the way in which gender impacts the ways women and men live in the world, but also the ways in which they think about the world, what they value, and what they attend to:

At its most general, feminist theory can be thought of as an attempt to uncover the ways in which conceptions of gender distort people’s view of the world and to articulate the ways in which these distortions, which are hurtful to all, are particularly constraining to women. These efforts involve theory—and not merely benign protestations of women’s value or equality—According to feminist theory, that is, distorted and harmful conceptions of gender have come to affect the very ways in which we frame our vision of the world, affecting what we notice, what we value, and how we conceptualize what does come to attention (Little 1996, pp. 1–2).

Feminist perspectives are also not just concerned with the marginalisation and disempowerment of women in sexist societies; they are often sensitive to the way in which oppressive structures and power imbalances are experienced among different social groupings based on age, race, class, sexual orientation, and identity. Applied to healthcare, these feminist approaches to ethics have widened the scope of healthcare ethics to include consideration of the social, economic, cultural, and political dimensions of moral decision-making in healthcare settings. Susan Sherwin makes this point in the following way:

[M]edical and other health care practices should be reviewed not just with regard to their effects on the patients who are directly involved but also with respect to the patterns of discrimination, exploitation, and dominance that surround them (Sherwin 1992, p. 4–5).

While, historically, feminism and nursing, more generally, have had a somewhat tense and troubled relationship (Chinn and Wheeler 1985; Susan 1987a, b; Baer 1991; Gelfand Malka 2007), some pioneering work by a number of nurse ethicists forged a common ground between nursing ethics and feminist ethics scholarship (Fry 1989; Liaschenko 1993; Bowden 2000; Rodney et al. 2004; Storch 2004; Peter and Liaschenko 2003). We hope that bringing a range of feminist perspectives to nursing ethics in this volume will add to this important trajectory. We believe that the issues raised by feminists in the humanities more than three decades ago are more relevant than ever in the twenty-first century. This makes exploring the horizon and meaning of feminist lines of thinking for the nursing profession worthwhile.

Moreover, it is important to recognise that nursing ethics, as with all areas of inquiry, has not occurred in a vacuum. History, culture, gender relations, political and economic forces, healthcare policies, and organisational hierarchies all contribute to the often vastly different roles and responsibilities that nurses assume locally and globally. This means that we need to be sensitive to the possibility that nursing practices themselves may reflect disempowering structural relations that could render aspects of the good inherent in these practices ethically problematic.

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## The Organisation of This Book

This book is divided into two parts. Part I examines historical and philosophical perspectives on the impact of feminist thought on the field of nursing ethics scholarship. A short interlude—an interview with political theorist, Joan Tronto—provides a theoretical/practical hinge between Parts I and II. Part II applies a feminist lens to some of the ethical issues that arise in nursing and midwifery managerial and administrative roles, clinical practice, and research.

In Part I, Marsha Fowler focuses on the history of nursing ethics scholarship and the impact of feminist ethical and political perspectives on its evolution in ‘The Influence of the Social Location of Nurses-as-Women on the Early Development of Nursing Ethics’. She traces the birth of nursing ethics to the work of early nursing leaders largely based in the USA at the end of the nineteenth century. Her analysis and appraisal of their work suggest that they were acutely aware of women’s social location and disenfranchisement and that their cognisance of this shaped their perspective on the professional roles, responsibilities, and ethical norms of nurses as women working under medical hegemony. Highlighting the creation, in 2019, of the Nursing Ethics Collection at the University of Surrey, which makes the early works of nursing leaders accessible to contemporary scholars of nursing ethics, Fowler draws attention to the feminist concerns of the early pioneers of nursing ethics scholarship. These included issues of authority over their personal lives as well as practice and education; suffrage and civic participation; and rigid gender roles and expectations.

‘An Evolution of Feminist Thought in Nursing Ethics,’ by Elizabeth Peter and Joan Liaschenko, reminds us that the feminist concerns articulated by nurse ethicists in the nineteenth century continue on into the twenty-first century. They begin their

chapter by outlining the engagement of nurse ethicists in the 1980s and 1990s, firstly, with the ethic of care and its focus on human caring and relationship and, secondly, with feminist scholars who paid attention to the operations of power and structures of oppression. They draw attention to the transformative potential of feminist perspectives to situate nursing care practices in relation to race, class, gender, and so on and to understand the oppressive and the emancipatory potential of power. Central too, for Peter and Liaschenko, is the feminist location of the experience of illness within a network of relationships and in particular socio-political contexts. They pay particular attention to the influence of feminist thought on midwifery and nursing ethics which has made central the importance of women's autonomy and relationships during birth. They go on to explain and discuss the significance for nursing ethics of a range of feminist concepts such as care, respect, moral responsibility, cultural safety, and moral habitability.

