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The ethical component of professional competence in nursing: An analysis

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Abstract
The purpose of this article is to initiate a philosophical discussion about the ethical component of professional competence in nursing from the perspective of Brazilian nurses. Specifically, this article discusses professional competence in nursing practice in the Brazilian health context, based on two different conceptual frameworks. The first framework is derived from the idealistic and traditional approach while the second views professional competence through the lens of historical and dialectical materialism theory. The philosophical analyses show that the idealistic view of professional competence differs greatly from practice. Combining nursing professional competence with philosophical perspectives becomes a challenge when ideals are opposed by the reality and implications of everyday nursing practice.

Keywords
Brazilian single health system, historical and dialectical materialism, knowledge, nursing, philosophical analysis, professional competence

Introduction

The modern nursing profession was established in Brazil during the 1920s. According to the global trend at the time, nursing was initially mainly concerned with public health. However, hospital care soon became the norm and remained the major influence and practice for decades.[1] Today, nurses represent more than 60% of healthcare professionals in the Brazilian health system. Almost 1.3 million nursing workers are in the health care system to attend a population of approximately 190 million people, with the aim of contributing significantly to better and more healthy living.[1,2] The Brazilian nursing workforce consists of three categories: nurses, technical nurses and nursing auxiliaries. The main difference between the categories is the educational level. Since the 1960s, candidates for admission to nursing education are required to have reached 12th grade education (equivalent to senior high school). In 1971, the university system for nursing was established. Since 2007, the qualification for a basic nursing degree has required a total of 4000 hours of study. In the 1980s graduate education at the masters, doctoral and clinical specialization levels expanded, resulting in an increase in nursing research.[3-6] Technical nurses were established in1966, with candidates admitted to

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nursing education after eight years of general education. The third category, nursing auxiliaries, was created after 1940 in response to the growing hospital care needs, patient health complexity, and the shortage of nurses. This category requires five years of general education (equivalent to elementary school) and one year of training before being introduced to the nursing work force.[3]

All categories of nursing personnel must be registered with the Federal Nursing Council (COFEN). Of the total number registered, 15% are nurses, 44% are technical nurses, and 41% are nursing auxiliaries.[2] The major accomplishments of COFEN include the federal law of 1986 that provides for the regulation of the practice of nursing and the Code of ethics for nursing professionals.[7,8] Federal law, therefore, regulates the activities of nurses, technical nurses and nursing auxiliaries. According to this law, nurses give nursing care and participate actively in the health care team. Only nurses can perform activities related to direction, organization, planning and evaluation of nursing services, nursing consultation, prescription of nursing care, and activities that are complex and require scientific knowledge and immediate actions. Technical nurses can perform all activities related to nursing care excluding those that are performed only by nurses; they assist nurses in all activities. Nursing auxiliaries perform those activities related to nursing care that are simple, such as those related to signs and symptoms, hygiene and comfort. They have functions similar to technical nurses, but cannot work with critically ill patients or in areas that require constant monitoring, such as intensive care units, emergency departments, transplantation, and chemotherapy.[1,6]

The code of ethics for nursing professionals regulates and stipulates ethical standards for care, education and research for the three nursing levels. The latest edition of 2007 relates nursing practice closely to the legal requirements of the health care system, using its principles to establish professional ethical values.[8] Despite the existence of a single code of ethics for all nursing professionals in Brazil, different expectations of professional competence remain. The code has 132 articles that describe in detail the duties, rights, responsibilities and prohibitions of the various aspects of performance of the three professional categories. Many of the differences are probably tied to the difference in the level of education and legal basis, which require different levels of expertise and skills.[8]

Combining professional competence and philosophy in nursing can be challenging as ideals are set against the reality of daily practice and its implications. This article considers the new definition of ethical competence with an ethical-political focus. Changes in nursing have developed new perspectives on the definition of ethical competence. This analysis adopts a philosophical view of the role of ethics in the definition of professional competence through the lens of an idealistic and traditional view and one of historical and dialectical materialism.

