Ethical Multiculturalism
An Evolutionary Concept Analysis

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A concept analysis of ethical multiculturalism using Rogers' evolutionary approach is presented. It includes attributes, antecedents, and consequences of ethical multiculturalism. *Attributes* include moral reasoning, cultural competence, beneficence/nonmaleficence, and respect for persons and communities. *Antecedents* are culture knowledge; cultural awareness, sensitivity, encounters, and skill; and understanding of ethical principles. *Consequences* include protection of human subjects, preservation of cultural norms, dignity of participants and communities, and perceived value by individuals and communities. *Ethical multiculturalism* is defined as the use of moral reasoning to apply the ethical principles of beneficence and respect for persons and communities in a culturally competent manner to research in various societies or cultures. **Key words:** *ethical multiculturalism*, *ethics*, *evolutionary concept analysis*, *international*

ETHICS in research is not a new issue. In 1898, Albert Neisser, in his tests of serum therapy, injected prostitutes with cell-free serum without their consent. As a result, some of the subjects developed syphilis.[1] In the Tuskegee Syphilis Study, which was conducted from 1932 to 1972 in the United States, treatment was withheld from impoverished black men to learn the effects of syphilis.[2] The Nazi experimentation on prisoners in the concentration camps of World War II resulted in the Nuremberg Code, the first international ethical guidelines for human research.[3] Since that time, numerous international guidelines have developed as the arena of international research evolves and expands.[4]

As nurses participate in and evaluate international research projects, they must be aware of international ethical guidelines. Cross-cultural ethical issues must be considered in view of linguistic, cultural, and economic differences.[5] In addition, the potential for exploitation of vulnerable populations must be dealt with in an ethical manner.[6] While ethical principles applied in the United States may not be readily understood by those outside Western cultures,[7] ethical fundamentalists maintain that ethical principles are universal and must be applied across all cultural settings.[8-10] On the other hand, ethical relativists assert that these principles are relative to each culture.[5,6,11-14] Crigger et al[12] label the philosophical approach that embraces maximum accommodation of both approaches as ethical multiculturalism. While this approach is consistent with the International Council of Nurses Code of Ethics for Nurses,[15] no other use of this term is found in the nursing literature. The purpose of this article is to apply the evolutionary approach[16] to concept analysis to clarify the concept of ethical multiculturalism, and delineate its attributes to form a basis for further investigation and to determine its relevance to international nursing research.

METHOD OF CONCEPT ANALYSIS

According to Rodgers,[16] the idea expressed by a concept is of prime importance, not the word itself. Once clearly defined, a concept may add to nursing knowledge through

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its descriptive or explanatory capabilities, its abilities to resolve problems, and its ability to "characterize phenomena adequately." The term *ethical multiculturalism* was introduced by Crigger et al[12] to describe an ethical approach to international nursing research that recognizes fundamental ethical principles but allows such principles to be applied in a culturally relevant manner. In order for this concept to be used effectively, its attributes must be defined. The evolutionary approach to concept analysis is chosen because of its emphasis on inductive inquiry and context. This approach allows the "characteristics of the concept to emerge from the data"[16] and lends itself to the analysis of a newly developed concept.

Sample selection

Disciplines identified as having involvement with ethical multiculturalism include philosophy, business, social sciences, humanities, anthropology, nursing, and medicine. The following online databases were searched for related articles: Cumulative Index of Nursing and Allied Health Literature (CINAHL), Philosophers' Index, Academic Search Premier (social sciences, humanities, multicultural), Anthropology Plus (social sciences, cultural, ethnology), and the Conference Board Web site of Business Knowledge Research. Initial database searches for the phrase ethical multiculturalism yielded only the article of Crigger et al.[12] In CINAHL, the key words ethics and multicultural produced 27 results; ethics, research, and international produced 114 for abstract review. A total of 44 articles were obtained using key words ethics, culture, and healthcare in the remaining databases.

