Ethical Challenges and Responsibilities in Community Nursing Practice

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Abstract

Community nursing serves a great purpose in enhancing health, health prevention and helping the vulnerable in their immediate social setting. The focus on ethically correct practice is also central to the practice since nurses often face the dilemmas associated with the autonomy of the patient, confidentiality issues, informed consent, cultural awareness, the provision of the equal care, and resource allocation. Mixing professional intentionality with societal expectations will compel nurses to employ ethical virtues like, beneficence, nonmaleficence, justice, and individual rights respect. In addition, community nurses will also have to face the challenges of having limited resources, and diverse socio-economic, and cultural settings and remain trustful and accountable. This paper will address ethical issues encountered in the field of community nursing and the necessity to exercise utmost ethical decision-making models, professional training, and guidance to provide quality, caring, and fair healthcare.

Keywords: *Community Nursing, Ethics, Patient Autonomy, Confidentiality, Informed Consent, Cultural Sensitivity, Justice, Equity of Care, Professional Responsibility, Ethical Dilemmas.*

1.Introduction

Nursing as a profession has been heralded as being more than a technical/Clinical business, it is a moral/Ethical calling based on human relations, compassion, and a life-long commitment to provide this event. In the narrower domain of community nursing the professional ethical aspect of practice assumes even more than usual importance since it becomes represented in those broader realities of the daily realities where people and communities are engaged as individuals and families with social, cultural and political, dynamics that will determine the health effects. In contrast to acute care nursing where attention is arguably targeted narrowly on a specific patient with a distinct diagnosis or condition, community nursing requires a wider perspective that considers communities as the organic counterparts of ourselves- dynamic, independent, and constantly changing(1). This view demands that nurses decide difficult moral issues that take into consideration not only the health outcomes of individuals but also the welfare of populations, which is often in situations where resources are scarce, where there exist structural conditions of inequality and where a variety of cultural values comes into play. Consequently, community nurses are supposed to reflect and use the ethical principles of autonomy, beneficence, advocacy, and social justice in a manner that observes individual rights and respects community welfare. The question, then, is how to hold these ethical commitments in a future that is dynamic and where there are no two quite similar situations and decisions on which to exercise their commitments tend to clash with other priorities and values.

The philosophical background to caring is very much connected to the ethical roots of community nursing. Thinkers like Jean Watson, Ann Boykin, Savina Schoenhofer and Margaret Newman are of the opinion that Nursing cannot only treat a person as an independent entity but also recognize that communities are also autonomous social units. The holistic aspect stresses the point that caring is non-fragmentable- it is responsive, contextual and relational. The community nurses would, therefore, be challenged to transform their practices by going beyond the biomedical approach and adopting new ethical frameworks that pay respect to human dignity and diversity and develop effective collaboration between health professionals and the clients who receive care. This kind of strategy re-imagines the role of a nurse as a provider of the traditional caring to a more ethical adviser and collaborator in local empowerment. It practically implies that nurses should not address communities as the recipients of care as a community can also take care of health policies, define priorities and set what can be seen as the subject of ethical health interventions. This relational involvement widens the focus of ethical concern in nursing because it requires one to be attentive not only to the varying clinical results but also concerning the overall effect of decisions on the societal issues of social justice and equity as well as the common good.

This debate is all about the fact that the healthcare is never value-free. Ethical decisions involve which individuals receive care and which services they are given and how resources are to be permuted. In many cases, community

