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# A descriptive and interpretive theory of ethical responsibility in public health nursing

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## Abstract

This article presents a descriptive, interpretive theory of ethical responsibility in public health nursing. The theory is based on qualitative empirical studies, a purposeful literature review and meta-ethnography of public health nurses' experiences of ethical responsibility, interpreted within a philosophical framework. Levianasian philosophy provides the main direction for the authors' interpretations. The path for theory development consists of three phases: *an inspirational phase*, *an explorative phase* and *the third phase "joining the dots"*. The theory illustrates that ethical responsibility in public health nursing is related to the life existentials of temporality and human relationships. Due to blurred boundaries in these essential life structures public health nurses can experience a sense of satisfaction but also

worries, uncertainties and loneliness. The study reveals paradoxical connections between fear and courage, and between freedom, autonomy and a sense of entrapment in responsible relationships. The authors purport that the results of this study are relevant for education and practice and can provide direction for further studies on developing theories of ethical responsibility in other nursing specialties.

**Key words:** Public health nursing; Ethical responsibility; Nursing theory; Nursing ethics; Levinas

# Introduction

This article proposes a theory of ethical responsibility in public health nursing in the middle range between nursing practice and ethical philosophy. Mudd, Feo [1] argue for theory development that involves input from the experience of nurses, patients, and academics. The theory is based on empirical research [2] that reports public health nurses' (PHNs) lived experiences of working with children and families. The findings from these studies guide the authors' philosophical reflections. Bender, Grace [3] argue for empirical research and philosophical enquiry that acknowledges the relational and contextual nature of nursing. In the words of the nursing scholar Sally Thorne [4] (p.2) "You don't invent theories out of the air". Theory building in nursing philosophy is about unpacking ideas that we are working on and that allow us to deepen our understanding and move the profession forward [4].

## Theory development and philosophical enquiry in Nursing

Every discipline has a reasoning embedded in the philosophy, theories and empirical generalizations that define it [5]. Theory development has been important throughout the history of nursing, primarily to elucidate what nursing is but also to guide nursing research and practice [6]. However, there has been a decline in the number of nursing theories published. This can be due to the success of existing theories or, alternatively, to their limited relevance to modern practice [1]. Nursing theory has been criticized both within and outside the nursing profession [7]. Issues debated have been related to their inconsistencies, complicated language usage and their limited clinical relevance in different nursing contexts [1]. However, there is agreement in the scientific community that nursing theory is a systematic and organized expression of a phenomenon of interest for the discipline [8, 9]. Theories have been categorized based on their scope and level of abstraction. Philosophies have the highest level of abstraction, whereas practice theories are directly related to practice [10, 11]. Middle range theories aim to bridge the gap between philosophy and practice [12].

The authors of this text are PHNs, not philosophers, and our epistemological stance is within a paradigm where we, in agreement with Sandelowski [13], believe that knowledge is generated and not generalized. Theory creation can be regarded as a creative process that does not follow a stringent methodology [14]. The Norwegian nursing philosopher Kari Martinsen (1943-) developed a philosophy of caring [15] that refers to nursing as a relational, practical and moral practice. Martinsen is inspired by Knud E. Løgstrup's philosophy concerning the ethical demand [16]. Martinsen [17] argues that theory is descriptive and is a linguistic expression derived from the novel and unique in each situation. Although situations and experiences differ, a theory can bring forth an understanding of common essences and consistencies [17]. Our goal is not to develop abstract concepts, but by using practice examples as a starting

point, and with the help of philosophy, interpret and expand an understanding of the phenomenon of ethical responsibility in child and family centered public health nursing.

We provide a contextual background for the article, then outline steps taken and conclude by explaining our reasoning and insights.

## Public health nursing

Public health nursing has its foundations in nursing and public health [18, 19] based on ethics, responsibility and commitment to humanity [20]. PHNs work in the community where they can have responsibility for a geographical area, or specified tasks related to a population group [18, 19]. The services can comprise curative, health promotive and preventive care [18, 21]. In many countries PHNs provide cradle to grave nursing care services [18]. Service provision varies internationally, but all PHNs share a common goal: to prevent illness and promote the health of their target population. The Norwegian model is an example of a family-focused health promotive and preventive services for children, young people and their families. Norwegian PHNs remit is limited to services at local child health clinics, school health services and youth health clinics [2, 19, 22]. They carry out immunizations and developmental screening and are involved in health dialogues with children, young people and parents, both individually and in groups [22, 23].

The PHNs' ethical code explicates the underlying nursing values of respect for life and inherent human dignity, and on each nurse's ethical responsibility to protect these values [24, 25]. The nurse's primary ethical responsibility is to individuals, families, communities or populations who require nursing care [24]. The impact of ethical and moral responsibility on

PHNs working with children and families has received little attention [2, 26, 27]. The paucity of research in this field necessitates this research. There is a need to acknowledge and explicate the dimensions of ethical responsibility in public health nursing. Nursing ethics research sheds light on what nurses understand about nursing ethics, and how this understanding factors into their everyday decision making [2, 28]. The nurses can tick off that their tasks have been executed. Reporting systems fail to capture each nurse's deliberations before performing complex tasks, the emotions involved during completion of the task, or the lingering sense of responsibility that follows.

