



# A Calvinist account of nursing ethics

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## Abstract

A relatively small but intellectually robust strand in the Christian religion is the Reformed tradition. Especially, its Calvinist sensibilities inform this Protestant stance towards human culture in general and vocations in particular. Correspondingly, there are some small but robust contributions to academic discourse in nursing ethics. So far there has been no attempt to bring those together as a distinct approach. This article suggests such a Reformed Christian, especially Calvinist, account of nursing ethics. Central to the Reformed perspective is the notion that God is sovereign over all of creation and culture and hence that there can be no religiously or morally neutral area in human life. Consequently, nursing is not seen as professional to the extent it is based on research evidence or theoretical models, but to the extent it serves the ultimate purpose of the practice of care. In the Reformed view, this purpose is fostering the well-being of human beings in need as intrinsically valuable. Nurses are professionals who accept this responsibility, that is, the whole of expectations holding for personal qualities, conduct and outcomes, required to serve the purpose of care. As this is a moral purpose, succeeding or failing to live up to these expectations is the source of moral issues in nursing.

## Keywords

Calvinism, Christianity, nursing ethics, professional ethics, reformation, religion

## Background

In a thematic section of *Nursing Ethics* in 2009, four writers put forward approaches to nursing ethics informed by particular religious traditions rather than by generically human or secular perspectives.<sup>1</sup> In the preface, Marsha Fowler issues the invitation to nurses to ‘remove religion from nursing’s blind spot’ and to participate in scholarship on religion in nursing. In response to this invitation, this article proposes a perhaps small but intellectually robust approach to nursing ethics, informed by the religious tradition of the Protestant, especially Calvinist, Reformation in Christendom.

In the Reformed Christian view, nursing ethics is not so much an application of a religious ethic to nursing practice as it is an articulation of the ethic inherent in nursing practice itself. The Reformed view on nursing ethics is not a set of Reformed principles that nursing ought to be in line with, say concerning life and death. It is the conviction that nursing, or any other human endeavour, is always already rich with

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normativity – and cannot be otherwise. The aim of this article therefore is ‘meta-ethical’ rather than prescriptive for nursing practice (although there are practical implications). The aim is to advance Christian nurses’ self-understanding and the understanding of these nurses in the wider professional community.

There are a few recent works that take a Reformed view to the field of nursing: Groenhout et al.’s<sup>2</sup> *Transforming Care*, Cusveller et al.’s<sup>3</sup> *Commitment and Responsibility in Nursing* and Bradshaw’s<sup>4</sup> *Lighting the Lamp*. There is more on care and medicine,<sup>5,6</sup> but not much on nursing. Although they differ on various points, these authors have in common that their account of nursing ethics involves an all-encompassing perspective on the intimate relationship between religious commitment and professional practice. Some of them do so by framing nursing concepts and interventions within the notion of ‘worldview’, like Shelly and Miller,<sup>7</sup> others within the notion of caring relationships as ‘covenants’, like Cooper<sup>8</sup> and Bradshaw.<sup>4</sup> Also, the notion of ‘control beliefs’ has been used by Cusveller to make the point that nursing practice adheres to constraints as to the proper sorts of concepts, goods and standards for nursing practice. Whereas faith language may or may not appear noticeably in each and every concept or intervention, religious commitment may inform the constraints as to which *sorts* of concepts or interventions are acceptable.<sup>9</sup>

Furthermore, these writers locate professional nursing in caring relationships and caring relationships in human existence as a whole. This take suggests, in Reformed fashion, how daily practice matters a great deal in the faithful life of nurses, and where that fails or succeeds, moral intuition urges them to reflect on their care and to engage in ‘everyday ethics’. Before addressing any implications of the Reformed Christian account of nursing ethics, it is best to have a basic outline of this conviction.

