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Commentary

Prescriptive language in NMC nursing standards

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Introduction

This paper examines imperative language in the professional Code of conduct in Nursing and Midwifery (NMC, 2018), using the philosophical arguments of moral ethics through the lens of Immanuel Kant (1785) and Richard Hare (1952). A professional code is used in many high-risk professions to set industry standards and parity across the workforce. Professions usually adopt a code of standards, ethics, or conduct (Crystal & Giesel, 2024). It is argued here that the equivocation is a key indicator that sets nursing and midwifery apart from other professions. Codes of standards and ethics align more readily with how a person behaves in practice; whereas codes of conduct govern beyond the workplace and include personal attributes (Aibar-Guzmán et al., 2023). The shift, from principles that adopt characteristics of performance, to attributes which espouse essential behaviours, suggests the differences becomes functional as the language used to ascribe behaviour has to perform differently (alongside those adhering to it). Used in an unchecked way, a code can neutralise autonomy and creativity and, in the extreme, can neutralise the professional's career entirely (Mishra & Aithal, 2023). Any code is predicated on language and Kant (1785) and Hare (1952) were interested in the language that accompanied everyday life in what is more formally recognised as the logical study of the language of morals (Hare, 1952). Some of the separate positionalist critiques of Kant and Hare are used here to support an analysis of the Code and its use of language in determining professional character and behaviour. It is argued that while a code is needed, the NMC rests on the axle of good and bad which challenges the writings of Kant and Hare, who open moral language to one that tries to work out the tension between that dialectic.

Background

The United Kingdom's (UK) regulatory body the Nursing Midwifery Council (NMC, 2018), sets out standards of practice to ensure public safety, and hold to account registrants failing to meet the standards. Codes are written to defend nursing competence and public safety; to act in the best interests of the patient and adhere to guiding moral principles. The language in the Code is emphatic and obvious in the way its imperatives are stated. However, a code of professional practice for any individual working within its parameters, is a powerful force and one that needs critical exploration and in the main, practitioners are as much determined by the everyday dialectics of environment and procedure as they are a code of professionalism. Therefore, used in an unchecked way, a code can neutralise creativity and autonomy and, in the extreme, can neutralise the professional's career. The language of the Code (NMC, 2018) is an example of imperative language attempting to shape attitudes and moral practices.

Imperative language in the Code

An imperative relates to a practical rule of will and can be defined as an objective principle by saying something would be good to do or should be refrained from doing and "...all imperatives expressed by an ought..." (Kant, 1993, p. 24). The tone of the Code is indicative of nursing history and reinforces a hierarchy and power in organisations and employee relationships (Henderson, 1966). History internationally refers to widespread societal expectations around obedience (Holden & Littlewood, 1991; Urban, 2012) and in that sense, the Code has incorporated shifting historical paradigms.

There are marked changes in the use of imperative in the NMC Code of conduct since 2008, with sixty-six "must" words in 2008, and thirty in 2015 and 2018. Hence, the imperative use of the word "must" be improving. Yet, positioning the "must" word at the beginning of each statement, dictates a value-judgement and regulatory imperative (Regan, 2016). Despite progress, the continued "must" imperative from the NMC contrasts

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sharply with other graduate professions with longer traditions of graduate education. For example, in the professional body representing 50,000 Chartered physiotherapists, the UK Chartered Society for Physiotherapy (CSP) use language quite differently and under the principle 1 and the title Members are accountable and responsible, it reads:

"...Members… Exercise professional autonomy appropriate to their role, recognising the responsibilities and accountability that this carries, recognise and respect the autonomy of individuals and service users…" (CSP, 2019; 1.1.1-1.1.2).

Only one "must" can be found in the CSP Code in section 1.2.6, to "Recognise that their individual scope of practice will evolve and must be supported by appropriate CPD…" (p. 4). The language in these examples of UK healthcare professions is noticeably different. In contrast to physiotherapy's long tradition of graduate education, nursing, and midwifery's more recent graduate profession (Regan & Ball, 2018), falls back on deep-rooted beliefs in conduct. However, nursing's novice status as a graduate profession, may illuminate the word "must" versus "shall" because the word "shall" ensure a sense of "duty," and we will now develop its significance to the way nurse educators ensure students are assessed and progress in the nursing profession (Griffin, 2006).

The language of ethics, power and control appear to run through the nursing professions' Code (NMC, 2018) and is demonstrated using imperative, legitimisation and coercion (Regan, 2016). The word "must" suggest a pervasive attitude from the top down over collegiality, or entrenched values over facilitation. Value laden language, what is taught, and to a greater extent, what is made clear in language, is important for maintaining standards for professional values (Griffin, 2006). The language, however, would not be complete without some substantive moral belief supporting the principles (Griffin, 2006). These values do not need to specifically identify each competency standard for assessment and education, student support and higher education programme design. The logical language of morals suggests that prescriptive language involves imperative and logic, inference, and decisions of principle (Kant, 1785/1993). We suggest these are built into the working principles of nursing and so shape nurses thinking and actions in all matters professional.

In prescriptive language, when asking a person to describe moral principles, it would be easier to observe what happened, because what a person says they would do may be different to the actions that they may eventually take (Kant, 1785/1993). When weighing up all the alternative options and being asked to decide what to do, the person would reveal the principles they genuinely believed in by the actions taken (Griffin, 2006). Therefore, actions reveal the moral principles functioning to guide those actions (Kant, 1785/1993). Language can merely guide moral behaviour in the absence of professional space to think reflectively and analytically about the consequences of actions and inaction (Dewey, 1997).

