

Public Health Nursing Ethics in Canadian Undergraduate Nursing Curricula

Carla Ferreira, RN, BN, CCHN (C)

University of Victoria

Supervisor: Dr. Rosalie Starzomski, RN, PhD

Committee Member: Dr. Marjorie MacDonald, RN, PhD

Abstract

Public health nurses (PHNs) encounter ethical issues in practice that are different than those faced by their acute care counterparts. In the nursing literature, PHNs reported that ethical issues often stemmed from their relationships with clients, which could be an individual, community, or population, and the system in which they practiced. Although nurses have analyzed ethical situations using traditional frameworks grounded in the four principles of bioethics, ethical issues in public health nursing tend to be more complex and therefore require ethical frameworks that acknowledge the values and principles held by PHNs. If ethics is a critical part of nursing practice, how is public health nursing ethics introduced to today's nursing students in Canada? In this paper, I discuss the results of an online survey exploring public health nursing ethics content in Canadian nursing curricula. Respondents from 40 schools of nursing across Canada revealed that discussion of public health nursing ethics within their community health nursing courses is evolving. The participants indicated no consensus on how nursing students were introduced to and educated about public health nursing ethics. Also, in teaching public health nursing ethics, there was a lack of an ethical framework that reflected the values and principles of both public health and nursing ethics. What was frequently noted by participants was the use of a social justice focus in teaching about public health nursing and ethics. Also, implicit in the responses was a recognition of public health nursing

practice as being highly relational, and as evident in the literature, a relational ethics framework is a good fit for public health nursing in addressing ethical issues in practice. The survey results can potentially pave the way for Schools of Nursing across Canada to examine how curricula can incorporate public health nursing ethics to support nursing students' praxis. As well, the findings highlight the need for continued effort in promoting research in the area of public health nursing ethics, as one way to support PHN practice and develop an empowered and resilient public health workforce.

Keywords: Public health nursing, community health nursing, public health nursing ethics, community health nursing ethics, nursing education, nursing ethics

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Table of Contents

Abstract.....	2
Acknowledgements.....	4
Table of Contents.....	5
List of Tables.....	5
Public Health Nursing and Ethics.....	7
Methods.....	20
Discussion.....	31
Conclusion.....	38
References.....	39

List of Tables

Table 1.....	23
Table 2.....	24
Table 3.....	25
Table 4.....	26
Table 5.....	28

Knowledge and understanding of ethics is critical in the formation of an individual's professional identity. Carper (1978) has claimed that ethical knowing pertains to a nurse's ability to judge what is morally right or wrong when faced with dilemmas that arise in practice and to act based on a nurse's duty. Nurses have always grappled with ethical issues in practice, and there is no shortage of nursing literature on ethical issues in clinical nursing to support and guide ethical decision making by registered nurses (Aroskar, 1989; Goethals, Gastmans, & Dierckx de Casterlé, 2010; Oberle & Tenove, 2000). The amount of nursing research dedicated to nursing ethics relevant to hospital or acute care nurses is an asset to the practice of nursing; however, research elucidating how public health nurses (PHNs) describe, understand, and apply ethics remains scant.

With ethics being one of the lenses through which nurses understand nursing, developments in the area of public health nursing ethics have implications for nursing education and practice. Oberle and Tenove (2000) asserted that ethics is inherent in public health nursing practice, and more importantly that public health nursing ethics tend to be unique. Very few researchers, however, have examined the distinctive nature of public health nursing ethics. Thus, scholarly work in the area of public health nursing ethics can help inform how today's nurses can become ethical PHN practitioners. My purpose in this paper is to present the results of a survey aimed at creating a basic understanding of public health nursing ethics education in undergraduate nursing

curricula across Canada. To begin the inquiry into public health nursing ethics content in nursing curricula, I review the literature on public health nursing, public health nursing ethics, public health, and public health ethics frameworks. In this paper, I focus on public health nursing from a Canadian context. I, then, present an analysis and discussion of the survey results, focusing on curriculum information specific to courses related to community health nursing or public health nursing. I also explore the degree to which current content in nursing curricula on public health nursing ethics reflects issues in public health nursing and emerging theory and practice in public health ethics. My analysis demonstrates the importance of relationships in public health nursing practice and frameworks stressing the relational aspect of public health nursing may be useful in addressing ethical issues.

Public Health Nursing and Ethics

Although it is common for the terms *community health nurse* and *public health nurse* to be used interchangeably in written and verbal communication, I distinguish PHNs in this paper as one of two specialized groups of community health nurses. Home health nurses are the other specialized group, as per the Community Health Nurses of Canada (CHNC, 2011) *Canadian Community Health Nursing: Professional Practice Model and Standards of Practice*. The responsibility of PHNs involves protecting, promoting, and preserving the health of populations through the use of knowledge derived from the science of public

health and the art and science of nursing (Community Health Nurses of Canada, 2011; Fry, 1983; Stanhope, Lancaster, Jessup-Falcioni, & Viverais-Dresler, 2011).