## Ethical responsibility

Our theoretical stance is that ethical responsibility is primordial. This influences how we describe and interpret ethical responsibility and its source. Professionals are constantly made aware of their professional responsibility to care for patients in vulnerable situations, but there is little focus on the nurse's vulnerability [29]. Ethicist Joan Mc Carthy [30] writes that it is important to focus on moral practices in nursing to ensure that nurses receive necessary care and support in moral decision making [30].

Nursing scholar Alvita Nathaniel developed a grounded theory of moral reckoning based on the moral choices nurses make before, during and after being involved in morally challenging situations [31]. The generalized theory encompasses moral distress and elucidates the following stages: Ease, situational binds, resolution, and reflection [31]. The present authors suggest that developing a theory of ethical responsibility in public health nursing encompasses more than moral distress and deliberations related to moral reckoning in morally challenging situations. The purpose is to help nurses understand the many facets of ethical responsibility in health promotive and preventive nursing with children and families. A theory of ethical

responsibility can enable PHNs to understand and accept their responses to ethically charged complex situations and prepare public health nursing students for a practice that will expose their own vulnerabilities and uncertainties.

**Levinasian ethics**

The philosopher Emmanuel Levinas (1906-1995) is concerned with ethical responsibility and recognizes the other person as a unique human being who is radically different from me [32]. According to Levinas, ethical responsibility is a fundamental characteristic of being human and relates to a personal response to the vulnerability of another person. My humanity and vulnerabilities enable me to respond to my fellow human beings. Levinas does not provide us with a definition, but his philosophical reflections, create an understanding of the different dimensions of ethical responsibility.

Levinas reminds us of relational boundaries, to be humble and not invade the other person with words or deeds as our understanding of their lifeworld is limited. Every meeting is in a sense a meeting with a stranger [33] where we are continuously confronted with our own inadequacies and uncertainties. It can thus be interpreted that we can never really know or fully understand others. Levinas writes about the appeal that comes from the face of the other (Levinas, 1969). The face for Levinas is a metaphor for human vulnerability [20]. Levinas [32] writes that the other person challenges me and calls on me to respond. This responsibility is personal, and I alone am chosen to respond. This can result in a sense of commitment, described by Levinas [34] as being a hostage to another person for whom one feels responsible. I must, in a sense, live with uncertainty and wait for direction from a vulnerable other. Waiting for direction is not a passive state, but a form of ethical awareness and a welcoming of the other person. Levinas philosophy of ethical responsibility can be summarized in the

following words: “Here I am what can I do for you?” [32]. This is a stance taken by nurses in different contexts worldwide every day.

# Method

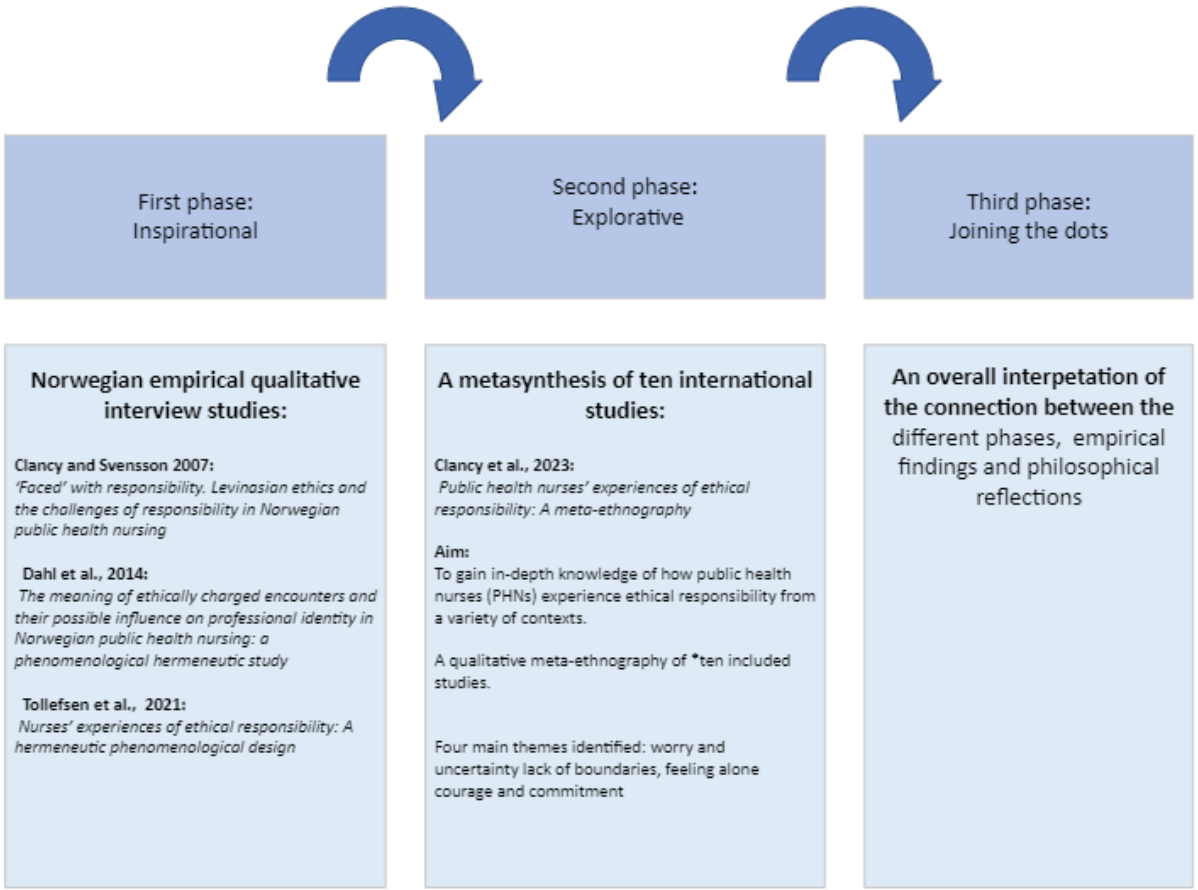
**Developing a descriptive theory of ethical responsibility in public health nursing**