## Introduction

### *History: different strands of Christendom, different strands of Reformation*

It may be helpful to locate the Reformed tradition (sometimes called Presbyterian or Congregationalist) among other faith traditions. The Reformation is an event in the history of Christianity, a 16th-century movement of church leaders and parishes in north-western Europe against the Roman Catholic Church. Spearheaded by Martin Luther in Germany and later by Huldrych Zwingli and Jean Calvin in Switzerland, they protested against corruption and points of doctrine. Whereas the Lutheran strand became strong in Germany and the Scandinavian countries, the Calvinist strand strongly influenced Holland, Scotland and England, from which the Anglican, Presbyterian and Reformed Churches evolved. Although free evangelical, Pentecostal, Brethren and Baptist groups (sometimes grouped together as ‘Evangelical’) are of an early Protestant origin, they are not identified as Reformed. Neither is the Lutheran strand. The focus of this article will be on the Calvinist strand of Reformed Christianity, a tradition that has spread throughout such corners of the world as Middle and Eastern Europe, South Korea and Japan, South Africa and Namibia, the United States and Canada, and Australia and New Zealand. Worldwide over 75 million people belong to denominations united in the World Assembly of Reformed Churches today.<sup>10</sup>

In those countries, Calvinism has typically led to political and social reform, leading to new social services, education and health care. Many if not most hospitals and care facilities for the incapacitated in countries like The Netherlands, for instance, have their origin in social initiatives by Reformed Churches, groups or individuals. Calvinism is, as Reformed thinker Nicholas Wolterstorff says, a ‘world-formative religion’.<sup>11</sup> Its adherents see themselves not as averting from this world to attain their otherworldly end or the formation of the ‘inner world’ of their souls. Rather than to learn God’s essence or become one with the Supreme Being as in some other religious traditions they desire to respond to God’s goodness by doing good themselves. To be human is to be ‘homo respondens’.<sup>12</sup> Confirming an active rather than a contemplative life, it is central for the Calvinist to bring the social world closer to the will of God. ‘Obedience motivated by gratitude and expressed in vocation’ is at the centre of the Calvinist faith.<sup>11</sup>

In principle, such a life can be lived in ordinary occupations or callings, not only in the life of the clergy. People's lives and works may proclaim and answer the work of God, as well as their words. Yet, one is to work both for the good *in* an occupation (say, as an educator or a jailer) as for the good *of* an occupation (education or the prison system). The stance of this tradition to cultural activity is what American theologian H Richard Niebuhr calls the 'conversionist type', that is, 'Christ transforming culture'.<sup>13</sup> The Christian Reformed Churches of North America, for instance, offer many statements, initiatives and resources to help professionals take action against inhuman practices such as pollution, poverty, racism and human trafficking.<sup>14</sup>

This perspective informs the Reformed account of responsibilities in occupational life and so in nursing. The theological and ecclesiastic response to culture in which the Reformed tradition originates, exists alongside traditions in Christianity emphasising shunning of modern culture, conversion of unbelievers or sanctification of one's own (inner) life. To be sure, the Calvinist tradition certainly displays impulses of cultural criticism, global mission and inner sanctification. However, according to Wolterstorff,<sup>15</sup> what inspires the Reformed person to engage in a profession like nursing is the understanding of how the world came about (creation), how the problem of evil came about (the fall) and how this problem is resolved (salvation).

### *Theology: creation, sin, redemption*

Those who share this Reformed 'mind' regard the world we live in first of all as God's good creation, with conditions, invitations and directives for human flourishing in health and just relationships. The Bible, which is the Christian holy book, calls this in its original Hebrew language *shalom*. One of God's gifts to humankind is that He calls them to follow Him in His care for creation. In this tradition, cultivating the world before the face of God with kindness, beauty and diversity is part of the very destiny of the human person. Some refer to this as the 'cultural mandate' – creating places where the young, the adult and the old may prosper according to God's will, in work, play and so on.

