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The movement of virtue from ethos to action

Abstract
In this paper, we explore the concept of virtue in nursing care. We particularly examine the description of 'virtue' offered by Aristotle, who considers it the mental constitution that forms the basis for laudable social behaviour. We then turn to Katie Eriksson's work on caritative caring ethics and draw parallels between the Aristotelian concept of virtue and being a good nurse. Eriksson suggests that embracing an ethos, a set of basic values, affects nurses' attitudes as well as the way they speak and take on their responsibility for the patient. We discuss these ideas in relation to a tentative ideal model of the movement from ethos to action to understand and address nurses' ethical thinking and acting. Here we focus on the catalytic role of virtue as a means for realizing a deliberate, intentional acting with the best of the patient in mind. As an outcome of our analysis, we suggest that the movement of virtue from ethos to action is most usefully conceptualized as knowledge about facts, habits of the heart, deeds of the hand, and the power of words. Implications for nursing leadership are suggested, including incorporating organizational values through the means of ethical conversations.

Keywords: ethics of care, hermeneutics, human flourishing, nursing philosophy, caritative caring ethics

Introduction

Being a nurse is in many ways to be involved in issues dealing with morale and ethics. In the unique patient, the nurse encounters a person living in the tension field between health and suffering, between experiencing a sense of wholeness and of being torn apart (Näsman, 2017). This article is part of a continuation of a research programme in the early 2000s, named "Caritative caring ethics in clinical praxis". Caring is seen as holistic concern about the human being who in a clinical setting is the patient (Kärkkäinen & Eriksson, 2004; Näsman, 2010). Based on sources such as Lindström and Eriksson (1999), we ask what it is to be and act as a good nurse in general and in relation to caritas as the basic motive of caring and caring science in particular (Eriksson, 1989; 1990).Additionally, we ask what significance virtues have for nurses' actions.

Eriksson's theory of caritative caring, one of the most known caring science theories in Europe, stresses the need for respecting the human being and recognizing the human being's dignity in all healthcare situations (Kärkkäinen & Eriksson, 2004; Lähdesmäki & Nyholm, 2007; Näsman et al., 2009; Wikberg & Eriksson, 2008). According to Eriksson, as cited in Lindström et al. (2018), the sounding-board of all caring is ethos. For the purpose of this article, ethos is viewed as a set of basic values which permeates human beings, including nurses, a perspective of what is good (Eriksson, 2003; Näsman, 2010). Eriksson (2003)

believes that the ethos of caring when choosing to care contains thoughts of love, mercy and dignity. When nurses connect with their ethos a sense of at-homeness occurs (Östman, Näsman, Nyström & Eriksson, 2019). This sense of at-homeness gives the nurse courage, joy, warmth, and inner strength. Ethos is made concrete through human actions, and it forms the base for virtue.

Caring and caring ethics include virtues (Eriksson, 1995; Wikberg & Eriksson, 2008). As a basic concept in caring science, virtue is, according to Eriksson (1995), a prerequisite for ethical caring (Eriksson, 1995, 32). Virtue is connected to character, and the importance of character building and disposition for caring is emphasized in a great deal of literature on nursing and caring (e.g. Godfrey, 1999, 17ff; Leino-Kilpi, 1990, 13ff; Liaschenko, 1993, 29; Lindström, 1992, 17ff; Råholm, 2003, 13). Virtue is the power of the Good, a power that gives the nurse preparedness to act guided by reason and to aim for the good in the situation at hand.

In this article, we present a general picture of the ethical dimensions of virtue, as well as contextual features of virtue in caritative caring ethics based on an ontological determination of the concept 'virtue'. The movement of virtue from ethos to action is presented in a tentative model, where this activating movement is seen as a formation of a caritative ethics in praxis.