Public health practice has a long history that can be traced back to the beginning of the 20th century. Duncan, Liepert, and Mill (1999) examined the historical legacy of Canadian PHNs from 1918 to 1939, describing the important and challenging work done by PHNs during this time period. They noted that early PHNs, much like current PHNs, focused their health promotion initiatives not just on individual health, but also on the health of communities and populations. Duncan et al. noted that early PHNs worked with communities and advocated for public health programs that supported prevention as well as treatment. And just like today, the achievements of early PHNs did not happen without obstacles. PHNs encountered challenges such as lack of recognition and collaboration from physicians and shortage of government support for programs that promoted preventative approaches to community health. Although Duncan et al. did not explicitly speak about the ethical issues experienced by early PHNs, one can imagine the moral distress felt by PHNs when they were unable to enact their roles and responsibilities due to factors such as lack of recognition from other health care professionals they worked with or lack of support from decision makers. There are several reasons PHNs face moral dilemmas in practice, and the

literature on public health nursing ethics that will be discussed later offers insights into ethical issues faced by Canadian PHNs in the 21st century.

Unique issues faced by PHNs. Attending to the needs of individuals, communities, and populations is important to PHN practice, whereas institutionally based nursing tends to focus primarily on individuals. The unique population focus of public health nursing could explain why PHNs have been said to encounter unique ethical issues that differ from those of their acute care counterparts (MacDonald, 2013). PHNs often experience ethical distress about issues of resource allocation, because they see the direct impact of decisions made by stakeholders on the health and well-being of the individuals, families, communities, and populations with whom they work.

For example, I was working as a PHN in Alberta when the human papillomavirus (HPV) vaccine was added to the routine school vaccination program. PHNs questioned the criteria set by Alberta Health and Wellness regarding who qualified to receive the vaccine for free. In 2008, at the time the vaccine was made available to female students in Alberta, only those in fifth grade were able to receive the vaccine free of charge, and the following school year female students in ninth grade received the vaccine. PHNs asked, what about families of teenage girls who could not afford the \$450 cost associated with the HPV vaccine? PHNs who worked with teenage girls who were at high risk of being exposed to HPV also questioned why their clients were not able to get the

vaccine for free. Also part of the controversy surrounding the HPV vaccine was the refusal of Catholic schools to have the vaccine offered to their students. For this reason, there was limited uptake of the HPV vaccine in that particular school population. PHNs wondered why the unused vaccines could not be redistributed to teenage girls who did not meet the criteria to receive the vaccine for free but were at risk for exposure to HPV. The criteria for receiving the vaccine stayed the same, and PHNs continued with their practice; however, the questions and ethical dilemmas remained. PHNs recognize that the health of individual members of a community or population is influenced by the physical, social, economic, and political environment in which they live, work, and play. Addressing the barriers that affect the health of those with whom they work is what the scope of PHN practice is all about. When PHNs feel powerless to do the right thing due to structural barriers, such as organizational policies or lack of support from stakeholders, they are said to be experiencing moral distress (Oberle & Bouchal, 2009).

Unfortunately, the number of research studies focusing on PHNs and their understanding and experience of ethics in practice, especially studies that are based on the experiences of Canadian PHNs, is quite limited. One of the few studies involving Canadian PHNs was conducted by Duncan (1992), who highlighted the ethical dilemmas faced by 30 community health nurses working in prevention programs in urban and rural areas in British Columbia. Through a

survey, Duncan found that community health nurses encountered ethical dilemmas that involved clients' rights, resource allocation, relationships with colleagues and other health care professionals, and organizational barriers such as policies that conflicted with the personal values the nurses held. Although Duncan looked at community health nurses and not PHNs specifically, it is possible that the participants included PHNs, based on the distinction made by the Community Health Nurses of Canada (2011). The experiences shared by the community health nurses and the discussion and recommendations by the authors may resonate with PHNs in the areas of practice and education.

Oberle and Tenove (2000) interviewed 22 PHNs practicing in urban and rural settings in Canada who identified that the relationships they formed with their clients and other health care professionals presented ethical issues in their practice. The PHNs in the study shared issues surrounding "devaluing of nursing knowledge" (Oberle & Tenove, 2000, p. 429), especially when physicians gave advice to clients that was in contrast to what the PHNs recommended. PHNs also spoke about the difficulty they experienced when they believed clients were not receiving the best care possible because of how their colleagues practiced. The system in which the participants practiced also contributed to ethical issues. System issues were related to availability of resources and how particular resources were distributed. PHNs also indicated that policies governing their

practice, such as policies around confidentiality and communication with other agencies, were a source of ethical dilemmas.