The author reviewed abstracts of the articles retrieved from the databases. Inclusion criteria included English language articles dealing with international research ethical issues and/or discussions of ethical fundamentalism and/or relativism. Philosophical and ethical articles did not necessarily discuss international research but provided significant insight into the fundamentalism

versus relativism debate on a theoretical level and were included. In order to maintain a manageable sample size and since the concept of ethical multiculturalism was introduced in 2001, articles published only between 2000 and 2005 were included. Articles related to multicultural issues within a single country were excluded to focus on international research ethics. Acquired immunodeficiency syndrome, use of technology, end-of-life issues, drug and/or placebo trials, ethics education, obstetrical care, and homosexuality were excluded because of the unique ethical concerns in each area that merit individual review. A total of 31 articles were selected for review using these criteria. A summary of the articles reviewed is provided in the Appendix.

DATA COLLECTION/REVIEW OF LITERATURE

Historical perspective

The articles retrieved demonstrated that international research ethics is a widely debated topic. As a result of experimentation on prisoners in the Nazi concentration camps without their consent in World War II, the Nuremberg Code was established in 1949 as an international guideline for protection of human subjects.[4] In 1953, the World Medical Association published its first position paper on ethics. This paper ultimately gave rise to the Declaration of Helsinki in 1964. The Declaration of Helsinki has been considered the "cornerstone for research ethics" since its inception and has undergone numerous revisions.[17] Other organizations including the Council for International Organizations of Medical Sciences have also produced ethical guidelines for international research,[18] which are considered to have evolved from the Declaration of Helsinki. While the intent of these international guidelines is to protect human subjects, the declarations are based on Western ethical principles and may not reflect the values of developing and/or non-Western countries.[19,20] This plethora of ethical standards has evolved from initial efforts to simply protect human subjects such as Neisser's

prostitutes, the Tuskegee men, or the prisoners of the Nazi concentration camps in World War II. The current issue is the determination of whether there is a universal set of ethical principles applicable to all cultures, whether ethical principles are solely defined by the culture, or whether a basic set of principles exists that may be modified to fit the cultural context of the research.[12,13]

Ethical philosophies

Fundamentalism, the view that ethical principles are universally applicable[12], is also referred to as ethical rationalism,[11] ethical universalism,[5,8,14] moral fundamentalism,[13] universalist ethics,[21] ethical imperialism,[22] and universalism.[6,23,24] The underlying philosophy is that "timeless moral truths are rooted in human nature and independent of the conventions of particular societies."[11] The primary limitation of a fundamentalist approach is that research may be restricted if developing countries are unable to meet Western ethical standards.[13]

The opposite view, *multiculturalism*, holds that ethical principles are culturally bound and context dependent and may only be applied to their respective culture.[12,13] This view is also called relativism,[6,11] moral relativism,[13,22] ethical relativism,[5,14] and postmodernism.[13,25,26] Concerns with multiculturalism include determination of what values take precedence, how risks are identified, and the potential for exploitation of people groups if adversarial groups are in power.[13]

The emergence of the moderate viewpoint, ethical multiculturalism, proposes that researchers should attempt to accommodate both fundamentalism and multiculturalism in their work with international human subjects.[12] Ethical multiculturalism is also referred to as the negotiated position[13] and the negotiated ethical standard.[22] Utilization of this framework allows researchers to "meet traditional fundamental standards of ethics while respecting cultural and societal norms."[12] It applies basic ethical principles but allows for contextual variations on how the research is conducted.[10,13] This approach minimizes the risk of both cultural imperialism and exploitation of vulnerable populations.[13] However, determination of which ethical principles are to be universally applied creates further fodder for debate. Some advocates of this approach assert that ethical principles of respect for persons, beneficence, and justice should be applied universally.[5,10,13] The International Centre for Nursing Ethics (ICNE) posits that the addition of respect for community and contextual caring further enhance international research ethics.[6]

