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ETHICS

Nursing Ethics Report

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REPORT

Nursing ethics

Nursing ethics is concerned with the moral dimensions of nursing practice. For many years CRB has developed nursing ethics from different angles. We have used qualitative studies to describe and explore the kinds of ethical dilemmas nurses encounter in their day-to-day work and how they solve them. Other studies have investigated the role of ethical guidelines in the building of ethical competence in nursing practice and in priority setting.

Ongoing research includes collaborations with health services researchers on ethical dilemmas in telenursing. We also have three PhD projects looking at gender aspects in telenursing, guidelines for Do Not Resuscitate (DNR) orders in oncology care and social and ethical aspects of HPV vaccinations.

The focus in nursing ethics research is on the relationship between the nurse and the person receiving care. A central question is what the nurse can do for the person in need of care and how a respectful meeting could take place, despite the asymmetry in the relationship between nurse and patient.

Nursing ethics focuses more on developing caring relationships than on broader ethical principles. The concept of 'caring' has priority over the concept of 'curing' and how a person should 'be' rather than how they should act is stressed. As a result, virtue ethics have often been elaborated within the framework of nursing ethics.

This report lists our peer-reviewed publications in the field of nursing ethics in chronological order. It also includes abstracts of book chapters and monographies.

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Peer review articles

Gottvall M, Tydén T, Larsson M, Stenhammar C, Höglund AT. [Challenges and opportunities of a new HPV immunization program - Perceptions among Swedish school nurses](#). *Vaccine* 2011; doi:10.1016/j.vaccine.2011.04.054 (in press)

Abstract: *Aim:* To investigate school nurses' perceptions of HPV immunization, and their task of administering the vaccine in a planned school-based program in Sweden. *Method:* Data were collected through five focus group interviews with school nurses (n=30). The interviews were recorded, transcribed verbatim and analyzed using content analysis. *Findings:* The theme *Positive attitude to HPV immunization despite many identified problems and challenges* summarizes the results. The school nurses saw the program as a benefit in that the free school-based HPV immunization program could balance out social inequalities. However, they questioned whether this new immunization program should be given priority given their already tight schedule. Some also expressed doubts regarding the effect of the vaccine. It was seen as challenging to obtain informed consent as well as to provide information regarding the vaccine. The nurses were unsure of whether boys and their parents should also be informed about the immunization. *Conclusion:* Although some positive aspects of the new HPV immunization program were mentioned, the school nurses primarily identified problems and challenges; e.g. regarding priority setting, informed consent, culture and gender. In order to achieve a good work environment for the school nurses, and obtain a high coverage rate for the HPV immunization, these issues need to be taken seriously, be discussed and acted upon.

Kaminsky E, Carlsson M, Höglund AT, Holmström I. [Paediatric health calls to Swedish telenurses – A descriptive study of content and outcome](#). *Journal of Telemedicine and Telecare*. 2010;16:454-457

Abstract: We collected data about telephone triage calls concerning children in Sweden. A sample of 110 paediatric calls were recorded. The transcribed data were analysed regarding word count, reasons for calling, results of calls, ages and gender of children, and gender of parents. The median call length was 4.4 min and the median child's age was 3.5 years. Mothers made 73% of calls, but mothers and fathers called to the same extent about daughters and sons, and regardless of age. The most common reasons for calls were ear problems, rash/wound or fever. In nearly half the calls, the telenurses provided self-care advice. Call length, word count or caller's part of word count did not differ according to gender of parents or children. However, mothers were more likely to receive self-care advice while fathers were more often referred to other health services by the telenurses. Telenurses might need to improve their gender competence, and more male telenurses in the service would potentially be beneficial to callers.

Arnetz JE, Winblad U, Höglund AT, Lindahl B, Spångberg K, Wallentin L et al. [Is patient involvement during hospitalization for acute myocardial infarction associated with post-discharge treatment outcome? An exploratory study.](#) *Health Expectations*. 2010;13:298-311.