A general picture of virtue

"For where it is in our power to act it is also in our power not to act, and vice versa; so that, if to act, where this is noble, is in our power, not to act, which will be base, will also be in our power, and if not to act, where this is noble, is in our power, to act, which will be base, will also be in our power. Now if it is in our power to do noble or base acts, and likewise in our power not to do them, and this was what being good or bad meant, then it is in our power to be virtuous or vicious."(Aristotle, 1995, 1113 b 14)

The main sources discussed in this paper describe the concept of virtue in slightly different but overlapping ways. This may be because Western traditions concerning the concept are connected in some way or another to Aristotle's description of virtue. The central idea of this paper is that virtue implies action, unites intention with deeds, and brings together the theoretical, the scientific, the practical, the technical, the ethical and the moral. The concept of virtue is multidimensional, connected to the concept of evidence as the Good, the True and the

Beautiful (Näsman, 2010). This understanding suggests that nurses may use virtue as an ethical dedication in the service of the patient.

The concept of 'virtue' is, according to Aristotle (1993; 1995), used in three different ways: firstly, virtues are praiseworthy qualities in general; secondly, virtue is the mental constitution that forms the basis for laudable social behaviour; and thirdly, virtues are the mental qualities that are necessary for reaching *eudaimonia.* Eudaimonia is often translated into 'happiness' or 'human flourishing'. These ways of using the concept of 'virtue' are dependent on the three basic conditions of virtue. The first condition is that virtue is always target orientated. The second condition is that the ultimate aim is always something good; and the third condition is the free will and reason of human beings through which they can affect their attitudes and actions.

The pragmatic, practical features of virtue lead to action whose utmost aim, according to Aristotle (1993;1995), is *eudaimonia.* The Good can be found on different levels and is the more relative regarding the individual and the situation the more concrete it is regarding the ultimate, abstract aim of *eudaimonia.* The Good is good for the individual, but also for the community where the individual is situated. Moral and intellectual virtues such as courage and practical wisdom make examples of how virtues can be moulded in a tangible way in human life. Eudaimonia is always chosen for its own sake, while honour, lust, and specific virtues are also chosen bearing *eudaimonia* in mind, since human beings believe they will get happy through these (Aristotle, 1993; 1995). The pragmatic features of virtue find their expressions in virtuousness (Näsman, 2010).

The concept of *eudaimonia* is closely linked to a holistic view of health (Wärnå, 2002). Virtue has been interpreted as part of a theoretical model of inner-health-domains based on a conception of health as becoming, a movement towards a deeper wholeness and holiness (Wärnå, Lindholm & Eriksson, 2007). In Eriksson's (2006) model of health as a movement among the levels of doing, being and becoming, vitality may be seen as the essence of health (Lindholm, Holmberg & Mäkelä, 2005). Vitality is described as energy, strength, power and endurance (Fagerström, 2017). Vitality is an important resource for health as well as an inner health potential. In the innermost space of health, and dwelling within each human being, lies a zest for life, light, vitality and joy (Wärnå-Furu, 2014).

Based on an etymologic and semantic analysis of 'virtue' in Swedish (dygd), aimed at discovering the origin of the concept and at finding its features and dimensions, three significant dimensions of its meaning were identified (Näsman, 2010). Firstly, virtue makes everything fulfil its function well – not only humans, but, for instance, horses and knives as well; secondly, virtue makes the human being good; and thirdly, virtue fosters morale and morality. In general, virtue is merit, worth, ability, and excellence. It can also be support, skilfulness, and art. Human virtue may be goodness, honour, uprightness, integrity, and morality (Näsman, 2010). The interpretation that virtue makes everything fulfil its function well is supported by Aristotle (1995) and Allmark (1998). In his Nicomachean Ethics, (1995, 1106 a 14 – b 1), Aristotle describes how "every virtue or excellence both bring into good condition the thing of which it is the excellence and makes the work of that thing be done well". Allmark (1998) returns to this, explaining how virtue primarily is related to function. When it comes to human beings, they have the ability of deliberation and choice, qualities that are not inherent in, for example, horses or knives. This is why human virtue is connected to ethics – human beings are responsible for their actions in a way that other living beings or things never can be. Although the essence of virtue thus is functional, the essence of *human* virtue will always be ethical, thus depending on the values of the society or organization as well as the values of the individual. In its entirety, human virtue appears as a power for ethics to move from ethos to deeds – a feature that gives name to splendid qualities, and competence and merit a 'moral face'. By means of ethos, virtue attaches to health and to the essence of caring.