Falk-Rafael and Betker (2012) described findings similar to those of Duncan (1992) and Oberle and Tenove (2000). The researchers used the terms *public health nurse* and *community health nurse* interchangeably and interviewed 27 nurses. Participants were asked about the ethics that guided their practice, particularly how they understood social justice and caring ethics through their practice. Falk-Rafael and Betker explained a caring ethic “in terms of protecting and enhancing human dignity” (2012, p. 103), which participants identified as the things they do to address the social injustices experienced by their clients. During the interviews, participants disclosed ethical dilemmas they experienced, primarily related to barriers of a structural nature, such as agency policies and financial support, that hindered their ability to advocate effectively for their clients’ health needs. The participants spoke of their struggle to find a balance between what they believed was the ethical thing to do and what they were mandated to do. Seeing and addressing bigger picture issues that contribute to a population’s health was important to participants in their role as a PHN or community health nurse, and the participants thought that not addressing the issues was unethical.

Ethics in practice. It is important to point out how PHNs and community health nurses have understood ethics to be embedded in their practice. Oberle and

Tenove (2000) noted that although PHNs were able to describe ethical concerns they faced in their practice setting, they were uncertain whether these situations qualified as ethical issues. Falk-Rafael and Betker (2012) found that PHNs “generally struggled to articulate an ethical framework that guided their practice” (p. 103), but their narratives reflected the use of situational and relational ethics. The theme of relationships as an important aspect of public health nursing practice also came up in Oberle and Tenove’s study. The researchers asserted that PHNs must always remember that ethical dilemmas encountered in practice are complex and require PHNs to take into consideration the complexity and relationships involved.

Marcellus (2005) wrote a conceptual article on how relational ethics can be utilized by PHNs working with at-risk families, asserting that “moral and ethical concerns in public health nursing are highly relational in nature” (p. 419). Relational ethics, according to Bergum (2013), is based on the fact that relationships are the focus of every client encounter a nurse has and a nurse’s action is representative of that nurse’s moral agency. To practice from the perspective of relational ethics allows nurses to build trusting relationships with families by creating an environment that fosters respect, engagement, and authenticity. Using relational ethics to guide nursing practice, according to Marcellus, results in a nurse’s ability to become a reflective practitioner and

ultimately become better equipped at forming collaborative partnerships with clients instead of just being seen as the one with all the answers.

To have an empowered and resilient public health workforce, more research needs to focus on understanding how PHNs enact their moral agency in practice. MacDonald (2013) has added her voice to those stressing the urgency of developing knowledge about public health nursing and ethics. I argue that increasing the breadth of research in public health nursing ethics is one way to ensure that PHNs are supported in their practice and an excellent way to build capacity among nursing students in preparing them to become ethical PHN practitioners.

Public health nursing and public health ethical frameworks. Guided by the tenets of public health, PHNs can learn to view ethical issues in public health nursing through frameworks that privilege a population-based approach as opposed to frameworks grounded in the four traditional principles of bioethics (autonomy, beneficence, non-maleficence, and justice), which are commonly used within the health care system. Several scholars have suggested that using a bioethical principle's approach does not suit the issues faced by public health workers (Kass, 2001; Kenny, Sherwin, & Baylis, 2010; Upshur, 2002). Racher (2007) agreed that ethical issues in public health must be addressed through approaches privileging communities and populations. Public health ethics goes beyond ethical issues involving individuals and addresses issues relating to “the

societal approach to protecting and promoting health. The goal in public health is to improve the health of *communities*, and, in general, public health uses socially-oriented strategies, rather than individually-oriented actions, to achieve this goal” (Kass, 2004, p. 232). Authors such as Upshur (2002), Kass (2001), and Baylis, Kenny, and Sherwin (2008) have proposed frameworks suited for public health professionals.

Upshur (2002) acknowledged that ethical issues in public health are contextual and relational in nature; therefore, he proposed four principles that support ethical decision making involving populations. The harm principle, the principle of least restrictive or coercive means, the reciprocity principle, and the transparency principle, according to Upshur, “relate to the question of when public health action is justified” (2002, p. 102). The harm principle justifies actions that limit the freedom or rights of individuals or groups to protect the safety of a population. The principle of least restrictive or coercive means stipulates that those who make decisions about the health and well-being of people must utilize the least forceful action to achieve a health goal. The reciprocity principle involves the public health system’s responsibility and obligation to provide options to support clients’ physical, emotional, and social needs. The transparency principle suggests that public health authorities must make decisions in a manner that engages the public and is free from domineering influences from particular groups. Upshur offered a caveat indicating that the four

principles he proposed are directed at determining when a particular public health intervention is justified and may not be suitable to analyze other public health activities.

Kass (2001) proposed an ethical framework to help examine public health interventions such as policies, research initiatives, and programs. This ethical framework highlights six important questions that should be applied when determining whether particular public health interventions are ethical. Of primary importance is that the goals of the intervention should focus on improving the health of populations. According to Kass' (2001) public health ethics framework, public health authorities must: identify the public health goals of the proposed intervention; ensure that interventions are based on evidence and not on assumptions; explore potential burdens caused by programs; identify ways to mitigate such burdens; make certain that programs are implemented fairly; and finally, ensure that the benefits and burdens of particular programs are examined thoroughly before programs are implemented. Kass (2001) argued that the use of a public health ethics framework is critical in ensuring that decision makers in public health continue to gain the public's trust when recommending public health interventions.