Abstract: *Objective:* To investigate whether patient involvement during hospitalization for acute myocardial infarction (MI) was associated with health and behavioural outcomes 6–10 weeks after hospital discharge. *Background:* Patient involvement has been associated with improved health outcomes in chronic disease, but less research has focused on the effects of patient involvement in acute conditions, such as MI. *Design:* Self-administered questionnaire study. Questionnaire results were run against medical outcome data in a national database of cardiac patients. *Setting and participants:* Cardiac patients (n = 591) on their first follow-up visit after hospitalization for MI at 11 Swedish hospitals. *Main outcome measures:* Patient ratings of three questionnaire scales related to involvement; cardiovascular symptoms, medication compliance, participation in cardiac rehabilitation, and achievement of secondary preventive goals. *Results:* More positive patient ratings of involvement were significantly associated with fewer cardiovascular symptoms 6–10 weeks after hospital discharge. In contrast, patients who attended cardiac rehabilitation and achieved the goals for smoking cessation and systolic blood pressure were significantly less satisfied with their involvement. No association was found between involvement ratings and medication compliance. *Conclusion:* This study represents a first attempt to examine associations between patient involvement in the acute phase of illness and short-term health outcomes. Some significant associations between involvement and health and behavioural outcomes after acute MI were found. However, higher involvement ratings were not consistently associated with more desirable outcomes, and involvement during hospitalization was not associated with MI patient health and behaviour 6–10 weeks after hospital discharge to the extent hypothesized.

Höglund AT, Winblad U, Arnetz B, Arnetz J. [Patient participation during hospitalization for myocardial infarction. Perceptions among patients and personnel.](#) *Scandinavian Journal of Caring Sciences*. 2010;24: 482-489.

Abstract: *Background:* Patient participation in healthcare decision-making and illness management has been associated with high patient satisfaction ratings and improved treatment outcomes in chronic diseases. Less is known about patient participation in acute illness, such as myocardial infarction (MI). *Aim:* To explore and describe patient and personnel perceptions of patient participation in care processes and decision-making during hospitalization for MI. *Method:* A descriptive qualitative design was used. Five thematic focus group interviews were carried out (n = 25), two with patients and three with personnel, at three Swedish hospitals in 2005. Two researchers were present during the interviews; one as facilitator and one responsible for documentation. The interviews were recorded, transcribed verbatim and analysed through a thematic stepwise method. *Results:* Five themes emerged from the

interviews: the meaning of patient participation, positive outcomes, difficult situations, hindrances and facilitating factors. A shared basic assumption in all groups was that patient participation is valuable and desirable in the patient–doctor/nurse encounter in MI care. However, both staff and patients viewed patient participation primarily as information. Active involvement in medical decision-making was less emphasized. Participation was judged as especially difficult to achieve during the initial, emergency phase of MI, although the informants also stressed the need for information in this phase. Positive outcomes of patient participation mentioned were that the patient may feel more secure if involved and that he/she might be more committed to the recovery process. Hindrances were lack of time, staff and, in patients, medical knowledge. Patient characteristics could also influence the level of participation. *Conclusion:* If patient participation is to be achieved in all phases of MI care, patients need to be made aware of their right to participate. Health care professionals need to develop appropriate communication skills for each phase of the MI patient's hospitalization.

Gottvall M, Tydén T, Höglund AT, Larsson M. [Knowledge of human papillomavirus among high school students can be increased by an educational intervention](#). *International Journal of STD & AIDS* 2010; 21:558-562.

Abstract: The aim of this study was to evaluate the effect of an educational intervention concerning human papillomavirus (HPV) directed at Swedish first year high school students. The intervention consisted of a class room lesson, a website and a folder. Outcome variables were knowledge of HPV and attitudes to preventive methods such as HPV vaccination, condom use and Pap smear testing. An intervention group (n = 92) was matched with two comparison groups (n = 184). At baseline, the median score for HPV knowledge was one out of 10 in both groups. At follow-up, the median knowledge score had increased to six in the intervention group, but was still one in the comparison group (P < 0.001). Attitudes to HPV vaccination, condom use and Pap smear testing remained the same (P > 0.05). In conclusion, a short school-based intervention can greatly increase the students' knowledge about HPV, but attitudes and behaviours are less easy to influence.

Höglund AT, Eriksson S, Helgesson G. [The role of guidelines in ethical competence building – Perceptions among research nurses and physicians](#). *Clinical Ethics* 2010; 5:95-102.

Abstract: The aim of the present study was to describe and explore the perception of ethical guidelines and their role in ethical competence-building among Swedish physicians and research nurses. Twelve informants were interviewed in depth. The results demonstrated that the informants had a critical attitude towards ethical guidelines and claimed to make little use of them in practical moral judgements. Ethical competence was seen primarily as character-building, related to virtues such as

being empathic, honest and loyal to patients. Ethical competence was assumed to be learned through good examples, role models and practical experience, while ethical guidelines were not perceived as valuable in this process. In order to improve the staff's familiarity with and the usability of ethical guidelines, the workplace needs to provide opportunities for ethical dialogues. In such discussions, argumentation can improve, virtues can be developed and guidelines can be usefully invoked.