Theory building is an ongoing journey. In January 2024, the last author conducted searches to find relevant articles focusing on theory development in public health nursing. The searches were carried out in Google Scholar. Relevant articles were noted. We found articles focusing on nursing theories and descriptions of theories, but none focusing on the development of a theory of ethical responsibility. Forward and backward searches were undertaken with no relevant findings. In February 2024 we consulted a head librarian who conducted systematic searches in Pubmed and Cinahl which produced no further significant results (provided as a supplementary file).

The aim of a theory building process is to sufficiently encircle the phenomenon of interest [35]. The theory building phases for this article are illustrated in Figure 1. and specified further under the following headings: *The inspirational phase; the explorative phase;* and the third phase: *Joining the dots.* The inspirational phase, 2005-2021 involved writing up empirical qualitative interview studies with Norwegian PHNs concerning their experiences of ethical responsibility in public nursing (Figure 1). The second, or explorative phase 2021-2023 involved conducting a systematic review and meta-ethnography of international qualitative studies that explored how PHNs experience ethical responsibility [2]. The third and present phase “joining the dots” is concerned with reviewing the 10 studies included in the meta-

ethnography as well as the findings and interpretations from the meta-ethnography. The 11 included articles as described in Table 1 are reviewed to generate a theory of ethical responsibility in public health nursing.

**Figure 1:** Theory building- the empirical base




## Phase 1: The inspirational phase

The inspirational phase, as described in the first column in Figure 1, comprises writing up three qualitative studies based on interviews with Norwegian PHNs. The article "Faced with responsibility: Levinasian ethics and the challenges of responsibility in public health nursing" [26] though not intentional at the time, provided the starting point for delving deeper into the

phenomenon of ethical responsibility in public health nursing. Five PHNs were interviewed about their experiences of ethical responsibility. The findings illustrated the following dimensions: *personal responsibility, boundaries, temporality, being alone, worry, fear and uncertainty; and a sense of satisfaction* [26]. Guided by Levinasian philosophy, the authors interpreted that, despite their diversity, these dimensions are all interrelated aspects of ethical responsibility. According to the findings in the studies, ethical responsibility in public health nursing is a personal response to an appeal from a vulnerable other.

The subsequent Norwegian studies: Dahl, Clancy [36] and Tollefsen, Olsen [27] described how interviews with PHNs illuminated similar dimensions of ethical responsibility to those reported in Clancy & Svensson's [26] study. In Dahl et al.s' study [36], 23 PHNs were interviewed. They spoke about their experience of ethically charged encounters, how their nursing responsibilities left them feeling alone with their worries and uncertainties and provided examples of blurred boundaries between work and private life. They also spoke about being committed and feeling confident and courageous if the need arose. Facing their responsibilities sometimes led to feelings of inadequacy when they failed to meet their own expectations and those of their service users. Tollefsen, Olsen [27] interviewed 5 intensive care nurses and 5 PHNs, their study gave further insight into the nurses' experience of caring, their concerns, expressed as worries and uncertainties, and their personal commitment.

**Phase 2: The explorative phase**

The empirical studies included in this phase are listed in Table 1. The authors wished to examine if PHNs working with children and adolescents in an international context had experiences of ethical responsibility similar to their Norwegian counterparts. To gain knowledge from a variety of contexts, a systematic review and meta-ethnography of empirical studies on ethical and moral responsibility was carried out [2]. The published study was carried in accordance with rigorous scientific quality standards. No time limit was set for inclusion of studies. Research articles in English that portrayed PHNs' experiences of ethical or moral responsibility in preventative and health promotion work with children and young people (0–20 years) and their families were included. The included studies used qualitative methodology, individual and focus group interviews, and free-text survey data.

