The Politicization
of Ethical Knowledge:
Feminist Ethics as a Basis
for Home Care Nursing Research

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Les soins de santé sont de plus en plus souvent prodigués à domicile, une évolution qui soulève, pour les infirmières, des problèmes d'ordre déontologique nouveaux auxquels on a prêté peu d'attention jusqu'à maintenant. Les connaissances actuelles en déontologie au sein de la discipline ne permettent pas cependant de cerner adéquatement ces questions. Le présent article fait état d'une nouvelle méthode de recherche visant à mettre au point ces connaissances. L'auteure passe d'abord en revue les approches phénoménologiques en matière de déontologie des sciences infirmières, vues comme importantes puisqu'elles informent à la fois les fondements théoriques et empiriques de ce domaine de recherche. Or, argumente-t-elle, la phénoménologie ne tient pas suffisamment compte des contraintes de nature politique et de leur influence sur l'infirmière ou infirmier en tant qu'agent moral. L'auteure fait ensuite valoir les mérites de l'éthique féministe comme fondement conceptuel de la réflexion en matière de déontologie des sciences infirmières. Enfin, elle présente une méthode alternative pouvant être mise en pratique dans le contexte de la recherche en déontologie des soins à domicile.

Increasingly, health-care services are provided within the home. This change has resulted in the emergence of new, largely unexplored ethical concerns for nurses. The current state of ethical knowledge in nursing, however, is not adequate to address these issues. The author describes the development of a new research method to develop this knowledge. First, she examines phenomenological approaches in nursing ethics, which are important because they have rigorously used a philosophical perspective to inform both theoretical and empirical enquiry in nursing ethics. Nevertheless, the author argues that phenomenology is not adequately sensitive to the impact of political constraints upon the moral agency of nurses. Second, she describes the benefits of using feminist ethics as a conceptual basis for nursing ethics inquiry. Third, she describes the development of an alternative method and demonstrates how it can be applied to home care ethics research.

As a result of health-system restructuring, both acute and long-term services increasingly are provided in the homes of Canadians (Health Canada, 1999). The consequences of these rapid changes are of ethical importance because they can affect the relationships among care recip-

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ients, family members and friends, and home care providers. Ethical concerns and dilemmas that prevail in home care, however, have only begun to be identified (Arras, 1995; Liaschenko, 1994; Twigg, 1999). The following are specific issues that require further exploration and analysis: (1) the "medicalization" of personal life and relationships (Burrows & Nettleton, 1995; Gastaldo, 1997; Liaschenko, 1994; Morgan, 1998), which may affect the balance of power in nurse-patient relationships; (2) the complexity of relationships between and among home care workers, family caregivers, and care recipients (Abbott, 1998; Aronson & Neysmith, 1997; Bagihole, 1996); (3) the use of in-home technology, which may have an impact on privacy, personal boundaries, body image, and self-esteem (Arras); (4) the extraordinary physical and emotional demands placed on home care workers (Abbott; Aronson & Neysmith; Twigg) and family members and friends (Baillie, Norbeck, & Barnes, 1988; Low, Payne, & Roderick, 1999). Women, who perform most caregiving functions, may be very vulnerable (McKeever, 1992, 1994; Rutman, 1996; Wuest, 1998). In addition, informal caregivers often must develop elaborate skills related to using medical technology (Arras).

Nursing, however, may not have the ethical knowledge to address these new issues. New research methods to develop ethical knowledge may be required. In this paper, I describe the development of a new research method informed by feminist ethics. The paper is divided into three sections. First, I critically explore previous approaches developed by Benner (1991, 1994) and Bishop and Scudder (1990, 1997, 1999), who have used phenomenology as a basis for the development of ethical knowledge in nursing. I have chosen to look at their work because it has rigorously used a philosophical tradition to derive both theoretical and empirical knowledge in a manner consistent with my own approach. Second, I discuss the benefits of using feminist ethics, as opposed to phenomenology, to inform further advancements in the creation of ethical knowledge. Third, I outline the development of a new qualitative research method, describing how it could be applied to home care ethics research.

