Virtue Ethics in Nursing: A Review of the Literature

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Abstract

Background

Human flourishing is at the heart of healthcare. In *Nicomachean Ethics*, Aristotle proposes virtue ethics, the idea that humans find and fulfill their purpose through flourishing. Virtue ethics posits that an individual flourishes by forming habits that promote excellence (both moral excellence and excellence in skill) while modeling people who possess the ideal traits. Virtue ethics emphasizes eudaimonia or human flourishing as embodying the highest good and an overall state of wellbeing.

Purpose

The purpose of this integrative literature review is to examine how virtue ethics in nursing can promote human flourishing.

Methods

Twenty-nine articles were reviewed for content related to virtue ethics, human flourishing, and nursing theory and practice.

Results

Virtue ethics may be a useful framework for providing nursing care to improve patient wellbeing.

Implications

Virtue ethics as a nursing framework may help the nurse to combat burnout, make ethical decisions, and provide holistic person-centered care through phronesis, or practical wisdom. Different tools exist to measure human flourishing. Supporting a patients' ability to flourish can increase quality of life and improve patient outcomes while decreasing cost and length of stay.

Keywords: virtue ethics, flourishing, phronesis, eudaimonia, holistic, nursing, and healthcare

Virtue Ethics in Nursing: A Review of the Literature

The typical nurse will rarely think of philosophy during a shift. Nursing is concerned with practical matters like dressing changes, medication administration, and vital signs. Nursing at the bedside is also more personal, like a nurse reassuring a patient before surgery or comforting the patient's family after the loss of a loved one. However, philosophy and ethics can be a useful framework for approaching life, death, and the work done in life. Considering that nursing engages with all three, an understanding of philosophy and ethics can inform and even elevate a nurse's practice.

One promising ethical approach is virtue ethics, an ethical system first developed by Aristotle, the Greek philosopher. Virtue ethics is a type of practical philosophy and system of moral realism. Moral realism proposes that objective right and wrong exist independent from human thought or opinion (Hale, n.d.). Three main systems of moral realism exist: deontology, consequentialism, and virtue ethics.

Deontology, the moral system that principlism falls under, is also known as duty-based morality and focuses on right action. Most nurses are familiar with the four main principles in principlism: beneficence, nonmaleficence, autonomy, and justice, first outlined in Beauchamp and Childress' well-regarded *Principles of Biomedical Ethics* (2019). Deontology's most famous proponent is Immanuel Kant, who proposed a "categorical imperative." The categorical imperative, like the golden rule, argues that individuals should only take action that they would want all other individuals to take towards all other individuals. Thus, right or wrong action is determined by whether the action should be universal.

Utilitarianism is a system in which right is determined by consequences of an action. It is often described as seeking the greatest good for the greatest number of people. Thus, outcome is most important in utilitarian systems.

Virtue ethics argues that a right action is determined by whether it displays virtue. Virtue ethics emphasizes *eudaimonia,* or human flourishing as an ideal state of being, embodying the highest good. One comparable English phrase is 'the good life'. *Eudaimonia* is accomplished by practicing *arête*, best described as virtue or excellence (Sellman 2017). Aristotle considered *arête* to encompass both moral and intellectual virtue. Virtue in the Aristotelian sense is "a habitual disposition to choose what is good" (Lyon, 2021, p. 2). Rather than creating specific instructions for how to live with *arête*, Aristotle proposed that an action is considered right if it expresses virtue. Individuals were to imitate people who were models of virtue and excellence, while making deliberately making excellence habitual. The practice of *arête* would lead an individual closer and closer to human flourishing (Sellman, 2017, p. 50).
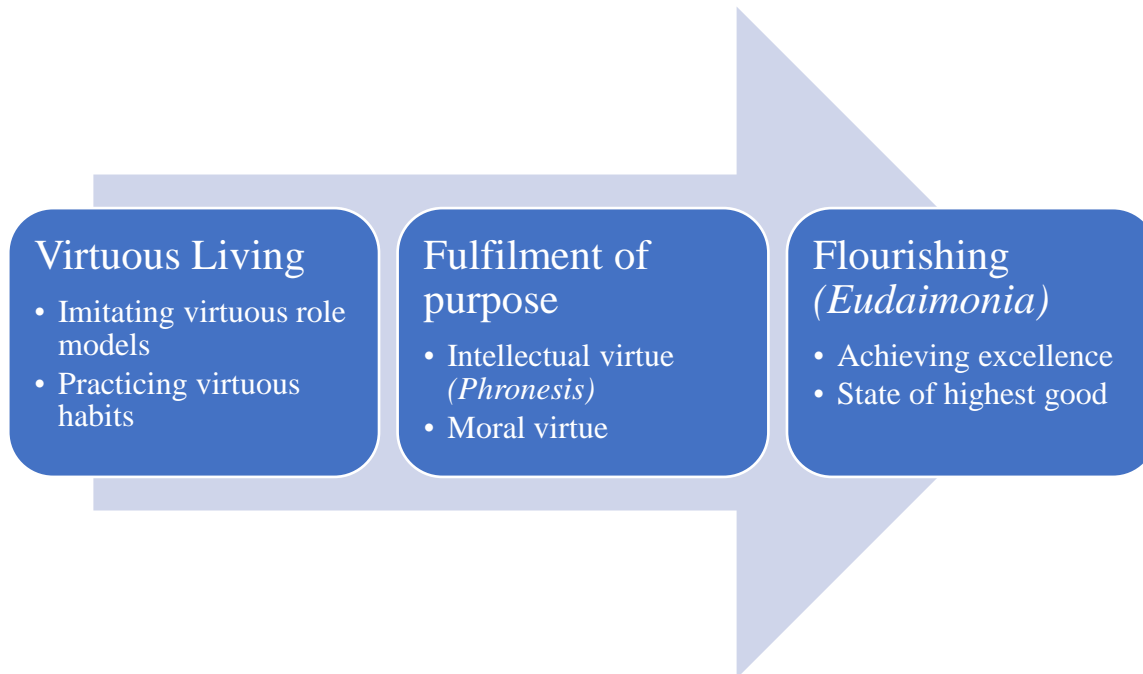
One significant intellectual virtue is *phronesis*, which may be understood as prudence, good judgement, or practical wisdom. In essence, *phronesis* is the ability "to know when and how to act in any one particular situation" (Sellman, 2017, p. 49). This good judgement guides an individual to think and act in a deliberately wise manner. Considering virtue ethics is concerned with choosing right action, developing *phronesis* is key to virtuous behavior. Figure 1 is a summary of the process towards flourishing, or *eudaimonia,* through practice of *arête,* or virtue, with emphasis on the intellectual virtue of *phronesis*, or practical wisdom.