The intention was to discover how the phenomenon of ethical responsibility could be understood in different settings over time. A meta-ethnography can be a useful step in theory development [37]. A screening process using inclusion criteria revealed an initial 1.973 identified records that were reduced to 10 qualitative empirical research studies from 1992 to 2021, which were all included in the meta-ethnography [2]. Among these were the three studies from phase 1. Clancy and Svensson's[26] study provided important insights that contributed to theory development. The results of the meta-ethnography showed that the essence of ethical responsibility as described by Clancy and Svensson [26] was also evident in studies from other geographical contexts, over a time span of 30 years. The overall interpretation of the findings was synthesized into a line of argument, presented as an overarching metaphor where the PHN is described as a chivalrous knight in moral armour [2]. Table 2 illustrates the frequency of findings across studies.

**Table 1:** Characteristics of the included studies in phases 1 and 2

| Number | Author, year | Country | Title | Aim | Design / method | Setting & Sample | Major findings | Journal |
|---|---|---|---|---|---|---|---|---|
| **1 *** | Clancy and Svensson<br>2007 | Norway | 'Faced' with responsibility. Levinasian ethics and the challenges of responsibility in Norwegian public health nursing | To explore the phenomenon based on the ethics of responsibility as reflected upon by the philosopher Emmanuel Levinas (1906-1995) | Qualitative individual interviews, hermeneutic phenomenology of Max van Manen | Urban/rural/ setting:<br>Sample n=5 PHNs working in child health clinics and schools | Personal responsibility, boundaries, temporality, worry, fear and uncertainty, being alone, a sense of satisfaction | *Nursing Philosophy* |
| **2** * | Clausson et al.<br>2015 | Sweden | Challenges of Documenting Schoolchildren's' Psychosocial Health: A Qualitative Study | To explore school nurses' experience of challenges in documenting schoolchildren's psychosocial health | Qualitative design, focus group discussions and qualitative content analysis. | School health services<br>Sample: Six groups with n=33<br>school nurses. | One overarching theme: Having to do one's duty and being afraid of doing wrong. Three sub-themes. Uncertainty related to the nurse's own ability, concerns about future consequences, and strategies for handling documentation. | *The Journal of School Nursing* |
| **3** * | Dahl et al.<br>2014 | Norway | The meaning of ethically charged encounters and their possible influence on professional identity in Norwegian public health nursing: a phenomenological hermeneutic study | To illuminate PHNs' experiences of ethically charged encounters and to reflect upon how these experiences can influence professional identity | Qualitative individual interviews interpreted with a phenomenological hermeneutic method inspired by the philosophy of Paul Ricoeur | Urban/rural small, middle and large communities in two counties. Health clinics and school health services.<br>Sample: n=23 PHNs | Four themes: feeling responsible, being committed, feeling confident and feeling inadequate | *Scandinavian Journal of Caring Sciences* |
| **4** | Duncan<br>1992 | Canada | Ethical challenges in community health nursing | To begin to describe the nature of ethical conflicts in community health nursing | Survey with qualitative free-text data | Community setting, urban and rural.<br>Sample: n=30 community health nurses | Situations involving high-risk parenting provided most serious ethical challenges. Strategies to help nurses caring for such vulnerable clients are described, implications for community health nursing practice and nursing education in light of current changes and challenges. | *Journal of Advanced Nursing* |
| **5** | Heggestad al.<br>2021 | Norway | Ethics reflection groups for school nurses | To explore how school nurses experience their role and their participation in ethics reflection groups, using a model for systematic ethics reflection, the Centre for Medical Ethics model. | Qualitative design, focus group interviews and thematic analysis. | School health services,<br>Sample: n=6 psychologists and n=6 school nurses. | The demanding role of a school nurse, challenges with ethics reflection groups, advantages of using the Centre for Medical Ethics model in ethics reflection | *Nursing Ethics* |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **6** | Hilli, and Pedersen<br>2021 | Sweden | School nurses' engagement and care ethics in promoting adolescents' health | To describe care ethics in the context of school nurses' health-promoting activities among adolescents in secondary school | Explorative descriptive methodology with qualitative individual semi- structured interviews. Content analysis. | School health services, n=8 school nurses in western Sweden. | Three main categories with sub-categories: engagement and caring fo adolescents, collaboration and involvement of important stakeholders, and strong commitment to promoting adolescent health. | *Nursing Ethics* |
| **7** | Kvamme, and Voldner<br>2021 | Norway | Public health nurses' encounters with undocumented migrant mothers and children | To describe how public health nurses experienced challenges and dilemmas in ensuring the best interest of undocumented migrant children | Qualitative descriptive design. Focus group interviews and semi-structured individual interviews. Qualitative content analysis. | Four child health centres, n=7 PHNs. | Three main themes were identified: building trust, ensuring the child's best interest, and dilemmas and challenges in ensuring the child's best interest. | *Public Health Nursing* |
| **8** | Laholt et al.<br>2019 | Norway | Ethical challenges experienced by public health nurses related to adolescents' use of visual technologies | To explore how school nurses identify and resolve ethical challenges involved in the use of visual technologies in health dialogues with adolescents. | Qualitative study. Focus group discussions. Analysis using systematic text condensation. | School health services. Seven groups of n=40 PHNs | Situations that raised ethical issues, identifying and navigating ethical challenges and resolving them through peer dialogue. | *Nursing Ethics* |
| **9** | Oberle and Tenove<br>2000 | Canada | Ethical Issues in Public Health Nursing | To explore ethical issues in public health nursing | Exploratory descriptive study involving qualitative individual interviews. Thematic analysis, by Corbin and Strauss. | Twenty-two PHNs working in public health nursing centres, n=11 in rural and n=11 in urban settings. | Analysis revealed five interrelated themes, relationships with other clinicians, system issues, character of relationships, respect for people and putting oneself at risk. All aspects of public health nursing have ethical components. | *Nursing Ethics* |
| **10** | Tollefsen et al.<br>2021 | Norway | Nurses' experiences of ethical responsibility: A hermeneutic phenomenological design | To explore how intensive care and public health nurses experience responsibility | Qualitative design, individual interviews. Hermeneutic phenomenological analysis. | Sample n=5 intensive care nurses and n= 5 PHNs. Setting: The PHNs worked in small rural municipalities | Four themes: feeling alone, feeling worried and uncertain, a sense of satisfaction, a personal commitment | *The Nordic Journal of Nursing Research* |
| **11** [#] | Clancy et al.<br>2023 | Norway | Public health nurses' experiences of ethical responsibility: A meta-ethnography | To gain in-depth knowledge of how public health nurses (PHNs) experience ethical responsibility from a variety of contexts | Qualitative meta-ethnography of *ten included studies. | | Four main themes: four main themes: worry and uncertainty lack of boundaries, feeling alone courage and commitment | *Nursing Ethics* |