The concept determination, which besides the etymologic and semantic analysis also comprised a historical study of the idea of virtue in the form of a hermeneutic reading of texts by Aristotle (1993; 1995) and St. Thomas Aquinas (1989; 1993; 1994; 1995a; 1995b), showed that virtue is strength, merit, ability, and excellence. St. Thomas Aquinas (1995) describes virtue as a quality, as something between science and opinion. Virtue implies fulfilment of an active power. Virtues are, according to Aristotle (1993; 1995), moral character traits, or intellectual or social qualities that are developed throughout a person's life and are necessary for right action and correct thinking. Reason makes a person choose virtue, which provides the person with means to reach the aim through reasonable appraisal.

Human virtue is composed of the gifts of skilfulness, perfection, and capacity to work in a specific social context. Good values, anchored in the person's belief or life philosophy, are

internalized in virtue. When human beings submit to reason, they will achieve integrity. As virtue is connected to habit, it presupposes that the human being has a free will and is not forced to act against that will. Virtue makes human performance perfect due to deliberation and good choice, while respect is maintained for goodness as a phenomenon. The essence of human virtue is to realize the nature of the good, which is shown and manifested in good deeds (Näsman, 2010). For nurses, this may offer an ideal model for striving to give good care by taking responsibility for their acts, bearing the patient's *eudaimonia* in mind while alleviating suffering, enhancing health and wellbeing with compassion.

A literature overview revealed a multifaceted picture of the ethical dimensions of virtue (Näsman, 2010). Virtues are states of character, acquired by training and habituation as regards moral virtues, and by instruction in terms of intellectual virtues (Armstrong, 2006; Bostock, 2000). A study conducted by Näsman, Lindholm and Eriksson (2008) on nurses' ethical thinking showed that 32 out of the 33 nurses taking part in the study embraced the idea of virtues as a central concept in caring ethics, a concept that is of importance for nurses' ethical thinking and acting. The nurses were asked to name which virtues they considered important to possess as a good nurse, and in what way these virtues help the nurse to think and act ethically. The essential virtues named by the informants were compassionate love, responsibility, and veracity or honesty.

One of the results of the study (Näsman et al., 2008) was that nurses ask for a way of putting their ethics into words, a way to find concepts that they could agree on as a basis for ethical discussions. At the same time, questions arose about how the nurse can make an ethos of love come alive and visible in order to get the patients to come in for their share of this caring way of life. The study of virtue as a caring ethical basic category (Näsman, 2010) shows an ethical richness in concepts, a multiplicity of inductively presented virtues that may constitute a foundation for further discussion and research.

Virtue ethics and the ethical dimensions of virtue

"It is no wonder that we are living through a Renaissance of virtue ethics and love right now, when the emphasis of a personal 'self' and individual autonomy is at its highest. In the beginning there was virtue ethics, until ethics proper, the universalizable rule ethics, won the battle. And now, when people want to raise their personal ideals above common morality, virtue ethics has been introduced again." (Ollila, 1993, pp. 290–291)