Gottvall M, Larsson M, Höglund AT, Tydén T. [High vaccine acceptance despite low awareness among Swedish upper secondary school students](#). *The European Journal of Contraception and Reproductive Health Care* 2009; 14:399-405.

Abstract: *Objective:* To investigate knowledge of human papillomavirus (HPV) and attitudes to HPV vaccination and condom use among Swedish first year upper secondary school students. *Methods:* Classroom questionnaire filled in by 608 students from a strategic sample of seven upper secondary schools in Sweden. *Results:* Only 13.5% (n=82) of the students had heard about HPV and 6% (n=35) were aware of HPV vaccination. As many as 84% (n=508) would like to be vaccinated against HPV. The high cost of vaccination was the greatest obstacle (total group 37%, n=227); among girls the second major hindrance was the fear of needles (19%, n=65). Before considering an HPV vaccination 73% (n=443) wanted more information and 36% (n=220) would like to receive such information from the school nurse. The students considered it less likely that they would use a condom when having intercourse with a new partner if they were vaccinated than if they were not (p<0.001). *Conclusion:* Despite intensive marketing directed at potential vaccine consumers, knowledge of HPV and of HPV vaccines was very low among first year upper secondary school students. Their attitude towards vaccination was positive but most of them wanted more information before considering vaccination.

Höglund AT, Helgesson G, Eriksson S. [Ethical dilemmas and ethical competence in the daily work of research nurses](#). *Health Care Analysis* 2010; 18:239-51.

Abstract: In spite of the growing interest in nursing ethics, few studies have focused on ethical dilemmas experienced by nurses working with clinical studies as 'research nurses'. The aim of the present study was to describe and explore ethical dilemmas that Swedish research nurses experience in their day-to-day work. In a qualitative study a purposeful sample of six research nurses from five wards of differing disciplines in four Swedish hospitals was interviewed. The analysis displayed several examples of ethical dilemmas, primarily tensions between the nurses' obligations to the study and to the patients involved. A guiding moral principle for the nurses was patient-centeredness, where the interest of research must not override the interest of the patient. In situations where tensions between research and patient interests occurred, and doctors and nurses disagreed upon the judgement, the nurses sometimes chose to follow the doctors' advice, and thus acted against their own moral

judgment. Such situations seemed to create feelings of moral distress among the nurses. They described their profession as being 'invisible' and as lacking opportunities for ethical competence building. The conclusion is that research nurses frequently experience severe and difficult ethical dilemmas in their daily work. They need to be acknowledged as a particular profession in the health care organisation and encouraged to develop their specific ethical competence.

Höglund AT, Holmström I. [Ethical issues in telenursing](#). *International Hospital Equipment and Solutions*. 2009; 7:18-19.

Abstract: Telenursing in healthcare brings advantages for both patients and personnel: for example, the improvement of resource- and time allocation and access for patients. However, this technique might also entail ethical difficulties. In this article a range of ethical aspects that are particularly challenging in telenursing are discussed.

Höglund AT, Tydén T, Hannerfors AK, Larsson M. [Knowledge of human papillomavirus \(HPV\) and attitudes to vaccination among Swedish high school students](#). *International Journal of STD & AIDS* 2009; 20:102-107.

Abstract: The aim of the study was to investigate knowledge of and attitudes to sexually transmitted infection (STI) and STI prevention with special focus on human papillomavirus (HPV) and the new vaccine against HPV, among 16-year-old high school students in a Swedish context. A study-specific questionnaire was distributed to 572 first year high school students from five different high schools in a medium-sized town in Sweden. The students lacked knowledge of HPV and its association with cervical cancer. Similarly, their knowledge of the new vaccine was limited. Their attitude to condom use when having sex with a new partner was positive, but decreased if oral contraceptives were used and if they were vaccinated against an STI. The main source of information was the school, followed by youth clinics and the media. The results highlight the clinical importance for school nurses and personnel at youth clinics to inform adolescents about HPV and its association with cancer.

Höglund AT, Holmström I. ["It's easier to talk to a woman." Aspects of gender in Swedish telenursing](#). *Journal of Clinical Nursing* 2008; 17: 2979-2986.