nurses may find themselves dealing with scenarios in which these choices represent a larger social injustice- in the form of inequitable access to care within marginalized groups, cross-cultural differences that inhibit effective interventions, or policies related to the need to maximize efficiency at the expense of compassion. As an example, vaccination programs could depict the principle of beneficence to a population, but it comes with some questions on autonomy when a person is subdued by the program on cultural or personal preferences(2). The call to speak up on behalf of vulnerable populations will typically put nurses at odds with institutional procedures or government policy when those procedures and policies do not reflect life in the domain of poverty, housing instability, or racism as a systemic issue. These conflicting interests emphasize that ethical reflection and decision-making paradigm that can lead a nurse through such dilemmas so that their practice is rooted in caring values despite conflicting pressures.
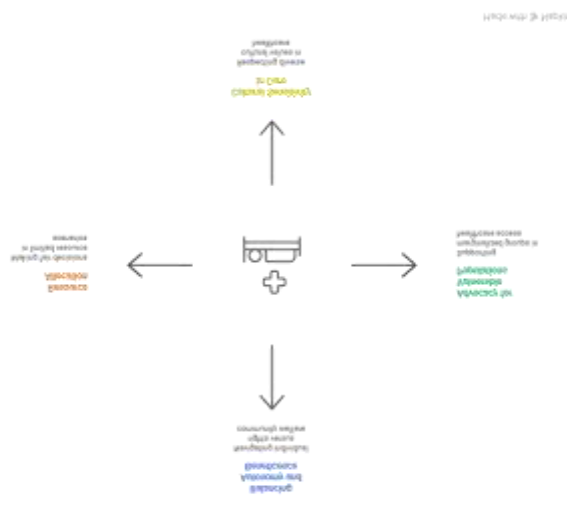

FIGURE 1 Ethical Challenges in Community Nursing

Theory of autonomy, theory of paternalism, and the theory of advocacy stand out to have influenced the evolution of the nursing ethics. In the past, the process of healthcare was overshadowed by paternalistic systems in which the professionals believed that they knew what was best suited to the patients. Nursing ethics in the modern version dispute this view by focusing on the rights of individuals as it pertain to individuals enjoying freedom to make sound choices regarding their life and wellness. Community nursing goes a step further and requires communities to be viewed also as decision-making individuals with legitimate power in the area of their own well-being. This necessitates the nurses to develop an awareness of the differences in cultures, to be keen with the voice of the community, and not to bring about blanket solutions. By doing this, nurses understand that the autonomy does not only refer to the independence of an individual but also to interdependence in relationships whereby individuals and communities make and exercise choice within the social and cultural spaces in which they find themselves. This less black and white perspective of autonomy takes into account how community life actually functions, and that very few decisions get made in a vacuum, instead with negotiation between families, community, neighbours and wider support networks(3).

The theme of social justice is another constant concern of the entire concept of ethics of community nursing. Community nursing ethics has to deal more with the long-term aspects of health outcomes, including poverty, discrimination, and inefficient access to resources unlike clinical ethics, which tends to focus on immediate decisions regarding patient care. As such the nurses working in this area are now asked to not only be caregivers but also activists in regards to structural change. This can be through being part of policy formulation, approaching and interacting with locals in charge and confronting practices that encourage inequality. By doing that, nurses set their professional duties in the context of the larger one of public health which is to create the conditions under which everyone can reach his/her full potential in terms of well-being and health. The incorporation of social justice in community nursing reinforces the notion that there is no ethical practice in vacuum- social justice must be interwoven throughout the communities work.

The ethical complexity of community settings is also that ethical principles cannot necessarily be engaged in a straightforward way. The principles of beneficence, autonomy, advocacy and justice often come into conflict with

each other and a sensible balance needs to be struck between those ideologies. Promoting beneficence to the community scale, e.g. by means of compulsory medical tests or vaccination programs, can be in conflict with the individual autonomy. On the same note, there is a potential of developing some hostilities in advocating a vulnerable population at the expense of another vulnerable population, particularly in situations where resources are limited. To overcome these challenges in a responsible manner, therefore, nurses must develop not only awareness of ethical theories but also prudence, sensitivity and humility as well. This highlights the importance of the continuation of the ethical training, reflective practice, and discussion in nursing about the best ways to represent caring values within the community in varying and developing contexts(4).

Against these considerations, ethics study in community nursing is not an abstract theoretical experience but a life concern. As the healthcare systems are under increased pressure due to demographical change, technological change, and policy reformations, the role of community nursing shall keep growing. Nurses will be required to address rising health emergencies, tackle chronic disparities and work with more pluralistic populations. In all these cases, the professional ethic of nursing i.e. the caring, respect, and justice will be the guiding stars. Nevertheless, it is clear that the implementation of these principles will demand creativity, flexibility, and bravery on behalf of the nurses as they will also face issues that cannot be solved easily. In its final view, community nursing ethics is all about the maintenance of integrity of this profession by ensuring that care is provided at all times ethically by considering the dignity of individuals, as well as their communities. It is also about realizing that each and every decision has its morality to it and the testament of the real nursing is not only in the efficiency of the provided interventions but in the level to which it is committed to humanity.