What kind of thinking is needed to understand virtue as more than or different from ethical guidelines and rules? Turning to literature outside of and within the disciplines of nursing and caring science, virtue is often discussed in terms of “virtue ethics”. Virtue ethics can be defined as a systematic and coherent explanation of virtues (Gastmans, 2002). Virtue ethics reflects one of the roots of the word ‘ethics’, namely ethos, which is a Greek word for ‘custom’ or ‘character’ (Brody, 1988). Generally speaking, virtue ethics can be seen as described in literature from three main perspectives: firstly, the “failings perspective” where virtue ethics is seen as neither objective nor impartial, nor applicable to practical dilemmas; secondly, the “complementary perspective”, that is, virtue ethics is good, but not sufficient and principles in addition to virtues are needed in order to know how to act; and thirdly, the “supremacy perspective”, which considers virtue ethics as not only good, but sufficient, that is, when possessing the virtues, there is no need for principles because one is good and will, therefore, act correctly in different situations (see e.g. Coope, 2006; Crisp, 1998; Statman, 1997). These three perspectives on virtue ethics can also be noticed in literature on nursing and health care ethics, for example, in Campbell (2003).

Is there affinity between being and doing? Virtue ethics sees morale as a habitual way of being, a mixture of reason and emotion, “habits of the heart” (Campbell, 2005). Virtue ethics has its focus on personal qualities, while caring ethics has its focus on the way in which these qualities are brought into action in specific situations of care (Olthuis & Dekkers, 2003). Virtue ethics is often referred to as ‘being good’ instead of ‘doing the right thing’ (Arries, 2006). Silfverberg (1996) points out that being good or doing the right thing should not necessarily be understood as an either-or statement, but rather as an inclusive one: the good person also does the right thing.

Outside of nursing, eager critical as well as captivating discussions on virtue ethics have gained prominence since the 1950s. A renaissance of virtue ethics is seen to have begun in 1958, when Elisabeth Anscombe showed that utilitarian as well as deontological ethics are based on a concept of duty, which is obsolete as the world is becoming more and more pluralistic without a possibility of uniting around a set of divine moral principles universal enough for everybody (Merritt, 2000). However, some of the thoughts brought forward by Anscombe are to be found already one hundred years earlier when Schopenhauer wrote his “On the basis of morality” in 1841. Anscombe (1997) claims that ideas of a moral “ought” and “plight” are remnants from a no longer existing time, and from an ethics no longer

sustainable. We need a development from morale to virtue (Slote, 1997). This perspective underlines epistemic issues that arise from positioning individuals in a social space.

To develop these ideas here towards nursing care, let us turn back to Aristotle and to the theory of caritative caring and caritative caring ethics. The intellectual virtues emphasized by Aristotle, practical wisdom, art, scientific knowledge, philosophic wisdom, and intuitive reason are sometimes referred to as different forms of knowledge (Råholm, 2003). If caring science is seen as the scientific form of knowledge, it can be combined with practical wisdom to indicate how caritative caring ethics can find expression in education, research and practice. Practical wisdom, seen as ethical competence, comprises human dignity, responsibility, and the caritas motive. Aristotle defined the highest form of love as the desire for the good of the Other for the Other's sake. But Aristotle also held that human beings only love other persons in relation to themselves. As caritative caring ethics has been developed in a Judaeo-Christian culture, its origin is in Christianity, which has redefined the concept of love into a divine and unselfish ideal: this ideal receives its definitive content only in the meeting between fellow human beings in the caring reality (Eriksson, 1995; Näsman, 2010). The concept of a universal, human form of love concerning one's neighbour is not unique for Christianity; it is held by other religions and philosophies of life as well (Watson, 2003). Caritative caring locates ethics in nursing practice, not in work rules, but in an attitude and way of being, which is consistent with the idea of virtue ethics, perhaps with a notification of the importance of a complementary perspective with some rules needed. This is particularly so when it comes to new nurses, who need rules as well as good role models in order to embrace an ethos, apply it to praxis and develop virtuousness.