Virtue ethics has been studied in healthcare and nursing through topics as varied as the end goal of healthcare, moral distress and burnout, ethics, education, and quality of life in aging patients. A review of the literature can reveal virtue ethics' place in healthcare and its

contributions to flourishing for institutions, flourishing for healthcare providers, and flourishing for patients.

Figure 1

Process of flourishing in virtue ethics

Virtuous Living
- Imitating virtuous role models
- Practicing virtuous habits

Fulfilment of purpose
- Intellectual virtue *(Phronesis)*
- Moral virtue

Flourishing *(Eudaimonia)*
- Achieving excellence
- State of highest good

Virtue ethics provides a coherent system within which a nurse can operate during times of distress. It urges a sense of care for patients beyond physical wellbeing and acknowledges both the art and science of healing in nursing. It provides a more human approach to healthcare, emphasizing the importance of relationships for nurses and their patients in the quest for flourishing. Although one emerging synthesis on nursing virtue ethics literature exists (Varagona et al., 2022), the review does not incorporate flourishing and its relation to virtue ethics. A broader literature review can provide a comprehensive view of virtue ethics and its relation to the flourishing of the nurse and the patient. Examining current literature on virtue ethics and nursing,

with some research on virtue ethics and healthcare and medicine, allows an understanding of how nursing can help both the patient and nurse to flourish.

Method

The purpose of this research was to describe the characteristics of virtue ethics in relation to nursing and to consolidate information on virtue ethics' use and application in nursing. Existing publications were reviewed for relevance to the topic area. Common themes among the articles were documented. Integrative review was used to synthesize and organize concepts to form a theoretical framework for a virtue ethics approach to nursing.

Search Strategy

Key terms used for search include 'virtue ethics', 'eudaimonia', 'phronesis' 'human flourishing', 'healthcare', 'medicine,' and 'nursing.

Information Sources

Articles were obtained from the following databases: BioMed Central, EBSCOhost, Frontiers, Google Scholar, Ovid, ProQuest, Pub Med, Pub Med Central, SAGE Journals, Silverchair, Springer Link, and Wiley Online Library. Reference sections of articles were also scanned for relevant works. Searches for articles first occurred in January of 2021 and took place again from October 2022 to February 2023. No date limit was set for the review, although 21 of 29 articles were published within the last five years of the date they were obtained.

Eligibility Criteria

Existing articles were obtained through search. Articles were selected according to the following inclusion criteria:

- The article was published in a peer-reviewed journal.

- The article mentions 'nursing' or 'medicine' or 'healthcare' AND 'virtue ethics' or

  'phronesis' or 'eudaimonia'.

Articles were excluded according to the following criteria:

- The article did not contribute to the discussion on virtue ethics, nursing, and flourishing.
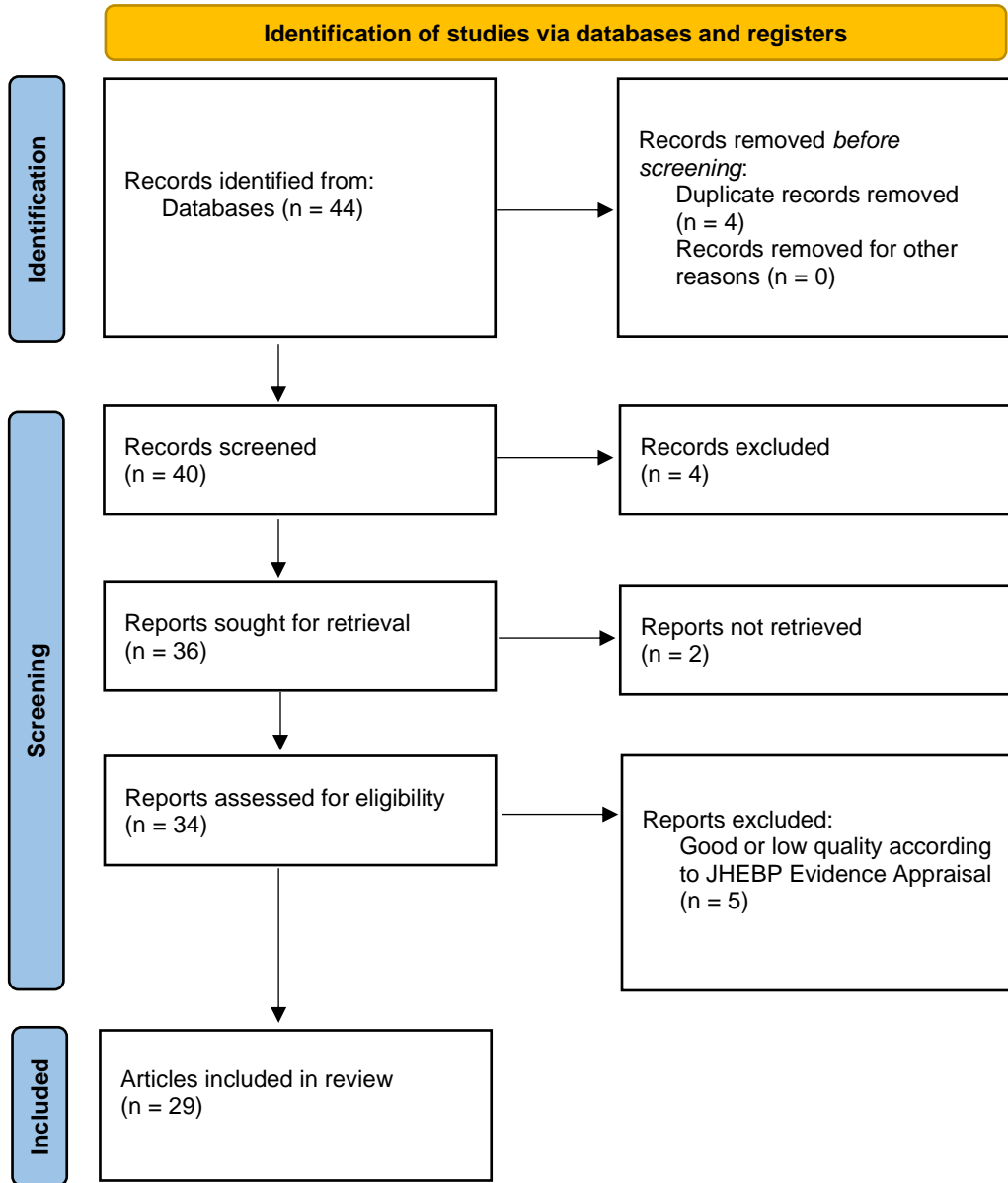
Selection Process

After screening articles from the databases, 44 articles were found to be of interest. After removing 4 duplicate articles, 40 articles remained. 4 articles were excluded according to the exclusion criteria and 2 articles could not be retrieved, for a remainder of 34 articles. The level of evidence and quality of articles were analyzed using the Johns Hopkins Evidence-Based Practice Model for Nursing and Healthcare (JHEBP Model) Evidence Appraisal Tools (Dang et al., 2022). Permission was obtained from the authors (see Appendix A). Articles were included in the review if they matched the criteria for high quality evidence. After appraising the quality of the 34 articles obtained from the databases, 5 articles were found to be of good or low quality and were removed from the review. 29 articles were included for the final literature review. Figure 2 contains the PRISMA flow diagram of article inclusion and exclusion (Page et al., 2021).