Phenomenology as a Basis for Nursing Ethics

Bishop and Scudder (1990, 1997, 1999) view nursing phenomenologically as a practice that has a dominant moral sense — that is, it fosters human good. Instead of deducing the philosophy of nursing, including the "good" of nursing practice, from philosophical bioethics, they articulate the meaning of nursing from practising nurses themselves.

Initially, Bishop and Scudder (1990) drew the meaning of nursing from empirical studies that have explored how nurses experience the moral sense of nursing practice. They then used phenomenology to interpret these data, generating an interpretation of the meaning of nursing. Bishop and Scudder (1999) summarize their interpretation of nursing as:

> Nursing, as we have interpreted it, fosters patient/client well-being through a direct personal-professional relationship between nurse and patient/client and through coordinating this relationship into wholistic relationships with physician, family, community, and institution. Nursing is the practice of caring in which the practice of care and the sentiment of caring are integrally related. Nursing is a practice in that it is a historically developed way of fostering human good in which the way and the human good sought are integrally related to each other. The practice of nursing presupposes a sentiment of caring that focuses the nurse on the situation of the one cared-for and identifies the client/patient's well-being with that of the nurse. (p. 26)

Within this interpretation of nursing the related themes of patient/client well-being, nurse-client/patient relationships, caring, and fostering human good predominate.

Similarly, Benner (1994) speaks of "articulating major areas of socially embedded knowledge and notions of the good in nursing practice" (p. 138). Benner (1991) suggests that expert practitioners have the capacity to recognize the good/the ought in their practice. Consequently, knowledge of the good can be revealed through empirical research using narratives describing the everyday ethical comportment of expert nurses. Some of the goods Benner (1991) identifies from her study of expert nurses include themes of healing, fostering care and connection, being present, learning the skill of involvement, and facing death and suffering.

In summary, Benner (1991, 1994) and Bishop and Scudder (1990, 1997, 1999) develop ethical knowledge through empirical research grounded in phenomenology. They clearly illustrate the importance of ethical theory and moral comportment existing dialogically so that each shapes the other. Their work is exceptional and important in this regard, because it has used a philosophical tradition consistently and coherently and has avoided compartmentalizing theoretical and empirical enquiry in ethics.

Problems with a Phenomenological Approach

Phenomenological approaches, however, may not be appropriate for current research in home care. These approaches may not have the dimensions necessary to critically evaluate notions of the good and to situate them within a broader political context. Nursing must be very sensitive to the possibility that its practices reflect disempowering structural relations that could render aspects of the good inherent in these practices ethically problematic. The structural and situational constraints to the moral agency of nurses within the health-care system have been widely commented upon (Bowden, 1997; Chambliss, 1996; Curtin, 1982; Hamric, 1999; Liaschenko, 1993, 1995; Peter, 2000; Yarling & McElmurry, 1986). Phenomenological perspectives fail to examine critically the origins of nurses' ethical comportment and the impact of this comportment on patient care and on nurses themselves. If these constraints are not made visible, it is possible that nursing ethics could function as a vehicle of further oppression by idealizing the often-exploited ethical commitment of nurses. Thus, like Allen (1992), I suggest that phenomenological research should be limited to describing belief systems, not prescribing them.

Bishop and Scudder (1999) acknowledge that the excellence or inherent good of nursing can be restricted by powerful agencies outside of nursing. They state, "We have given insufficient attention to how these restrictive forces can be combated" (p. 23). I agree with this statement, and I believe that feminist ethics provides a means of bringing attention directly to these restrictive forces within both a theoretical and an empirical approach. In this way, feminist ethics has the potential to bring ethical knowledge in nursing to a more advanced level.

Feminist Ethics

For a number of reasons, I believe feminist ethics has the potential to provide a better perspective from which to structure the development of ethical knowledge in nursing. First, feminist ethics regards oppression as a fundamental moral and political wrong and seeks to transform existing structural relations that foster oppression (Baier, 1994; Brennan, 1999; Sherwin, 1992; Tong, 1996). It is sensitive to the dominant culture's devaluation of caring and nurturing practices, like caring for the sick and dying, mothering, and the education of children (Baer & Gordon, 1996; Tronto, 1993; Whitbeck, 1984). Nurses' caring work has also been described as unacknowledged, invisible, and devalued (Colliere, 1986; Falk Rafael, 1996). Consequently, feminist ethics can be effective in

addressing forms of devaluation and oppression that have an impact on the well-being and moral agency of both nurses and informal caregivers, all of whom tend to be women.