2.The Medical Principles

Ethics in Nursing Due to the complicated tendencies of human behavior, up to now in the world, individuals have dedicated themselves to study and understanding of the phenomenon, which is called the ethics of nursing.

Ethical grounding of nursing is traceable back to earliest origins of nurture where caringness and sense of duty were said to be the main virtues. Well before the advent of modern bioethics, the practitioners in the field of nursing were supposed to act in accordance with moral values of kindness, honesty and loyalty towards those in need. Such figures as Florence Nightingale reinforced the idea that nursing is not just about clinical competence but rather it is an issue of moral uprightness where the character of the nurse and their willingness to serve promotes the provision of the care. Ethics of nursing changed as healthcare systems developed and more formal approaches to ethics were established, where instead of the patients being treated as individuals, there were philosophical bases included to support this ethical approach. In modern-day practice, this historical tradition has a formative influence over what is known as the community nurse by reminding him or her that his work is neither purely technical or merely professional, since it is also fundamentally ethical: community nursing requires the nurse to blend scientific skills with moral accountability(5).

One can read in the book from paternalism to patient-centered ethics

Historically, healthcare ethics tended to be paternalistic--the ideas that medical practitioners were in best positions to determine what was good to patients. The doctors and nurses were viewed as the obedient sources whose orders were hardly questioned. This was however to change with the rise of the next paradigm during the second half of the 20th century which focused on patient centered ethics with recognition of autonomy as a central ethically guiding principle. Patients were acknowledged as choosing to participate and consent to the treatment of their own accord and as making their own choice of direction of care based on informed choice. This was a momentous transition especially in community nursing. In contrast to the care offered in hospitals where the action of decision-making can be also limited to a particular case, community health needs to be considered in the framework of collective decision-making because it has to comply both with the autonomy of an individual and with the overall benefit of communities. Nurses were forced to find their way in this new land and make sure their practice was in line with ethical guidelines that both respect the right to choose and preserve communal health requirements.

Ethical theories in Chapters Nursing Practice

The history of nursing ethics has resorted to various philosophical schools. Deontological ethics focuses on duty and obligation, and it consists in such things as when nurses have a duty to act in accordance with moral principles irrespective of the impact of that action on others- such as, confidentiality should be respected regardless of whether disclosure would otherwise be in the best interest of the other. Recently, utilitarian ethics prompts nurses to do activities that benefit the majority of individuals as much as possible, which is very practical in public health

decision-making such as vaccination programmes. The ethics of care, which is distinctly aligned with the concerns of nurses, turns the attention toward relationships, empathy and contextual decision-making. This is especially the case in community nursing, since ethics of care focused much more on responsiveness to the lived realities of patients and communities than on the abstract principles(6). By integrating those traditions, nurses can look at ethical dilemmas with a set of varied tools that provide flexibility and subtleties of decision-making.

Community, Community as a Moral Being

In particular, a significant development on the ethics of nursing has been the awareness of communities as moral beings with a life of its own. This viewpoint confronts the conventional approach of individual autonomy and brings ethical disposures to groups, neighborhoods and populations. An example is a given where community nurses have to take into consideration not only the personal interests but also the collective interests and dangers when it comes to engaging in health promotion campaigns. The sense of communities as a complete and independent entity requires relational ethic, where the nurses collaborate with the community members in order to find health solutions together. This method is the responsibility of the provision of nursing care to advise not only an individual patient but entire populations when they are threatened by social, economic, and political situations.

The Place of Advocacy in Ethical Tradition

Advocacy has become one of the characteristics of nursing ethics. The historical board of action demands that nurses would act according to the order of a medical professional; nevertheless, with time, they advanced to the vocation of speaking up on behalf patients and community. As established in the nursing ethics tradition, advocacy entails defending rights of patients, informed decision making and confronting the systems that promote inequality. This role is further enhanced in the community contexts. Nurses can also serve as a bridge between marginalized groups and health systems, meaning they will make sure that the voices of the immigrant, the poor, or the chronically ill, will be heard in policy making. The tradition touches on moral bravery necessitated in the nursing profession since advocacy tends to pit the nurses against the established directives or bureaucracies.