Data Synthesis and Analysis

The final 29 articles included in the literature review were carefully screened for relevance to the topic and for high quality of evidence. The constant comparative method of systematic analysis was used to develop the results of the review. Typically, in the constant comparison method, data is grouped by similar attributes and forms the basis of a new theory, often through use of a concept map. The name describes the process of continuous revision and comparison of data that occurs during the formulation of theory (Glaser, 1965).

Figure 2

Prisma 2020 Flow Diagram

Identification of studies via databases and registers

Identification

Records identified from:
Databases (n = 44)

Records removed *before screening*:
Duplicate records removed (n = 4)
Records removed for other reasons (n = 0)

Screening

Records screened
(n = 40)

Records excluded
(n = 4)

Reports sought for retrieval
(n = 36)

Reports not retrieved
(n = 2)

Reports assessed for eligibility
(n = 34)

Reports excluded:
Good or low quality according to JHEBP Evidence Appraisal (n = 5)

Included

Articles included in review
(n = 29)

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: http://www.prisma-statement.org/

Although typically used for grounded theory, the constant comparative method is useful when examining theoretical and qualitative data, as in the case of this integrative review (Whittemore & Knafl, 2005). A constant comparative method described for integrative review was used, incorporating data reduction, data display, data comparison, conclusion drawing, and verification as outlined by Whittemore & Knafl (2005).

Data Reduction

Data was classified based on methodology and type of evidence. Groups were literature reviews, expert opinion, position statements, qualitative studies, non-experimental studies, systematic reviews, and quasi-experimental studies. Careful reading yielded themes involved in each article. Each article was summarized. A list of pertinent themes in each article was also formed for easy review and comparison. In Zotero, a research and citation tool, articles were tagged with their pertinent themes. Article summaries contained a synthesis of the article text and important themes. Themes were tracked for each article in a literature synthesis matrix. As articles were read, common themes emerged among the articles. The number of occurrences for repetitive themes was tracked. Articles with similar themes were compared and grouped. Some themes were combined, and other themes developed sub-themes. As articles were read and reviewed, larger categories of themes developed.

Results

As the literature was reviewed, a pattern emerged of applying virtue ethics to make sense of difficulty and to help individuals flourish. The table in Appendix B provides a brief synthesis of the articles including title, author, year of publication, level of evidence according to the JHEBP Model, quality of evidence according to the JHEBP Model, article design according to the JHEBP Model, and findings (Dang et al., 2022). The letter 'a' next to the level of evidence

designates the high-quality level of evidence designation according to the JHEBP Evidence

Appraisal Tools. Main themes were the role of virtue ethics in medicine and healthcare,

flourishing for providers, and flourishing for patients.

Data Comparison

Following the constant comparative method for integrative review, data on each source

was reviewed, including article summaries and prevalent themes of each source. Similar and

related concepts were clustered, patterns of information were discussed, and a concept map was

developed to show the relationships between major themes as a framework for thinking about

virtue ethics, flourishing, and nursing.

Data Display

Themes that arose from the literature were mapped with a chart. Prevalent themes from

each source were documented. Visual display of data allows for easier grasp of patterns, themes,

and concepts among sources, providing a tool for interpreting the data well. Data is displayed in

the figure in the findings.

Conclusion Drawing and Verification

Conclusion drawing and verification involves refining the previous conclusions gathered

from data analysis. Verifying conclusion with the original sources allows for accuracy of the

integrative review. Verification can protect against mistakes such as missing important data and

premature analytic closure, described as "being locked into a particular pattern" (Whittemore &

Knafl, 2005, p. 6). Following the name of the method, constant comparison of sources to data

and conclusions allows for further refinement of concepts. The goal of this stage was to include

as much data as possible within the designed framework. The stage also seeks to address possible

conflicting data and attempts to simplify ideas to their most fundamental concepts.
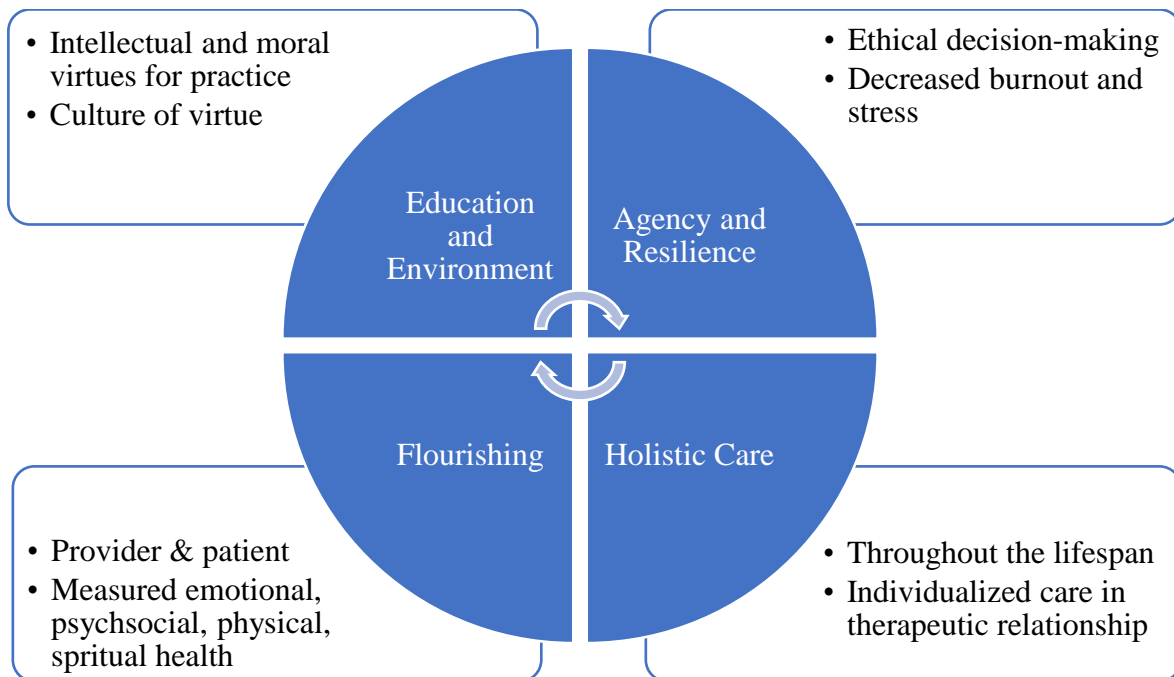
Findings