For Eriksson (2018), virtue in its profound meaning of *arête* ties the inner side of an ethos and a personalized ethics to the outer side of the nursing profession as serving the mission of caring. Virtue, contextualized in virtue ethics and caring, makes the nurse consider, on an ontological level, the purposeful aiming towards the good and towards health, focusing on lived reality. Thus, virtue connects *vita contemplative* to *vita active* (Arendt, 1998), that is, a life in contemplation to an active life, where contemplation is not seen as superior to activity – both are inseparable features of Being. It can also be noted that virtue provides the human being with a preparedness to act; ability to endure when facing unpleasantness, as a consequence to free will and reason; and a striving towards a Good Life, which, for the nurse, may be expressed through a responsible capacity to make the right choices in working

compassionately with the suffering human being (Näsman, 2010). From this perspective, ethos is realized in every single caring act, while the True, the Good, and the Beautiful can emerge. The utmost evidence-based care is always performed here and now, in the actual moment where ethos and ethics are realized. In the actual moment, caring is made powerful and enables a becoming towards health and wholeness (Eriksson, 2018).

Ethos – a human value base

"Don't waste time bothering whether you 'love' your neighbour; act as if you did." (Lewis, 1943, as quoted in Pike, 2010, p. 319)

Ethos is by its very nature connected to the free will of human beings (Muños, 2016). This makes ethos an informal motivational instrument. Individuals decide, at least on some level, whether they will follow the course of action recommended by ethos. As for professional nursing, ethos is linked to the Code of Ethics for Nurses, internationally as well as nationally. Ethos is also linked to the specific organization in which the nurse currently works. The nurse also has a personal ethos, formed by, among other things, upbringing, culture, and education.

Etymologically, ethos means moral character, nature, disposition, habit, custom (Online Etymology Dictionary), which may remind us of the etymological meanings of virtue, thus linking those concepts together as mentioned by, for instance, Brody (1988). Ethos can be defined as the distinguishing character, sentiment, moral nature, or guiding beliefs of a person, group or institution (Merriam-Webster Dictionary). Citing Melé (2012), it is conceivable that ethos, in an Aristotelian sense, is linked to human sociability, which explains the origin of society and communities where people's needs, including the longing for *eudaimonia,* are met. If the roots of communities lie in human sociability, one may assume that, with Melés words (2012, p. 97) "Participating in the humanity of others, and consequently recognizing their dignity, respecting their rights and taking care of their real needs requires a sort of organization or living together in which the person is respected and is able to experience every act of the collectivity as his or her own." This might be a good principle for health care organizations and nursing leadership as well.

Ndlamba and Esau (2020) describe various ways of understanding the concept of ethos: 1) to focus on the Greek word "to ethos", which refers to a shelter or dwelling place, which can be seen, for example, in the article of Östman et al. (2019), where ethos implies a feeling of at-homeness; 2) to recognize ethos as the distinguishing features, beliefs or moral values of

a group, or institution, and; 3) from a broader anthropological perspective, as the distinctive spirit of a culture or an era. Ethos can be viewed as a set of basic values, an ontological conception of the Good, which permeates human beings, constituting the basics for their specific culture (Eriksson, 2003; Näsman, 2010). Ethos affects the attitudes of human beings, as well as the way they speak and take on their responsibility for, among other things, their work (Eriksson, 2002; Lévinas, 1988). Ethos lies beyond ethics in the innermost core of the real reality, thus forming an ethical code used when interpreting the world, while at the same time implying that a perfect understanding of another human being will never be complete (Eriksson, 2003; Kemp, 1991). The range of possibilities of how to understand the word "ethos" may, with the words of Ndlamba and Esau (2020, p. 62), include "the characteristic ways in which particular groups [...] enact, embody and practise their moral convictions and moral judgement, their sense of what is right and what is wrong". These convictions may be expressed through virtues, which enhance and promote a behaviour that enables the building of trust in relationships with others, linked to a shared vision that is adequately conveyed. Aristotle's view of virtue is that it always involves action as well as emotion (Ofori, 2019).