* Phase 1 studies are included in the meta-synthesis

[#] Study 11 is the meta-ethnography

**Table 2 Findings from the meta-ethnography and their frequency across studies**

| **Frequency of findings** | **Study number** (As shown in Table 1) | **No. of studies reporting each item (N=10)** |
|---|---|---|
| Worry and uncertainty | 1,2,3,4,5,7,8,9,10 | 9 |
| Lack of boundaries | 1,2,3,4,5,6,7,8,9,10 | 10 |
| Feeling alone | 1,2,3,4,5,6,7,8,9,10 | 10 |
| Courage and commitment | 1,2,3,4,6,7,8,9,10 | 9 |

(Adapted from meta-summary table, Clancy et al 2023)

**Phase 3: Joining the dots- Towards a theory of ethical responsibility.**

The authors adopted a hermeneutical approach [38], to examine the experiences of PHNs as described in all 11 studies. They engaged in a reflective process, considering both the findings and interpretations of the primary studies and the insights from the meta-ethnography [2]. Gadamer [38] argues that a rigid methodology may not necessarily increase comprehension. A hermeneutical approach is dialogical and involves a movement between parts and whole, and vice versa, to achieve a deeper understanding of their interconnectedness [39].

The authors were aware of their own pre-understanding and how it could affect the interpretation process. Each author individually re-read all 11 studies, identifying dimensions of ethical responsibility evident in each, and across the studies. The authors noted and discussed similarities and differences. The interpretations of findings from each primary study and finally the findings and interpretations of the meta-ethnography were discussed. Certain inconsistencies in all reported findings were noted and explored. The dimensions of *lack of boundaries* and *feeling alone* were identified in all the studies included in the meta-ethnography (Table 2). Re-examining the meta-ethnography [2] revealed that the dimensions of *worry and uncertainty* were not a theme in Hilli and Pedersen [40]. Problem solving in difficult cases was mentioned in Hilli and Pedersen's study, but not how it affected the nurses

emotionally.  Moral distress is, however, mentioned in the discussion section. All studies revealed that being a responsible PHN entails dealing with uncertainties, making decisions, and prioritizing tasks. This can leave the nurse feeling personally responsible for the outcome of a situation [2]. Evidence of the PHNs *courage and commitment* was explicit in all studies, except for Heggestad, Førde [41]. Heggestad, Førde [41] study was focused on ethical reflection and the term "lonely birds" was used to describe PHNs who work in schools. They spoke of a huge responsibility and how they were often left alone with difficult cases, having no choice but to deal with them.

As Table 2 illustrates *personal responsibility* and *temporality,* though present in the Clancy and Svensson [26] study, are not listed as main themes in the meta-ethnography [2]. Gadamer [38] speaks of how our understanding can change over time. The present authors' re-reading of the studies has, however, shown that personal responsibility is implicit in each study's findings and is closely related to being alone and feeling alone in a job with diffuse boundaries [2].