Role of virtue ethics in medicine and healthcare

Consistent themes of the use of virtue ethics to address physical health and ethical decision-making arose in the literature. Definitions of flourishing encompassing health were found in multiple sources. Virtue ethics was compared with principlism, especially in the context of healthcare. Most agreed that established ethical codes and principles in healthcare and nursing were inadequate in providing ethical guidance. Integrative review allowed for synthesis of findings and application of a theoretical framework (Schick-Makaroff et al., 2016). Findings are described in further detail in the following sections, but have been summarized into a model, illustrated in Figure 3.

Figure 3

Integration of Virtue Ethics in Health Care

- Intellectual and moral virtues for practice
- Culture of virtue

- Ethical decision-making
- Decreased burnout and stress

Education and Environment

Agency and Resilience

Flourishing

Holistic Care

- Provider & patient
- Measured emotional, psychsocial, physical, spritual health

- Throughout the lifespan
- Individualized care in therapeutic relationship

As seen in the figure, implementing virtue ethics for individual nurses and nursing students begins by developing settings conducive to virtuous practice (Allmark, 2019). Curriculum and educational practices emphasizing moral and intellectual virtue help new nurses begin to practice from a virtue ethics perspective (Aydin Er et al., 2017). Promoting a culture of virtue and civility creates a healthy environment to help virtuous habits take hold (Oakley, 2016; Russell, 2014). As nurses operate from a virtue ethics perspective, they have a guide for ethical decision-making (Allmark, 2017). Virtue ethics promotes a nurse's sense of moral agency (Jenkins et al., 2019; Smith, 2020). Resilience and flourishing also increases as virtues are practiced (McGrath & Brown, 2020; Humbyrd, 2019; Rushton et al., 2021). With increased sense of agency and resilience and a guiding framework for ethical decision-making, negative outcomes like burnout and stress may decrease and nurses may be able to flourish (Fumis et al., 2017; Jenkins et al., 2019).

A virtue ethics perspective also focuses on excellence in nursing practice. Virtues play an important role in enhancing the nurse-patient therapeutic relationship with virtuous care through *phronesis* (Jenkins et al., 2019). Nursing through a virtue ethics perspective seeks the flourishing of the individual by meeting the individual's health needs (Sorrell, 2017) and acknowledges the whole person through holistic care to promote flourishing (VanderWeele, 2017). As nurses implement virtue ethics, both patients and nurses can experience wellbeing in psychosocial, emotional, cultural, spiritual, and physical aspects (Krishna, 2011). The arrows at the center of the figure emphasize the continual process of practicing virtue ethics and enhancing flourishing. Flourishing nurses can promote education and environment that is conducive to flourishing, promoting increased agency and resilience for nurses, resulting in greater holistic care for patients, and continuing the journey towards *eudaimonia* with a virtuous nursing practice.

Flourishing

Many sources identified flourishing as a central theme in virtue ethics and approaching care for patients. Flourishing was defined broadly, although sources focused on either flourishing for providers or flourishing for patients. Flourishing in difficult circumstances was also explored.

Flourishing as a health goal. Multiple sources argued that nursing should seek the health of the individual as a subgoal to seeking the individual's flourishing. VanderWeele (2017) systematically reviews literature from multiple studies and argues that typical metrics used in healthcare like wellbeing do not adequately describe flourishing, although health is a crucial aspect to flourishing, along with virtue. Based on the literature, Vanderweele proposes factors of human flourishing like happiness and life satisfaction, physical and mental health, meaning and purpose, character and virtue, and close social relationships. VanderWeele defines flourishing as "as a state in which all aspects of a person's life are good" (VanderWeele, 2017, p. 8149).

Allmark (2017) examines nursing through the broad lens of Aristotle's philosophical system and describes ill health as one of the many types of "barriers to flourishing that are to be avoided or treated" (Allmark, 2017, p. 14). Allmark draws parallels between the World Health Organization [WHO] definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" and concepts of flourishing in virtue ethics (WHO, n.d.).

The parallels can be clearly seen in the definition of human flourishing provided by the National League of Nursing (NLN), which has human flourishing as an educational outcome. The NLN (2014) states:

Human flourishing is defined as an effort to achieve self-actualization and fulfillment within the context of a larger community of individuals, each with the right to pursue his

or her own such efforts. It encompasses the uniqueness, dignity, diversity, freedom,

happiness, and holistic well-being of the individual within the larger family, community,

and population. Achieving human flourishing is a life-long existential journey of hopes,

achievements, regrets, losses, illness, suffering, and coping. (p. 1)

Both the NLN definition of human flourishing and the WHO definition of health describe a

holistic concept including, but not limited to, physical health. The NLN definition expands on

the communal aspect of flourishing. Although the WHO definition considers health to be all-

encompassing and seemingly equivalent to flourishing, VanderWeele, Allmark, and the NLN

consider health as part of flourishing, but not flourishing itself. The NLN definition ends with an

acknowledgement of a recurring theme of many sources in the literature review: the path to

human flourishing involves developing resilience while facing difficulty and even suffering

(Allmark, 2013; Sellman, 2017).

Implementation of Virtue Ethics

Ideas on virtue ethics in nursing focused on implementation in education and in practice.

On education, sources proposed different ways to teach virtue. Different ways to incorporate

virtue ethics in healthcare were described, including change at the political level. Many sources

emphasize the barriers to an environment conducive to virtue, such as "the pervasiveness of

economic agendas, technological approaches and managerialism" (Jenkins et al., 2019, p. 1) and

aspects of nursing culture (Russell, 2014).

Of note is Newham's (2015) writing on virtue ethics and nursing. As opposed to most

sources, Newham argues that virtue ethics is not fitting for nursing. Newham maintains that

consequentialism is best suited to nursing since it provides an objective source of decision-

making. Newham also proposes that nursing has no need of a justification or framework such as virtue ethics.

Education and Practice. Russell (2014) proposes using virtue ethics as a philosophical framework to teach students about civility, ultimately aiming to change the work environment as students develop into nurses. Russell proposes the use of critical reflection on actions, discussion of narrative and case studies, and two concepts that are an explicit part of gaining virtue in virtue ethics: cultivating habits of virtue and imitating virtuous role models (Russell, 2014, pp. 316-317). Jenkins et al. (2019) sees the usefulness of phronesis, Aristotle's concept of discernment or good judgment, for practice and teaching the balance of moral and intellectual virtues.