Ethos and ethics unite in intellectual formation in terms of *Bildung* in the German philosophical tradition. *Bildung*, according to Gadamer (1999), refers to a process of formal as well as informal education combined with practical encounters and experience. Within the process of *Bildung*, theory is put into practice thus resulting in, for example, caring acts (Eriksson, 2003; Gadamer, 1988; 2000). As for nursing and health care, ethos forms the core of the caring activities, and reflects their essence and immaterial basic motive. Ethos connects tradition to vision, scientific multidisciplinary knowledge to values and nursing as a science to nursing as an art. Going through a formation with the aim of caring for others is consistent with the concept of *Bildung*, thus relating to the ancient Greek tradition of the target orientation of human life and of human interdependence (Näsman, 2010; Ollila, 1993). Living in human communion makes the human being a true person.

According to Aristotle (1994), and among others, Al-Momani (2014), ethos is a part of a persuasion that together with *logos* (here: the logic of argument) and *pathos* (here: the appeal to emotions) shows the morality of a speaker to establish more credibility in the minds of the audience. A strong ethos can be compared to or linked to faith, where ethos works as an inner, bidding and transcendental power based on divinity (Lindbom, 1993; Näsman, 2010). This entails a possible risk of colliding values in a health organization or in a society, as well as a

risk of various views of which virtues are of interest for the health and well-being of the patient. If nurses or patients feel that their values are not in harmony with the values, aims and expectations of the current setting, the patients' becoming towards *eudaimonia* may be threatened. Perhaps a nurse can still raise a patient's awareness of the patient's health-related resources, vitality and strengths, and guide the patient in a flourishing direction by means of scientific knowledge, technical skill, and practical wisdom, thus respecting the absolute dignity of the patient.

The movement of virtue from ethos to action – a tentative theoretical model for ethical nursing care

As this article refers to the tradition of caritative caring, the ethos of the tentative model presented in Figure 1 consists of the thought of an absolute human dignity and the caritas idea of human love and mercy (Näsman, 2010; cf. Milton, 2008). Ethos forms the base for virtue in general, which in turn affects which specific virtues the human being makes use of in the situation at hand. This theoretical model is supposed to provide a manageable view of the complexity of ethical nursing care from a caritative perspective. It is theoretical in the sense that it is not tested or meant for using as such in clinical practice, but it may contribute to an understanding of the substance and ethical values, in order to provide nurses with a perspective on the phenomenon of ethical caring (Nyholm et al 2020).

An important point is that virtues are always based on values. If caritative caring ethics is based on caritas and human dignity, the virtues emanate from this core and an outer morale presupposing good action is developed. At the centre of the figure are the core values which constitute the base for nurse's virtues. The virtues permeate the nurse's becoming, being and doing. Practising the virtues helps the nurse to transform values into deeds, deeds that have the patient's best in mind, making use of evidence-based nursing as an art in the ethical act of caring. As virtues are habitual, not accidental, they form a stable foundation for the nursing process. By developing ethical thinking, the nurse may create a way of realizing the "habits of the heart", dedicating the ethical elements of caring to the patient, while delivering evidence-based professional care. According to Gadamer, to understand is always to applicate some part of what is universal to a given situation (1999). Knowledge and reason are dependent on human beings living in their becoming, a becoming where virtue realizes ethos. *Arête* is not *logos,* the nurse's ethical knowledge is always a striving, not a fixed attitude (Näsman, 2010).

Caritas may be a core value, but caritas is also a word for the virtue of love, which makes it a habit of the heart and works as motivation to do what is good (Barbosa da Silva & Ljungquist, 2003). Love is a gift the nurse can afford (Ollila, 1993). Caritas may constitute the personal motive that forms nurses' characters and directs their emotions. The emerging model illustrates an evidence-based care, where "evidence-based" is seen as "research based" as well as what is made visible, truthful, good and beautiful (Eriksson, 2009). The place of virtue and its possibilities are shown as a movement through the dimensions of care, where virtue lies within the nurse as a quality implicating action. Further research is needed to refine the model in order to settle the relations between concepts on different levels of possibilities, outcomes and circumstances.