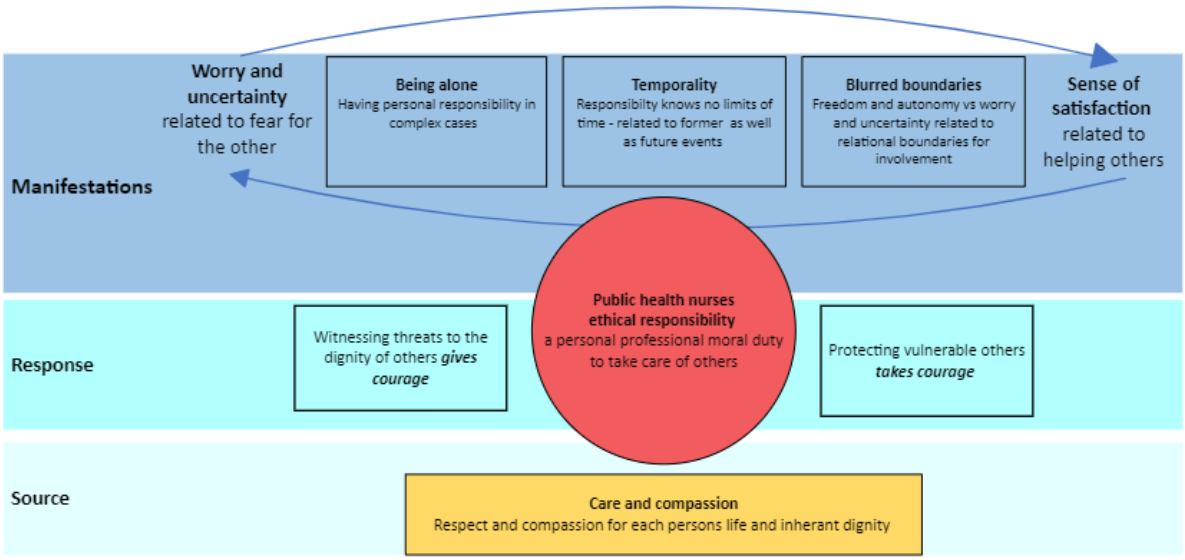
A PHN often works with families in the community over time. Issues of temporality are communicated across all studies. The nurses' stories have shown that when they speak of their responsibility, they often refer to events in the past and they worry about the future. They remember the plight of immigrant families, small children or young adults at risk that did not get the help they needed. The nurses worry about the future of these families and wonder if they did enough to help and support them [2].

**A theoretical model of ethical responsibility in public health nursing**

The authors recognized patterns throughout the reviewed studies [2]. The authors' deliberations and reflections within a philosophical framework have resulted in a proposed theory of ethical responsibility.

Figure 2 provides a seemingly tidy, static theoretical description of the authors' interpretations of dimensions of ethical responsibility in public health nursing. It illustrates *the source,* what triggers ethical *response* to the needs of others and how it becomes *manifest* in the PHNs descriptions of their experiences. These are described in three levels: from the primordial source, (the lower tier), through what prompts the nurse to recognize and respond (the middle tier) to how it becomes manifest in the PHNs experiences, as illustrated in the upper tier.

**Figure 2: Theoretical model illustrating dimensions of ethical responsibility**



**The lower tier**

Describing the source necessitates wandering into the metaphysical realm. Ethics comes first, and compassion and caring are fundamental consistent characteristics innate in us [32]. Ethical responsibility for others precedes thought, knowledge, and societal norms. Concern for others is dormant in us and is awakened by the appeal from a vulnerable other [34]. This primal force prompts the PHN to act morally and enables the nurse to care, feel compassion and genuine respect for human life and dignity. You can never fully know or understand the other's suffering as it is not experienced by you [32]. However, recognizing the other's pain is pre-reflective which enables our response to the suffering of others [42].

**The middle tier**

The middle tier in the figure illustrates the nurses' recognition and response to the ethical appeal from vulnerable others. There are several interrelated aspects of ethical response. The empirical studies show that it was often when the dignity of a child, young person or parent was threatened that the nurses became indignant and advocated on their behalf [2]. Recognizing threats to a person's inherent human dignity leads to moral indignation which is a precursor to moral courage [43]. PHNs who work with infants, children and families have the same goal as parents and are concerned with protecting life, promoting health and preventing illnesses. The ethical philosopher Hans Jonas [44] describes the appeal from an infant as the archetype of moral responsibility, the infant, by their very vulnerable existence implies a demand to be taken care of. Being a moral advocate takes courage and can entail the nurse speaking out on behalf of vulnerable others by voicing their opinions or acting in a way that exposes them to criticism from colleagues, parents or superiors [2]. It demands moral courage to act despite uncertainty and moral distress [45]. The PHNs descriptions of responsibility for vulnerable children, young people and their families underlined their commitment and courage [27].