Abstract: *Aim:* To describe and explore gender aspects in telenursing as experienced by Swedish telenurses. *Background:* Telenurses at call centres in Sweden offer triage recommendations and self-care advice to the general public over the telephone, on a wide range of health problems. The demands on telenurses are multifaceted and competence is needed in many fields such as nursing, pharmacology, psychology and communication. Previous studies have shown that telenurses encounter many ethical dilemmas and that some of these are to do with gender related issues. Most

telenurses, as well as most callers, are women. It is, therefore, reasonable to believe that gender plays an important role in the work of telenurses. *Design:* Descriptive and explorative qualitative design. *Methods:* A purposive sample of 12 female telenurses in Sweden participated in in-depth interviews twice during 2004–2005. The transcribed interviews were analysed inductively with a stepwise thematic method. *Results:* Five themes emerged from the interviews, namely: female subordination in the family, disrespect in dialogue with female nurses, distrust in fathers' competence, reluctant male callers and woman-to-woman connection. *Conclusions:* Gender construction and cultural gender norms seem to be at work in the encounter between Swedish telenurses and callers. Questions of power relations, the picture of the mother/woman as the primary carer for small children and distrusting men in their parental role were particularly highlighted. *Relevance to clinical practice:* Telenurses should be aware of the risk of stereotyping their dialogues with callers in a way that seems to fit better with female callers' ways of communicating. Clinical supervision based on reflective practice and peer reviews of calls might diminish this risk. Telenurses also need more training in handling overt or covert power messages based on male superiority.

Holmström I, Höglund AT. [Response to commentary](#). *Journal of Clinical Nursing* 2008; 17:3251-3252.

Response to: Winch, S. Commentary on Holmström I & Höglund AT (2007). The faceless encounter: Ethical dilemmas in telephone nursing. *Journal of Clinical Nursing* 16:1865-1871. *Journal of Clinical Nursing* 2008; 17:3249-3251.

Arnetz JE, Höglund AT, Arnetz BB, Winblad U. Development and evaluation of a questionnaire for measuring patient views of involvement in myocardial infarction care. *European Journal of Cardiovascular Nursing* 2008; 7: 229-238.

Abstract: *Background:* Patients' involvement in their healthcare has been associated with improved treatment outcomes in chronic illness. Less is known about the affects of patient involvement on the outcomes of acute illness, such as myocardial infarction. A better understanding of patients' views and behaviour during hospitalization might improve clinical practice and enhance patient involvement. *Aim:* The aim of this study was to develop and evaluate a questionnaire for measuring patients' perceptions of their involvement during hospitalization for myocardial infarction care. *Methods:* Focus groups with myocardial infarction patients provided the basis for the construction of the questionnaire. Questionnaire validity and reliability were evaluated in a small pilot study and a larger cross-sectional study among myocardial infarction patients at eleven Swedish hospitals. *Results:* The questionnaire demonstrated good validity and reliability, with six factors measuring patient views and behaviour regarding involvement. *Conclusion:* The questionnaire appears to be a

useful tool for evaluating the perceptions and behaviour of patients regarding patient involvement in myocardial infarction care. Use of this questionnaire may provide insight regarding areas of patient–staff interaction that need improvement. Pinpointing such areas may lead to improved patient involvement, satisfaction with care, and treatment outcomes.

Arnetz JE, Winblad U, Arnetz BB, Höglund AT. Physicians' and nurses' perceptions of patient involvement in myocardial infarction care. *European Journal of Cardiovascular Nursing* 2008; 7:113-120.

Abstract: *Background:* Patients' involvement in their healthcare has been associated with better health outcomes. However, few studies have examined whether patient involvement affects the work of healthcare professionals. A better understanding of professionals' views and behaviour is necessary for improving clinical practice and optimizing patient involvement. *Aim:* To measure perceptions and behaviour regarding patient involvement among physicians and nursing staff caring for patients with acute myocardial infarction. *Methods:* A questionnaire study conducted in 2005 among cardiology staff at twelve Swedish hospitals. The questionnaire included six scales measuring staff views and behaviour. *Results:* Physicians, registered nurses, and practical nurses did not differ significantly in their views of patient involvement, but did differ significantly in behaviour ($p < .001$). All three groups felt that an actively involved patient enriched their work, at the same time increasing their work load and taking time from other tasks. Physicians discussed daily activities and lifestyle changes with myocardial infarction patients before hospital discharge to a greater extent than nursing staff ($p < .001$). *Conclusion:* Physicians and registered nurses viewed time constraints as a hinder for patient involvement, while practical nurses felt unsure in communicating with patients. Considering these organizational and professional issues may improve patient involvement and health outcomes in myocardial infarction care.