Ethical principles

Respect for persons is often used synonymously with respect for autonomy. Autonomy and its focus on individuality are Western concepts. In spite of being Western concepts, views of autonomy vary in Western countries. Comparative research in Finland, Greece, Scotland, Germany, and Spain demonstrated that both patients' and nurses' perceptions of patient autonomy were significantly different among countries.[27,28] Furthermore, Western views of autonomy are not shared throughout the world.[6] In fact, Oguz, a medical faculty member from the Department of Medical Ethics in Ankara, Turkey, states that "respect for autonomy is a concept of health professionals that exists in their universe of values and has been partially created by ethicists."[29] In Turkey, the smallest autonomous unit is the family. Other cultures embrace a communitarian philosophy that views the individual as inseparable from the community.[13,19]

The ethical principle of respect for persons is the basis for informed consent. Understanding that the meaning of informed consent varies across cultures, many experts maintain that the underlying standards of informed consent may still be upheld by working within the framework of the culture to create partnerships and promote communication.[6,12,19,22,30,31] Such communications, which interpret not only

words but also meanings, allow potential subjects to understand the nature of the research, have the opportunity to have questions answered, and make a decision without coercion.[14,20,30] Particular attention must be paid, however, to covert forms of coercion such as underlying beliefs that treatment is dependent on participation or that the investigator is an authority figure.[5,20,29] Recognition of covert forms of coercion requires investigator's knowledge and sensitivity to cultural attitudes, norms, and regulations.[32]

In addition to coercion, ethical dilemmas may also arise in the area of informed consent when institutional review boards (IRBs) are overly concerned with adherence to procedures as opposed to ethical reasoning. Focus on signed documents instead of contextual interpretation of ethical principles is an example of procedural concern.[22,30] Research participants in developing countries may have limited literacy or may perceive that signing a paper would put them at risk. In such cases, IRBs should be more interested in the process of obtaining informed consent and the ethical principles involved. According to the Declaration of Helsinki, verbal consent is acceptable.[30] However, an investigator must be aware that "there is a fine line . . . between imposing irrelevant, burdensome requirements . . . and failing to ensure that human subjects are provided the basic ethical protections they deserve."[33]

Beneficence, another Western ethical standard, is the principle of doing good. It is incumbent on the investigator to ensure that research has the potential to benefit the individual, the community, or the public.[5] In addition to enhancing good, this principle also alludes to prevention of harm or nonmaleficence.[6]

Justice, the principle of equal and fair treatment, also has its roots in Western culture. The reference of justice not only to the treatment of individuals but also to the fair distribution of the benefits of research makes it a highly contentious principle.[6,20,34,35] One issue surrounds the standard of care that should be afforded to participants after a study—Should it be the standard of care of the host country or the country of the study? Should justice be viewed globally, requiring that the benefits of research be disseminated worldwide? Will research in developing countries further aggravate the disparities in healthcare?[20,34]

The ICNE recommends that respect for community and contextual caring also become guidelines for ethical research by nurses. *Respect for community* is viewed as a balance for the focus on individualism inherent in the Western philosophy of ethics, and asserts that the effect of research on the community be considered.[6] This philosophy of "communitarianism" requires that the community's rights are protected.[19]*Contextual caring* "entreats the researcher to behave towards each participant as a person within an ethical relationship of caring concern grounded in the researcher's personal values."[6]