**The upper tier** in the model illustrates certain core manifestations of how ethical responsibility can be experienced and expressed by PHNs. Ethical responsibility is personal and can entail physical and existential loneliness [26]. Blurred boundaries regarding the nurses' responsibilities and relational involvement with clients and colleagues can cause worries and uncertainties [2]. Issues related to temporality and human relationships were evident. It was not always easy for PHNs to limit their worries to the confines of each working day as they often work alone and there is no handover of complex cases to the next shift when they leave work. Duties can be performed, delivered and regarded as completed, but the PHN can continue to worry long after her involvement in a case. The appeal to protect, promote health and prevent future illness can be experienced as overwhelming. PHNs have a responsibility towards individuals and populations. Jonas' [44] ethics of responsibility is a reminder of the consequences our present actions can have for future generations. Our fear of possible future consequences if we remain passive nudges us to act in the present [44].

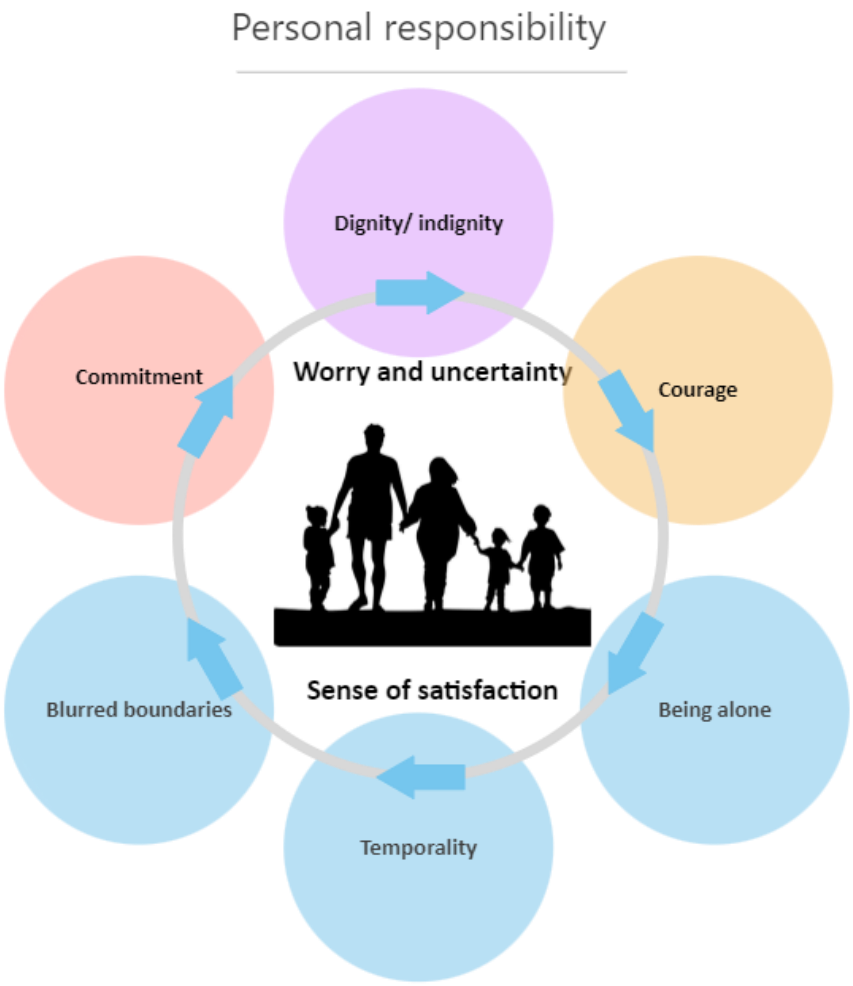
Lack of rigid boundaries [2] can give a sense of freedom and autonomy [26, 36] but it can also give an increased sense of personal responsibility. Being alone in caring for vulnerable families was experienced as an immense responsibility [2]. Given the outcome, it could either leave the PHN with a sense of satisfaction, or a feeling of inadequacy when they are unable to meet their own expectations or the expectations of others [26, 27, 36]. Levinas reminds us that we are only humans who do our best to live our lives in a responsible way [33].

**Towards a theory of ethical responsibility**

The purpose of the article was theory development that advances our understanding of ethical responsibility and illustrates our interpretation of how the different dimensions are

interconnected. To advance nursing education and practice, we need to make the interconnectedness of ethics, philosophy and practice visible [3]. Figure 3 attempts to show the interconnectedness of the different dimensions of ethical responsibility and how they relate to personal responsibility. The real-life stories from PHNs show us that their *response* and its *manifestations* are not separate entities, but are interrelated, dynamic expressions of ethical responsibility.

