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DOES A NURSING PRACTITIONER HAVE A DUTY TO WORK IN A CLINIC WITHOUT THE FUNDAMENTAL RESOURCE OF WATER?

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Submitted to the Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the degree of Master of Science in Medicine in Bioethics and Health Law

Johannesburg, 2022.

Declaration

I Makhotso Merriam Ralehike, student number 2261574 declare that this Research Report is my own, unaided work. It is being submitted for the Degree of Master of Science in Medicine in Bioethics and Health Law at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.

17th day of October, 2022

Dedication

In memory of my late mother

Mahlape Gladys Mpholo

1956-2005

Abstract

The purpose of this study is to explore the current situation where nursing practitioners find themselves working at the rural healthcare facilities where there is a lack of water as a fundamental resource necessary to render quality services. The ethical problem is a nurse's obligation to care for patients in such a clinical setting and the risk of being exposed to infections, including SARS-Cov-2, which have the potential to harm human health and affect a nursing practitioner's decision on whether to work in such a clinical facility or not. This study outlines the magnitude of the need of the South African nursing regulatory body to adopt a code of ethics that reflects the realities of the healthcare systems in rural health facilities in which nurses care for patients.

I carried out a normative study, and the existing relevant legal and ethical literature was critically analysed. I employed my 8 (eight) years of experience working as a nursing practitioner in rural healthcare facilities, from which this research report topic grew. The moral argument was primarily based on relevant literature and laws, philosophical perspectives, where Kantian Deontology moral theory was analysed, and the bioethical principles of autonomy, beneficence, non-maleficence and justice. A conclusion is reached that current nursing guidelines and policies in place are not addressing the issue that nurses do not have a moral duty to practice in an under-resourced health environment where the fundamental resource for hygiene and sanitation is lacking. A revised approach and potentially legal revisions toward developing and justifying a new ethical and legal or regulatory framework are recommended.

Keywords: Nursing practitioner, nursing duties, healthcare, water and fundamental resource.

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Acronyms

ANA	American Nurses Association
ANHE	Alliance of Nurses for Healthy Environments
CHWs	Community Healthcare Workers
COVID-19	Coronavirus Disease of 2019
DoH	Department of Health
DENOSA	Democratic Nursing Organisation of South Africa
HAIs	Healthcare-associated infections
HPCSA	Health Professions Council of South Africa
HREC	Human Research Ethics Committee
ICESCR	International Covenant on Economic, Social and Cultural Rights
ILO	International Labour Organization
NHA	National Health Act
OHSA	Occupational Health and Safety Act
PHC	Primary Health Care
PPE	Positive Practice Environment
SAHRC	South African Human Rights Commission
SANC	South African Nursing Council
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus-2
SDGs	Sustainable Development Goals
UN	United Nations
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

WMA	World Medical Association

Chapter 1

1.1 Introductory Summary

This research report explores the resources that shape a nurse's safe working environment and the costs of an unhealthy workplace when there is a lack water in clinics. It articulates the ethical principles underlying and supporting my thesis statement and defends my stance that a nursing practitioner does not have a duty to work in a clinic where the fundamental resource of clean, running water to provide quality health care services is unavailable. The lack of a potable water supply has a potential to harm human health, and it can affect a nursing practitioner's decision on whether to work in such a clinical facility or not. A lack of water supply in health facilities can result in poor nursing services, yet the duty and responsibility of a nursing practitioner is to ensure a positive patient outcome. This deficient clinical care situation introduces an ethical dilemma, which is due to unavailable professional and legal guidelines that provide an appropriate foundation to guide nursing practitioners who encounter a lack of resources necessary to render quality services.

In this chapter, I will be looking at nurses working in a clinic where there is lack of the fundamental resource of water and giving a brief critical review of the relevant professional and legal guidelines on this issue and closely related problems.