More recently, Baylis et al. (2008) put forward an ethics framework based on feminist relational theory, which acknowledges the relational aspect of public health. According to the authors, this framework privileges relational personhood,

relational autonomy, social justice, and relational solidarity. The concept of relational personhood recognizes not only that humans are ultimately social beings but that persons are not equally situated in terms of social factors such as gender, ethnicity, income, or education status. Acknowledging the inequalities that exist within populations, public health professionals can be more attuned to such differences when proposing public health interventions. Because humans are interconnected socially, public health professionals must understand that individuals make decisions based on options made available by the society in which they live. Relational autonomy then is a concept that recognizes that individuals do not make decisions free from influence, but instead based on societal influences. The concept of social justice, as explained by Baylis et al., asks that public health practitioners take action on those things that further widen the inequities that exist in society. Public health practitioners must pay attention to the policies or programs that privilege some and consequently place groups of people at a disadvantage. Relational solidarity is explained by Baylis et al. as recognizing that individuals within a society are interconnected and that decisions and actions enacted by individuals ultimately influence the next person. Relational solidarity involves raising awareness of each individual's responsibility towards achieving health for all.

Public health nursing ethics and nursing education. Although there is not a particular ethical framework used by all public health practitioners,

including PHNs, the ethical frameworks offered by Baylis et al. (2008), Kass (2001), and Upshur (2002) may be useful in supporting PHNs to make sense of the ethical dilemmas and decisions in their practice. As PHNs are expected to “apply ethical standards and principles taking into consideration appropriate public health and nursing ethics” according to the *Public Health Nursing Discipline Specific Competencies Version 1.0* (Community Health Nurses Association of Canada, 2009, p. 9), it is important to explore what insights are available to PHNs and nursing students in public health nursing education.

Zahner (2000) examined 44 community health nursing textbooks published in English between 1916 and 1998 and used in North America to explore how ethics were introduced to PHNs. She found that 64% of the community health nursing textbooks mentioned ethical theories such as deontology, utilitarianism, human rights, and distributive justice. She also determined that textbooks published in the 1990s had more emphasis on ethics in the area of public health; they tended to dedicate a whole chapter to ethics and discuss how different frameworks could be used in public health nursing practice. However, Zahner recognized that ethics content in community health nursing textbooks was only one way that PHNs could have been introduced to ethics related to public health. To provide a better picture of how undergraduate nurses and practicing PHNs are introduced to public health nursing ethics, Zahner

recommended extending research to include an analysis of ethics content in nursing curricula.

Participation in clinical practica is another aspect of nursing education that exposes nursing students to the practice of nursing. Cohen and Gregory (2009) looked at the quality of community health clinical education in Canada by analyzing course syllabi and other supporting documents from various Schools of Nursing. The researchers examined the conceptual approach used in courses, course objectives, types of clinical and practice sites, clinical and practice hours and format, and methods of student evaluation. An aspect that is important to the current project is the authors' finding that the number of course objectives reflecting ethics in community health nursing was limited. Despite an emphasis on the broadness and complexity of community health nurses' roles and responsibilities in the course syllabi analyzed, knowledge of ethics supporting the practice of community health nurses was not given much attention.

Summary. PHNs experience ethical dilemmas that differ from those of their acute care counterparts, as evidenced in the literature describing public health nursing ethics. Ethical issues faced by PHNs often involve more than just the nurse–patient relationship and are often complicated by the PHNs' relationship with other health care professionals and the system in which they practice. PHNs may find that frameworks involving caring ethics (Falk-Rafael & Betker, 2012) and relational ethics (Marcellus, 2005), which incorporate a social

justice focus, are helpful in framing the difficult issues they face in practice.

Public health ethical frameworks may also be useful in understanding the nature of decisions made about health that impact PHNs' practice.

Methods

Survey

I sent an invitation letter electronically to members of the Canadian Association of Schools of Nursing, an official accrediting agency of nursing schools in Canada, to participate in an online survey exploring public health nursing ethics content within undergraduate nursing curricula. Initially, I contacted 90 schools of nursing. Main contact persons at four schools revealed having collaborative partnerships with other institutions, whereby students from their colleges or universities were required to take their community health nursing courses at another university. In these four cases, I asked only the institutions offering the community health nursing course to participate in the survey.

The main contact persons from each school of nursing were asked to identify a faculty member who teaches a community health nursing or ethics course within the nursing program to complete the survey. Once the appropriate faculty member had been identified, prospective participants received the link to the online survey. They received two reminder e-mails one week apart if they did not respond to the survey.

Prior to disseminating the survey, a pilot test was conducted with two respondents, a Master of Nursing student who was also a PHN and a nurse educator in academia who had taught a community health nursing course in the past. Both assessed the survey for question clarity, format, length of time for completion, ease of directions, and general flow. Both respondents agreed that the survey was easy to complete and the questions were clear. Changes as a result of the feedback in the pilot test involved grammar and the general appearance of the survey.