'Piecing Together a Puzzle: Feminist Materialist Philosophy and Nursing Ethics,' by Janice L. Thompson, challenges nursing ethics scholars to think critically about the political-economic structures—specifically transnational corporate capitalism—that impact our understanding of gender, care, nursing practice, and nursing ethics. First, Thompson takes time to outline and explain some of the key themes of Nancy Fraser's pragmatic materialist feminist philosophy highlighting, in particular, her nuanced account of social justice and she demonstrates its relevance to understanding the challenges experienced among personal care workers during the COVID-19 pandemic. In the second section, Thompson provocatively proposes that ignoring, obscuring, or not addressing the context of capitalism is unhelpful for nursing and nursing ethics and that a pragmatic materialist feminist approach provides a means of transforming the root causes of oppression in capitalism, including its exploitation of care activities. The chapter concludes with an in-depth critical analysis of the development of an ethics of care, a feminist ethics of care, and an ethics of social justice in nursing and outlines the emancipatory potential of Fraser's feminist materialist philosophy as a theoretical tool that will strengthen the reach and relevance of nursing ethics.

In 'Bearing Witness and Testimony in Nursing: An Ethical-Political Practice,' Christine Ceci, Mikelle Djkowich, and Olga Petrovskaya explore the concept of bearing witness and testimony in nursing practice. They contrast the description of bearing witness in the nursing literature with the understanding of testimony in the feminist literature. With regard to nursing they first focus on the work of William Cody who suggests that bearing witness results in the limited moral obligation of 'true presence'. Then they turn to the feminist philosopher, Lorraine Code, who suggests that an ability to receive testimony, or bear witness, requires analysis of the ways that social structures and identities influence understanding. Ceci *et al.* share Code's view and understand bearing witness and testimony as a politicised practice in the sense that knowing is always a political activity. The authors discuss these ideas in relation to a Canadian exemplar of witnessing: The work of the Truth and Reconciliation Commission of Canada to understand and address the historical injustices done to indigenous peoples in Canada. Beyond nursing's predominantly individualistic and psychologised conception of bearing

witness and the obligation of ‘true presence’, they argue that bearing witness as a nurse entails both moral and political responsibility which includes the work of addressing injustice.

‘Intercultural Perspectives,’ further develops the discussion of the cultural dimension of ethical nursing practice and the way in which feminist perspectives and strategies interface with this dimension. Dianne Wepa explores gender roles and the ‘we-identity’ of Māori culture and she suggests that the use of ‘we’ and ‘us’ is indicative of a collective cultural orientation. Wepa points out that although feminism is considered a Western construct and social movement, First Nation peoples traditionally supported clearly defined and complementary roles for men and women. Wepa favours the revival of an understanding of we-identity and proposes that when nurses engage with Māori patients, clients, and families, they need to recognise and acknowledge their we-identity. Wepa argues that nurses must carefully consider the impact of their own cultural history and how this might impact the patient’s cultural practices. Attention to culture from the nurse and patient perspective provides the framework for ethical decisions to take place that are regardful of difference and not regardless of difference.

‘An Interview with Joan Tronto on Care Ethics and Nursing Ethics’ bridges the theoretical-philosophical and practice-oriented parts of the book with an interview with internationally renowned political theorist, Joan Tronto. Tronto’s book, *Moral Boundaries* (1993), established care ethics as a scholarly discipline and led to new initiatives and new ways of thinking especially in political theory, professional ethics, and studying care as practice. Nearly 30 years on, she remains committed to an expansive understanding of care and, in this interview, she addresses the synergy between scholarship in care ethics and nursing ethics. First, she recognises the situation of nurses within healthcare organisations which affords them the opportunity to defend and promote caring as a central form of human practice. She points to some of the key challenges for nurses and nursing ethics from a care ethics perspective: how the larger issues of healthcare and cost containment affect the ethical possibilities of what nurses can accomplish; the tension between increasingly technical and technologically distant practices and the basic human needs of patients, such as the need to be touched and to be heard; and the organisational and political tension between professionalism for nurses and the place of nurses as advocates for everyone else in care settings—especially their role in respecting difference and addressing disparities. Finally, she touches on some of the challenges which the COVID-19 pandemic presents and suggests that, even though it is a huge crisis in healthcare, it also presents nurses with the opportunity to reorient social values towards all forms of care.