Respect of diversity and self-Determination

The other longstanding norm in the field of ethics in nursing is the belief in the cultural diversity, as well as a commitment to human self-determination. The community nurses operate with different sets of people and therefore they are faced with some who have different backgrounds, values, beliefs, and health practices. In these kinds of settings the practice of ethics must be sensitive to difference, must be full of humility in learning by the hands of the patients, and must be ready to adapt an intervention to fit into a pattern that exists naturally as the norm within the patient. Respect of self-determination is not only to the individual but also family and community structures, which in many cases dominate the decision making. Another example is that in certain societies, medical choices are not individualized, and they need to honor community or families authority without violating the rights of the individual. The capacity to find a balance between the different rights of respecting diversity and ethical responsibilities is an indicator of the ethical heritage of nursing.

Modern problems to classical ethics

The tribal legacy of the ethics of nursing gives the theory a wealth of continuity, yet contemporary issues are proving its usability. Changes of technology, policy changes in health and enhanced scarcity of resources create confusion regarding how such principles as autonomy, beneficence and justice would be translated into practice. Take, as an example, digital health tools empowering the patient by enabling access to information but also potentially form a threat to confidentiality in the case of data insecurity. On the same note, there are also instances where nurses have to make hard decisions regarding the distribution of resources due to limited budget allocated to healthcare practices, which poses ethical concerns about prioritizing one person over another. These issues demand that community nurses revisit classical ethics in the face of the modern realities in the way that the values of caring and justice come to the fore, whichever realities govern the context(7).

3. Comprehending Beneficence Outside of Clinical Practice

Beneficence essentially means there is a moral duty to do what is good and to propagate the welfare of a person or persons. In a more conventional health care context, this principle has been interpreted clinically, namely, treatment which will yield maximum patient benefit and minimum harm. But the beneficence has a wider scope in case of community nursing, and this toned down to the hospital ward. It is not solely focused on responding to personal disease, but it is concerned with promoting environments that promote wellbeing in the long run, prevention of disease and resilience within communities. This broader perspective records the need to diversify

ethical considerations in public health solutions, policymaking, and community activism to make sure that doing good as a moral fact means practices that are respectful of cultures, socially equitable, and sensitive to the lived lives of people.

Laying to Rest Beneficence Autonomy Conundrum

One of the very glaring ethical conflicts is when beneficence is disconfirmed by autonomy. Nurses might feel that a given type of input-immunization, screening or health education, will be of considerable value. However, someone or some organization may close the door to such interventions on grounds of personal, cultural, or religious convictions. In such cases, beneficence cannot be construed as only imposing what professionals feel is best but must therefore be tempered by deference to the decisions that people without disabilities should make. This beneficence must be alleviated by dialogue, negotiation, and reinforcement of the internship to give up what appears beneficial to the clinician is not necessarily the values of the individual or the community. The community nurses thus act as mediators, exploring avenues of respecting autonomy and at the same time maintaining well-being.

FIGURE 2 Ethical Community Nursing

Welfare in Preventive and Public Health Programs

As a field, community nursing is in a unique position to be at the nexus of both healthcare and the community where beneficence frequently exists in the form of some kind of a prevention program. The moral compulsion to pursue the optimal health maximization of the entire collective is reflected in mass-vaccination events, maternal health campaigns, nutrition education, or chronic disease management campaigns. However, these programs oftentimes take calculated risk- the side effects of vaccines or lifestyle modifications that might not be easy to maintain by a family. It is the ethical work of the nurses to make sure that such programs are developed in transparent ways, executed in fair ways, and responded through honest communication. This implies acceptance of the risk as well as emphasis on benefits to leave communities with the power to make an informed decision instead of forcing interventions on them by resorting to beneficence.

Community Level Beneficence: Equity and Access

Doing good in the community nursing is not aloof with situations of fairness and access. Beneficence does not just mean provision of care to those who request it, but also that vulnerable groups (123) like the poor, homeless, immigrants, or rural dwellers, should not become the outcasts of the health systems. The community level of nurses who operate on the principle of beneficence should promote legislature, which overcomes obstacles to providing care, including the state of lack of insurance coverage, transportation challenges, or discrimination. Concepts of beneficence and justice are inextricably linked: in a bid to pursue the good, nurses must strive to eliminate systemic inequities that deny people equal access to health opportunities by virtue of their group membership.