Mechanisms to promote ethical multiculturalism

Various mechanisms to assure ethical multiculturalism are proposed in the literature. Review by the appropriate agency within the country of research is necessary in addition to meeting the United States' requirements for international research.[32] However, in a survey conducted between November 1999 and April 2000 of 670 researchers in developing countries in Asia, Africa, and South America, 44% of the respondents reported that their studies conducted within the previous 5 years underwent no review in the country where the research was conducted.[36] Many developing countries either have no ethical review mechanisms or have ethical review committees that are loosely organized and may or may not have established guidelines from which to work. Education to promote the formation and further development of research ethics committees is indicated to ensure that research is conducted in culturally appropriate ways while maintaining the basic ethical principles of beneficence, justice, respect for persons and communities, and contextual caring.[6,34]
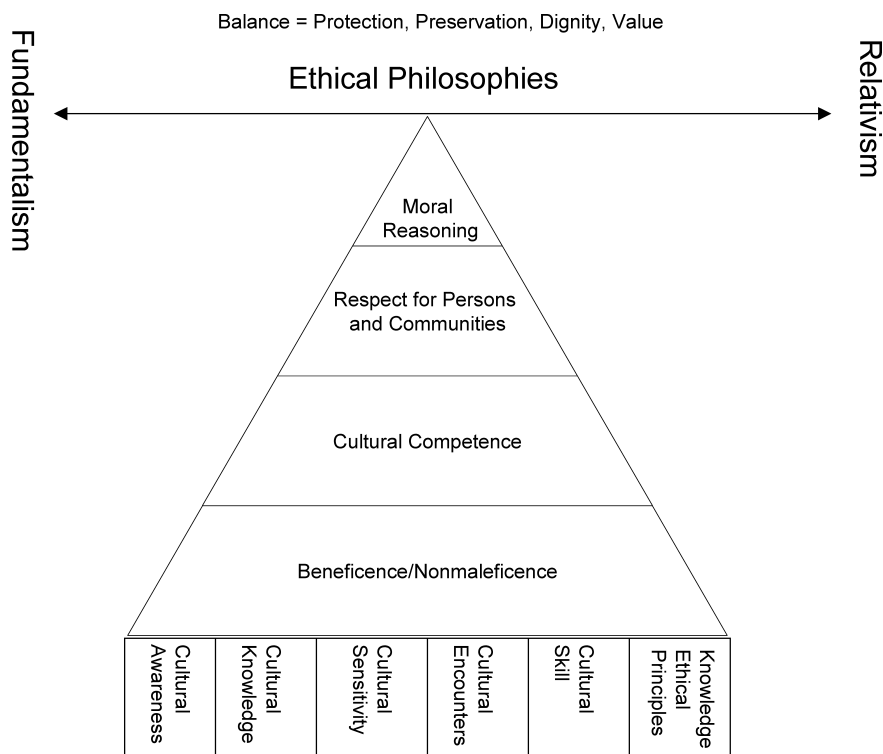
Figure 1. Model of ethical multiculturalism.

DATA ANALYSIS

Analysis of data in the evolutionary method of concept analysis consists of the identification of major themes encountered in the literature review including attributes and contextual features such as antecedents and consequences. The result of this analysis will be a "cohesive, comprehensive, and relevant system of descriptors."[16] A model of ethical multiculturalism emerging from the data analysis is presented in Figure 1. This model identifies attributes, antecedents, and consequences of ethical multiculturalism as synthesized from the literature.

Attributes of ethical multiculturalism

In the conceptual model of ethical multiculturalism (Fig 1), the attributes of ethical multiculturalism form the fulcrum of a balance between the 2 ethical philosophies of fundamentalism and relativism. Attributes of ethical multiculturalism gleaned from the literature include moral reasoning, the ethical principle of beneficence and its correlate, nonmaleficence, respect for persons and communities, and cultural competence. Although the fulcrum is pyramidal, no hierarchal levels are assumed.

As introduced by Crigger et al, ethical multiculturalism involves applying universal, fundamental ethical principles in a contextually relevant manner.[12] To accomplish this, moral reasoning is required. Benatar and Singer define *moral reasoning* as "consideration of all relevant aspects of the case in its context, weighing and balancing competing moral requirements, and developing justifiable conclusions."[34] Such reasoning allows the investigator to move beyond rules and prescriptives in order to consider the underlying intent of an ethical principle.