Believers in this tradition also perceive evil in human life. They see sin, that is, human beings going against God's will and doing wrong, since the beginning of time. The good possibilities inherent in creation are corrupted or taken in the wrong direction, resulting in suffering, illness and death. God's goodness does not cease to exist, and with his help, care for the good is possible. However the perversion of humankind pervades every facet of life. Sin corrupts our wills *and* minds, our thoughts *and* faith, work as well as family, and art as well as technology. Thus, Reformed people live in a dynamic relationship with culture, in a dialectic of a critical Yes and No against what happens and what is possible, of confirmation and rejection of human behaviour in God's creation. They will embrace care for newborns, orphans and handicapped children, but take action against neglect, abuse or violence.

Reformed people also believe that God has started to reconcile humankind to Him in a fundamental way, called the gospel or the good news. His divine son became a human being, Jesus Christ, who took upon Him punishment for our sins, survived death and renewed us through His holy spirit. This redemption or salvation, too, has a holistic character in the Reformed view. God redeems the spiritual life of man, as well as creation as a whole – culture and nature, community and environment. Caring and restoring health and just relationships are examples. Human beings do not only play a role in God's plan to establish *shalom* in the created world but also have a part to play in the fallen world and the life after this life. In this view, Reformed Christians engage in art and culture, science and religion, and crafts and trades, celebrating God's goodness in the confidence that such activities may need to be improved or even replaced, so that evils such as physical and mental ailments are fought and forgiveness made visible in health, peace and justice.

This take on the relationship between religion and culture can be put in starker terms. For people of the Reformed persuasion, Jesus Christ rules as sovereign over God's creation, including human beings and

everything they do. This means that human culture is never and nowhere impartial with respect to religious allegiance. The authority of Jesus Christ over all of our lives implies the non-neutrality – religiously, morally – of culture and society. In the words of ‘neo-Calvinist’ Abraham Kuyper, ‘There is not a square inch in the whole domain of our human existence over which Christ, who is Sovereign over all, does not cry: Mine!’.<sup>16</sup> Claims of the modern age – that reason functions autonomously from faith, that politics and public policy be separated from theistic belief and that science be free of religious bias – will be met with an instinctive suspicion from Reformed believers. Separation of such endeavours from the bearing of faith – the dualism of ‘here, but not there’ – will not do in this Reformed mindset. They see no ‘battle line’ between, for example, science and faith, or profession and religion, but one between different faiths *within* science or professions. The challenge is to explain exactly how the connections lie between faiths, theories and practices.<sup>17</sup>

## Basic concepts

### *Caring as a moral human practice*

Turning to nursing, what nurses are held responsible for – and by whom – starts with the place of care in human existence. According to the Reformed perspective, God created human beings in His image to live in a just relationship with Him, with our fellow human beings, with nature and with themselves. In short, they are created to live in shalom.<sup>7</sup> In doing so, God graced them with responsibilities. To be precise, human life does not solely consist in having responsibilities. Human beings also have rights, and furthermore, enjoy and celebrate God’s gifts. But when God created humankind, He did call them to preserve and cultivate creation, including preserving and cultivating human community and the environment. In the Reformed faith, He has the right to ask what human beings do to live up to that responsibility; He is the ultimate moral authority.<sup>5</sup> Morality is more than emotion, convention or evolution.

To live as human beings is to sustain and flourish in the human community with the responsibility to support one another’s capacities to similarly flourish. This means, for instance, to help and care for the young and the elderly, the weak, the stranger and the poor, to foster their well-being in the human community. The Bible relates such living in shalom to health. Long life, physical vitality or self-determination are as such not the highest values, whereas supporting the relational and responsive nature of being human is. One can even be more healthy in one relationship (say, socially) than in others (say, physically). Health or well-being is the multifaceted capacity to live as we were created to live, that is, to have ‘the power to be human’.<sup>18</sup> As we have a responsibility to help each other to live as humans, thus we have a responsibility to look after each other’s well-being, and to care for each other.