Risk of Paternalism in Beneficent Care

The major ethics threat in the principle of beneficence is that it leads to paternalism. Patients and communities whose well-being would be affected by the judgment of the nurses are not consulted and their views do not count when it comes to humane actions, this turns beneficence into coercion, but rather into caring. Indeed, take this example, imposing a certain infant-feeding practice upon all the mothers without acknowledging the cultural

standards or the social-economic situation implies to loss of trust and to the destruction of patient autonomy. Ethical community nursing entails being vigilant in ensuring that beneficence does not dominate the respect, but rather that listening, cultural humility and decision-making are inclusive in the nursing practice.

Beneficence In Crisis and Emergency Situations

Beneficence can be urgent in times of crisis: natural disasters, pandemics or outbreaks. The community nurses might need to react promptly to the point where they restrain personal choice in favor of group safety. As an example, any quarantine control in the case of a viral epidemic can interfere with individual liberty but is expected because of the need to safeguard the greater good. The scenarios also point at how messy the application of beneficence as an ethical norm can be: knowing that some good is maximized comes at the cost of trade-offs that require proper ethical decision-making, effective communication, and accountability.

Beneficence, including the influence of Evidence-based Practice

Evidence-based practice is accented in modern community nursing as the basis of good care. Intervention should not only be well-meaning, but it should also be backed by research evidence which shows its effectiveness. Giving health advise or taking unsupported programs and initiatives to be realised can be harmful rather than good effects by those concerned about the programs Suggesting unproven treatment options can decrease levels of trust and affect health outcomes, e.g. by not working as effectively. Beneficence in this context means that the nurses are obliged to be on par to new scientific evidence, thoughtfully analyze the potential evidence, and act accordingly. Simultaneously, they have to combine evidence with the realities of lived experience in communities because scientific, so-called proof is not the only determinant of what is meaningful and what is acceptable practice.

Building up RB by Building Trust and Partnership

Beneficence in community nursing has a differentiating feature, i.e. its relational quality. Doing good involves not only the interventions and outcome but also the quality of the relationship between patient or the community and the nurse. Beneficent care requires trust, empathy, and respect. The communities are more willing to share or follow health related behaviors when they believe that the nurses care about their welfare. They will be more willing to cooperate in other health policy initiatives. This type of relational beneficence invokes the presence, active listening, and mutual understanding roles of a nurse and, therefore, the role of the nurse is more collaborative than authoritative.

Restating Beneficence in the Community Setting

Beneficence in community nursing is not turn as reduced to mere injunction of do good. It is a developing ideal that straddles rights of individuals with communal good, scientific fact, cultural insight and stops short of paternalism in pursuit of health. In a community environment, beneficence takes on a wider scope of advocacy and social justice as well as direct care. It urges nurses to be not only a clinician but an educator, policy crusader, and collaborator in communal empowerment. Finally beneficence in this regard would involve collaborating in such a way that people and groups can thrive physically, emotionally, and socially but without interfering with their own judgment, or violating their own values.

4.Discussion

The study into the ethics of community nursing presents a setting informed by the universal moral values and yet overwhelmed by the demands and needs within the contemporary health care. Beneficence, autonomy, advocacy, and social justice are all guiding perspectives, but how they may be applied in the complicated and changing communities is not so clear. As can be evidenced by discussing these principles, they can give a moral orientation to the work of a nurse but they often overlap in such a way that they lead to certain tensions, which must be carefully negotiated, thought of, and creatively resolved. Such ethical commitments can no longer be defined as fixed codes of conduct, but as dynamic practices that will change in line with social evolution, health policy modifications, and the special requirements of populations.

Another dominant theme to come out of this analysis is the conflict between personal sovereignty and group good. The community health frequently requires populations-based interventions that will yield maximum good to the community, e.g. vaccination programs, screening projects, or health promotion activities. The same interventions however may be incompatible with the individual right to refuse treatment or make personal or cultural beliefs-based decisions. When applied paternalistically, the principle of beneficence is in danger of serving to erode autonomy, whereas an overemphasis on autonomy can undermine efforts to defend vulnerable populations against otherwise avoidable morbidity. Compromises need to be made by allowing freedom of choice and even

encouraging the community on the message of collective responsibility and this is what nurses employed in the communities need to do in creating this dialogue. This tightrope walk is not only a theoretical exercise but a reality that proceeds day in and day out through the compromises that nurses make in trying to balance trust, build relationships and offer culturally meaningful solutions to a common problem in health(9).