Part II begins with Louise Campbell’s chapter, ‘Organisation Ethics, Relational Leadership and Nursing.’ Organisation ethics is a relatively new discipline which analyses the ethical behaviour of healthcare organisations. Campbell draws attention to the ways in which organisational structures condition the behaviour and attitudes of employees and determine the values at play in the working environment. It becomes clear that the existence of accepted ‘ways of doing things’ can significantly influence the quality of care received by patients. Campbell

examines the relevance of the concept of leadership for healthcare organisations and argues that traditional definitions of leadership are no longer adequate in the face of the momentous changes confronting healthcare leaders and health and social care professionals. She invites leading actors in healthcare organisations to focus on the quality of the relational practices and interactions which define the organisation's culture, including its values. Developing relational competencies, Campbell argues, may transform nurses' understanding of their own agency and increase their satisfaction with the work they do. She concludes that a relational approach to practice, not only with patients, but also with colleagues across organisations (from frontline workers to managers in leadership), might reduce burnout and moral distress.

'Hospital Ethics Committees and the Dismissal of Nursing Ethical Concerns: A Feminist Perspective,' by Helen Kohlen, explores the discursive space of Hospital Ethics Committees (HECs). She shows why and how nursing ethical concerns are dismissed in these spaces. First, in HECs, as in hospitals, profession, rank, and academic degree often determine the extent to which permission is given to speak freely and authoritatively. Since nurses' position of power is usually comparatively low, their voices and ethical concerns are often marginalised. Second, the application of principle-based ethics reduces the significance of care practices and devalues nurses' ethical issues. When Kohlen considers the development of care ethical approaches and the feminist turn, a solution to the dismissal of nurses' voices evolves. She suggests that the language that care ethics offers can grasp issues of nursing care while a feminist approach provides a lens to thematise the relevance of power, including rank and position. Her analysis of two case consultations illustrates how the feminist care ethical approach of Joan Tronto puts questions of attentiveness, competence, responsibility, responsiveness, as well as power relationships and conflicts of care, on to the agenda.

'Feminist Reflections on Home, Digital Health Technologies, and Ethics,' by Elizabeth Peter, addresses a range of ethical concerns that arise in relation to the use of digital health technologies in the home. Drawing on the thinking of both feminist ethics and feminist relational geography, Peter argues that 'home' is much more than the site in which we live. Her feminist perspective draws attention to the power relations that are omnipresent in the home and the gendered practices of caring and domestic work that are associated with home-making. Peter's central thesis is that the increasing use of digital health technologies will disrupt traditional forms of caregiving and care-receiving in both positive and negative ways. She concludes the chapter by highlighting, in particular, the ways in which these technologies will transform our understanding of standard norms such as individual privacy and autonomy and challenge our assumptions about nursing and family caregiving relationships.

'Conscience, Conscientious Objection and Commitment: Midwives, Nurses, and Abortion Care' addresses the complex issue of conscience and the role it plays in the work of midwives, nurses, and other health professionals in the provision of abortion care. First, the authors, Joan McCarthy and Sheelagh McGuinness, give an account of the notions of 'conscience', 'freedom of conscience', and 'right of

freedom of conscience’ as they are articulated in the standard bioethical literature. They also consider the notion of ‘conscientious objection’ with particular reference to the scope and limits of any appeal to conscientious objection made in order to justify the refusal to provide abortion care. The rest of the chapter outlines and explains a feminist account of conscience which views it as informed, enabled, and constrained by social and institutional relations of power. It also discusses the notion of ‘conscientious commitment’ which signals that conscience is not simply the purview of those who refuse to provide termination of pregnancy services—it also applies to those who do provide the services. The authors conclude with the suggestion that ethical stances are taken in specific real-world contexts and that the shared range of tasks and psychosocial supports involved in the delivery of any kind of clinical treatment may work to reduce what seem like intractable conflicts in the case of abortion care. Ireland provides the context for these considerations: a country which until January 2019 had one of the most restrictive pieces of abortion legislation in the world.

The final chapter of the book, ‘Feminist Ethics in Nursing Research,’ by Heike Felzmann, discusses the limitations of traditional practices and core concepts in research ethics and presents feminist ethics as an important resource for achieving ethically sensitive nursing research methodologies and practices. First, she explains the power dynamics inherent in institutionalised research ethics review and then points out the different ways in which the vulnerability of research participants can be exacerbated by the context, content, and methodology of research. Felzmann also acknowledges that autonomous decision-making is perceived to be a core expression of human agency in research but she takes issue with the assumption that the requirement of informed consent and the principle of confidentiality can sufficiently express, document, and protect the autonomous agency of research participants. Instead, Felzmann offers the feminist notion of relational autonomy as a means of capturing the socially embedded and contextual nature of decision-making and the idea of participatory research as a more comprehensive way of promoting genuine inclusion. The chapter also includes a more nuanced understanding of the duty of care in research by appealing to care ethics as a means of extending understanding of the researcher’s caring responsibilities. Drawing on insights from feminist ethics and from nursing research ethics literature on trust, as well as standards of trustworthiness, Felzmann concludes by highlighting the unique and particular perspective of each participant, and the need for empathic, reciprocal, respectful, equal, and trusting relationships between researcher and participant.