In the survey, participants were asked to respond to eight questions. In the first question, I asked participants to indicate which institution they represented. The next four questions focused on the community health nursing course offered by the institution, and the final three questions focused on public health nursing content within the community health nursing course. Other than the name of the institution that employed the participant, no other demographic information was obtained. The entire survey took approximately 10 minutes to complete. Data collection took place between February and March 2012 using a Web-based survey tool, AskItOnline.

Ethical Considerations

Confidentiality, privacy of information, and informed consent were attended to during this project. As confirmed by the University of Victoria Human Research Ethics Board, the project was exempt from ethics approval based on the

Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans

(Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2010), which allows “authorized personnel to release information or data in the ordinary course of their employment about organizations, policies, procedures, professional practices or statistical reports. Such individuals are not considered participants for the purposes of this Policy” (p. 16). Individuals who chose to take part in the survey were informed that their participation was strictly voluntary. Following the link and completing the survey meant that they consented to participate. As for confidentiality and protection of information, I chose the Canadian-based online survey tool AskItOnline because it offered protection of collected data through a back-up system and encryption protection to secure the exchange of data over the internet.

Results

A total of 40 participants from 86 Schools of Nursing throughout Canada completed the online survey, yielding a response rate of 46.5%. Nineteen Schools of Nursing from the western provinces of British Columbia, Alberta, Saskatchewan, and Manitoba participated; 20 from the eastern provinces of Ontario, Quebec, New Brunswick, Nova Scotia, and Newfoundland and Labrador participated; and one School of Nursing from the territories participated. A

response rate of 50% or greater was obtained from three western provinces, two eastern provinces, and one territory.

Community health nursing courses. Three institutions did not offer a specific community health nursing course, but community health nursing was discussed in either the first year ($n = 2$) or third year ($n = 1$) of the nursing program. Thirty-seven of the 40 respondents (92.7%) indicated that a community health course was offered within their nursing program. Twenty-eight percent of the institutions that participated in the survey offered their community health nursing course during the third or fourth years of the nursing program, and only 9% offered a community health nursing course in the first or second years. Of the 37 respondents that offered a community health course, two participants added that another community health nursing course was offered during the nursing program. Table 1 shows the point in the nursing program when a community health nursing course was offered within the Schools of Nursing across Canada that responded to the survey.

Table 1

Which Year in the Program Do You Offer a Community Health Nursing Course?

Program year	Number of Schools of Nursing
First year	3 (8.1%)
Second year	6 (16.2%)
Third year	16 (43.2%)
Fourth year	12 (32.4%)

Nursing students were introduced to public health nursing as a distinct type of community health nursing in 27 Schools of Nursing in Canada. The remaining institutions ($n = 13$) included in their nursing curricula a general discussion of community health nursing; that is to say, no distinction was made between the two specialties of public health and home health nursing (see Table 2).

Table 2

How Were the Specialties in Community Health Nursing Covered Within the Course?

Community health nursing specialties covered in course	Number of Schools of Nursing
Public health nursing and home health nursing are discussed separately.	22 (55%)
Community health nursing is discussed in general (make no distinction between public health and home health nursing).	13 (32.5%)
Only public health nursing is covered.	5 (12.5%)
Only home health nursing is covered.	0

Of the institutions that responded to the survey, 36 (90%) indicated that they used one of the following community health nursing textbooks: (a) the second or third edition of *Community Health Nursing: A Canadian Perspective* by Stamler and Yiu (2008, 2012), (b) the first or second edition of *Community Health Nursing in Canada* by Stanhope et al. (2008, 2011), and (c) the second or third edition of *Canadian Community as Partner: Theory and Multidisciplinary Practice* by Vollman, Anderson, and MacFarlane (2008, 2012). Of the

respondents who used a community health nursing text, six participants shared that they also used non-community health nursing textbooks focused on family nursing, nursing ethics, nursing leadership, or collaborative practice. A list of these non-community health nursing texts can be found in Table 3. One respondent indicated that there was no textbook used in the community health nursing course, and another said that the text required for the course remained unknown at the time of the survey. Two respondents indicated that they used only non-community health nursing texts within their course.

Table 3

Non-Community Health Nursing Textbooks Used in Community Health Nursing Courses

Textbook	Author(s)
<i>Nurses and Families</i> (2)	Wright and Leahey
<i>The Collaborative Partnership Approach to Care</i> (1)	Gottlieb, Feeley, and Dalton
<i>Nursing Process and Critical Thinking</i> (1)	Wilkinson
<i>Interpersonal Relationships: Professional Communication Skills for Nurses</i> (1)	Arnold and Boggs
<i>Ethical and Legal Issues in Canadian Nursing</i> (1)	Keatings and Smith
<i>Family Nursing as Relational Inquiry</i> (1)	Doane and Varcoe
<i>Holistic Nursing</i> (1)	Dossey, Keegan, and Guzzetta
<i>Ethics in Canadian Nursing Practice</i> (1)	Oberle and Bouchal
<i>Ethique et Santé Publique</i> (1)	Massé
<i>Nursing Leadership From a Canadian Perspective</i> (1)	Pangman and Pangman

Note. The number in parentheses represents the number of respondents that used the text in their community health nursing course.