Arnetz JE, Höglund AT, Arnetz BB, Winblad U. Staff views and behaviour regarding patient involvement in myocardial infarction care: Development and evaluation of a questionnaire. *European Journal of Cardiovascular Nursing* 2008; 7:27-35.

Abstract: *Background:* Healthcare legislation in several nations now dictates the responsibility of health care professionals to involve patients in decisions concerning care and treatment. However, few studies have examined the impact of patient involvement on the work of health care professionals. A better understanding of staff views and behaviour might enhance patient involvement. *Aim:* The aim of this study was to develop and validate a questionnaire for measuring views and behaviour regarding patient involvement among physicians and nursing staff caring for patients with myocardial infarction. *Methods:* Focus groups among cardiology staff provided the basis for the construction of the questionnaire. Questionnaire validity and

reliability were evaluated in a small pilot study and a larger cross-sectional study among cardiology staff at twelve Swedish hospitals. *Results:* The questionnaire demonstrated good validity and reliability, with two factors measuring staff views and four measuring behaviour. *Conclusion:* The questionnaire appears to be a useful tool for evaluating the perceptions and behaviour of physicians and nursing staff regarding patient involvement in myocardial infarction care. Use of this questionnaire may provide insight regarding areas of staff–patient interaction that need improvement, as well as implications of patient involvement for the work of each professional group on cardiology wards.

Eriksson S, Höglund AT, Helgesson G. [Do ethical guidelines give guidance? A critical examination of eight ethics regulations](#). *Cambridge Quarterly of Healthcare Ethics* 2008; 17:15-29.

Abstract: The number of legal and non-legal ethical regulations in the biomedical field has increased tremendously, leaving present-day practitioners and researchers in a virtual crossfire of legislations and guidelines. Judging by the production and by the way these regulations are motivated and presented, they are held to be of great importance to ethical practice. This view is shared by many commentators. For instance, Commons and Baldwin write that, within the nursing profession, patient care can be performed unethically or ethically depending on the professional standards the nurses have set for themselves. They also hold that such standards are set when nurses become aware of the ethical codes available. As nurses are often not familiar with the codes, they do not all conform to them. Commons and Baldwin argue that nurses' ability to deal with ethical dilemmas is effectively secured with education on guidelines, creating a “barrier” between personal and professional values (p. 5).

Eriksson S, Helgesson G, Höglund AT. [Being, doing, and knowing: Developing ethical competence in health care practice](#). *Journal of Academic Ethics* 2007; 5:207-216.

Abstract: There is a growing interest in ethical competence-building within nursing and health care practising. This tendency is accompanied by a remarkable growth of ethical guidelines. Ethical demands have also been laid down in laws. Present-day practitioners and researchers in health care are thereby left in a virtual cross-fire of various legislations, codes, and recommendations, all intended to guide behaviour. The aim of this paper was to investigate the role of ethical guidelines in the process of ethical competence-building within health care practice and medical research. A conceptual and critical philosophical analysis of some paragraphs of the Helsinki Declaration and of relevant literature was performed. Three major problems related to ethical guidelines were identified, namely, the interpretation problem (there is always a gap between the rule and the practice, which implies that ethical competence is needed for those who are to implement the guidelines); the multiplicity problem (the

great number of codes, declarations, and laws might pull in different directions, which may confuse the health care providers who are to follow them); and the legalisation problem (ethics concerns may take on a legal form, where ethical reflection is replaced by a procedure of legal interpretations). Virtue ethics might be an alternative to a rule based approach. This position, however, can turn ethics into a tacit knowledge, leading to poorly reflected and inconsistent ethical decisions. Ethical competence must consist of both being (virtues) and doing (rules and principles), but also of knowing (critical reflection), and therefore a communicative based model is suggested.

Holmström I, Höglund AT. [The faceless encounter. Ethical dilemmas in telephone nursing](#). *Journal of Clinical Nursing* 2007; 16:1865-1871.