Brazil's single health system and historical materialism

Following the Constitution of 1988 and the creation of the Organic Health Law, the Brazilian public health care system – 'Sistema Único de Saúde' (SUS; the Unified Health System) – was created, based on the decentralization of care, which assured that health is a right of all and an obligation of the State.[9] The implementation of health reforms was not simply a translation of political decisions into practice, but also a process of creating local health policy by distributing the regional resources to local management. The Brazilian public health care system includes government funded hospitals, clinics, and community health care agencies that provide free care. Since 1990, the SUS has aimed at providing primary, secondary and tertiary care at district level, in cooperation with federal and state levels of care.[10]

The SUS established the principles of the health system based on universality, social integration and participation, and equity. With this focus, the SUS enabled a paradigmatic change in the health-illness continuum, from an original biologically-centered definition to an expanded definition that includes social and economic factors alongside the biological ones. This multidimensional concept considers the health-illness status of the people to be a result of social determinants. The introduction of a 'collective health'

system, a philosophy that defines health practice, and a theory based on historical and dialectical materialism was the force for this paradigmatic change.[11,12]

In the historical evolution of western societies three theories of health are recognizable: 1) a single cause of the disease, 2) multiple causes of disease, and 3) social determinants of the health-illness continuum. The theory of social determination is based on dialectical and historical materialism, where health and illness are interpreted as expressions of the same process, based on biological and social characteristics. How society organizes itself determines the processes that manifest in and interfere with the quality of life of the population.[13] Historical and dialectical materialism emerged as a revolutionary proposal to overcome the traditional view. It is based on the scientific theory of history and philosophical theory used by Marx and Engels to reflect the historical evolution of humanity. On this account, human beings are a consequence of social production. Different social groups affect health-illness profiles differently, and thus require intervention procedures specific to that group. Interventions are designed to promote health, prevent stress and disease, and provide care.[14] In this conception, the health-illness process is manifested by phenomena whose intensity and frequency depends on the time and space integration of the social group.

Collective health

The term 'collective health' emerges as an effort to transform reality based on a historical determination of the collective processes of producing states of health and illness. It embodies the method of dialectical materialism and is offered as a way of promoting the popular struggle against and criticism of state strategies (p.129).[12] The term 'collective health' has been used in Brazil since 1979. It represents a scientific field and an ideological movement that has helped in understanding the concept of the health-illness continuum in the construction of the SUS.[15]

The initial design for the delivery of nursing care in this perspective saw care as a conscious intervention (systematic, planned and dynamic) in the health-illness continuum in a given community, developing a critical consciousness of every social class, with people being responsible for their own transformation.[16] The SUS started a new era of policies and practices in Brazilian health discussions. Within nursing, new opportunities developed outside of the hospital setting and enabled a variety of educational backgrounds to influence nursing. One SUS strategy for strengthening health promotion and prevention was the Family Health Program. This program developed the concept of working teams, which are units of health professionals designed to monitor and assist a group of 1000 families in a defined geographic area. Working teams were composed of one physician, one nurse, two nursing auxiliaries, and some community health workers.[17]

The notion of competence

These paradigmatic changes in health care, which included an expansion of nursing services at a time when population health needs were changing, demanded a re-evaluation of the professional competence profile. The definition of competence varies between theoretical and philosophical contexts.[18] Research conducted in 2007[17] specified how competence is related to collective health principles. The results describe the certification of competence as a tool for validating the knowledge and work of nursing auxiliaries in their work setting. The evaluation strategies were developed according to the principles and strategies outlined by the SUS.

Competence is the skill to develop knowledge and ability that enhances professional practice in multiple ways. Competency is a condition of performance, being the underlying mechanism which permits the integration of the many types of knowledge and acts necessary to the realization of a task.[19] The process of globalization and professional labor migration has forced organizations representing nursing, such as the International Council of Nurses (ICN) and the World Health Organization (WHO), to discuss and prepare

general competencies for professional nurses.[20,21] The WHO Global Competency Model includes definitions and effective behaviors. This model divides the core components of competence into the following areas:

- Communicating in a credible and effective way
- Knowing and managing oneself
- Producing results
- Moving forward in a changing environment
- Fostering integration and teamwork
- Respecting and promoting individual and cultural differences
- Setting an example
- Building and promoting partnerships across the organization and beyond
- Creating an empowering and motivating environment
- Ensuring the effective use of resources
- Building and promoting partnerships across the organization and beyond
- Driving WHO to a successful future
- Promoting innovation and organizational learning
- Promoting WHO's position in health leadership

In relation to professional competencies in ethics, WHO emphasizes 'behaviours consistently in accordance with clear personal ethics and values.'[21]

Competence can be tied to experience, as well as to the context in which the experience occurs, and can be described as the ability to operate effectively in a given situation, supported by knowledge and based on experience and training.[22,23] The notion of competence is, therefore, 'multidimensional, involving aspects ranging from the individual to the socio-cultural, contextual-learning and procedural' (p.243).[24] In this sense, the notion of professional competence includes not only the individual dimension of cognitive character, related to the acquisition and construction of knowledge by the subjects before the demands of concrete situations of work. It also involves the dimension of being part of historical and socio-cultural parameters.[24] Hence, professional competence can be defined as the capacity to handle events and challenges effectively when encountered in the workplace. This requires qualities such as initiative, responsibility and team work. Specifically, it is the professionals' ability to act appropriately in a given event over the amount of knowledge they have.