Along with the identified textbooks, respondents listed a range of written resources used to engage nursing students in learning about community health nursing, including the Canadian Nurses Association's (CNA, 2008) *Code of Ethics for Registered Nurses* ($n = 37$) and the CHNC's (2011) *Canadian Community Health Nursing: Professional Practice Model and Standards of Practice* ($n = 36$). Participants also used journal articles to teach community health nursing regarding issues such as social justice and equity. One respondent identified published articles by Baylis et al. (2008), Gray and Thomas (2006), Hartrick (1997), and Racher (2007). Use of international, national, and provincial websites was also reported to be useful in teaching community health nursing because the websites provided access to documents such as best practice guidelines, various position statements, and discipline-specific competencies deemed pertinent to education about community health nursing. A list of organization websites mentioned in the survey can be found in Table 4.

Table 4

Organization Websites Used in Educating About Community Health Nursing

International	National	Provincial
World Health Organization (3)	Canadian Nurses Association (4)	British Columbia Centre for Disease Control (2)
	Public Health Agency of Canada (8)	Registered Nurses Association of Ontario (3)
	Canadian Public Health Association (3)	College and Association of Registered Nurses of Alberta (2)

Statistics Canada (3)	Ontario Health Promotion Resource System (1)
Community Health Nurses of Canada (3)	Public Health Ontario (1)
Health Canada (2)	The Health Communication Unit (3)
National Collaborating Centre for Methods and Tools (1)	Public Health Association of British Columbia (1)
National Aboriginal Health Association (1)	Ontario Healthy Schools Coalition (1)

Note: The number in parentheses represents the number of respondents that mentioned the website as a resource for their community health nursing course.

Other resources reported by respondents to be useful in teaching community health nursing were the (a) Model for Evidence-Informed Decision-Making in Public Health from the National Collaborating Centre for Methods and Tools (2012; $n = 1$), (b) Population Health Promotion Model by Hamilton and Bhatti (1996; $n = 1$), (c) Community as Partner Model by Vollman et al. (2012; $n = 1$), (d) Minnesota Public Health Wheel by the Minnesota Department of Health (2001; $n = 1$), (e) McGill model of nursing by Gottlieb and Rowat (1997; $n = 1$), and (f) Precede-Proceed Model by Green and Kreuter (2005; $n = 1$).

Public health nursing ethics. Respondents were asked to choose more than one answer to describe how public health nursing ethics was addressed within their community health nursing courses. Of the 40 participants, 19 representatives from the various schools claimed that dialogue about public health nursing ethics took place during class discussions. Three participants mentioned

that class discussions about public health nursing ethics took up a portion of one lecture within the community health nursing course; one reported taking 20 minutes of class discussion, another took 90 minutes of a 3-hour lecture, and one spent less than half of a 3-hour class on discussing theory and principles inherent in public health nursing ethics. One participant added that more discussion took place during other lectures when students, who were placed in practice sites where PHNs worked, brought up ethical issues they had witnessed. Three respondents shared that public health nursing ethics was addressed in the practicum course, and four respondents reported discussing community health nursing ethics, public health ethics, and ethics in general, but not public health nursing ethics specifically. How public health nursing was addressed within a community health nursing course or curriculum is listed in Table 5.

Table 5

How Is Public Health Nursing Ethics Addressed Within the Course/Curriculum?

Public health nursing ethics content in course/curriculum	Number of Schools of Nursing
Integrated into class discussions during the course/curriculum	19 (48.7%)
Discussed during an entire class	7 (17.9%)
Discussed during entire class and also integrated into class discussions	7 (17.9%)
Integrated into class discussion and students also complete a module on the topic	2 (5.1%)
Integrated into class discussion and also part of an ethics course within the curriculum	1 (2.6%)

Other comments by participants indicated that ethics was a topic interwoven throughout the curriculum and not just during the community health nursing course. Six participants shared that students took a separate ethics course during their nursing program (one course was offered by the Philosophy department); however, none specified whether public health nursing ethics was discussed.

Participants identified several frameworks used in teaching public health nursing ethics such as the CNA (2008) *Code of Ethics for Registered Nurses* ($n = 15$) and the CHNC (2011) *Canadian Community Health Nursing: Professional Practice Model and Standards of Practice* ($n = 6$). Other similar documents outlining professional expectations that were identified by participants as useful in teaching public health nursing ethics were the College of Nurses of Ontario (2009) *Practice Standard: Ethics*, the College of Registered Nurses of British Columbia (2011) *Professional Standards for Registered Nurses and Nurse Practitioners*, and the College and Association of Registered Nurses of Alberta (2003) *Nursing Practice Standards*.