Aydin Er et al. (2017) conducted a survey with first-year students and fourth-year students in a nursing school in Turkey. First-year students emphasized attributes of the nurse-patient relationship like geniality, patience, and calmness, while fourth-year students placed increasing value on traits like empathy and pursuing research; Aydin Er et al. (2015) concluded that "discussing the deficient aspects in nursing students' concepts of a good nurse throughout their education might contribute to their acquiring professional attributes" (p. 247).

Relation of Environment to Flourishing. Many sources noted the effect of an individual's surroundings on ability to flourish. An individual's surroundings were described with terms such as environment (Allmark, 2013, p.51), social and political environment (Allmark, 2019, p.5), conditions (Jenkins et al., 2019, p.1), material conditions, (Edgar & Pattison, 2016, p. 167), institutions (Hewitt, 2019, and situations (Sellman, 2017, p.52).

Allmark (2013) emphasizes the effect environment can have on cultivating virtue through habits. Interestingly, Allmark (2019) argues education cannot develop students' virtues if students enter a poor work environment. Instead, Allmark advocates for focus on the individual's

social and political surroundings. Oakley (2016) discusses how states can help create regulatory environments that promote the practice of virtue for medical providers, using the example of pharmaceutical companies influencing how doctors prescribe. Jenkins et al. (2019) notes that current conditions in health care make "human relationships and moral reasoning… decreasingly devalued" (1).

Edgar and Pattison (2016) make the case that flourishing institutions make it easier for individuals to flourish, although flourishing individuals and institutions alike must first acknowledge not only their vulnerabilities to hardship but also the ability to adapt and continue with a sense of purpose. Sellman (2017) notes that encouraging environments that facilitate the ability of providers to practice virtue is helpful, but nurses should also continue to personally develop virtue to enhance nursing practice. Hewitt (2019) paints flourishing as a result of healthcare that is just, with choices at the interpersonal level helping to determine justice in an institution and flourishing in individuals.

Flourishing for providers

Much of the literature was devoted to exploring virtue ethics as a means of addressing moral distress and, by extension, burnout. The use of phronesis in nursing was also explored. The picture of a flourishing provider was described.

Ethical Decision-making

Sources examined establishing explicit virtues. Many sources proposed virtue ethics in conjunction with other ethics established in nursing. Most nurses are familiar with the concepts of principlism. Beauchamp and Childress' (2019) well-regarded *Principles of Biomedical Ethics* provides an overview of principlism as a decision-making framework for the health care provider. Beneficence, nonmaleficence, autonomy, and justice, the four main ethical principles,

form the foundation of this common approach to biomedical ethics. Misselbrook (2015a &

2015b) describes the benefit of accounting for areas where the principles conflict using virtue

ethics. Jacobs (2013) argues that ethical codes are only one aspect of ethical knowledge in

nursing. Sellman (2017) agrees that virtues can be tied to nursing ethical codes yet considers

virtue ethics to be more personal than objective ethical codes. Russell (2014) notes that despite

professional codes of ethics for nurses reflecting important virtues for practice, issues of

incivility persist in the profession. Smith (2020) states that following principles is merely

fulfilling duty, taking away agency from the physician. On the other hand, Varkey (2021) views

virtue as the expression of the four ethical principles.

Phronesis

Closely tied to the idea of ethical decision-making is phronesis, the virtue of prudence or

good judgement. Aristotle emphasizes both intellectual virtues, like phronesis, and moral virtues,

like compassion, capturing the balance of moral and intellectual traits needed to do work well,

particularly in nursing. Sellman (2017) states that phronesis is the guiding virtue, helping an

individual determine the best course of action. Jacobs (2013) notes that phronesis has echoes of

not only wisdom but also good clinical judgement. Jenkins et al. (2016) establishes that

"phronesis as a central dimension of nursing education and practice would: orient towards the

virtues; recognize the primacy of professional deliberation and judgement to good practice;

foster deliberative action or praxis; cultivate human flourishing and happiness or eudaimonia;

and work toward "the good" (p. 6). Aydin Er et al. (2017) recognize that a nurse must develop

wisdom to practice autonomously.

Moral Distress and Burnout

Agency. Many sources highlighted the agency of the individual as a main feature of virtue ethics. The provider is placed at the center of decision making. Boegart (2020) argues emotions are a part of ethical reasoning and ignoring emotions promotes burnout. Smith (2020) reasons that virtue ethics allows the provider to act out of desire instead of duty as in principlism, thus cultivating excellence or virtue and reducing burnout. McGrath and Brown (2020) seek to empirically establish virtues and point to virtues as a means of focusing on the individual acting as opposed to the act itself. Jenkins et al. (2019) notes that practicing phronesis or good judgement can sometimes conflict with the environment but is applicable in a modern context.

Resilience. Resilience was also a common theme for addressing burnout at the individual level. Sellman (2017) argues that the desire to be an excellent nurse will help develop the habit of virtue even in difficult situations. Humbyrd (2019) states that cultivating habits of virtue will cultivate moral resilience to better face moral distress. Edgar and Pattison (2016) argue that acknowledging vulnerability and making sense of it is crucial to flourishing, focusing specifically on flourishing in hardship as "a way of finding resources to make sense of the contingencies of disease and injury, and thus to know how to go on, as an agent acting meaningfully, in the face of vulnerability" (p. 164). Rushton et al. (2021) present a longitudinal study that demonstrates an association between moral competence and resilience to burnout.

Flourishing for Patients

For the patient experiencing illness, pain, and suffering, virtue ethics promises an approach to care centered on the patient. Virtue ethics for patient care was characterized as holistic, incorporating cultural intelligence and nurse-patient relationship. Discussion of advocating for the patient, the agency of the patient was also present. Works on flourishing in aging and at the end of life described helping the patient integrate the good and bad in life.

Holistic Patient Care

Krishna (2011) argues that seeking the patient's flourishing means incorporating the patient's own beliefs on flourishing, unique to their cultural, spiritual, emotional, and personal background. Edgar and Pattison (2016) provide a powerful perspective by stating that the surrounding environment or culture informs how an individual make sense of suffering, by providing narrative. Edgar and Pattison also highlight a sense of agency:

> Flourishing proper requires an appropriate and realistic acknowledgement of the material conditions of suffering, but also an awareness and evocation of the human capacity to discover new purposes, and thus to re-imagine their lives…for the patient to flourish, they must have access to appropriate narrative resources. The patient does not exist in isolation. As a social being they draw upon the stories already told to them." (Edgar and Pattison, 2016, p. 167, 170)

Thus, individuals can flourish despite suffering or illness by incorporating suffering or illness, understood as part of the vulnerabilities and contingencies of life, into the narrative or story of their life. Having a narrative or story can be the foundation for continuing in the face of suffering. Sorrell (2017) notes that Aristotle believed flourishing could not occur in an isolated state.