The last insight that is crucially important is the role of the advocacy as the mediator between the ethics and the practice. Advocacy puts the ethics into practice by making sure that the individual and communities have a say over decisions that touch their health. Within community nursing, advocacy goes beyond the clinical approach to encompass social determinants of health, including poverty, housing instability and oppression. In this regard, advocacy is in tandem with the concept of social justice as both demand that the nurses question injustices that bring some individuals at a higher risk of suffering sub-optimal health. What is discussed in this section is that advocacy cannot contain itself within the clinical setting alone; advocacy is required to reach up to policy arenas, community discussion, or even into politics. Nurses participating in advocacy can be considered as showing moral courage because they express readiness to challenge the systems of power, as well as to give the voice to individuals who are otherwise unheard.

The discussion also exhibits that ethical decision-making in community nursing is relational in nature. In contrast to acute care settings where decision-making can be focused at the level of an individual patient, community settings must attend also to relationships involving individuals, families, groups. Ethical decisions thus require culture sensitivity, community assumption, and interdependence of human life. Even this autonomy should be redefined in the relational manner: people never make choices solipsistically but in networks of social, cultural, and familial influence. Respecting autonomy in community nursing therefore entails acknowledging these relational settings and making joint decisions instead of making one-sided tripartite decisions. Such relational understanding makes ethics in nursing even more rich because it does not stop after pointing out abstract principles but concentrates on the experience of lived human life(8).

Another dimension of the debate is the dangers of parenteralism inherent in beneficence. Although the idea of doing good governs the nursing practice, the perception that those in the profession always know what is right, may muzzle community voices and undermine trust. Paternalistic beneficence can also lead to the promulgation of policies or interventions that although they are done with the best intentions fail to take into consideration cultural practice or limits in resources or individual preferences. This increases the moral obligation of nurses to exercise beneficence in humility which means that the patients and communities are the rightful rulers of their lives. Listening and dialogue, active listening and respect of other points of view becomes extremely important strategies in the way to avoid paternalism and still promote health.

The concept of social justice can serve as the right magnifier in comprehending the ethical roles of the community nursing in the contemporary world. Racial disparities continue to exist along with disparities on other lines of race, class, gender, and geography indicating structural inequities that restrict access to care. Community nurses are usually on the frontlines of these disparities, which work with the groups that are highly disadvantaged in attaining health equity. The discussion highlights that social justice in nursing is not all about kindness or charity, it is about ensuring that structural disparities are addressed and equal distribution of resources is considered. This entails that community nursing is not just about reacting to the sickness but also proactively attending to what cause poor health including poor housing, unsafe environments, and discriminatory policies. When nurses base practice on principles of social justice, they do more than promoting the well-being of individuals, they are contributing to creating healthier more just societies.

The theme of ethical practice as a whole is one that is changing and developing. In community nursing, ethics cannot be viewed as guidelines to act but a reflective process that would fit different situations. With the movement in technology, with the increasing diversity of populations, and the strains that health systems undergo due to financial and political pressures, ethical issues that community nurses must struggle with are only likely to increase in complexity. In particular, the application of digital health platforms leads to the emergence of new questions regarding confidentiality, informed consent, and fair access. On the same note, global health emergencies like pandemic put at risk the balance between individual liberty and the safety of the society. All these issues demand that nurses should be actively involved in the ongoing ethical education, critical reflections and discussions with others and communities.

5.Conclusion

Ethical Challenges and Responsibilities in Community Nursing Practice

Evaluation of ethics in community nursing shows that the field is much more than the technical form of medical knowledge, it is moral practice tied to human interactions, cultures and societal systems. Overarching ethical values, such as beneficence, autonomy, advocacy, social justice, and so forth, need to be sourced continually, as they are applied in the context of community practice. In a contrast of the clinical settings where the decision is made with a keen concern on individual patients, community nursing takes place in the dynamic environments where the health of people and whole populations intersect. This fact necessitates an ethical system that is open, accommodating and characterised by caring.