Abstract: This paper aims to present the findings of a study designed to describe ethical dilemmas, in the form of conflicting values, norms and interests, which telenurses experience in their work. *Background:* Telephone nursing is an expanding part of health care. Telephone nurses in Sweden assess care needs, provide advice, support and information, and recommend and coordinate healthcare resources. Lately, ethical demands on healthcare professionals in general have increased. The reasons include new biomedical competence, an ageing population and constrained resources which have made priority setting a primary concern for doctors and nurses. When ethical problems arise, colleagues need open dialogue. Despite this, nurses lack such a dialogue. *Method:* A purposeful sample of 12 female telenurses in Sweden was interviewed twice during 2004 and 2005. The transcribed interviews were analysed thematically. *Results:* Five themes were found: talking through a third party; discussing personal and sensitive problems over the phone; insufficient resources and the organization of health care; balancing callers' information needs with professional responsibility; and differences in judging the caller's credibility. *Conclusion:* The present study has identified five different themes in which Swedish telenurses experience ethical dilemmas in their work. This shows how ethical dilemmas in various forms are present in telenursing. Questions of autonomy, integrity and prioritizing are particularly highlighted by the participating nurses. Telenurses in Sweden also experience new ethical demands due to a multicultural society. Although several of the identified dilemmas also occur in other areas of nursing we argue that these situations are particularly challenging in telenursing. *Relevance to clinical practice:* The work organization should provide opportunities for ethical competence-building, where ethical dilemmas in telenursing are highlighted and discussed. Such a strategy might lead to decreased moral uncertainty and distress among telenurses, with positive consequences for callers.

Källemark Sporrang S, Arnetz B, Hansson MG, Westerholm P, Höglund AT. [Developing ethical competence in health care organizations](#). *Nursing Ethics* 2007; 14:825-837.

Abstract: Increased work complexity and financial strain in the health care sector have led to higher demands on staff to handle ethical issues. These demands can elicit stress reactions, that is, moral distress. One way to support professionals in handling ethical dilemmas is education and training in ethics. This article reports on a controlled prospective study evaluating a structured education and training program in ethics concerning its effects on moral distress. The results show that the participants were positive about the training program. Moral distress did not change significantly. This could be interpreted as competence development, with no effects on moral distress. Alternatively, the result could be attributed to shortcomings of the training program, or that it was too short, or it could be due to the evaluation instrument used. Organizational factors such as management involvement are also crucial. There is a need to design and evaluate ethics competence programs concerning their efficacy.

Källemark Sporrang S, Höglund AT, Arnetz B. Measuring moral distress in pharmacy and clinical practice. *Nursing Ethics* 2006; 13:416-427.

Abstract: This article presents the development, validation and application of an instrument to measure moral distress in different health care settings. The concept of moral distress has been discussed and developed for 20 years. A few instruments have been developed to measure it, predominantly in nursing. The instrument presented here consists of two factors: level of moral distress and tolerance/openness towards moral dilemmas. It was tested in four clinics and three pharmacies, where 259 staff members completed a questionnaire. The two factors were found to be reliable. Differences in levels of moral distress were found between pharmacies and clinical departments, and between the youngest and oldest age groups; departmental staff and the youngest age group experienced higher levels of moral distress. Departments reported less tolerance/openness towards moral dilemmas than pharmacies. The instrument needs to be tested further, but its strengths are the focus on every day ethical dilemmas and its usefulness in different health care settings.

Källemark Sporrang S, Höglund AT, Hansson MG, Westerholm P, Arnetz B. "We are white coats whirling round". Moral distress in Swedish pharmacies. *Pharmacy World and Science* 2005; 27:223-229.

Abstract: *Objective:* The extended role of pharmacists has made pharmacy practice more complex and increased the moral responsibility of pharmacy staff. Consequently, ethics has become an important part of their daily work. In health care, ethical dilemmas have been shown to cause distress, usually referred to as "moral distress". Moral distress among hospital personnel has been well described and discussed in numerous studies. There are very few similar studies in pharmacy settings. This article

reports on the results of an investigation concerning whether, and in what situations, moral distress is present in pharmacy practice. *Method:* A questionnaire derived from focus group data, covering ethically troubling situations in pharmacy settings, was distributed to all staff of three pharmacies in Sweden. *Results:* The results show that moral distress is experienced in the day-to-day pharmacy practice, and that it is in many ways connected to care providing. For example, prioritizing between customers was reported as very stressful. Younger personnel reported higher moral distress than their older colleagues did. However, there were no differences between pharmacies. A lack of support structures, such as meetings where ethical issues can be discussed, was reported by all the participating pharmacies. *Conclusion:* It is reasonable to assume that moral distress is even more present in pharmacy practice than in other health care areas as it is, in general, much more sensitive and exposed to the modern, demanding customer. The meeting with the customer is on a more neutral ground than in, for example, a hospital setting. Although there are ethical codes for pharmacists, they are not enough. Moral distress is experienced anyway; general codes and personal coping strategies must be supplemented with support from the management and work organization. There is a need to look more closely at specific factors related to the degree and extension of moral distress, going beyond individual coping strategies.