Second, feminist ethics makes visible the moral significance of values held primarily by women (Brennan, 1999; Morgan, 1987). It includes care perspectives such as those of Gilligan (1982, 1987) and Noddings (1984). Gilligan (1982, 1987) characterizes an ethic of care as consisting of the following moral considerations: the care and nurturing of self and others, the alleviation of hurt and suffering, the maintenance of relationships, and the emphasis upon contextual details of concrete situations. She contrasts the ethic of care with what she calls an ethic of justice, which is characterized by the following moral considerations: abstract rules and principles, fairness and reciprocity, and duties and obligations for self and society. The ethic of care on its own is problematic because it may grow out of and perpetuate women's unrecognized and exploited caregiving, leading to further powerlessness and oppression (Tong, 1996). Thus some feminist ethicists, such as Baier (1985, 1986) and Sherwin (1992), have suggested combining the care and justice perspectives so that problems inherent in either perspective on its own can be overcome. This combination is also appropriate for nursing research, because the moral reasoning of nurses (Cooper, 1991; Lipp, 1998; Millette, 1993, 1994) and nursing students (Peter & Gallop, 1994) has been found to be characterized by the ethics of both care and justice. Furthermore, combining the two can provide a means to address a greater breadth and complexity of ethical issues in health care (Carse, 1991, 1996; Sarvimaki, 1995).

Third, feminist ethics, like the ethic of care, tends to view persons as connected to others and interdependent — that is, vulnerable, unequal in power, and not wholly autonomous. Persons are also described as unique, gendered, racialized, and embodied, and as existing within specific historical, political, economic, and cultural contexts (Baier, 1985, 1986; Held, 1987, 1995; Morgan, 1987, 1991; Sherwin, 1992, 1998). This definition of persons is appropriate for nursing because nurses tend to work with people who are vulnerable and dependent. The importance placed upon interdependence also is in keeping with the relational emphasis in nursing ethics. Nurse-patient relationships have been viewed as the moral foundation of nursing practice (Benner, 1991, 1994; Bishop & Scudder, 1990, 1997, 1999; Yarling & McElmurry, 1986).

Fourth, feminist ethics tends to concern itself primarily not with crisis issues like the withdrawal of life-support but with issues of everyday life involving our relationships with others (Mullett, 1992; Warren, 1989). This emphasis on the everyday is relevant to nursing research because little is known about nurses' everyday moral struggles. The research of Benner (1991, 1994, 1999) and Bishop and Scudder (1990, 1997, 1999) has begun to describe important aspects of nurses' moral life, but more research is needed, especially research that offers a political critique.

Fifth, feminist ethics de-centres moral and epistemic privilege. Baier (1985), Held (1984), and Walker (1992) suggest that the social impact and usefulness of moral theorizing should be explored. Feminist ethics emphasizes the need to challenge ethics and bioethics. Without this challenge, bioethics has the potential to simply reproduce existing power structures. Implied in the neglect of certain issues is that they are of such little importance that they do not require serious reflection and examination. For instance, bioethics tends to assume that the site of health care is the hospital, leaving the ethical issues of home care largely invisible.

Sixth, feminist ethics can inform the development of a research method that integrates theory and moral experience. Feminist ethicists argue that ethical theory is best developed and redeveloped or tested in actual experience, not just in hypothetical experience, in order for ethical theory to be relevant to real life (Baier, 1985, 1994; Brennan, 1999; Held, 1984, 1993; Sherwin, 1996). Baier (1994) describes the need for moral perspectives to be informed by psychological, political, and historical knowledge. Held (1993) and Sherwin (1996) advocate revising Rawls's (1971) method of reflective equilibrium, which recommends a dialectical process in which theoretical considerations are developed and tested against considered moral judgements, into a method of experimental morality.