This competence model redefined nursing professional qualifications. The transformation to this newer competence model developed slowly over time because it challenged the traditional model, which is based on practice.[25] The introduction of the competency model is 'a social movement, which has direct consequences on the world of education and work. Both models have a strong influence in the organization of working relations, background requirements and professional education' (p.62).[26] For decades, especially after 1990, post-liberal capitalism and a new understanding of the relationship of work to the workplace setting was essential for the recruitment and qualification of workers, and has influenced the planning and distribution of health resources.[27]

Nursing standards and competencies vary across the globe, depending on the context of the region, resulting in differences in health care and nurse education. Implementing a set of standards, however, may have extended the status of nursing and how these standards can enable nurses to become leaders and agents for health within their country. A self-assessment tool for nurses exists to determine their competence base against those of European countries.[28] Because of the rapid changes in health care delivery, global nursing workforce migration and acute labor shortages in developed countries, competency has become a high priority for nurse educators, nurse managers, and health care systems.[29] In 2006 the Australian Nursing and Midwifery Council (ANMC) coordinated the development of core or common competences for registered nurses in a Professional

Practice Framework to assist nurses and midwives in their role within regions, provide direction for the recognition of qualifications, and to guide the specific competencies for nurses.[30]

From a US and WHO European Region perspective the term 'competence' relates to a combination of knowledge, skills, attitudes and values. A competency is therefore a combination of attributes underlying some aspect of successful professional performance.[31]

In a study of nursing auxiliaries developed by the Brazilian Ministry of Health, professional competence in nursing was defined by three major categories: 'to know how to know,' 'to know how to do,' and 'to know how to behave ethically and professionally.'[32] The study reports that the third category is characterized by attitudes of harmony, courtesy, sharing, responsibility and ethics.[33] In their work in a health care setting, nurses face frequent challenges and must be able to develop new solutions.[34] When the concept of competence is given a focus on ethics, the practice of nursing becomes redefined. Above other qualities, ethical competence must be continuously re-evaluated. Professional ethics in nursing is based on theory and practice. Thus, nursing ethics can be defined by idealistic philosophical principles or practical dilemmas and decision making.[34]

From an ethical point of view, nurses must express their creativity in managing care actions, to make decisions, and direct available human and material resources, ensuring that the needs of patients are considered and risk is avoided or prevented.[35]

The concept of ethics through the lens of historical and dialectical materialism theory

Often, ethics and morals are considered to have the same meaning. Moral values inherently reflect a social group that creates them. Moral values are exterior to humans, yet they determine human behavior. In contrast, critical reflection, analysis and judgment promote ethical action that is based on choices made in the face of a dilemma. Therefore, responsibility is crucial to the course of ethical action, because it is linked to the ethical foundations of conscience, freedom and values. Consciousness is necessary for making choices that are based on values ('substrate engines') for human action and freedom. Therefore moral/ethical values are the substratum to ethical action.[36]

Moral practice is based on the repetition of social behavior and on continuous judgment of action, which gradually and philosophically become ethical patterns. Social interaction is based on moral choice and not on ethics. In the dialectical and historical materialism, persons are recognized as historical beings, that is, represented by the space they occupy and by the historical period they live within. As beings of existence, they decide what to do; they build their own historical trajectory. Thus, in the dialectical conception of persons, their nature and existence is revealed as it relates to concrete reality. [37]

When discussing ethical competence in nursing, it is important to stimulate reflection on practice by identifying the essence or characteristics of moral behavior. Moral behavior and responsibility together are the basis of ethical action.[38] Yet, ethics can be defined as a concern for doing the right thing and avoiding harm when related to nursing. For this reason, it is possible to say that nursing decisions are defined by professional knowledge and values.[39]

Ethics does not create the moral. Ethics is based on historical experience of social morality. It is the science whose object is the moral. The moral is established based on certain principles, standards or rules of conduct. Moral values are exterior notions that determine people's behavior. The moral is not science, but represents a set of standards or requirements of conduct.[38] In this perspective, the moral assumes social aspects because: a) individuals subject themselves to principles, norms and social values, b) it regulates the acts and relationships that impact for all and therefore requires the sanction of the group, and c) it meets the social role that individuals accept, freely and consciously, values and interests.[38]