Another attribute of ethical multiculturalism identified in the literature is the ethical principle of beneficence and its correlate, nonmaleficence. Investigators must recognize that *traditions*, the "customs, beliefs, and values of a community which govern and influence people's behavior,"[37] may be harmful to individuals. Practices such as female genital mutilation or infanticide because of son preference are examples of harmful traditions. Research, in every cultural setting, must have the potential to do good and prevent harm. The World Health Organization (WHO) acknowledges this principle in its recognition of violence against women as a major human rights issue as well as a significant public health problem.[38] The WHO has developed recommendations to promote the safety of both participants and research teams conducting research on violence against females. In addition, the WHO provides suggested interventions to eradicate harmful traditions at the community level.[37]

The literature indicates that respect for persons and communities must be considered in tandem as an attribute of ethical multiculturalism. While many cultures do not recognize the autonomy of the individual, respect for persons provides a mechanism to prevent action from being taken against the individual's wishes. However, by recognizing that certain cultures identify the family or community as the autonomous unit, the researcher who demonstrates ethical multiculturalism will ensure that culturally acceptable methods of informed consent are utilized. This may include obtaining consent from family members, community leaders, or others in positions of authority in addition to obtaining assent from the individual subject. Furthermore, the investigator will ensure community participation as appropriate in all phases of research and will promote collaboration with study participants.[6,12,19]

The final attribute of ethical multiculturalism identified is cultural competence. *Cultural competence* is defined as "the process in which the healthcare provider continuously strives to achieve the ability to effectively work within the cultural context of a client (individual, family or community)."[39] Cultural competence encompasses recognition of and adherence to the society's laws and regulations, attitudes, and mores. This attribute requires that the investigators honor the society's methods for ethical review as well as the cultural norms for interpersonal interactions and behavior within the society.

Antecedents of ethical multiculturalism

In the model of ethical multiculturalism, the antecedents are the base upon which the attributes are supported (Fig 1). Since cultural competence is an attribute of ethical multiculturalism, many antecedents of cultural competence are similarly antecedents of ethical multiculturalism. These have been identified as *cultural awareness*, an appreciation of another culture's diversity; *culture knowledge*, an educational component; *cultural sensitivity*, a respect for and acceptance of varying cultural viewpoints; *cultural encounters*, interactions with individuals from the culture; and *cultural skill*, which includes cultural data assessment and communication.[39,40] These antecedents address the various ethical concerns identified in the literature such as recognition of the role of the investigator as an authority figure or identification of methods of covert coercion.[5,20,29] In addition, these antecedents include knowledge and sensitivity to cultural attitudes, norms, and regulations[32] as well as communication skills that enable the translation of true meanings as opposed to just words.[14,20]

Another antecedent of ethical multiculturalism is the understanding of ethical principles, not simply knowledge of rules and procedures.[30] Knowledge of the intent of the principles of beneficence and respect for persons and communities allows the investigator to apply moral reasoning as an attribute of ethical multiculturalism.

Consequences of ethical multiculturalism

In the model of ethical multiculturalism (Fig 1), balance is achieved when the attributes of the concept are ideally placed between fundamentalism and relativism. The balance represents ethical multiculturalism. The primary consequence of ethical multiculturalism is the protection of human subjects while preserving cultural norms. This will maintain the dignity of both participants and communities. Furthermore, individual subjects and their communities will perceive that they are valued.

DISCUSSION

In lieu of an exemplar, an interview with Dr Lygia Holcomb (March 25, 2005), one of the originators of the concept, was conducted to evaluate this concept analysis and model of ethical multiculturalism. Dr Holcomb indicated that the antecedents of ethical multiculturalism were, in her opinion, valid. She did not, however, agree with the attributes identified. In an unpublished paper, Crigger and Holcomb argue that cultural competence is not possible. According to Dr Holcomb, an investigator is "never part of that culture," regardless of the amount of time spent in a culture. "You are still alien," she stated. Instead of cultural competence, she stated that "reverencing the culture" may be more appropriate. Through reverencing, one acknowledges that "different is not bad" and does not "negate his or her culture."

Dr Holcomb referred to a process that she and Dr Crigger call "revealing ignorance." This process encompasses recognition of one's limitations and the limitations of the situation. She stated, "You cannot know how huge your ignorance is." For example, as a component of her role in a Honduran health clinic, Dr Holcomb resolved to offer every client a drink of water because many walked long distances in hot weather. She did not realize that offering water in a clinic situation was not considered proper in that society. As a result, the clients were uncomfortable with her offer. However, when teaching a health promotion course to Honduran women, the women were insulted because she did not bring food or water to the class. Clearly, there was a cultural difference in their role as patient and student.