(Insert Figure 1. about here.)

The actual and the potential symbolize what and where the patient (and the nurse) is at the actual moment, and what and where they could be, considering health status and personal growth. As the model is derived from a specific nursing theory, and not to be considered normative for all nurses, but as an example, the hypothetic nurses in the model are supposed to adopt the ethos of human love and mercy out of free will, to strive towards the Good in being true human beings in communion with other human beings. The ethos serves as a guide for the nurses, manifesting in their making use of their knowledge and preparedness to act at the service of the other human being, the patient. Virtue is the potential, the power that helps the nurse to carry the Good, the True and the Beautiful into effect within caring as an ethical act. Through practice, the deeds of virtue grow into a permanent habit, a basic attitude *(pathos)*, where knowledge about facts *(episteme)* and deliberation about what could be different is reflected upon, and the patient's needs and wishes in a goal-oriented becoming are considered. The actuality of virtue is shown as habits of the heart *(phronesis),* deeds of the hand *(techne)*, and the power of words *(rhetoric)*, which dedicate the ethical elements of caring to the patient. Together ethos and virtue create opportunities for an inner ethics based on voluntariness and joy in being and doing the Good, the True and the Beautiful for the patient. The movements between the parts of the model are not fixed in a specific order other than that every deliberate, chosen action emanates from ethos.

Further reflections

Ethics is always found in a unique and specific context. The ethical reflection as regards specific things in various situations is ontological and focuses on lived reality, which is put in concrete form, for example, in the act of caring. The purposive contextual features of virtue in nursing ethics support the general picture of virtue obtained through a literature review (Näsman, 2010), and an ontological determination of the concept of 'virtue'. Through these, two different pictures of virtue emerge: firstly, virtue as ethics, and secondly, virtue as health, with a stronger emphasis on the former. This picture of virtue as ethics discloses virtue as guiding and creating actions based on inner values and notions of the Good. The picture of virtue as health also points to the target orientation towards the Good. It guides and creates actions, makes the nurses serve as models for virtue, and moulds the kinship between health and *eudaimonia*. Virtue is about living, about life, about activity within time and space, and is in the thoughts of St. Thomas Aquinas (1995) also a matter of the transcendental dimension of humans as eternal beings independent of time and space. The features of virtue in nursing ethics reveal virtue ethics as the substance forming the purposive target orientation of caring towards the Good and towards health – virtue moulds and carries the Good into effect (Näsman, 2010)

The results of a study by Näsman, Nyström and Eriksson (2009) support the assumption that caring ethics should have an inner view originating from an ethos and not be caught in an external ethics made of rules and principles, which was also confirmed by the study by Östman et al. (2019). As moral agents, nurses possess the property of moral agency which is necessary in order to respect human dignity (Jacobs, 2001). For nursing to become an art, knowledge and understanding of human values, human dignity, suffering, and development of the self into a person as well as clarification of one's understanding of life is required (Nåden & Eriksson, 2004). The ethos stands for visions and an open world view that in a deeper sense unites theory and praxis through caring science (Eriksson, Lindholm, Lindström, Matilainen & Kasén, 2006).

When encountering the patient, the nurse acquires virtue as a personal, social accomplishment. Beyond virtue lies the endeavour to do good, an endeavour that directs the course of events. Virtue is a prerequisite of the realization of the Good, at the same time presupposing the existence of the Good and the Good as aim. The caritative attitude of the nurse is embodied in concrete actions which patients experience as evidence of their human worth and of being worthy of love (Fagerström, 1999). When caring for patients, nurses can ask themselves: "Is