Thus feminist ethicists recommend an approach to the development of ethical knowledge that in some ways resembles aspects of phenomenological approaches in nursing. Caring is retained as a central moral concern; an emphasis is placed on everyday moral experience, not just situations of moral quandary; the significance of human connectedness is highlighted; and the need for theory to be accountable to moral experience is emphasized. Nevertheless, the additional attention paid to power and privilege makes feminist ethics a more suitable basis for nursing ethics research.

Development of an Empirical Research Method

There is no accepted empirical method that uses feminist ethics as its conceptual basis. This deficiency is not surprising, because theoretical and practical activities in bioethics tend to be distinct. Sherwin (1996) speaks of a "bifurcated ethics landscape" (p. 188) whereby conceptual and practical concerns are worked out separately. Philosophers address the former issues, practitioners the latter. She suggests bringing these activities together. Presumably, this project would be an example of such an undertaking.

Despite the lack of a method, related work using critical theory has provided me with an understanding of how I can translate feminist ethics into an empirical method. Critical empirical research presents a means of going beyond the data to draw out broader ethical and political implications. The term *critical theory* usually refers to a theoretical tradition developed by a group of German scholars, the Frankfurt School, in the 1920s. Today there are a number of schools of thought within this tradition. These tend, however, to have a number of commonalities, such as: all thought is believed to be mediated by power relations; certain groups in all societies are privileged over others; facts cannot be separated from values; and oppression is forcefully reproduced when subordinates accept their status as natural or inevitable (Kincheloe & McLaren, 1994).

Critical empirical research does not simply represent the world. It interrogates any objective description to uncover inherent contradictions and hidden assumptions (Kincheloe & McLaren, 1994). Consequently, a critical researcher assumes a "reflexive" posture towards knowledge and the empirical research process. Reflexivity refers to the capacity to reveal the political nature of knowledge through the questioning of every step of the research process. This reflexive posture enables the researcher to recognize alternative ways of viewing reality and thereby avoid perpetuating the status quo (Eakin, Robertson, Poland, Coburn, & Edwards, 1996). As such, critical research is value-driven and does not simply describe data. Instead, it reinterprets data in light of critical theory. Similarly, one cannot simply describe data when using feminist ethics as a conceptual basis. Data need to be reinterpreted in light of feminist ethics. As in critical theory, a high degree of researcher interpretation is accepted, and indeed required, in the development of knowledge.

Figure 1 *Relationship Between Data and Feminist Ethics*
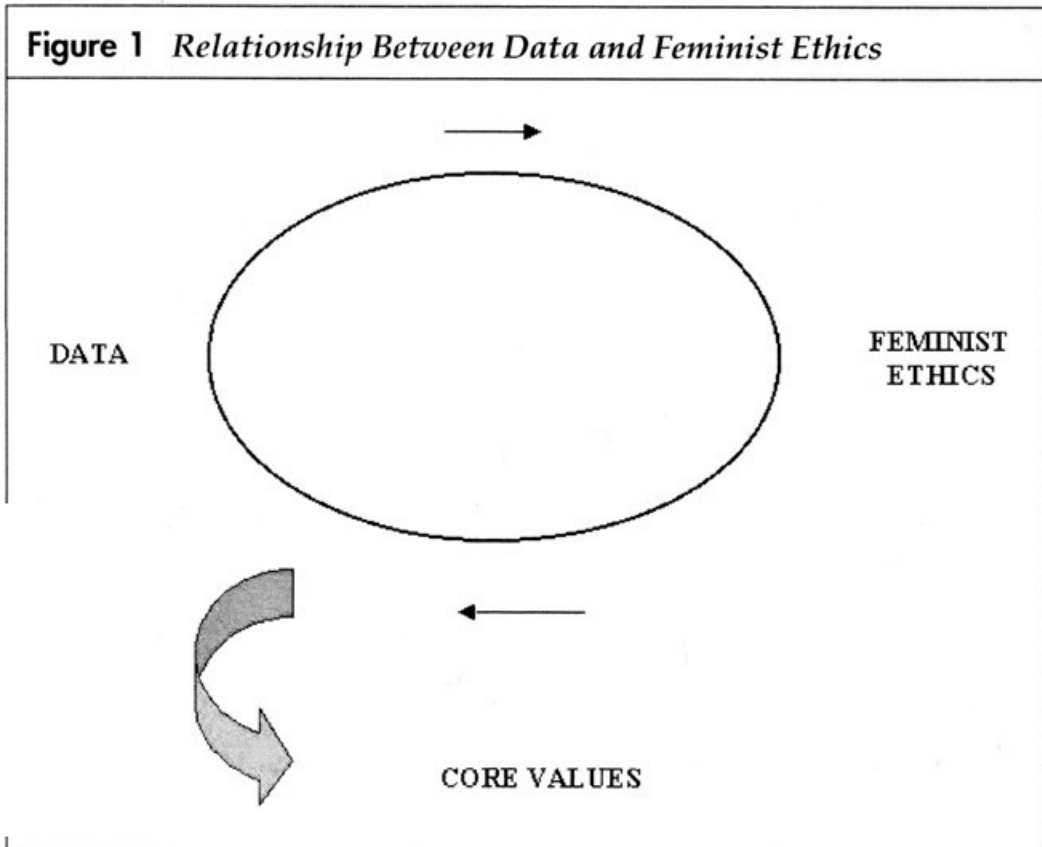
DATA