On the other hand, ethics produces internal critical reflection, analysis and judgment based on individual values, and ethical actions are linked to choices. Examples are the daily organizational conditions under which nurses must provide care to patients.[38]

The historical and dialectic materialism view is based on a system that incorporates points of view from reality and allows human beings to behave according to their living environment. It is the theory that knowledge is a human product. It states that beliefs must be put into practice to gain value and its goal is to interpret and transform reality. In this context, people present themselves as political beings that interact with the material world to facilitate transformation.[40] The human vision as a historical product also brings with it the idea that history is a human product as both a dialectic process of acknowledgement and as transformation. Humankind is in a process of change, and more precisely, in the process of its own desires and attitudes.[41]

Health professionals, in this case nurses, must have competencies to recognize individual patients' needs, their social and cultural background, and ensure respect and dignity. Ethics can be divided into two categories.[41] When defining consensus, one method is to invoke ideological relationships, and the other is to establish concepts based on practice, supported by historical and dialectic materialism.[42] This produces and feeds an ideology and a view of power that creates expectations of individual social advancement that will, however, never be realized, resulting in apathy, and political indifference that are hard to change.[41]

Another definition of ethics through the lens of historical and dialectical materialism is an ethics of diversity, which is named for its expanded framework beyond the ethics of science and technology.[43] Diversity ethics includes time and space as aspects of relationships between people. Scientists and educators have used the role of citizens to pay attention to cultural relativeness and historical context in order to define how to deal with goals and needs of individuals or groups. This framework is based on the principles of respect, solidarity and cooperation when choosing to care for others. Actions and decisions should be tied to the needs of the individual.[43]

Common dilemmas occur daily as nurses provide care to patients. Nurses often have to deal with the lack of human and material resources, interpersonal conflicts, and power differences among health professionals, management, patients and families.[44]

The concept of ethics through a lens of idealism

Philosophy provides a framework for the explanation of phenomena. Ideology is a 'systematic and coherent set of representations (ideas and values) and norms or rules (of conduct) [which indicates] values, thoughts, feelings and actions for members of a society. It presents with characteristic[s] prescriptive, normative and regulatory.'[45]

Idealism is a philosophy that defines human consciousness as the essence of all things. Objects and phenomena derive from sensations and perceptions of the human being and human reasoning. In this perspective, a person is understood as an ideal human being and his essence, independent of time or the place where he lives.[40]

Idealism assumes that conscience, thought and desire are essential to define the life of the human being. Thus, the phenomena may have ideal characteristics and therefore can be pre-designed. In this perspective, a person is considered to be an ideal and universal being. In others words, he is designed to achieve a perfect essence. He should seek to resemble this ideal as closely as possible and should follow the predetermined patterns of the person, according to universal values of potential human development.[14]

The analysis of human behavior in relation to ideal conduct is one of the fields in ethics. Well-being and human virtue motivate ideal action. By contrast, pragmatism predicts that conduct must adapt human nature to goals of survival.[46] Ethical concepts based on the need to interpret values, principles and moral behavior with the social goals of 'wellness,' 'good life,' and 'well being,' are motivated by an ideological vision.

Crucial ethical questions do not have an objective answer. Consideration of 'what has to be done' prevails over considerations of 'what can be done.' From an idealistic perspective, ethical principles are: freedom of choice, exterior patterns referred to as values, and a sense of judgment known as consciousness.[47]

When the reality of social context is well defined, people are more prepared to maintain ethical behavior. With social diversity, people inevitably face new conflicts, and it is these conflicts that determine the need for self-improvement and social transformation.[48] When nurses are competent, they have gained the ability to anticipate typical progressions in patients' recovery, related to prior experience. The ability to anticipate demands and eventualities places nurses in a new position in everyday situations. Through experience nurses develop competence in dealing with familiar problems.[49] The competent level of performance is reinforced with most educational theories and organizational rewards.[22]

Competence and the 'know-how' to be ethically professional

Competence enhances professional practice in multiple ways, as presented above, for example, in dealing with familiar problems. Life experience differs among individuals, and this diversity predicts that competence will appear in different forms within a profession.[50] The determination of required skills for a given group of workers is based on knowledge and analysis of the work process.[37] Competence can be redefined in relation to time and context.[43] Materialism considers the world with its material nature, in which everything depends on matter. The world exists outside of human consciousness.[37]

The different economic models represented by Ford, Taylor, Toyota, and 1970s capitalism, have imposed important interpretations of the meaning of production. Likewise, professionals have been exposed to parallel challenges and changes. People's involvement in production systems without being required to use their mental capacity causes them to become alienated. The model of competence is related to the control, training, and performance evaluation of the work force due to the necessity of the labor market.[51] The work of health professionals is also influenced by patterns of competitiveness, productivity, agility, and cost rationalization. In this sense, we can see that the same logic of production can be found in the area of health care as can be found in other industrial work areas.[51]

