



## Grappling with Ethical Ideology and Religiosity

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### Introduction

I read with interest the article in the current issue of the Journal of Community and Public Health Nursing related to ethical ideology and religiosity written by Malloy et al. [1]. In the article, the authors say that nurses' religiosity, ethical idealism and ethical relativism differ as a function of country/culture" and question whether these ideals affect a nurse's personal practice (abstract). I have similar questions. It seems likely that most nurses would accept and adopt their own culture's ethical and ideological beliefs early in life. However, I wonder how many health care providers continue to use these early ideologies as they provide care for their patients, especially when those patients have diverse backgrounds. In a society where cultural differences are growing, health providers are challenged to understand and respect others' belief systems and then use this understanding to provide culturally appropriate care.

Walker [2] says that patient-provider relationships are complex in nature and these relationships are "formed by multiple sociocultural agendas: we have been raced, engendered, sexualized, and situated along dimensions of class, physical ability, religion..." (p. 2). Since health care providers are traditionally seen as experts in the patient-provider relationship, we must use caution to ensure we do not allow our own 'sociocultural agendas' to interfere with the care we provide. Without the use of consistent caution on the provider's part, health inequities may occur.

The Office of Minority Health (n.d.) [3] has developed the CLAS Standards to ensure providers "respect the whole individual and respond to their health needs and preferences" (para. 1). Culturally and

linguistically appropriate care takes into account the patient's cultural beliefs and practices including their ethical, moral, and religious beliefs. The CLAS Standards also suggest this care be provided without regard to the provider's own preferences. Culturally sensitive providers allow the patient to discuss their own ideologies and then encourage them to make their health care decisions based on these ideologies; whether relative or ideal, whether similar or different from their own. Culturally sensitive care seeks to better understand, respect and respond to the patient.

Malloy et al. [1] say that there is "no organizational algorithm (to) predict or control" the religious or cultural perspectives of nurses and suggest that nurses be better educated within both the academic and work setting about how their personal ideologies and perspectives affect their own practice. As a nurse educator, I couldn't agree more. Denying that our own ethical ideologies and religiosity have no impact on the care we provide is dangerous. As health care providers, we owe it to our patients to consistently grapple with our personal value systems, ideologies and religious beliefs, especially when they differ from those of our patients.

### References

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