To that end, patient-centered care is relational and connects the provider and patient, promoting the flourishing of both. Various sources describe the importance of connection in nursing practice. Dinkins (2017) describes a sort of empathy, through seeing oneself in the face of others and finding meaning in relationships. Green (2018) argues that 'clinical intimacy' sets nursing apart from other healthcare professions and acknowledges the patient's inherent worth. Jacobs (2013) encourages engaging the patient with an attitude of 'fellowfeeling'. Varkey (2021)

believes that "the core of professionalism is a therapeutic relationship" (p. 26). Oakley (2016) notes that a physician's relationship with patients provides insight into whether the physician practices with virtue. Hewitt (2019) describes flourishing because of justice in interpersonal relationships in healthcare. Allmark et al. (2014) argues that in public health, emphasis should be placed on wellbeing before resilience.

In Aging and End of Life Care

Several measures of flourishing for aging adults were proposed and validated while concepts on aging and flourishing were explored. Faul et al. (2019) incorporate measures of social determinants of health (SDOH) and quality of life to implement a Flourishing Index through six factors, biological, psychological, individual health behaviors, health services, environmental, and social. Fassih Ramandi et al. (2020) verify the use of a Flourishing Scale in Persia. Dinkins (2017) reiterates the importance of connection for older adults. Sorrell (2017) notes that providers can help older adults flourish by integrating their life experiences. Krishna (2011) promotes individualized care, especially at the end of life, to benefit both patient and family.

Limitations

Many of the limitations of this review are related to the lack of research on virtue ethics in nursing. Most sources were categorized as nursing theory, position papers, expert opinions, and professional practice models, although a few sources in this review were experimental studies. Thus, results or conclusions of these sources are not based on quantitative data. Additionally, not all sources were specific to the field of nursing; several sources focused on application of virtue ethics to the healthcare system as a whole or for physicians specifically. Inclusion and exclusion criteria were not extremely rigorous. Data synthesis and analysis in an

integrative review is also subjective and prone to confirmation bias. This review was conducted by one researcher and used publications only in English.

Implications for Nursing Practice, Education, and Research

Virtue ethics has the potential of providing a professional practice model for integrating wellbeing for both patients and nurses. A review of the literature demonstrates its implications for helping patients make sense of suffering, helping nurses cope with burnout, describing the balance between clinical skills and human touch in good nursing care, outlining metrics for successful care tied to flourishing instead of merely physical health, and motivating care for both providers and patients through flourishing. Concepts from virtue ethics build off and integrate well-established concepts and issues in nursing like patient-centered care, therapeutic relationships, good clinical judgement, holistic care, burnout, incivility, and moral distress.

Virtue ethics thus holds a potential framework for approaching nursing practice, education, and research. In practice, virtue ethics may address issues such as burnout, moral distress, and matters of ethics while motivating care through the end of human flourishing. In education, virtue ethics may also be implemented to help students understand the balance of both clinical excellence and excellence in virtue required of the good nurse. Students may also gain tools to address incivility, strengthen resilience, and prevent burnout to continue the journey towards flourishing. In research, expanding the amount and quality of literature examining virtue ethics in nursing would help determine the applicability of virtue ethics to nursing.

Nursing Practice

Virtue ethics may provide the foundations to address major issues in contemporary nursing practice. A recent survey by the American Nurses Foundation found that about 47% of nurses, or almost half of all nurses surveyed, reported some level of burnout (American Nurses

Foundation, 2023). In times of burnout, moral distress, incivility, and high turnover, virtue ethics

encourages cultivation of virtue and resilience, while advocating for an environment more

conducive to practicing virtue and good judgement. With mental health issues among the public

and among health care workers at an all-time high with increasing maladaptive social behavior

and suicide, practicing and emphasizing virtue ethics could improve the mental health of

providers and patients and enhance the health of the nation.

One concrete way to implement the somewhat abstract concepts behind virtue ethics is to

develop explicit virtues for the field of nursing. Several sources, including one outside the

literature review, provided explicit virtues. Varkey (2020) emphasizes caring as the central virtue

in healthcare, while drawing the virtues of compassion, discernment, trustworthiness, integrity,

and conscientiousness from the four ethical principles of beneficence, nonmaleficence,

autonomy, and justice. Russell (2014) describes the nursing virtues derived from nursing codes

of ethics to include justice, courage, honesty, trustworthiness, and open-mindedness. Although

not specific to nursing, McGrath and Brown (2020) state that empirical studies show three

variables as cardinal virtues, caring, inquisitiveness, and self-control, that reflect morality,

intellect, and self-regulation. Outside of the literature review, Pellegrino's "Toward a Virtue-

Based Normative Ethics" provides an interesting read on integrating virtue ethics in healthcare,

including a list of seven virtues for medical professions: fidelity to trust and promise,

benevolence, effacement of self-interest, compassion and caring, intellectual honesty, justice,

and prudence or phronesis (1995).

Nursing Education

Virtue ethics may also prepare students for practicing as a nurse with both moral and

intellectual virtue. Faculty and staff can be taught how to implement virtue ethics in nursing

education. Students can be educated on preventing burnout and moral distress through moral resilience. Developing virtue education could be tied to established ethical guides, such as the ANA Code of Ethics and the four principles of bioethics. Case studies and simulations emphasizing this can be developed and used for teaching the importance of virtue to students, allowing students to identify ethics as having implications for both theory and practice. Virtue ethics as a framework can be used for addressing incivility using case studies and critical reflection.

Nursing Research

While virtue ethics has been explored extensively on a theoretical level, few studies have been conducted examining the application and implications of virtue ethics. Possibilities for future research are extensive. Explicit virtues could be established for nursing practice. Much work could be done to verify the connections between virtue ethics, flourishing, and moral resilience. Examples include qualities of a flourishing person and its impact on community health, qualities of a flourishing nurse, correlation between a flourishing nurse and patient and family outcomes, and strategies for hospitals and units to promote flourishing among healthcare workers and patients. Research could also examine implementation of virtue ethics in nursing education and identify correlation between faculty and students who practice virtue ethics and flourishing.