To conclude, this project was born out of an idea to draw on our networks to further the discussion of the relevance of feminist theory for the field of nursing ethics. An essential part of this discussion involved drawing attention to the ways in which the ‘traditional’ feminist critique of the impact of gendered social relations is mirrored in all other critiques of power which aim to uncover the structural biases and unconsciously adopted norms which undermine social justice. We would have liked to have done more but we hope that our book will help to spark further engagement on these issues and encourage those of us working in these fields to be more

self-conscious about our privilege and more attentive to opportunities to be more inclusive. With this in mind, we invite future collaboration from colleagues in other disciplines and coming from different perspectives who are similarly engaged in thinking, writing, advocacy, and activism with the overarching aim of dismantling the structures which thwart equality and promote injustice in the field of health and social care.

Cork, Ireland  
Bremen, Germany

Joan McCarthy  
Helen Kohlen

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## References

- Baer, Ellen. 1991. *The Feminist Disdain for Nursing*. New York Times, 25
- Benner, Patricia. 1984. *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Menlo Park: Addison-Wesley Publishing Company.
- Bishop, Anne H., and John R. Scudder. 1990. *The Practical, Moral, and Personal Sense of Nursing. A Phenomenological Philosophy of Practice*. New York: New York University Press.
- Bowden, Peta. 2000. An “ethic of care” in clinical settings: Encompassing “feminine” and “feminist” perspectives. *Nursing Philosophy* 1: 36–49.
- Canadian Nursing Code of Ethics. 2017. <https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/code-of-ethics-2017-edition-secure-interactive>. Accessed 27 Feb 2020.
- Chinn, Peggy L, Charlene Eldridge Wheeler. 1985. Feminism and nursing. Can nursing afford to remain aloof from the women’s movement? *Nursing Outlook* 33: 74–77.
- Fowler, Marsha. 1984. *Ethics in Nursing, 1893-1984: The Ideal of Service, the Reality of History*. Los Angeles: University of Southern California.
- Fry, Sara T. 1989. The role of caring in a theory of nursing ethics. *Hypatia* 4 (2): 89–103.
- Gelfand Malka, Susan. 2007. *Daring to Care: American Nursing and Second Wave Feminism*. Champaign-Urbana: University of Illinois Press.
- Liaschenko, Joan. 1993. Feminist ethics and cultural ethos: Revisiting a nursing debate. *Advances in Nursing Science* 15 (4): 71–81.
- Little, Margaret Olivia. 1996. Why a feminist approach to bioethics? *Kennedy Institute of Ethics Journal* 6 (1): 1–18.
- Peter, Elizabeth, Joan Liaschenko. 2003. Whose morality is it anyway? Thoughts on the work of Margaret Urban Walker. *Nursing Philosophy* 4: 259–262.
- Rodney, Patricia, Bernadette Pauly, Michael Burgess. 2004. Our theoretical landscape: Complementary approaches to health care ethics. In *Toward a Moral Horizon*, eds. Janet L. Storch, Rodney Patricia, Starzomski Rosalie. 77–97. Toronto: Pearson Education.
- Sherwin, Susan. 1992. *No Longer Patient: Feminist Ethics and Health Care*. Philadelphia: Temple University Press.
- Storch, Judith. 2004. Nursing ethics: A developing moral terrain. In *Toward a Moral Horizon*, eds. Janet L. Storch, Rodney Patricia, Starzomski Rosalie. Toronto: Pearson Education.
- Susan, Reverby. 1987a. A caring dilemma: Womanhood and nursing in historical perspective. *Nursing Research* 36 (1): 5–11.
- Susan, Reverby. 1987b. *Ordered to Care: The Dilemma of American Nursing*. New York: Cambridge University Press.
- The ICN Code of Ethics for Nurses. 2012. [https://www.icn.ch/sites/default/files/inline-files/2012\\_ICN\\_Codeofethicsfornurses\\_%20eng.pdf](https://www.icn.ch/sites/default/files/inline-files/2012_ICN_Codeofethicsfornurses_%20eng.pdf). Accessed 27 Feb 2020.
- World Health Organisation. 2020. *State of the World’s Nursing 2020: Investing in Education, Jobs and Leadership*. Geneva: World Health Organization. <https://www.who.int/publications-detail/nursing-report-2020>.

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