**Moral Communities**

Student’s Name(s)

Institutional Affiliation(s)

Course Details

Instructor’s Name(s)

Date

**Moral Communities**

**Introduction**

The nursing field is an established moral enterprise, and the participants within the nursing profession are members of the moral community per se (Wocial, 2018). Therefore, a moral community is crucial to binding nurses into a common moral dedication for ethical practice. The nursing profession establishes an essential code of ethics operationalized in a code of behavior or practice standards for a healthy and ethical working environment through the moral communities programs. It is a crucial model for integrating nurses and the needs of patients as a common goal by acknowledging that taking care of others needs practitioners to build self-care and care for themselves. Thus, a moral community is crucial in healthcare to promote the ethical nursing practice, enhance commitment to morality and extend purpose to self-care.

Studies show that the primary objective of moral community as an essential nursing program is to integrate nurses and enhance their ability to deal with ethical challenges. Wocial (2018) acknowledges that nurses are prone to feeling isolated and unable to solve moral challenges they encounter without the moral community. Therefore, by establishing the moral communities programs, the nurses are bound by standard ethical commitments that progress beyond the self-interest in the self-care form. Liaschenko and Peter (2016) note that the 21st century challenging moral problem will be the relationship between the practices of the institutions and the individual moral agent. Notably, a moral community program resolves this need by encouraging members to reflect on the practice and participate in productive deliberations and negotiations to achieve a universally acceptable course of action. Therefore, moral community solves the healthcare needs by establishing supportive relationships to pursue a common goal, by giving the members the liberty to explore freely the emotionally charged problems when struggling with a moral dilemma.

The participants in the moral community program are all representatives or practitioners in healthcare holding the moral regards, especially those bound with a challenge to consider and distinguish the right from the wrong. Pope et al. (2016) acknowledge that nurses are primarily committed to moral care by focusing on the nurse-patient relationship and the relationship with the family and community. The participants in this program include the nurses, healthcare consumers, and the family as an integral part of the community. As critical agents of change, nurses are bound in the moral community to enhance the worthiness of the patient by empowering values, especially in times of conflicts or disputes. Wocial (2018) notes that the resources required to support the moral communities are the modification of CUS (show **C**oncern; a person is **U**ncomfortable because a **S**afety issue is present) to CUES (show **C**oncern; a person is **U**ncomfortable because an **E**thical issue is compromising their **S**afety).

A challenging concern regarding the moral communities is that it disregards the diversity among the practitioners by integrating them as a single component. Besides, moral uncertainty is a crucial drawback of moral communities considering the diversity of ethical doctrines that remain unclear on what to do in incomplete information. However, the arising solutions for such challenges include promoting robust moral communities, which relies on every practitioner’s commitment to learning on being civil in the whole society and establishing teamwork in establishing and maintaining a common ethical culture.

**References**

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