Creation was, and continues to be, corrupted by sin, that is, turning away from God’s will. What concerns us here is that sin compromises human capacities to live in community with each other and with God. Sin interferes with health; it causes suffering, illness and death. Because this is ‘not the way it’s supposed to be’,<sup>19</sup> it leaves human beings the responsibility to support the suffering, the ill and the dying. Care is not limited to preservation and cultivation of the creation, as in providing conditions for growth in neonates and children. It also includes the responsibility to restore and mitigate the vulnerability and suffering in the human condition, as in the alleviation of pain or distress. Assuming responsibility for each other, looking after each other’s capacities to flourish, is to take on the responsibility to follow Christ’s life and teachings, to assume the responsibility to bear witness to His redemptive work and to assume the responsibility to make visible something of the human flourishing that lies ahead of us in His new creation after this life. In the Reformed mind, care is ‘working towards shalom’,<sup>7</sup> even in this distorted existence.

In short, flourishing as human beings does not just happen to us as we mature. We need to foster and take care of it. We humans have a responsibility to support each other’s ability to live as we are meant to, to look

after each other's well-being. Sometimes, we take care of ourselves. Sometimes, we need each other's assistance. Because of the importance of connectedness, our responsibility to care for others increases as their capacities to care for themselves and others decrease. Each of us remains responsible to care for one's own well-being as far as possible. This is not only because of the instrumental value of preserving the interest or well-being of others but also because of the intrinsic worth of the human person.<sup>20</sup> This is what makes caring *ethical* – a matter of right and wrong.

### *Nursing as a professional responsibility*

In the Reformed view, responsibility is central to care and care is central to being human. We now turn to the concept of care as a professional responsibility, for caring can be difficult, unpleasant, time-consuming and wearisome. Living with a handicapped child is not always easy, supporting a dying relative can be exhausting and helping someone with a rare condition requires specific knowledge and skills. In such cases, parents, spouses or siblings may do their best, but sometimes more is needed. It is often necessary to call upon people who have the required knowledge, skills, resources and stamina. These people may even have made it their occupation to provide that kind of care. In many of today's societies, it is usually possible to call upon people who we trust to be able and prepared to give the care that is more than others can ordinarily give. These people, such as nurses, are able and prepared to carry (part of) the responsibility that others cannot carry for themselves.

These people are usually organised as a group, rather than as individuals. In that way, they may organise their training, their resources and their level of quality and endurance. They assume the responsibility to care for other people's well-being collectively. When I am admitted to a hospital, I do not call upon some individual I happen to know, but call upon members of an organised group of people with the willingness and competence to look after me. As we have seen, Reformed nurses have good reason to be part of such a group.

As a group, in addition, these people monitor each other's ability, motivation or commitment to accept the responsibility to care for those who need it. This is the reason (in many countries) practitioners like nurses take an oath or pledge after completing their training and before entering the practice. In other cases, they are at least expected – in a binding way – to adhere to a code of ethics or conduct. In other words, they *profess* to assume the responsibility for the well-being of others in need. That is why they are called members of a *profession* – that is, professionals.<sup>8,21</sup>

If the well-being of patients is a moral concern because they are created by and in the image of God, then fostering it is a moral practice. And if this is the professional responsibility of health-care workers, their professional responsibility is ultimately a moral responsibility. In the Reformed view, it would be one-sided to think that the responsibility of health-care professionals is to apply theoretical knowledge, technical procedure, law and contract, or service for a fee. The purpose of care is to help people who need it, and may also involve theory, technology, contract or fee.<sup>22</sup> In this sense, to promote the central purpose of someone else's well-being is a practice of 'selflessness'.<sup>23</sup> Consequently, the term 'professional' should not be used to signify merely what is based on theories or research, but to signify what contributes most to the moral purpose of caring practices.<sup>4</sup>

This puts us in a position to see what help a Reformed account of professional responsibility offers in understanding moral issues in nursing care. Since the purpose of nursing care (fostering the well-being of a patient in the way specific to nursing) is a moral purpose, everything that obstructs or promotes it creates a moral issue. Rooted in the inherent dignity vested in human life by God's creation, necessitated by the effects of sin, called by the promise of God's shalom, Reformed nurses practice nursing ethics where circumstances obstruct or enable fostering patients' well-being and health. Nursing ethics then is first and foremost 'reflection on good care'.