Källemark S, Höglund AT, Hansson MG, Westerholm P, Arnetz B. Living with conflicts. Ethical dilemmas and moral distress in the health care system. *Social Science and Medicine* 2004; 58:1075-1084.

Abstract: During the last decade the Swedish health care system has undergone fundamental changes. The changes have made health care more complex and ethics has increasingly become a required component of clinical practice. Considering this, it is not surprising that many health care professionals suffer from stress-related disorders. Stress due to ethical dilemmas is usually referred to as “moral distress”. The present article derives from Andrew Jameton’s development of the concept of moral distress and presents the results of a study that, using focus group method, identifies situations of ethical dilemmas and moral distress among health care providers of different categories. The study includes both hospital clinics and pharmacies.

The results show that all categories of staff interviewed express experiences of moral distress; prior research has mostly focused on moral distress experienced by nurses. Second, it was made clear that moral distress does not occur only as a consequence of institutional constraints preventing the health care giver from acting on his/her moral considerations, which is the traditional definition of moral distress. There are situations when the staff members do follow their moral decisions, but in doing so they clash with, e.g., legal regulations. In these cases too, moral distress occurs. Hitherto research on moral distress has focused on the individual health care provider and her subjective moral convictions. Our results show that the study of moral distress must focus more on the context of the ethical dilemmas.

Finally, the conclusion of the study is that the work organization must provide better support resources and structures to decrease moral distress. The results point to the need for further education in ethics and a forum for discussing ethically troubling situations experienced in the daily care practice for both hospital and pharmacy staff.

Monographies and book chapters

Höglund AT. Etiska aspekter på att rutinmässigt fråga om erfarenheter av våld i nära relationer. (Ethical aspects on screening for intimate partner violence). I: [Att fråga om våldsutsatthet som en del i anamnesen](#). Uppsala: NCK Rapport 2010:4, s. 95-103.

Abstract: The chapter deals with some of the ethical issues that are raised by the routine of screening for intimate partner violence in health care. It is argued that if this routine is to be implemented, the staff needs to develop adequate ethical competence. The benefit of the screening may outweigh the risks, as it can result in early detection and help for those who have experienced violence in their intimate relationships and hence improve these patients' quality of life. Screening might also reduce the number of mistreatments and new appointments and can thereby be cost effective for the health care system. Concerning the ethical issue of integrity it is argued that the screening must be done in a well-considered and thoughtful way. Also, the documentation needs to be plain and informative, in order to avoid stigmatizing those who have experienced intimate partner violence. Finally, it is argued that adequate ethical competence is needed if the discussed ethical requirements are to be fulfilled. The responsibility for such a competence development rests not only on the individual care provider, but also on the health care management.

Höglund AT. Genusperspektiv på att rutinmässigt tillfråga kvinnor om våld i nära relationer. (Gender perspectives on screening for intimate partner violence among women). I: [Att fråga om våldsutsatthet som en del i anamnesen](#). Uppsala: NCK Rapport 2010:4, s. 105-111.

Abstract: The chapter deals with aspects of gender in relation to the routine of screening for intimate partner violence in health care settings. It is argued that those who are to ask about experiences of violence need to be well aware of the connection between gender and violence in intimate relationships. A high gender competence can make the screening safer and reduce the risk of improper and insulting treatment of those who have experienced intimate partner violence. High ethical competence also implies a better readiness for how to encounter and support these patients. Concerning the question of whether both women and men should be asked about experiences of violence in intimate relationships it is argued that based on research that has reported a high incidence of men's violence against women, it is reasonable to limit the screening to female patients only, at least in a first step. It is emphasized that the screening must not take place when the woman's partner is in the room. Based on theories of intersectionality and heteronormativity the risk of neglecting violence in same sex relations is discussed, and it is argued that women with

immigrant background, disabled women and women from honor cultures might need special attention.

Höglund AT. Gender and Bioethics. In Blomqvist M & Ehnsmyr E (Eds.) [Never Mind the Gap! Gendering Science in Transgressive Encounters](#). Skrifter från Centrum för Genusvetenskap/Crossroads of Knowledge 15. Uppsala: University Printers, 2010, pp. 213-238.