Dr Holcomb stated that the outcomes identified raise questions about how ethical multiculturalism is practically achieved. She stated, "We assume we know what's best and go and do it." The challenge is to identify strategies to "carry out practically."

Pursuant to the interview with Dr Holcomb, the author re-evaluated cultural competence as an attribute of ethical multiculturalism. On the basis of the definition cited earlier that cultural competence is a process, not an endpoint,[39] and on the basis of its accepted use in the nursing literature,[41-43] the author maintains that cultural competence at this time is a valid attribute of ethical multiculturalism. Further evaluation as the concept evolves and matures may necessitate a change in the attributes.

IMPLICATIONS AND FUTURE RESEARCH DIRECTIONS

Based on this analysis, ethical multiculturalism, in its current conceptualization, is the use of moral reasoning to apply the basic ethical principles of beneficence and respect for persons and communities in a culturally competent manner to research in various societies or cultures. It is consistent with the ethical principles of nursing, which posit that the respect for human rights is inherent in nursing and that nurses provide care not only for individuals but also for families and communities.[15] As a new concept introduced in 2001,[12] significant research and analysis is needed to determine its application and usefulness in nursing.

The concept of ethical multiculturalism would benefit from the multiphase approach to concept analysis and development described by Sadler.[44] Phase 1, a review and

analysis of the literature, is presented in this article. Phase 2, describes the concept as reported by practicing nurses. Interviews with nurse investigators who conduct international research to determine how they balance ethical principles with contextual expectations would further clarify the concept. Such interviews could be conveniently conducted at an international research conference or on the Internet. In phase 3 of the multiphase approach, the literature and interview data are compared and refined. Phase 4, field observation, could be conducted by observing a nurse researcher navigate the ethical issues in an actual international study. Final analysis yields a description of the use, significance, and application of the concept based on the previous phases. This methodology would enhance the current understanding of the concept.

On the basis of Holcomb's assertion that cultural competence does not exist (personal communication, March 25, 2005), further evaluation of the concept of cultural competence as an attribute of ethical multiculturalism is warranted. In addition, development of the concepts of "reverencing culture" and "revealing ignorance," as described by Holcomb, is indicated.

Further analysis is needed to determine whether the ethical principle of justice is an attribute of ethical multiculturalism. The ICNE supports justice as a principle to guide international nursing research.[6] However, justice is more than simply fair treatment. It also encompasses "fair distribution of both the benefits and burdens of research at individual and community levels."[6] Solomon Benatar, President of the International Association of Bioethics, asserts that research ethics are "intimately linked to healthcare, to human health globally and to the promotion of social and economic processes that could begin reversing widening global disparities in health."[20] Mechanisms of fair distribution of the benefits and burdens of international nursing research and their ability to minimize healthcare disparities must be evaluated.

The role of caring in ethical multiculturalism requires investigation. Contextual caring, like justice, is recognized by the ICNE as a principle to guide international nursing research. This principle requires that one act "in accord with personal caring concern for the concrete specific other within one's immediate scope."[6] It involves individual emotional reaction and a feeling of responsibility toward the research subjects. Caring is also an integral component of cultural desire, a concept described by Campinha-Bacote.[39] *Cultural desire*, a construct of cultural competence, encompasses both desire and motivation to interact with individuals from another culture. *Caring* is perceived by clients as a genuineness that makes them feel valued. Currently, there is insufficient evidence in the literature to support caring as an attribute of ethical multiculturalism. Conceptual analysis is needed to evaluate, compare, and contrast contextual caring and cultural desire to determine whether they are attributes or antecedents of ethical multiculturalism, or both.

Finally, practical application is needed. Development of a practical framework is indicated for the application of the concept of ethical multiculturalism in the international nursing research arena. The practical application of the concept also warrants investigation in providing nursing care for multicultural clients within a single country.