## Key implications

### *Professional virtues, norms and values*

In the Reformed view, nursing is a professional practice around a moral vision. Nurses' professional responsibility is ultimately a moral responsibility. Nursing is aimed at fostering the well-being of patients in a health-care context. Therefore, for Reformed practitioners, nursing ethics is not a way of proselytising, but a way of doing their work well. It comes as no surprise to them, confirming the presence of good and evil in every occupation, that 'everyday ethics', not 'quandary ethics', is now prominent in nursing ethics. Failing or succeeding to bring about good care in everyday clinical practice – bringing it closer to God's vision for humans – is what makes doing ethics in nursing vital.

Therefore, nurses' responsibility is not so much to be experts in medical ethics but to be experts in the ethics of their daily practice – nursing ethics. Neither will they be happy to apply ethical theory to clinical practice, but they will work as it were from the inside out to act on the responsibility inherent in their practice. In the Reformed view, there is an intentional structure in the way God created human beings – structured creatures interacting in structured ways with a structured reality – therefore, the professional responsibility of nurses has an inherent structure as well. Nursing practice is more than a moral inclination or religious duty. Specifically, it is an ordered and shared way in which someone (a nurse) shows caring behaviour (nursing) towards someone who needs it (a patient). Nurses are characteristic persons who try to achieve goods characteristic of nursing and try to achieve them in ways characteristic for nursing.

### *Binding expectations and moral issues*

Like sports that need players, rules and goals, nursing practice rests on: (a) a person, (b) a method and (c) a product or, in nursing language, (a) a practitioner, (b) conduct or procedure, and (c) outcomes. To use Lewis'<sup>24</sup> metaphor for ethics, for the journey of a fleet, ships need (a) power, steering, radar and so on; (b) rules for speed, signals and distance between the ships and (c) a destination for the fleet. For each of these three elements, expectations hold, and in the case of professional nursing practice, these expectations are binding. Becoming a nurse is to accept the expectations, to say yes to the responsibility (i.e. the oath or pledge). Nurses are answerable for living up to (and for not living up to) these expectations. Thus, Reformed nurses have a view on professional responsibility, that is, the whole of binding expectations holding for nurses: (a) expectations pertaining to character, attitude or virtue: i.e. who they are as a nurse for the patient? (b) expectations pertaining to conduct, standards or norms: i.e. what they do as a nurse for a patient? and (c) expectations pertaining to results, consequences or values: i.e. what they want as a nurse for a patient?

Consider some examples: (a) The first personal trait required of professional nurses that usually comes to mind is empathy. Openness, exactitude, integrity and rigour are others. When nurses do not exhibit these virtues in their practice – say, when absent-minded in the presence of patients – we think there is something blameworthy about their practice. When they do exhibit them, we think it is praiseworthy. (b) Second, rules, standards or duties are also found everywhere. To keep confidential information confidential is one such rule. To work according to the best available knowledge and methods is another. To communicate and document one's decisions is a third. When nurses do not keep up these norms, we think their care is morally less than it should be. (c) Finally, nursing practice is to foster the well-being, the interest of the patient. In the case of a dying patient, this interest might be comfort. In the case of a newborn, it might be conditions for growth and development. When nurses' work makes the patient's condition worse, something valuable has not been done.