In addition to Upshur's (2002) principles-oriented approach towards the justification of public health interventions, which was mentioned by four participants, the other frameworks participants used to examine ethical issues in public health nursing were based on the principles of biomedical ethics ($n = 6$), the Oberle model (Oberle & Bouchal, 2009; $n = 1$), Model for Evidence-Informed

Decision-Making (National Collaborating Centre for Methods and Tools, 2012; $n = 1$), Population Health Promotion Model (Hamilton & Bhatti, 1996; $n = 1$), and the ethical considerations in preparedness planning for pandemic influenza from the University of Toronto Joint Centre for Bioethics & Pandemic Influenza Working Group (2005; $n = 1$).

As for ethical theories used in teaching public health nursing ethics, participants mentioned using utilitarianism, deontology, virtue ethics, feminist ethics, environmental ethics, ethics of care, relational ethics, teleology, and pragmatism. Participants also mentioned using several principles reflective of public health and public health nursing such as the primary health care principles, social justice, advocacy, partnership, equity, harm reduction, and caring. Five participants did not name specific frameworks or theories used to teach public health nursing ethics.

The survey revealed that there is considerable diversity in nursing curricula dedicated to community health nursing, and the course content pertaining to public health nursing ethics is just as wide-ranging. In the following section, I present the discussion of the findings including the implication of the survey results for nursing education, practice, and research.

Discussion

“The *way* we know has powerful implications for the *way* we live. I argue that every epistemology tends to become an ethic, and that every way of knowing tends to become a way of living.” (Palmer, 1987, p. 22).

Nurturing ethical knowing is a critical undertaking in fostering resilient nurses. For nurses to develop the awareness and ability to deal with ethical issues inherent in their practice, education about ethics must take place early in their nursing education. The survey findings illuminated gaps within Canadian nursing curricula pertaining to public health nursing ethics. However, these gaps also present opportunities for reflection on how nursing students are introduced to and educated about public health nursing ethics through their undergraduate programs. Before I continue my discussion of the implications of the survey results, it is important to acknowledge the limitations of my inquiry.

The survey data do not represent the nursing curricula of those institutions that did not participate, even though other institutions in the same province or territory participated. Another limitation is that the survey was available only in English, thereby reducing participation from Schools of Nursing whose programs are delivered in French.

The data collection method presented another limitation. Surveys can be an efficient and economical way to collect data. Web-based surveys in particular can be used to obtain responses quickly, in contrast to traditional mailed paper

questionnaires (Granello & Wheaton, 2004; Parsons, 2007). Web-based surveys are convenient because the online software collates the responses, making it easy for users to view raw data in an organized manner. However, despite the merits of surveys, including Web-based surveys, the depth and quality of responses can be compromised (LoBiondo-Wood, Haber, & Singh, 2009). In this study, some respondents offered additional information that helped me understand how public health nursing ethics was addressed in their courses or curricula, whereas others offered minimal information.

The letter of invitation I sent to the main contacts of the various Schools of Nursing indicated that a faculty member who taught a community health nursing or ethics course was the most appropriate person to complete the survey. However, the respondents' proficiency in public health nursing ethics was a variable that potentially influenced how the participants responded to the questions. A faculty member's experience in teaching could also influence the responses; I assume that those who have taught the course several times are more familiar with the course than someone new to teaching the course. Perhaps reminding the participants at the beginning of the survey to have important materials accessible that could assist them in answering the questions, such as the course syllabus or other supporting documents for the course, could have improved the depth and detail of their answers. However, despite the limitations, the survey results have helped me identify important insights as to how

undergraduate nurses are introduced to and educated about public health nursing ethics.

The survey findings suggest that public health nursing ethics is an evolving topic within Canadian nursing curricula. Although participants claimed that public health nursing ethics was discussed within the course or curriculum, discussion of public health nursing ethics tends to be limited, with the subject clustered under health care ethics, nursing ethics, or ethics in general. Authors writing about public health nursing ethics have identified public health nursing ethics as a distinct topic, dealing with ethical issues that are unique to public health nursing, in part due to the context in which they take place but also because PHNs focus on communities and populations and not just individuals. Because public health nursing is guided by public health principles and the art and science of nursing, it also makes sense for ethical issues in public health nursing to be explored using knowledge from public health and nursing. The survey responses indicated that an area within nursing curricula that could be strengthened is discussions about public health and public health ethics. Doing so can assist students in developing knowledge and understanding about public health and its relevance for public health nursing practice. Should the recommendation of adding content about public health and public health nursing be undertaken, support for faculty teaching about public health nursing ethics could perhaps be

made available through a professional development or continuing education activity.