Abstract: The main task for bioethicists has always been to protect vulnerable patients and research subjects from harm and abuses. Likewise, the legal and moral rights of patients and research subjects have also been at the core of this tradition. In spite of this, neither gender, nor ethnicity or class, have been much observed within bioethics. In this article it is argued that the lack of gender perspectives in bioethics mainly depends on two main features of the bioethics tradition, namely, the dominance of principles and the influence of liberal individualism. Groups and their moral interests have not been much explored within traditional bioethics, and hence injustices based on identity constituting factors, such as gender, ethnicity, age, class, and sexuality have been unobserved. In the article, some examples of recent advances in bioethics with a gender perspective are given; for example, the critique of principle-based ethics and the development of the ethical principle of autonomy from a relational perspective. Finally, one example of bioethics with a gender perspective is presented, namely, a study on how gender, age and ethnicity can influence priority setting in health care. The conclusion is that a gender perspective impacts both topic and method as well as theoretical assumptions in bioethics.

Höglund AT. Inga lätta val. Om riktlinjer och etisk kompetens vid prioriteringar i vården. En studie i empirisk etik. (No Easy Choices. On Guidelines and Ethical Competence in Priority Setting in Health Care. A Study in Empirical Ethics). Uppsala Studies in Faiths and Ideologies 15. Uppsala: Acta Universitatis Upsaliensis 2005, 176 pp.

Abstract: The need for well-informed priorities in the Swedish health care has increased since the 1990s. This development is due to different factors, such as the advanced competence in biotechnology, the demographic changes with an increasing number of old people, and a political and economical development marked by increasing demands and diminishing allocations for health care. According to the ethical platform approved by the Swedish Parliament in 1997, three ethical principles should guide priority setters on all levels, namely the principle of human dignity, the principle of need and solidarity and the principle of cost-efficiency. Following these guide-lines, chronological age, gender and ethnicity are not valid grounds for priority setting, as that would violate the principle of human dignity. In this study the relationship between ethical codes and the health care giver's moral praxis is studied. The investigation is a study in empirical ethics, where both qualitative and

philosophical methods are used. A strategic sample of nine doctors, nurses and auxiliary nurses participated in openly conducted interviews. The interviews were transcribed and analysed through categorisation. The results show that the informants are not well aware of the current guide-lines for priority setting in health care. For example, they do set priorities based on chronological age, which they justify through a justice argument, namely that “it is not fair if some people live for only 50 years”. It was also made clear that gender and ethnicity could inflict the priority decisions. The conclusion is that we need to make the health care providers’ moral competence more conscious, which requires support structures, for example in the form of ethical discussion forum in hospital clinics. Theoretically, this means that the hitherto dominant traditions within medical ethics, principle based ethics and virtue ethics, need to be combined with a communicative ethics approach.

Höglund AT. Reflektioner över etik och prioriteringar i vården – intervjuer med vårdpersonal. (Reflections on Ethics and Priority Setting in Health Care – Interviews with Health Care Providers). Linköping: Prioriteringscentrum, Rapport 7, 2003, 86 pp.

Abstract: This report is part of a larger study on priority setting in health care. The aim was to investigate health care providers’ knowledge and use of the ethical guidelines for priority setting adopted by the Swedish Parliament in 1997. Nine doctors, nurses and auxiliary nurses participated in openly conducted interviews. The results displayed that the informants saw the guidelines as vague and therefore not as action guiding. Further, the informants described how they experienced the guidelines to be contradictory. For example, the principle of human dignity was not always compatible with the principle of cost effectiveness. The conclusion is that there is a need for new arenas and open procedures in the decision-making process for priority setting in health care.

Holmström I, Höglund AT. Det ansiktslösa mötets etik. Sjuksköterskors erfarenheter av etiska dilemman vid telefonrådgivning. (The ethics of the faceless encounter. Nurses' experiences of ethical dilemmas in telephone counselling). Holmström I. (ed.): Telefonrådgivning in hälso- och sjukvård. (Telephone Counselling in Health Care) Lund: Studentlitteratur 2008, pp. 91-105.

Abstract: Telenursing in health care can bring advantages for both patients and personnel in the form of resource- and time allocation and improved access for patients. However, this technique might also entail ethical difficulties. In this article, the results of a qualitative investigation of telenurses' experiences of ethical dilemmas in telenursing are presented. The findings display that ethical dilemmas in various forms are present in telenursing. Questions of autonomy, integrity and prioritising were particularly highlighted by the participating nurses. Although several of the identified dilemmas also occur in other areas of nursing, it can be argued that these situations are particularly challenging in telenursing, since the encounter is faceless. The conclusion is that the work organization needs to provide opportunities for ethical competence-building, where ethical dilemmas in telenursing are highlighted and discussed. Such a strategy might lead to decreased moral uncertainty and distress among telenurses, with positive consequences for patients and callers.