In opposition to this idea, the concept of competence may be the ability of the individual to deal with responsibility and initiative related to events at work, together with other individuals in the professional field.[25]

Ethical competence, as a component of professional competence, derives from human life experience. Professional ethics determines professional attitudes, values and behavior. Under certain circumstances values can change, such as those of technological developments in health care.[52] For auxiliary nurses, ethical competence was found to derive from formal education.[27] Thus, a change in the teaching methods and re-evaluation of the working process has the potential to define the ethical framework for these nurses. The Brazilian Ministry of Health strengthens the evaluation of competence in nursing with the principles established by the SUS. Health workers are expected to use knowledge and skills to improve health situations deriving from their ethical competence.[27] Hence, professional competence provides the reference framework from which to create education necessary to raise the skill levels of workers in a given sector of activity.[26]

A discussion of the cognitive and non-cognitive (emotion, imagination, sensitivity) abilities in 21st century education indicates that know-how is to be the foundation for all types of knowledge, i.e. know-how, know-learn and learn-live. In this perspective, the central idea is the social qualification. The social qualification appears to replace the technical qualification. Thus, the new know-how arises appropriate to current circumstances, composed by social competence and related to the characteristics of the individual's malleability to face the changes required in the workplace.[24]

Nurses who seek ethics, values and principles for their work, are responsible for health care, and promote the involvement and commitment to health.[26]

Similar to worldwide vision, in Brazil the nursing educational practice can be defined by several guiding principles, one of which is respect for the patients' autonomy and lifestyle. Competence in this field can therefore be defined as a blend of experience, knowledge and professional attitudes.[27,43] Professional competencies include the ability to undertake responsibilities concerning care. The scope of responsibility is based on the consideration of health as clients' quality of life and the subsequent need for promotion and production of care.[27]

Health care work is characterized by the ethical-political articulation of knowledge. This includes scientific knowledge, professional or technical qualifications, and social and work experiences. The model of professional skills adopted by managers in business is related to the application of control, training and performance evaluation of the workforce related to demands made by patterns of capital gain, such as competitiveness, productivity, agility, and cost rationalization. This model tends to become hegemonic in a crisis of employment or required work and the decline of professional organizations and workers. Workers need to be well prepared to develop the ability to mobilize competencies to solve problems and cope with contingencies in the work situation. By developing a certification of competence for nursing workers at the mid-level, the Ministry of Heath also expects that these workers will show commitment to quality and ethical consideration in their work. To do this, they must be aware of their autonomy for action, and commitment to a conscious role as citizens.[51]

An example of this new challenge is the importance of patient autonomy and the greater use of terms of consent that has caused the development of new definitions of competence. These definitions incorporate an improved ability to explain care procedures to patients, and to understand the responsibilities brought by technological innovations. A new procedure has also been established to measure clinical progress and predict conduct based on autonomy, justice and beneficence principles.[53] A review of workers who care for elderly people revealed a need for better ethical preparation. Ethical competence for nurses in this social context must include morally appropriate actions relevant to the particular dilemmas of health care.[54] It is important to emphasize the purpose of ethics education in the promotion of ethical competence. 'Ethical competence is a fundamental part of and inextricably linked with general professional competence and should be understood as a development process' (p.228).[55]

Conclusion

The analyses of professional competence using the theoretical frameworks of historical materialism and an idealistic or traditional framework suggest that the ethical component is complex. In Brazil, because of the structural changes in the health system, a deeper analysis of the relation between professional nursing competence and nursing ethics is necessary. Considering dialectical and historical materialism together with ethical competence brings the prospect of a new understanding. It is possible for nurses to develop competencies that respond appropriately to care of clients as users of the health system, while at the same time respecting users' historical context and reality of life.

Debates and dilemmas relating to competence in nursing are likely to continue. If ethical analysis is to involve idealistic definitions, this analysis may be challenged. A nursing ethics that is shaped by historical and dialectical materialism may also be questioned because of its too close association with reality. The philosophy underpinning ethical nursing properly addresses questions about what contributes to the achievement of a good human life.[56] Combining nursing professional competence with ethical theory becomes a challenge when ideals are opposed by the reality of daily practices and their implications. Both idealistic and historical and dialectical materialism views are important, and continual study is crucial for the improvement of nursing care.

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Conflict of interest statement

The authors declare that there is no conflict of interest.

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