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Should the nursing profession walk the 'rough ground' of phronesis individually or collectively?

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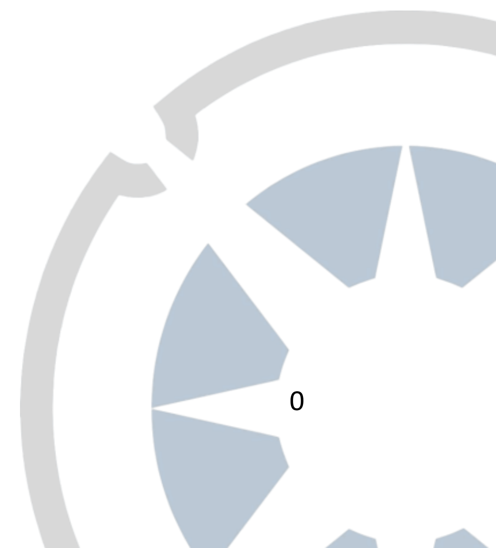

Should the nursing profession walk the 'rough ground' of phronesis individually or collectively?

Phronesis as a virtue for the nursing profession has become of interest to writers on professional ethics in recent times (e.g. Jenkins et al. 2019). Aristotle's concept of phronesis is practical wisdom assimilated from previous experiences and dilemmas and applied to navigate a way through other virtues to find ethical actions that contribute to a purpose of human flourishing for all in society. For those recent studies, Aristotle's phronesis virtue, like his other virtues, is conceptualised as an individualised character trait. Here I discuss the limitations of applying this concept of phronesis as a character trait to the nursing profession by drawing, in part, on a recent ethnographic study of phronesis with the medical profession (Conroy et al. 2021). Armstrong (2006) outlines three limitations of applying virtue ethics in nursing practice which are relevant to individualised character education. First, conflicts between virtues cannot easily be resolved when faced with the notion that all virtues are good; for example, where a nurse applies the virtue of time management across a group of patients including their litigation protection recording demands and at the same time wants to apply the virtue of compassion in the form of extended conversational time to individual patients. Second, the variance in identifying and interpreting the virtues suggested for their practice improvement can raise a moral relativism issue; nurses can be from very different cultural and social backgrounds and the interpretation and application of a virtue may be morally right for one but be morally wrong for another. Third, the potential to apply virtues without regard for the particularities of each situation; for example, a nurse who is always honest with patients regardless of the impact this might have on a patient and their families. Analysis in the medical study draws on neo-Aristotelian, mainly in the MacIntyrean (1981) sense, concepts of practice virtue ethics including phronesis supported by an arts-based film production process. In that study, rather than individualised medical practitioner virtues (character traits) from Aristotle or any other deontological source, a collective set of medical profession virtues from across all the participants (n=131) are framed from stories and observations. The primary question was to ask: What does it mean to them to make good/ wise/ ethical decisions for patients and their communities? A fifteen virtue continua

which included the phronesis virtue was established from that study. It was the provision of the continua conveyed in a non-prescriptive film series as a moral debating resource that allowed the collective concept of phronesis to be advanced as a decision-making approach for the medical profession (Malik et al. 2020). Diversity in the collective practice virtues from the medical community involved was achieved by drawing on the language conveyed in the stories from GPs and hospital doctors at all career stages from three sites. Further, by consolidating the final set and framing each virtue on a continuum. Phronesis is cultivated through reflection and debate stimulated by viewing excerpts from the film series and then taking part in facilitated moral debate in groups of six to ten participants as a form of dialogical learning (Snyder 2014). It is the embedded diversity in both the resources and the debate in groups that provides a robustness to the approach. By robustness we mean that all participants in the pilot programmes and subsequent medical school and continuous professional development (CPD) programmes could relate to, engage with and benefit from the resources and the approach. This included some fairly rigorous testing and challenges from senior GPs and medical consultants. This robustness goes some way to overcome the limitations described above. Conflicts between virtues were conveyed in the film series, reflected upon and debated alongside the phronesis virtue application to this issue. Interestingly, this is the original Aristotelian telos of cultivating this virtue; as an 'executive virtue' of practical wisdom to navigate these conflicts. The moral relativism issue is addressed through the diversity of contributions to the continua and film series resources; the formation of practically wise film series that is a collective of different cultures and social backgrounds. Hence, we argue why the wide and diverse variety of participants involved to date can relate to the resources and engage with the learning programmes aimed at cultivating phronesis. Finally, the issue of applying virtues in all contexts no matter what the outcomes might be for the patient or their family. This issue was directly addressed in the medical film series where one experienced doctor was completely honest (based on their opinion) with a patient and another less experienced doctor thought that honesty was misplaced. The approach therefore offers a chance to stimulate debate about this particular

limitation and to be able to discuss particularities of each context and again the application of phronesis to the dilemma. The flexibility and adaptability of the resources means that practitioners can add virtues or change the language used so that they are relevant to the particularities of their practice. A PC app has always been available to record these changes and a future smart phone app should make that process easier and more portable. This paper argues what was achieved in the medical study in terms of supporting the cultivation of phronesis could be applied to the nursing profession and overcome the limitations of individualised character trait education. This is contra to the application of notions of phronesis which have emerged as theory and guidance in various forms from recent nursing ethics articles. The 'rough ground' in the title refers to Dunne's (1993) metaphor for phronesis, borrowed from Wittgenstein, of the various histories and cultures conveyed in the ground of practice language and wisdom which we trod in the medical study to gain an understanding and application of phronesis to medical education. The moral debating resources that emerged, in addition to meeting MacIntyre's (2009) call to plug an ethical understanding gap in professional education, proved to be supportive to the medical community in their cultivation of alternative and enhanced ethical decision-making practice (Malik et al. 2020). The implications of the case presented here are threefold: first, future research aimed at creating 'rough ground' navigation resources in the form of collective practice virtue continua and film series for the nursing community; second, substantive practice support to the profession's undergraduate and postgraduate ethical decision-making education modules using bespoke resources and finally; policy changes to ensure this approach is included in early career nursing education and future CPD programmes.

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