<div align="center">

Christian Integration

</div>

Virtue ethics can be understood through a Christian worldview in terms of defining an individual's purpose, ethical decision making, and approach to care. Virtue ethics argues that every person's purpose is to become virtuous, and people find happiness and flourish when fulfilling their purpose. Flourishing is described as a state of near perfection achieved through

the pursuit of excellence. Scripture ultimately teaches that a person's purpose is to love and

glorify God, rather than seek perfection. However, an important way to honor God is to live in

accordance with his commands and to seek to live virtuously. Pursuing excellence in work,

seeking wisdom in decision making, and choosing virtuous behavior reflect a desire to glorify

God. In Philippians 4:8, Paul urges, "Finally, brothers, whatever is true, whatever is honorable,

whatever is just, whatever is pure, whatever is lovely, whatever is commendable, if there is any

excellence, if there is anything worthy of praise, think about these things" (*English Standard

Version Bible,* 2001, Phil. 4:8). For a Christian nurse, pursuing excellence and virtue in nursing

would allow the nurse to find fulfillment in glorifying God, rather than achieving flourishing for

the sake of flourishing or seeking perfection.

       In ethical decision making, virtue ethics emphasizes identifying and imitating virtuous

models and creating virtuous habits that will encourage virtuous behavior in difficult

circumstances (Sellman, 2017). In the Christian faith, Scripture is the main authority in

addressing ethical decisions. However, Scripture encourages imitation of virtuous models,

especially Christ, and discipline in creating habits of virtue (*English Standard Version Bible,*

2001, 1 Peter 2:21).

       Virtue ethics in nursing emphasizes a holistic approach to care for the patient. Care for

the whole individual includes considerations for the patient's spiritual needs as well. For the

Christian nurse, virtue ethics serves as a useful tool for approaching care grounded in

compassion and thoughtfulness and to remind the nurse of the purpose of glorifying God through

excellence.

Conclusion

A review of the literature indicates virtue ethics as beneficial to providers and patients alike. In virtue ethics, the pursuit of virtue or excellence while practicing phronesis or good judgement leads to *eudaimonia* or flourishing. Providers can strive to nurse with excellence in both skills and virtue. Practicing virtue can strengthen resilience and resistance to burnout and moral distress. Virtue ethics can provide for ethical decision-making that supplements the codes of ethics found in nursing. Education and good work environments can encourage providers to foster virtue ethics. Care under virtue ethics is patient-centered, examining the patient holistically to determine how best to encourage flourishing. In aging and at the end of life, virtue ethics seeks the individual's flourishing and helps the individual make sense of both the good and bad in their life.

Perhaps the idea of implementing virtue ethics in nursing is nothing more than an interesting thought exercise. But virtue ethics may be a means to remind healthcare of its purpose. Virtue ethics reminds us of what it means to be human, to pursue excellence, to face challenges, to live with suffering, and to do so alongside others.

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Appendix A

Permission for use of the Johns Hopkins Evidence-Based Practice Model

JOHNS HOPKINS EBP MODEL AND TOOLS- PERMISSION

**Johns Hopkins Nursing
Center for Evidence-Based Practice**

Thank you for your submission.
We are happy to give you permission to use the Johns Hopkins Evidence-Based Practice model and tools to adhere to our legal terms noted below.
No further permission for use is necessary.

You may not modify the model or the tools without written approval from Johns Hopkins.
All references to source forms should include "© 2022 Johns Hopkins Health System/Johns Hopkins School of Nursing."
The tools may not be used for commercial purposes without special permission.
If interested in commercial use or discussing changes to the tool, please email ijhn@jhmi.edu.

Available Downloads:

2022 JHEBP Tools

Appendix B

Synthesis of Articles and Findings

Reference	Level of Evidence	Article Design	Relevant Findings
Allmark, P. (2013). Virtue and austerity. *Nursing Philosophy*, *14*(1), 45–52. https://doi.org/10.1111/j.1466-769X.2012.00550.x	5a	expert opinion	virtue ethics is about flourishing not moral grounding, virtue is still beneficial in difficult circumstances
Allmark, P. (2017). Aristotle for nursing. *Nursing Philosophy*, *18*(3), e12141. https://doi.org/10.1111/nup.12141	5a	literature review	Aristotle's whole system of philosophy can be applied to nursing
Allmark, P. (2019). John Paley's "cognition and the compassion deficit: The social psychology of helping behaviour in nursing": An Aristotelian response. *Nursing Philosophy*, *20*(3), e12247. https://doi.org/10.1111/nup.12247	5a	expert opinion	need right conditions and right habit to form virtue
Allmark, P., Bhanbhro, S., & Chrisp, T. (2014). An argument against the focus on community resilience in public health. *BMC Public Health*, *14*, 62. https://doi.org/10.1186/1471-2458-14-62	5a	literature review	community resilience is not a tool but an end, accomplished by promoting flourishing
Aydin Er, R., Sehiralti, M., & Akpinar, A. (2017). Attributes of a good nurse: The opinions of nursing students. *Nursing Ethics*, *24*(2), 238–250. https://doi.org/10.1177/0969733015595543	3a	descriptive research (survey)	1st year nursing students listed attributes related to nurse-patient relationship, while 4th year nursing students listed attributes related to competence, role models and training can develop good attributes of a nurse
Bogaert, B. (2020). Untangling fear and eudaimonia in the healthcare provider-patient relationship. *Medicine, Health Care, and Philosophy*, *23*(3), 457–469. https://doi.org/10.1007/s11019-020-09956-1	3a	qualitative study	ignoring emotions in ethics promotes burnout
Dinkins, C. S. (2017). Seeing Oneself in the Face of the Other: The Value and Challenge of Human Connectedness for Older Adults. *Journal of Psychosocial Nursing & Mental Health Services*, *55*(7), 13–17. https://doi.org/10.3928/02793695-20170619-03	5a	expert opinion	nursing care should consider benefits of human connection for aging adults