**Figure 3:** The interconnectedness of the dimensions of ethical responsibility



**The interconnectedness of the different dimensions of ethical responsibility**

*Temporality and relationships* [46] are existential structures that have relevance across all empirical studies [2] and all tiers in the ethical model. They are related to the *source* and to the infinite nature of responsibility as being older than time and knowledge. Infinity knows no boundaries and implies that there is a world greater than, and primordial to our world [32] Temporality is also connected with linear time. The PHNs were concerned with relationships and carried their *worries and uncertainties* home with them and years later could recall cases that had made a lasting impression. They feared not having done enough. In Clancy and Svenssons study [26] (p.164) one of the PHNs had the following reflection regarding former schoolchildren in need of help

> *"Have I been in touch with that pupil? Have I done my job? Have they been in touch with me? Have I neglected them?"*

PHNs refer to unclear professional boundaries that made decision-making difficult [2]. It was challenging not knowing where to draw the line in certain cases. *Freedom* associated with being autonomous professionals gave the nurses a sense of pride and was interpreted as positive. Freedom of choice could, however, cause feelings of uncertainty due to unpredictable outcomes. Wallinvirta [47] describes freedom as a constituent of ethical responsibility. Levinas [32] illustrates the paradoxical nature of freedom and describes our freedom and how responsibility for another person limits our freedom and can make us hostages to our worries. A lack of boundaries can allow for exposure to events beyond our control. Freedom of choice in situational ethical dilemmas can leave the PHNs, despite research evidence and best practice guidelines, without situation specific solutions as to what is the good, the fair and the right in an ethically demanding situation.

The nurses experienced a sense of pride and *satisfaction*. Feeling satisfied can be interpreted as a job well done, that the nurse has fulfilled her responsibility towards the other person. The authors deliberated whether experiencing a sense of satisfaction could be the epitome of ethical responsibility. Experiencing satisfaction does not guarantee that the other person's needs have been fulfilled. Expecting to feel a sense of satisfaction can move the focus to the nurse and not the person in need of care. Attentiveness to others helps set boundaries for involvement. Forgetting oneself promotes justice for the other person [34]. The empirical studies have shown that contradictory feelings of freedom, entrapment, inadequacy and satisfaction can go hand in hand. Experiencing worries and uncertainty acknowledges our concern and keeps us focused on the other person.

The PHNs showed *courage and commitment* and spoke their minds if they felt that children and families were not treated with respect. Levinas [32] reminds us not to totalize and reduce others to neat categories. This is relevant in public health nursing related to families who come from other cultures, whose values differ from ours or who are classified in a certain way due to their gender, religion, race or social status. Witnessing threats to the dignity of others gave the nurses the courage to advocate on their behalf.

A chivalrous knight in moral armour was used as an overriding metaphor to describe the public health nurse as a responsible moral agent in Clancy, Hovden [2]. Can a courageous knight be a fearful one, or is this an oxymoron? Descriptions of a knight's courageous actions and their prowess in battle promote a picture of strength and bravery. Their fears and emotions have not been in focus. The authors deliberated on the connection between a fearful and a courageous knight. Yan and Slattery [48] insightful article helped the authors see a Levinasian connection between fear and courage. To care is to fear for the vulnerable other. [32]

Fear is not related to the nurses' concern for themselves, but for their service users. Sensitivity on the nurse's part is essential for her response.

## Strengths and limitations

The authors have strived for transparency. The theory is developed from empirical research and is related to the PHNs' descriptions of ethically charged responses to challenging situations. The authors' purpose is to generate a theory and not generalize. It can be argued that in our model we have searched for commonalities that produce generalizations. This can be supported by the view that meta-ethnography research is an attempt at generalizing findings [49] and that the authors generalize further by producing a middle-range theory [7]. However, the meta-ethnographic method of synthesis has been described as a tool for theory development [37, 50]. The authors are aware that nursing theory is a contested issue, where nursing scholars purport different viewpoints using terms based on their paradigmatic understanding. It can also be argued that the some of authors' involvement in several studies on ethical responsibility has influenced the presented theory. Levinas reminds us that we are always situated in the world, and there is no view from nowhere [33]. Gadamer [38] describes how it is only through preunderstanding that understanding is possible. The authors are PHNs and academics and have both theoretical and practical knowledge of the field. This influences their perspective, but it also enables them to understand and contextualize their findings within a philosophical framework.

The research has relevance for education and practice. Should public health nursing educators form their students to be confident or teach them acceptance of their own vulnerability? According to Yan and Slattery [48] fear as an emotional response has not been

adequately addressed by educators. This can result in a lack of acceptance that worries and uncertainties are normal responses to ethically challenging situations.

## Conclusion - The way forward

Manifestations of ethical responsibility can be described as emotional responses to the demands of working over time in a profession with diffuse boundaries, which is the very nature of public health nursing. The characteristics of ethical responsibility are influenced by the personal responsibility of each professional to protect the young, promote their well-being and prevent illness in the future.  The theory illustrates that ethical responsibility in public health nursing is personal, it is related to the existentials of temporality and human relationships. Due to blurred boundaries in these essential life structures public health nurses can experience a sense of satisfaction but also worries, uncertainties and feelings of loneliness.

The theory is relevant for public health nurse educators, students, and academics. Understanding the nature of ethical responsibility can empower nurses to accept their personal sensitivities as essential qualities for recognizing and responding to the needs of others.

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