Understanding the language of moral principles is more important when problems become more complex and morally distressing, such as in nursing practice (McCarthy & Gastmans, 2015). Hare (1952) suggested the simple imperative of language such as "...shut the door..." to "...you are going to shut the door..." is instructive and useful to negotiate degrees of complexity (p. 5). Both statements relate to the command to shut the door immediately, but both say a lot about the underlying and indicative attitude of the person requesting that action (Hare, 1952). Hare suggests that both have logical parallels to each other in the form that both reduce imperative to indicatives (p.5). Both requests may be reasonable if said in the right tone, but if one were to answer: "...no I won't shut the door..." it is not in agreement but also not-contradictory (p. 6). For example, when the NMC Code (2018) states "…make sure that people's physical, social and psychological needs are assessed and responded to…" (3, p.7), to achieve this a nurse "must" "…act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care…" (NMC, 2018, 3.4, p. 8), which is problematic.

If one were to disagree with the NMC and reply "...no I do not and will not make sure these needs are met…" then that too is not in agreement and not-contradictory. Hare (1952) suggests that if one were to say "...I believe you are going to shut the door..." or in a nursing context – "I believe I understand how not assessing physical and psychological needs may impact on the patient," this tentative statement is open to misunderstanding if there is a lack of clarity. Accepting a command for action does not necessarily mean understanding the reasons for doing that action (Dewey, 1997) and the word "must" may relate to other imperatives such as "good," "right," "duty" and "ought" (Kant, 1785/1993). The words are similar when contextualised but dissimilar enough to be called value-judgments (McGuire, 1961). For example: "...that was good, you nearly got it right…" or "…even if there is such a thing as good art... there is no such thing as right art…" (Hare, 1952, p. 152). There are similarities when saying "...it is a good thing to do that..." and "...it is the right thing to do that...'' and in this sense they may mean the same (p. 154). The latter word, "ought," closely relates to the word "must" and used as an auxiliary word to "...that which should be done, the obligatory, expressing a moral imperative…" (OED, n. d). In its English usage it is proper to say "...I ought not to do it..." in this sense does not form a negative. The same could be said for "… now is the right time to change gear." Therefore, "ought" and "must" become similar by way of reason of action (McGuire, 1961).

These are the words used for prescribing action and can be said in several ways by asking the question "...

what shall I do when I'm in this situation?" The words "ought" and "must" may be used before and after an event in the form of common sense and duty, based on intuition and the desire to do the right thing at the right time (Kant, 1785/1993). The value laden words are there to instruct a person and by doing so function as a prescriptive imperative, related to the principle that the questioner may not have even known about before or after the event. This act is first instinctive and second, can be taught by the prescriptive use of language. However, the latter less so in predicting the right actions will be taken by an unconvinced person. Hence, this principle is evident when stating for example in nursing we need to:

"Treat people as individuals and uphold their dignity... to achieve this, you must...

1.1 treat people with kindness, respect, and compassion

1.2 make sure you deliver the fundamentals of care effectively.

1.3 avoid making assumptions and recognise diversity and individual choice.

1.4 make sure that any treatment, assistance or care for which you are responsible is delivered without undue delay.

1.5 respect and uphold people's human rights…" (NMC, 2018, p. 6).

These are examples of the generalisation of instances (Hare, 1952). The temporal nature of the instruction is that "...you ought to have used (then) and you ought to use (now)..." (Hare, 1952, p. 157). After being told several times what one "ought" to think and do in certain situations, after several similar experiences there is an expectation humans learn to do so in the event of most instances (Griffin, 2006; Hare, 1952). Again, the social brain finds ways to adapt and predict the consequences (Changeux & Ricoeur, 2021). This is what McGuire (1961) called the "normative instances" described above which can be challenged. If we are to accept that value laden language guides conduct and if actions require imperative language, we must assume that language exerts an authority over the human will or at least tries to.

If we agree that "…I ought to do x…" due to a sense of duty, and conformity, then the "ought" word too is an imperative but is it a natural state informing action? (McGuire, 1961). No, because if someone were to say you "…ought to do x…" it implies underlying reasons why the act should be performed in the first place, and the natural response would be to ask why to seek justification. The answer may tend to result in "…I have the right to ask you to do x…" by someone who has the authority to suggest something "ought" to be done (McGuire, 1961). They may be right and have the authority to command. Therefore, imperatives cannot be logically justified because we assent to do something based on the evidence supporting the reasons given (McGuire, 1961). When humans identify themselves as having done something they should not and "ought" not to have done they realise the moral principles that may have been dismissed as non-guiding (Kant, 1785/1993). Therefore, it is important that learning emerges, which nurse education tends to do too little of in prescriptive assessment and feedback (Regan, 2016). Even if difficult to understand, we can use those guides for everyday common usage. Hence, the words "good," "right," "ought," "duty" all relate to the individual person in nursing. What we mean by this is that nurses must be able to teach themselves to judge what is right, and in general "ought" or moral principles help to guide future actions.

In conclusion

By drawing attention to the "prescriptive forces" affecting action and the semiotics that tie the social and professional, we can understand the motivations behind imperative statements found in the Code (NMC, 2018). The expected professional impact of such prescriptive language is obvious in the way it is stated, to defend nursing competence and public safety. Yet, imperative words can cause anxiety when all the nurse wants is to act in the best interests of the patient and adhere to guiding professional principles. With any imperative discourse, there comes a dialectic where either the nurse is not suited to the apparatus (determined by the language and the moral discourse imbedded in the narrative), or they sit unnaturally outside those parameters; which, either way, is a difficult space to inhabit in the twenty first century.

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