CONCLUSION

The ethics of healthcare research have indeed evolved from the recognition that egregious abuses of human subjects must be prevented to the current recognition that consideration of contextual influences on the rights of individuals, families, and communities must be regarded. In fact, ethicists propose that future ethical implications include the utility of healthcare research in solving global healthcare disparities.[25,35] The challenge lies in the fact that healthcare is delivered in a variety of systems and in a variety of conditions throughout the world.[25]

Turner states, "if core moral norms exist, they only become socially significant when common understandings can be achieved at the practical, substantive level."[45] This evolution- ary concept analysis of ethical multicultural- ism is a small step toward the achievement of such common understandings and practi- cal applications.

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Appendix

Review of Literature Summary

Author (Date)	Journal (Discipline)	Purpose of article/investigation	Concept/definition/findings
Arford (2004)	*Journal of Nursing Scholarship*	Contextual sensitivity to community attitudes, laws, regulations. Cultural competence for participant selection, informed consent.	
Benatar (2001)	*Bioethics*	*Challenge:* Develop universal rules for research worldwide with different healthcare systems.	
Benatar (2002)	*Social Science & Medicine*	Balanced approach required—recognize and handle contextual differences rationally.	*Moral economy of interdependence:* "Collectively shared basic moral assumptions"
Benatar et al (2003)	*International Affairs* (Political Science)	Failure to distinguish observed differences in moral behavior in different societies and universal principles.	
Benatar and Singer (2000)	*British Medical Journal* (Medicine)	More than following prescriptions. Requires moral reasoning to justify conclusions.	
Brunger and Weijer (2002)	*Ethics & Behavior* (Psychology)	Regulations must be interpreted in context of study.	
Christians (2005)	*Journalism Studies*	Media ethics must respond to both rapid globalization of communications and reassertion of local identities.	*Ethical rationalism:* Timeless, moral truths *Relativism:* Not valid outside own society *Cultural relativity:* Internal criteria validity
Cordner (2004)	*Inquiry* (Philosophy)	Important form of ethical universality that any decent ethics must acknowledge.	*Universality:* "Human commonality" *Ethical universalism:* "Exceptionless" norm
Crigger et al (2001)	*Nursing Ethics*	Advocates moderate position of ethical multiculturalism.	*Fundamentalism:* Ethical principles universal

Appendix (*continued*)

Author (Date)	Journal (Discipline)	Purpose of article/investigation	Concept/definition/ findings
			Multiculturalism: Ethical principles culturally bound *Ethical multiculturalism:* Researchers should accommodate both principles
Crosby and Grodin (2002)	*Ethics & Behavior* (Psychology)	Same ethical standards regardless of cultural background.	
Dresden et al (2003)	*Journal of Professional Nursing*	Examination of community as an entity, acknowledge, protect the community's rights.	*Communitarianism:* Individual inseparable from community
Farmer (2002)	*The Lancet* (Medicine)	Communication for participant understanding. Research on informed consent needed.	
Hyder et al (2004)	*Journal of Medical Ethics*	Survey of developing country researchers about ethical review processes.	44%—No review in country Need international guidelines
Kelley (2002)	*Ethics & Behavior* (Psychology)	Avoid cultural imperialism and exploitation of vulnerable populations by engaging in process of negotiated ethical standards that uphold basic Western-based ethical principles yet provide for cultural variations on how research is conducted.	*Moral fundamentalism:* Basic moral principles acceptable across all cultures *Multicultural- ism/Moral relativism:* Based on context, culture-specific values *Postmodernism:* No universal standards *Negotiated position:* Standards of justice, beneficence, and respect for persons upheld, methodology based on context
Ketefian (2000)	*International Journal of Nursing Practice*	Respect for persons, beneficence, justice apply internationally just as in investigator's country.	

