

GUEST EDITORIAL

Nursing Inquiry to Address Pressing Empirical and Ethical Questions

Patricia Rodney

The most basic challenge, I believe, is to continue to make the voice of nursing stronger, louder, better understood, and heard (even among our own colleagues). . . . Our primary motive should be, and must be, a conviction that what we offer is exactly what the majority of people need the most from healthcare, regardless of where on the globe they reside. (Chinn, 2009, p. 281)

As I noted in the call for papers for this issue, *CJNR* has long provided an important venue for nurses in Canada and other countries to explore research and theory related to the philosophical and ethical dimensions of nursing practice.¹ Over the past 16 years the Journal has published four themed issues related to philosophy and ethics.² The early articles in *CJNR* concerning ethics focused mostly on philosophical analyses (1995, 2000). A philosophical analytic thread has been maintained throughout the volumes, with more recent issues of the Journal also addressing specific ethical challenges such as organizational conflict and moral practice (2002, 2007). This fifth themed issue builds on that history. It includes a Discourse and three empirically informed articles addressing philosophy, theory, and ethics in unique and complementary ways. All four articles included here make an outstanding contribution to nursing knowledge, thereby taking up Peggy Chinn's challenge to make our nursing voices stronger, louder, better understood, and better heard.

In her contribution, "Advance Care Planning: Re-visioning Our Ethical Approach," Carole Robinson describes her qualitative study exploring advance care planning processes for dyads of patients and family members. Robinson tells us that the dyads in her research demonstrated a deeply relational process, and she argues for an advance care

¹ Philosophy is inclusive of ethics, epistemology, ontology, logic, and aesthetics.

² Vol. 27 No 2 (1995): Philosophy/Theory; Vol. 32 No 2 (2000): Philosophy/Theory; Vol. 34 No 2 (2002): Ethics and Values; Vol. 39 No 4 (2007): Ethics, Values, and Decision-Making.

planning approach that embraces relational autonomy. In their article, “Remote Nursing Certified Practice: Viewing Nursing and Nurse Practitioner Practice Through a Social Justice Lens,” Denise Tarlier and Annette Browne claim that the concept of critical social justice offers a useful lens through which to examine the policy, practice, and power dynamics that lie behind inequities in the access of First Nations people to health and health care. Tarlier and Browne then undertake a critical analysis of nurse practitioners’ roles and scope of practice based on the empirical, theoretical, and policy literature. While Robinson’s contribution focuses on the ethics of relationships in families, and Tarlier and Browne’s on the ethics of relationships within communities and within provincial and national policy systems, Amy Bender and her Canadian and Ethiopian colleagues extend our view to the ethics of international relationships. Their article, “International Research Collaboration as Social Relation: An Ethiopian-Canadian Example,” is a case study of the Canadian and Ethiopian authors’ collective experience in organizing an interdisciplinary forum on intimate partner violence in Ethiopia. They offer an insightful reflection on international collaboration as a manifestation of social relations and subsequently posit their reflection as a basis for improving collaborative processes and outcomes.

In his Guest Editorial and Discourse for an earlier issue of *CJNR* dedicated to ethics, Franco Carnevale (2007) claimed that nursing needs more empirical inquiry to inform our ethical theorizing. The three articles I have sketched out above do just that. They each use various sources of empirical data to inform ethical theorizing in nursing, particularly regarding concepts such as autonomy, justice, and global health. And each helps us to better understand the complex contexts within which individuals, communities, and nations struggle to address inequities in health and health care. Elizabeth Peter’s Discourse in this issue, “Fostering Social Justice: The Possibilities of a Socially Connected Model of Moral Agency,” is therefore particularly salient. Peter argues that our theorizing about ourselves as moral agents ought to be re-conceptualized and fostered as a socially connective attribute, as opposed to an individual one, if we are to address health disparities locally and across the globe. Peter’s articulation of a socially connected understanding of nursing’s moral agency offers us a powerful theoretical lens through which to address ethical challenges at all levels of health care — from the individual through to the global.

The contributions in this fifth issue of *CJNR* dedicated to philosophy and ethics reflect nursing’s growing expertise in navigating and applying complex philosophical and ethical theory, and reconciling theory with empirical findings so as to improve practice and policy.

In the first issue dedicated to philosophy and theory, in 1995, the Guest Editor, June Kikuchi, noted that many of the manuscripts she received were lacking in philosophical depth (Kikuchi, 1995). In her Guest Editorial in the second issue, in 2000, Joy Johnson challenged us to continue in our “quest for philosophical understanding” (Johnson, 2000, p. 6). It is my observation that over the past decade or so in nursing we have made significant progress in our philosophical and ethical inquiry. Indeed, we had numerous promising manuscripts submitted for this fifth issue. Those authors whose works do not appear here will be able to make effective use of the insightful feedback they obtained. The expertise of the peer reviewers we were able to call upon is another reflection of nursing’s growing expertise in navigating and applying complex philosophical and ethical theory.

It is my hope that the contributions to nursing inquiry in this issue of *CJNR* will serve to foster further philosophical and ethical theorizing in nursing. Our profession, other health-care professions, health and social policy-makers, and the public all need it. As I also noted in the call for papers for this issue, some of the most pressing empirical and ethical questions facing us today are rooted in systemic inequities in access to resources for health and health care in Canada and around the globe (Anderson et al., 2009; Canadian Nurses Association, 2009; World Health Organization, 2008a, 2008b). Further, as cost constraints proliferate in health-care delivery there are serious concomitant challenges to the moral agency of nurses and other health professionals (Canadian Nurses Association and Registered Nurses Association of Ontario, 2010; Pringle, 2009; Rodney & Varcoe, in press; Varcoe & Rodney, 2009). I believe that the next frontiers for pressing empirical and ethical questions are therefore both practical and political. The questions are practical in the sense that we need to know more about how to make progress towards better ethical practice and policy, and political in the sense that we need to know more about how to foster stronger democratic dialogue within diverse care-delivery and policy structures.

Together, as socially connected moral agents, we ought to continue to strive to actualize Chinn’s conviction that as nurses we offer exactly what the majority of people need the most from health care, regardless of where in the world they reside. This actualization requires that we support each other within and across our professional arenas — practice, education, leadership, research, and policy. It also requires the support of scholarly publishing venues such as *CJNR*. In closing I would therefore like to thank Laurie Gottlieb (Editor-in-Chief), Joanna Toti (Managing Editor), the staff at *CJNR*, and all the contributors to and reviewers for this issue of the Journal for their commitment and expertise.

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