what I am doing and what I know respecting the dignity of each and every human being?" (Jacobs, 2001). "Am I practising compassion?" (Milton, 2008). "Am I showing human love and mercy?" Experiencing human love and recognition of dignity may constitute a way for the patient to achieve conciliation (Råholm & Eriksson, 2001). Doing 'the little extra' for patients can alleviate their suffering, help them preserve their dignity and make them feel they are valued, offering them hope (Arman & Rehnsfeldt, 2007). The deepest meaning of the caring communion, where human dignity is recognized, is shown in relation to the caritas motive (Ekebergh, 2001, 12). The foremost sign of morality is virtuous deeds. Whoever uncritically follow their emotions do not bring about virtuous deeds (St. Thomas Aquinas, 1995). The effects of virtue realize the Good in deeds. In a clinical, pragmatic sense, caritative caring ethics is enriched by a theoretical model of virtue, where virtue becomes a power and a means for realizing the Good for the human being, the patient. A theoretical model of virtue, where ethos forms the core, the order of preference of values calls for thoughtfulness regarding the good, the most important thing for the patient, society, the organization, and the situation (Näsman, 2010). Nurses who desire to authentically care and accept the resulting responsibility to act in accordance with the ethical values of their organization can share the experiences with each other in ethical conversations about nursing care, thus discovering new aspects of themselves as caring persons, being recognized and affirmed (Nyholm, Salmela & Nyström, 2018).

Final remarks

According to von Wright (1964) and Hvarfner (1988), virtue is a concept of values, a normative concept and a concept of action. Emerging from the basic values of human dignity and charity, a conceptual model of ethical caring through virtues can be developed on the levels of possibilities, circumstances and outcomes (cf. Kangasniemi, 2008). The dynamic movement of virtue through the dimensions of caring transforms ideals and values into deeds and actions. The patient's experiences of professional care as a reality comprise levels of isomorphism, that is, similarities of structure irrespective of context and time (Eriksson & Lindström, 2000; Meleis, 2007). In a nursing setting, the nurse makes use of the nursing process by analysing possibilities according to the specific features of the case in question, bearing in mind the potential outcomes of recognizing dignity, enhancing health and alleviating suffering. The ethical concept of virtue provides the nurse with a plan for character development, creating "habits of the heart" in order to realize the Good, the True and the Beautiful for the patient. The "habits of the heart" form a base for using medical evidence as well as evidence from the humanities, nursing as an art and caring as an ethical act.

Forcing an ethos upon the nurse, as seen from without, most likely does not have every chance of succeeding. If the ethos of the organization is not comprehensive for the individual nurse, it may appear as a superficial, alienated form of ethics, resulting in, at its best, an outer morality of duty (Östman et al., 2019). This calls for the management to show a humble spirit when creating a caritative, inclusive caring culture, assuming that this is the will of the organization. If the ethos of the organization is in harmony with the nurse's individual ethos, the manifestation of virtue in deeds is a probable consequence. This could be enhanced by making use of a forum for ethical discussions within the organization. In ethical discussions or dialogues, nurses are given the opportunity to reflect on ethical values and how such can be made perceptible and active in care (Nyholm et al, 2018). When nurses continuously highlight and discuss ethical values, their ethical attitudes and ethical competency are strengthened which allows for the opportunity to change nursing practice. A clear articulation of ethical values also supports a more sustainable care (Nyholm et al, 2020).

Muños (2016) argues that a difference between a strong work ethos and a relaxed alternative ethos is that the former is required, while the latter is supererogatory. Nurses may follow the guidance of an official ethos because of the congruence of its commands with their moral values and beliefs. They may also follow the ethos after calculating the costs and benefits that are associated with noncompliance. This is a remarkable point of view, which could be of interest for further research, but which lies beyond the scope of this article. For the authors of this article, it is recommendable for nurses in an organization to constantly reflect on their own value base, and to bring their ethos to life. Turning back to the values of the organization, over and over, within the frame of ethical discussions, the meaning of the basic values may be clarified, adjusted, and easier to follow, even for newer nurses, who may need to interpret the values as principles for application in practice as a part of their becoming in ethical caring. These implications can be summarized in nurses' *knowledge about facts, habits of the heart, deeds of the hand and the power of words.*

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