Social justice is foundational in public health (Kass, 2004) and all nursing practice (Fahrenwald, Taylor, Kneipp, & Canales, 2007), and this was repeatedly mentioned by participants. A social justice perspective highlights the ethical responsibilities of PHNs and what PHNs must aim at accomplishing to reduce health inequities within populations. The CNA's (2008) *Code of Ethics for Registered Nurses*, which participants reported as important in educating nursing students about public health nursing ethics, encourages nurses to use social justice to guide their practice. The most recent revision to this code of ethics was completed in 2008 and has a more developed discussion of social justice as it pertains to nursing. CNA recognized that taking action on the social determinants of health is enacting social justice and is critical in promoting the health of Canadians. Acknowledging concepts such as principles of primary health care, social determinants of health, and health promotion has made the code of ethics more congruent with public health nursing practice than it has been in the past. PHNs are in the best place to address issues concerning social justice, as demonstrated by the narratives of PHNs and community health nurses in Falk-Rafael and Betker's (2012) study, which suggested that a social justice focus is indeed congruent with public health nursing practice. To echo the importance of a social justice lens within community health nursing practice from an

organizational standpoint, CNA and CHNC worked together in 2010 to examine documents produced by CHNC, such as the standards of practice and core competencies for PHNs, to critique their alignment with social justice. Through their collaboration, CNA and CHNC also examined how the CHNC mission and vision statements reflect a commitment to social justice. This initiative was started to support community health nurses in Canada in championing social justice. In nursing education, it has also been identified that infusing social justice into nursing curricula is essential. Fahrenwald et al. (2007) argued that educating students about social justice is an important undertaking by nurse educators so as “to inspire future nurses to serve as agents of social change who seek to address inequities in health and health care” (p. 193), which is what PHNs strive for in their practice.

Though social justice is a critical underpinning in understanding what PHNs do, it might not be enough to explain how PHNs understand and enact their moral agency when faced with ethical dilemmas in practice. It has already been pointed out that a biomedical ethics approach to viewing issues in public health is constricting, because this particular framework emphasizes individual autonomy. Using such a framework in exploring public health nursing ethics can be problematic, especially when public health interventions infringe on individual liberty.

A common theme that emerged from the literature describing PHN ethics was relationships. When participants identified how public health nursing ethics was discussed in their courses, the concept of relationships was implicit in their responses. However, the theories, frameworks, and other concepts named by the participants emphasized the relational aspect of public health nursing practice, but only one recognized relational ethics as an ethical theory used to teach public health nursing ethics.

The relationship that PHNs create with their clients is an aspect of their practice that they highly value. According to Bergum (2013), a relational ethics approach creates a dialogue that encourages health care professionals to engage in a meaningful relationship with clients, thereby breaking the “us” and “them” mentality. When PHNs take action on the social determinants of health, they are not just doing so for the sake of their clients; their actions also impact their own health. A relational ethics perspective brings to light the fact that each and everyone is considered a key stakeholder in matters concerning health. PHNs are not the source of answers, but instead are partners in addressing health inequities.

The concepts of social justice and relational ethics are not foreign to public health and public health nursing. Woods (2012) asserted that social justice and relational ethics go hand in hand. One cannot be addressed without the other. When PHNs take action on social injustices, such as reducing health inequities, they do so not only because their standards of practice tell them that this is what

they should do, but because they genuinely care about the health and well-being of all and know it is the moral thing to do. Hence, I argue that these concepts are essential in educating nursing students and that Schools of Nursing across Canada should regard these concepts as invaluable in teaching about public health nursing and public health nursing ethics.

Keeping in mind that social justice and relational ethics are only two approaches that may shed some light on how PHNs and nursing students understand and address the issues in public health nursing and public health nursing ethics, it is important for PHNs to continue to enact their role as consumers of research. By this, I mean PHNs should continue engaging in nursing research to voice the unique ethical issues they face and continue to identify how they navigate through ethical issues inherent in their practice. Creating a space where PHNs can come together and share ethical issues they encounter is needed to support practicing PHNs in their roles. One idea to create space for PHNs to address ethical issues is for PHNs to establish and participate in public health nursing ethics committees within their local workplaces.

To have a more in-depth understanding of how nursing students are introduced to and educated about public health nursing ethics, a more detailed analysis of theory courses (community health nursing or public health nursing courses) must be done. Further, analysis of the clinical course linked with the community health nursing or public health nursing theory course will provide a

more comprehensive approach when determining nursing students' understanding of how they perceive and enact aspects of public health nursing ethics.

Conclusion

More and more registered nurses are working with communities and populations according to the Canadian Institute for Health Information (2012). Nurses, including PHNs, whose role is to protect, promote, and preserve the health of populations, engage in complex relationships in order to achieve their purpose. However, such relationships can bring up unique ethical challenges for PHNs and, based on the data available in the literature, more research must be done in order to highlight the ethical issues faced by PHNs in practice. Research that has already focused on public health nursing and public health nursing ethics is advantageous in bringing to light public health nursing ethics as unique and therefore requiring its own ethical frameworks as opposed to being clustered under dominant frameworks in health care ethics. Having ethical frameworks that reflect the values and principles held by PHNs can help them understand the scope of their practice and deal with ethical issues inherent in what they do. To continue moving forward, proliferation of the work dedicated to understanding public health nursing and public health nursing ethics is greatly needed. Research in this area can inform nursing education and practice and, in the end, ensure that PHNs are delivering safe, competent, and ethical care.

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