Appendix (*continued*)

Author (Date)	Journal (Discipline)	Purpose of article/investigation	Concept/definition/ findings
Leino-Kilpi et al (2003)	*Nursing Ethics*	Comparative survey of nurses' perceptions of autonomy, privacy, and informed consent in care of elderly in 5 European countries.	Differences between countries. Autonomy best realized in Spain, privacy in the UK, and informed consent in Finland
London (2002)	*American Journal of Public Health*	Meaningful informed consent differs across cultures. Procedural correctness vs substantive approach to ethical reasoning.	*Negotiated ethical standard:* Recognizes important truths reflected in both moral relativism and moral fundamentalism
Macklin (2002)	*Ethics & Behavior* (Psychology)	Protection of subjects based on understanding of ethical principles, not procedural details.	
Mill and Ogilvie (2002)	*Qualitative Health Research* (Nursing)	*Two ethical tests:* International ethical standards for the protection of human participants and acknowledge ethical standards of environment.	*Ethical universalism:* Universal—all settings *Ethical relativism:* Relative to setting/culture *Deliberative relativism:* Emphasis on discussion of ethical issues, not resolution
Minnameier (2004)	*Journal of Moral Education* (Business)	The best of ethics, however, they may be defined, must be pursued economically.	*Universalist ethics:* Disinterested, universalized, and objective moral point of view *Moral segmentation:* Use of different moral principles in different situations
Oguz (2003)	*Journal of Laboratory & Clinical Medicine*	Universality of regulatory norms questioned. Culturally sensitive safeguards stressed.	

Appendix (*continued*)

Author (Date)	Journal (Discipline)	Purpose of article/investigation	Concept/definition/ findings
Olsen et al (2003)	*Nursing Ethics*	International Centre for Nursing Ethics—broad guiding principles for designing and reviewing research. Local input.	*Universalism:* Universal principles *Relativism:* Norms relative to culture *Respect for community:* Consider effects of results on community *Contextual caring:* Caring concern for subjects grounded in the researcher's values
Parascandola (2002)	*Research Practitioner* (Public health)	Burdensome requirements vs failure to ensure basic ethical protection of human subjects.	
Rubin (2002)	*Ethics & Behavior* (Psychology)	US system is product of cultural, political, ethical influences. Not understood by outsiders.	
Ryan (2003)	*Journal of Social Philosophy*	Argues neither side is correct.	*Universalism:* One set of moral judgments holds true for every society
Schultz (2004)	*Nursing Administration Quarterly*	Language translation must include meanings.	*Ethical universalism:* Same principles apply *Ethical relativism:* Principles as valued within the cultural norms of the society
Sheikh (2001)	*Western Journal of Medicine*	Two sources of "ethica universalis"—religious faith, rational thought.	*Postmodernism/Cultural relativism:* Ethics cannot be judged by objective standard
Suhonen et al (2003)	*International Nursing Review*	Comparative survey of nurses' perceptions of patient autonomy in 5 European countries.	Clear between country differences
Tomlinson (2000)	*Information, Communication & Society* (Humanities)	Relational closeness presents its own "distinct order of politics."	*Cosmopolitanism:* World citizenship *Exclusivity:* Strong divisions between cultures and strong political divisions *Inclusivity:* Shared responsibility, hybridization, respect for cultural differences *Universalism:* Western values for all

Appendix (*continued*)

Author (Date)	Journal (Discipline)	Purpose of article/investigation	Concept/definition/ findings
Turner (2003)	*Kennedy Institute of Ethics Journal*	Core moral norms socially significant when common understanding at practical level.	*Common morality:* Universal, common morality as normative baseline *Moral Pluralists:* Multiple moral traditions
Wang and Huch (2000)	*Nursing Science Quarterly*	Sensitivity to differences, ensure subjects' protection based on international ethical codes.	

Errata

In Tashiro CJ. Health disparities in the context of mixed race: challenging the ideology of race. Adv NursSci. 2005;28(3):203–211, the third sentence of the "People of Mixed Race and Health Disparities" section onpage 208 should read, "The population identified as multiracial in the census is young and highly diverse, withover 70% indicating a combination of White and another race.41"

The source of the second citing of reference 41 on page 208 isJones NA, Smith AS. The Two or More Races Population: 2000. Washington, DC: US Census Bureau. Available at: www.census.gov/prod/2001pubs/c2kbr01-6.pdf. Census 2000 Brief Series (C2KBR/01-6).