FEMINIST
ETHICS

CORE VALUES

Figure 1 illustrates the relationship between data/moral experience and feminist ethics. Data and feminist ethics exist in a dialectical relationship whereby data are interpreted through feminist ethics — that is, theory and data ultimately inform feminist ethics. In time, a domain-specific feminist ethic for nursing can evolve as the data come to refine the theory. In this regard, the approach I am describing is similar to that used by Benner (1991, 1994) and Bishop and Scudder (1990, 1997, 1999), with feminist ethics as a substitute for phenomenology.

A third element, however, is required if the central values of feminist ethics are not to be lost in the process of developing coherence between theory and moral experience. I call this third element the core values. Specifically, I derive the following four values from common characteristics of feminist ethics: the development and maintenance of relationships; care; justice; and freedom from exploitation and oppression. The development and maintenance of relationships reflects the conception in feminist ethics of persons as interdependent. The values of care and justice are the core values of the ethics of care and justice. Lastly, freedom from exploitation and oppression is central to feminist ethics and therefore needs to be made explicit. These values ensure that

changes to theory or practice do not result in a coherent, yet unethical, system of theory and moral experience.

An Application to Home Care Ethics Research

In this section, I discuss how a qualitative empirical method informed by feminist ethics could be used in home care ethics research in nursing. Specifically, I comment on the potential characteristics of the research participants; the methods of data collection, coding, and analysis; and the processes that ensure rigour. For the sake of clarity, I present examples of data analysis processes that use the aforementioned approach of developing coherence between the data and theory.

Research Participants

To remain consistent with the principles of feminist research, this research should value women's experiences, ideas, and needs (Hall & Stevens, 1991). Therefore, it should draw upon the experiences of both male and female home care nurses and home care recipients. Input through partnerships formed with these participants could shape the focus of the specific research questions so that they reflect the participants' most urgent needs and ethical concerns.

Methods of Data Collection, Coding, and Analysis

Semi-structured interviews could elicit accounts of everyday home care practices and concerns. Focusing on everyday concerns is consistent with feminist ethics (Mullett, 1992; Warren, 1989). Furthermore, this approach avoids constructing the topic and drawing responses from participants that are in the traditional language of bioethics. Devault (1990) describes the importance of opening the boundaries of standard topics so that participants can provide accounts that are grounded in the realities of their lives and that are not framed by dominant language and meaning. The mundane details of life and practice can provide a means of discovering embedded everyday ethical knowledge. Conventional methods, which in this case would likely ask participants to describe ethical dilemmas in home care, could lead to conventional answers. Conventional understandings, however, can distort women's experiences (Smith, 1987).