The Reformed account of nursing ethics suggests that a Christian view on good care has something relevant to contribute to responsible nursing practice: moral issues in daily practice are very real and can

be approached in a systematic way. Their faith will inform Reformed nurses' understanding, critique and commitment regarding the required personal traits (virtues), methods and standards (norms), and desired outcomes (values) of professional nursing practice. Note that this may not always result visibly in a practice different from what others offer from their perspective. It will be in agreement with many things that anybody would do for the shalom of fellow human beings in need. We could then speak of an 'overlapping consensus'; consensus does not make religion or morality irrelevant. Still, it may also critique existing practices or conduct as not being in line with shalom and suggest new ones. For ethical reflection on (and, if need be, reform of) nursing care is about appropriate attitudes and character (what kind of person to be), about proper rules and procedure (what conduct to show), and about the acceptable goals and ideals to be achieved (what kind of life to facilitate for patients).

### **Conclusion: structure, context and direction**

To summarise the Reformed account of nursing ethics, let us borrow a distinction from Reformed thinkers Richard Mouw and Sander Griffioen.<sup>25</sup> With this distinction, they give an account of the lines where consensus and dissensus between people of different faith traditions may appear and where this plurality may or may not bother them. They mention three such lines: structural, contextual and directional diversity. As Mouw and Griffioen explain, a Mexican Catholic family is different not only from a Mexican Catholic school (structure), and from a Dutch Catholic family (context), but also from a Mexican Reformed family (direction). The same holds for the practice of nursing.

First, Reformed nurses see God's creatures in colleagues and patients alike and recognise a common humanity in them. Because of this shared human nature, their perspective allows for consensus with others. The purpose of nursing practice will by and large be the same for them because the human condition and its ailments are the same: a structured way of being responsible for structured needs of others. The need for nutrition or post-surgical care is comparable for all human beings everywhere. Nurses may have different motives for engaging in nursing, and different concepts for the things expected of them. But in most cases, the practice of nursing has the same basic structure, even if differentiated, for example, in a variety of health and illness patterns across the lifespan. The Reformed person will not be bothered by structural diversity as such. In this respect, nursing ethics will be to ask from situation to situation whether this or that nursing intervention is in line with the responsibility of fostering the well-being of the patient.

Second, a Reformed account of nursing ethics will also acknowledge the different contexts influencing the way nursing looks in daily practice. Resources and habits may vary across times, places and persons. Nursing in Germany in the 19th century was different from present-day nursing in North America or from missionary nursing care in low-income countries in Africa. The practice of nurses will often be recognisable as nursing everywhere, even though the context necessitates different procedures from those in other times and places. Nursing ethics in this respect means reflecting on the way the structure of nursing practice is attuned to the various contexts in which human needs are met, for instance, by just allocation of time and resources. Here too, Reformed nurses will not be bothered by contextual diversity as such and may happily be part of the local and actual consensus, if and when the 'how' of nursing practice is in line with their faith tradition.

Third, a Reformed perspective recognises a plurality of nursing practices, as we saw, because of the different structures and contexts of the created human condition. It also recognises, however, how creational structures and local and historical contexts can be developed in different directions with different religious and moral orientations. Reformed nurses will feel most acutely that different models, policies and moralities vie for their allegiance when different views are involved. They may agree that fostering a chronically ill patient's interest includes self-determination, but may reject that patient autonomy is the highest value of nursing practice if this brings harm to other patients' health. Note that they may still recognise other nurses' practice as nursing and as attuned to the context. But informed by their Reformed understanding of the

development of their practice as a whole, they will disagree that it is *good* nursing. They may then be adamant to improve nursing practice or, if things get bad enough, appeal to conscientious objections.

In summary, a Reformed Christian account of nursing ethics has something relevant to say about the professional virtues, norms and values that constitute good nursing care. Not always different, not exclusivist, but relevant. Reformed nurses may contribute to reflection on the proper application of a structural plurality of virtues, norms and values in practice, or on properly attuning nursing practice to plural contexts. They may contribute to reflection on the purpose and the direction of nursing care as this concerns their fundamental allegiance visibly. Even then, they will say disagreements in nursing ethics do not lie between faiths and the profession, but between faiths within the profession.

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