

## The problem with integrity

In times of rapid organizational, technological and professional change, it is not surprising that words like 'integrity' become important. It is part of professional competence to manage multidimensional complexity, whether in terms of technical procedures or of relationships (or, more likely, both). In this context, professionals want to have some sense of personal value, probity and continuity of action and thought that guides them through confusion and moral ambiguities. They may thus seize upon the word 'integrity' as some kind of guarantor of appropriate behaviour. In ambiguous circumstances, personal and professional integrity forms the bulwark that will protect the beleaguered healthcare worker from the temptation to do that which is less than morally desirable, or spur him or her to do what is right. It is integrity that will reassure colleagues, patients, and members of the public that they are right to repose their trust in the conscientious groups and individuals that make up the various healthcare professions and organizations.

The papers in this special edition of *Nursing Philosophy* emerged from a short colloquium about changing roles and relationships in health care organized by the British reflective network *Think About Health* in September 2009 (<http://www.thinkabouthealth.com>). Integrity was a key word in all the papers and discussions. These wrestled with the need to both fit in to social and organizational norms and priorities, and also to maintain a sense of personal judgment and moral direction for the sake of sanity, survival, conscience, and satisfaction.

The picture of integrity that emerged is, however, far from simple and clear. Like many other important, popular concepts and usages in health care – e.g. respect – integrity itself can be conceptually, morally and practically ambiguous. Beneath quotidian, commonsensical usage lies considerable and important divergence in the understandings and practices associated with integrity. Critically understanding the range and implications of a diversity of meanings and practices is, then, important if the concept is to retain its proper value, particularly in relation to issues like conscientious objection and organizational confor-

mity. Thus, the articles herein reveal many of the different ways in which integrity is, or might be, used, formal and informal.

The first article, by Sanders, Pattison, and Hurwitz, focuses concretely on the problems confronted by the nurse in charge of an emergency department. A fundamental tension is identified between the demands that might be considered to be integral to nursing practice (and thus the appropriate care of the particular patient), and managerial imperative to meet certain targets. The issue here is not merely that the meeting of targets might compromise what the professional may judge to be good care, but more importantly that the managerial target culture undermines the professional's sense of autonomy with shaming and humiliation. As with many concepts in morality, what 'integrity' means is made clearer precisely when we experience its absence.

While the subsequent contributions to this volume may offer different theoretical insights and analyses, perhaps the immediacy of the experience of shame suffered by the nurse in charge will usefully pervade the reading of those papers. Edgar and Pattison may be seen to confront integrity as something demanded in morally complex and compromising situations, of which the emergency department may well be paradigmatic. They argue that integrity has a range of meanings, and they identify two main understandings and practices of integrity. Either one sees integrity as an integral and largely unchanging property of the individual, as an internal response to conscience, or one sees it in terms of social accountability and dialogue. In the latter interpretation, integrity is a process of self-reflection and learning. Exemplifying their argument particularly in relation to conscientious objection, Edgar and Pattison conclude that it is not at all clear that persons of integrity are necessarily those who have the most clear and unambiguous moral convictions. Integrity may lie in the professional's capacity to discover the least-worst course of action, and thus at times to compromise, but always to bear witness to the value conflicts that threaten any enduring sense of purpose and autonomy.

While drawing on similar theoretical resources, and not least the work of Calhoun, Tyreman comes at integrity in an interestingly different direction. His concern is with integrity as a social virtue. He makes the interesting observation that integrity is not easily convertible into an adjective or pronoun. One does not act integrally, but rather with integrity. He argues that acting with integrity involves recognizing one's place as a member of at least one, and perhaps multiple, communities. Thus, integrity is the ability of the individual to understand how to go on in a particular situation, complying at appropriately as possible with the values of their communities. This will require the individual, perhaps, to be critical of the current direction of their professional community, and possibly to make compromises between competing values. But, above all, it entails that the capacity to act with integrity is vital to the professional; it cannot be replaced by the strict adherence to codes of conduct (or indeed the targets that concern Sanders *et al.*). Integrity has a situational and communal subtlety that rules and codes cannot reproduce.

Cribb adds a further dimension to these accounts by focusing on the middle ground between that occupied by the whistle-blower (and thus Edgar and Pattison's concern) and that occupied by the contented professional. In this grey area, multiple challenges will be posed in terms of what the professional is expected to do, and their complex evaluation of the moral, practical and humane worth of what is expected of them. By exploring the 'moral stress' that afflicts many professionals from the mundane tensions encountered in managing both one's occupational role and one's sense of self, Cribb highlights the complex struggle that professionals, self-conscious about their integrity, undergo. He notes, e.g. Farsides' distinction between 'tolerators', who accept the perceived misbehaviour of others as a tolerance of the other's autonomy, and 'facilitators', who merely suspend their personal beliefs as they come to work and occupy their professional role, but suggests that these are merely points in a more complex landscape. While Cribb's primary focus is the more informal professional role, he nonetheless returns to the problem of managerialism, central to Sanders *et al.* in order to argue that in its very formality it uniquely exacerbates moral stress.

Finally, Ekeberg's paper brings us back to the perception of integrity as a social virtue to explore the

complex demands that occur in managing the boundary between the integrity of the self and the integrity of the other. Drawing on Gilligan's ethics of care, Ekeberg suggests that integrity lies in the combination of self-regard and regard for the other. Mere self-regard will leave one indifferent to the pain of the other, even if it may manifest an integrity of a sort. However, as Cribb's discussion showed, one cannot afford to sacrifice oneself to the needs and demands of the other. To act with integrity is thus to recognize and manage the boundary between oneself and the other. To illustrate and illuminate this, Ekeberg brings us back to concrete examples, in this case, care within a psychiatric acute ward. Her example focuses on the complexity of labelling a patient in terms of their disorder. On the one hand, such labelling removes the patient's humanity and subjectivity, so that they need no longer be listened to. But, such labelling also helps explain their behaviour, one's own reactions to it, and the boundaries within which that behaviour should be held. Integrity therefore lies not in a selfless openness to the other, but in a careful negotiation and enforcement of appropriate boundaries for all involved.

All these papers illustrate the complexity of integrity. By its very nature, it is a response to moral complexity and ambiguity; it is not reducible to simple rules or regulations. Indeed, it is at odds with such rules. In some ways it is then regrettable, in a journal that relates to practitioners, to have to conclude that yet another useful, everyday concept is in some ways problematic, both in theory and in practice. Integrity turns out to be less straightforward and unambiguous than some of its users might hope. If, however, the concept is to continue to play an important part in health care and professional discourse, it seems reasonable that its users should know what they are talking about and be aware of the ways in which they use the concept to justify or criticize their own and others' practices. Integrity – which kind? Integrity – says who? Integrity – what is it being used to justify? These are the kinds of questions that readers might like to ask of themselves and others when this important concept is deployed. We cannot do without some version of integrity either in theory or practice. But what we mean by it is much less clear. Let the user/recipient beware!

Stephen Pattison and Andrew Edgar  
Cardiff University, Cardiff, UK