Among the most important implications that arise is the need to consider the people with individualistic freedom but also harmonize the society. Respect to individual autonomy has become a keystone of contemporary nursing, because it affirmed the right of the individual to decide informed decisions about his/her health. However, in the community, one has to consider the higher good in decision making. Mass shot programs, screening, and health education all provide an illustration of how beneficence can promote the health of a population, yet present a dilemma when individuals refuse to participate. Nurses should thus handle these conflicts in a sensitive manner, and interventions should not be forced on them in a paternalistic manner but presented in a manner that is dialogue-based, open and full of cultural understanding. Through this balance, community nurses protect the life of the individual as well as the society.

The re-affirmation that advocacy is not an optional tool in the community nursing practice is yet another conclusion. As an ethical nurse in the community setting, besides treating patients, it is important to identify potentially marginalized or voiceless people as one of your challenges. Advocacy performs a service of having the community, most especially the vulnerable groups incorporated in making decisions regarding the provision of and policy formulation of health care. It also necessitates that nurses challenge system inequities either through discriminatory practices, less than desirable funding, or restrictions to access. Advocacy gives nurses the chance to play an active role in making the health care system more just and equitable and helps them prove that ethical responsibilities of nurses should not be limited to the bedside.

The conclusion is also crucial, wherein caring among all the principles is the ethical core of them. Unless caring, beneficence may turn into paternalism, autonomy may turn into hard-shelled individualism, advocacy may turn into tokenism, and social justice may turn into abstractness. Cultivating grounds of ethics ethical practice to genuinely intervene in real relationships and respond to the lived experiences of individuals and groups of people by engaging them in listening, empathetic, and responsive relationships with them. It spins theoretical principles of ethical behavior into compassion and respect turned practices. Caring in community nursing also involves not only acute health care but also working with people in the community to co-design solutions, promote resilience, and to build long-term well-being.

Another finding that is highlighted in the conclusion is that ethical issues that involve community nursing cannot be disemployed in larger societal contexts. Poverty, racism, gender inequality, and poor access to resources are not secondary concerns in health, but a central determinant of health. Nurses cannot morally continue practicing their profession without countermanding these structural injustices. This involves a social justice commitment that goes beyond personal action in the form of good deeds to one with structural change. Nurses should enter that discourse about health care reform, they should speak in support of equitable allocation of resources, they should speak against policies that continue to foster inequities. By this, they affirm the view that ethical community nursing is not only about reacting against illness but it is about making a radical renovation on the conditions that lead to the emergence of illness.

In addition, this discussion holds that ethics within the community nursing setting needs to change in line with emerging issues. It is clear that contemporary trends towards rapid technological development, heightening cultural diversity, and the appearance of transnational health problems like pandemics require new moral models. Concerns regarding digital confidentiality, fair access to telehealth and the scale of individual liberties and social security are transforming ethical domains. Community nurses need to be constantly learning and musing ethically to cope with these realities. One thing that this living concept of ethics highlights is that moral practice in nursing is not fixed but moving, depending on the evolving situations and emerging issues.

Conflicts of interest

The authors have no conflicts of interest to declare

References

1. ohnstone M. Ethical issues in community health nursing. Nursing Ethics. 2011;18(4):499–507.
2. Sellman D. The moral foundations of community nursing practice. Nursing Philosophy. 2010;11(3):193–200.
3. Gallagher A. Moral distress and community nursing practice. British Journal of Community Nursing. 2012;17(1):22–27.
4. Woods M. Applying ethics to community practice in nursing. Nursing Ethics. 2014;21(5):507–518.
5. Seedhouse D. Nursing values and ethics in community health practice. Journal of Advanced Nursing. 2009;65(1):37–44.
6. Banks S, Gallagher A. Ethical issues in community-based health and social care. Health & Social Care in the Community. 2011;19(1):95–103.
7. Grace P. Ethical responsibilities in primary and community care nursing. Nursing Clinics of North America. 2012;47(2):271–282.
8. Wright D, Brajtman S. Ethical dilemmas in community palliative nursing care. Journal of Clinical Nursing. 2011;20(19-20):2894–2902.
9. Tarlier D. Professional boundaries in community nursing: Ethical considerations. Nursing Ethics. 2013;20(5):501–514.