Edgar, A., & Pattison, S. (2016). Flourishing in Health Care. *Health Care Analysis*, *24*(2), 161–173. https://doi.org/10.1007/s10728-016-0315-5	5a	expert opinion	patient and institutions draw on surroundings to make sense of material conditions and create narrative to flourish
Fassih-Ramandi, Z., Soleimani, M. A., Allen, K.-A., Gorgulu, O., & Motalebi, S. A. (2020). Validity and Reliability of the Flourishing Scale in a Sample of Older Adults in Iran. *Clinical Interventions in Aging*, *15*, 673–681. https://doi.org/10.2147/CIA.S251067	3a	quantitative study (validation study)	the flourishing scale accurate for older adults in Persia, flourishing is good for health
Faul, A. C., D'Ambrosio, J. G., Yankeelov, P. A., Cotton, S. G., Furman, C. D., Hall-Faul, M., Gordon, B., & Wright, R. B. (2019). Human Flourishing and Integrated Care Models: The Development of the Flourish Index. *The Gerontologist*, *59*(6), e653–e663. https://doi.org/10.1093/geront/gny114	3a	quantitative study (validation study)	the flourishing index reflect social determinants of health, assesses quality of life in older adults
Fumis, R. R. L., Junqueira Amarante, G. A., de Fátima Nascimento, A., & Vieira Junior, J. M. (2017). Moral distress and its contribution to the development of burnout syndrome among critical care providers. *Annals of Intensive Care*, *7*, 71. https://doi.org/10.1186/s13613-017-0293-2	3a	descriptive research (survey)	moral distress is significantly associated with burnout in critical care providers
Green, C. (2018). A Philosophical Model of the Nature of Nursing. *Nursing Research (New York)*, *67*(2), 93–98. https://doi.org/10.1097/NNR.0000000000000247	5a	expert opinion/nursing theory	clinical intimacy promotes flourishing
Hewitt, J. (2019). Just healthcare and human flourishing: Why resource allocation is not just enough. *Nursing Ethics*, *26*(2), 405–417. https://doi.org/10.1177/0969733017707010	5a	literature review	justice in healthcare begins at interpersonal level, human flourishing promotes interpersonal justice
Humbyrd, C. J. (2019). Virtue Ethics in a Value-driven World: Medical Training and Moral Distress. *Clinical Orthopaedics and Related Research*, *477*(9), 1991–1993. https://doi.org/10.1097/CORR.0000000000000643	5a	expert opinion	cultivating resilience through virtue ethics to decrease moral distress
Jacobs, B. (2013). An Innovative Professional Practice Model: Adaptation of Carper's Patterns of Knowing, Patterns of Research, and Aristotle's Intellectual Virtues. *Advances in Nursing Science*, *36*(4), 271–288.	4a	professional practice model	nursing's goal is flourishing, phronesis as a type of ethical knowing, knowledge

https://doi.org/10.1097/ANS.0000000000000002			of the patient as subject not object
Jenkins, K., Kinsella, E. A., & DeLuca, S. (2019). Perspectives on phronesis in professional nursing practice. *Nursing Philosophy*, *20*(1), e12231. https://doi.org/10.1111/nup.12231	5a	literature review	phronesis can promote a nurse's agency and address moral distress, nurses flourish as they practice with excellence and patients flourish
Krishna, L. (2011). Nasogastric feeding at the end of life: A virtue ethics approach. *Nursing Ethics*, *18*(4), 485–494. https://doi.org/10.1177/0969733011403557	4a	position statement	a virtuous health care provider flourishes through excellence, consider a patient's whole background to help the patient flourish
McGrath, R. E., & Brown, M. (2020). Using the VIA Classification to Advance a Psychological Science of Virtue. *Frontiers in Psychology*, *11*. https://www.frontiersin.org/articles/10.3389/fpsyg.2020.565953	5a	literature review	virtues are empirically established, virtue ethics gives agency to individuals, cultivate virtue to help self & community flourish
Misselbrook, D. (2015). Virtue ethics – an old answer to a new dilemma? Part 1. Problems with contemporary medical ethics. *Journal of the Royal Society of Medicine*, *108*(2), 53–56. https://doi.org/10.1177/0141076814563367	5a	expert opion	virtue ethics, consequentialism, and deontology are introduced and compared
Misselbrook, D. (2015). Virtue ethics – an old answer to a new dilemma? Part 2. The case for inclusive virtue ethics. *Journal of the Royal Society of Medicine*, *108*(3), 89–92. https://doi.org/10.1177/0141076814566161	5a	expert opinon	virtue ethics can be used to undergird consequentialist and deontological tools for ethical decision making
Newham, R. A. (2015). Virtue ethics and nursing: On what grounds? *Nursing Philosophy*, *16*(1), 40–50. https://doi.org/10.1111/nup.12063	5a	expert opinion	consequentialism is more appropriate as an approach to nursing than virtue ethics
Oakley, J. (2016). Virtue Ethics and Public Policy: Upholding Medical Virtue in Therapeutic Relationships as a Case Study. *The Journal of Value Inquiry*, *50*(4), 769–779. https://doi.org/10.1007/s10790-016-9580-7	5a	professional practice model	states should create environments conducive to practicing virtue
Rushton, C. H., Swoboda, S. M., Reller, N., Skarupski, K. A., Prizzi, M., Young, P. D., & Hanson, G. C. (2021). Mindful Ethical Practice and Resilience Academy: Equipping Nurses to Address Ethical Challenges. *American Journal of Critical*	2a	quasi-experimental	interventions to promote mindfulness & resilience positively correlated with moral

Care, *30*(1), e1–e11. https://doi.org/10.4037/ajcc2021359			competence & decreased burnout
Russell, M. J. (2014). Teaching Civility to Undergraduate Nursing Students Using a Virtue Ethics-Based Curriculum. *Journal of Nursing Education*, *53*(6), 313–319. https://doi.org/10.3928/01484834-20140512-03	5a	expert opinion	virtue should be taught to address incivility among nurses
Sellman, D. (2017). Virtue Ethics and Nursing Practice. In P. A. Scott (Ed.), *Key Concepts and Issues in Nursing Ethics* (pp. 43–54). Springer International Publishing. https://doi.org/10.1007/978-3-319-49250-6_4	5a	expert opinion	virtue is a developed habit and can be consistent in difficult situations, easy circumstances can promote virtue but difficult circumstances test virtue
Smith, C. A. (2020). Virtue Ethics and the Physician: Aristotle's Burnout Antidote? *Southern Medical Journal (Birmingham, Ala.)*, *113*(5), 211–212. https://doi.org/10.14423/smj.0000000000001088	5a	expert opinion	pursuit of excellence/virtue can motivate physicians & reduce burnout, virtue ethics gives the provider agency
Sorrell, J. M. (2017). Promoting Human Flourishing in Aging. *Journal of Psychosocial Nursing & Mental Health Services*, *55*(10), 27–30. https://doi.org/10.3928/02793695-20170919-03	5a	expert opinion	flourishing through relationships, physiologic benefits of flourishing
VanderWeele, T. J. (2017). On the promotion of human flourishing. *Proceedings of the National Academy of Sciences of the United States of America*, *114*(31), 8148–8156. https://doi.org/10.1073/pnas.1702996114	3a	systematic review of experimental, quasi experimental studies	flourishing is deeper than health or wellbeing, flourishing through virtue
Varkey, B. (2021). Principles of Clinical Ethics and Their Application to Practice. *Medical Principles and Practice*, *30*(1), 17–28. https://doi.org/10.1159/000509119	5a	literature review	virtue guides principlism, medicine as art (practiced) and science (knowledge)