The data coding and analysis would require an inductive and a deductive phase. The inductive phase of data categorization would ensure comprehensiveness. The deductive phase would ensure that the

data are reinterpreted in light of feminist ethics. Using an example from Benner's (1991) research, the inductive phase could reveal that some home care nurses learn to find the right kind and amount of involvement with patients and their significant others. If researchers do not go beyond this description, it could easily be concluded that "good" nurses can learn to become skilled with respect to this facet of ethical comportment. Yet if the lens is broadened and this category is examined through feminist ethics — that is, the deductive phase — it is possible to identify the potential structural impediments to the nurse participant's moral agency. Perhaps nurses who cannot find the right kind of involvement are facing issues that go beyond their immediate relationships. Nurses and informal caregivers often lack the resources to provide adequate care (Ward-Griffin & McKeever, 2000). Many nurses do not have the time to develop relationships that reflect an ideal level of involvement. In addition, the relative isolation of home care nurses from their peers may present challenges related to maintaining professional boundaries with patients. These issues need to be understood through a perspective that addresses concerns regarding power and justice.

Using another example, this time from the research of Benner (1991, 1994) and Benner, Hooper-Kyriakidis, and Stannard (1999), home care nurses when interviewed may talk about the importance of respectfully listening to all involved, including the patient, family, and multidisciplinary team. They may state that the best clinical understanding can thus be achieved, preserving what is ultimately good for the patient and family. Again, the deductive phase is required in order to critically examine what is meant by "the best clinical understanding." What is the basis of clinical understanding, beyond the perspectives of the multidisciplinary team? Nurses need to be cognizant of the power of medicalization and its increasing influence in home care. Feminist ethics and bioethics, such as the work of Morgan (1998) and Sherwin (1992), offer useful ways of reflecting on these issues.

These reinterpreted data can then be used to develop a feminist ethic for nursing. In this way, the data and the theory exist in a dialogical relationship. Recommendations for practice could be eventually drawn out and evaluated. Again, all modifications made to establish coherence between theory and the data/moral experience cannot violate the following core values: the development and maintenance of relationships; care; justice; and freedom from exploitation and oppression.

Ensuring Rigour or Trustworthiness

With the development of any new research method come concerns about trustworthiness. The trustworthiness of this method can be ensured through the incorporation of both highly formalized processes, such as participant validation and auditability, and less formalized processes. Participant validation involves taking data, interpretations, and conclusions back to the participants so they can assess the credibility of the account (Creswell, 1998). This process should occur after completion of the inductive coding, not after completion of the deductive coding. The level of deductive coding involves reinterpretation of the data in light of theory. Consequently, it may not directly reflect the experience of specific participants. This flexibility in the use of participant validation will ensure that this procedure remains true to the interpretive character of qualitative research (Sandelowski, 1993).

Auditability is also possible. Auditability is achieved when researchers describe and justify their research process, leaving a clear decision trail for the study from inception to conclusion (Rogers & Cowles, 1993; Sandelowski, 1986). Field notes should be taken to describe the setting and the non-verbal behaviours of participants; the methodological decisions made; the analytic or theoretical insights of researchers during data analysis; and the assumptions, interests, and philosophic perspectives of the researchers.

More important, however, trustworthiness or rigour must also be established through less formalized processes. *The Canadian Oxford Dictionary* (Barber, 1998) defines rigour not only as "the strict enforcement of rules," but also as "logical exactitude" (p. 1242). A logical exactitude or consistency must flow from its theoretical basis through to every aspect of the research process, as illustrated in the home care application. Other theorists have made reference to similar ideas concerning rigour. Creswell (1998) describes the need for the research questions to drive the research methods, rather than the reverse, and Jacob (1987) asserts that qualitative researchers should "seek to employ the totality of a tradition, not just generic assumptions or methods" (p. 1). Ultimately, less formalized methods may be more consonant with the spirit of qualitative research than traditional procedures.

Conclusion

Nursing could benefit from innovative research methods to address crucial ethical issues in home care. Phenomenological approaches in

nursing have revealed the richness of moral life in nursing, but these approaches are not sensitive enough to the political dimensions inherent in current ethical issues. A method that uses feminist ethics as its conceptual basis can better encompass the complexity of moral life in home care nursing. It provides a rigorous means both philosophically and empirically of furthering the development of ethical knowledge in nursing.

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