Safe and sufficient sanitation and hygiene is the fundamental key to prevent the spread of diseases in healthcare facilities, especially in rural clinics (Guo, Bowling, Bartram, et al., 2017). This study focuses on the lack of the fundamental resource of water in health clinics mainly in rural regions of South Africa, which poses a threat to the health of nursing practitioners and their patients in these clinical settings. This is an ongoing situation in some of the rural areas in South Africa, but it is not limited to rural areas. In 2021, in both Helen Joseph Hospital and Rahima Moosa Mother and Child Hospital in Johannesburg, which are large hospitals, there was no water for nearly a week (Botho, 2021; Mohamed, 2021). Cleaners in the hospitals had to collect water with containers from an outside tap and mobile water tankers were used for staff to wash their hands (Mohamed, 2021). This incident did not just interrupt the health services in these hospitals, but it also compromised the general cleanliness and hygiene in wards where patients were nursed (Mohamed, 2021). In

Rahima Moosa Mother and Child Hospital, patients were instructed to discard used toilet paper in a red bag, instead of flushing it down the toilets, because the toilets were not working (Mohamed, 2021). This situation was an unhealthy working environment for both nursing practitioners and for patients' care, especially during this time of the COVID-19 pandemic.

The available professional and legal guidelines provided by the South African Nursing Council (SANC) do not provide a clear and fundamental guide to nursing practitioners on what ought to be done when there is a lack of the necessary resources in healthcare facilities, which are needed to guide the ethical decisions nursing practitioners are supposed to take.

Water supply at the primary healthcare facilities is an essential element to prevent the spread of disease. Little research has been conducted regarding the clinics without running water especially in rural areas, where nurses render nursing services ranging from outpatients' services to emergency transfers. According to Guo, *et al.*, less than 50% of rural healthcare facilities in South Africa, including the clinics, have access to consistent running water (2017).

1.2 Research Objectives

The overall objective of this research is to argue that nursing practitioners do not have a moral duty to work in a clinic where there is a lack of the fundamental resource of water to provide quality health care services.

Primary Objective

- The first objective is to describe the reasons why clean, running water is a necessity for health care provision and to articulate how the lack of clean, running water in a health facility prevents a nursing practitioner from providing quality nursing care, because lack of water hinders the quality of nursing services.

Secondary Objectives

- The second objective is to characterise the individual moral and legal rights of a nursing practitioner, to recognise and support the basic human rights of the nurses, as the concept of human rights provides the guide for how nurses ought to be treated as individuals.

- The third objective is to evaluate and enumerate the South African laws that support my argument that a nursing practitioner does not have a duty to work in a clinic where the basic health care necessity of clean, running water is unavailable, because the workplace has to be safe for the provision of nursing practices.
- The fourth objective is to apply the ethical framework of principlism. My deontological argument is in defence of a nurse not having a duty to work in a clinic where the basic fundamental resource for health care provision, clean, running water, is unavailable.

Principlism refers to the approach to moral arguments developed by philosophers Tom Beauchamp and James Childress and includes four principles of biomedical ethics (2013). The basic idea proposes that moral problems can be best approached using or applying one or more of these basic ethical principles, namely respect for autonomy, beneficence, non-maleficence and justice (Moodley, 2011). According to Moodley, these principles are guiding actions which are used in evaluating moral problems (2011).

1.3 Background Literature Analysis and Critique

The majority of the health workforce in South Africa consists of nursing practitioners, and they play an important role in providing primary health care (PHC) services. Health care systems in this country are increasingly challenged. There is a wide increase of health needs and financial constraints, which restrict the services that have the potential to strengthen health sector infrastructure and the workforce (Baumann, 2012). The International Council of Nurses states that the health sector is faced with a global nursing workplace crisis, one marked by a critical shortage of water as a standard resource for a health facility to be fully operational and functional (Baumann, 2012). The reasons for a lack of water in health facilities, especially in clinics, are varied and complex, but key among them is poor infrastructure (Baumann, 2012). Lack of water creates an unhealthy work environment that weakens the performance of nursing practitioners, separates them from their specific work settings, and from the nursing profession itself.

If the clinical setting does not support a nurse's ability to provide excellent health care services because the facility lacks water, it will not promote the practice of

personal hygiene etiquette, such as frequent hand washing with soap and water, to prevent the spread of disease (Baumann, 2012; Howard, Bartram, Williams, *et al*., 2020). The practice of hand washing is essential to overall cleanliness and preventing the spread of disease (Howard, Bartram, Williams, *et al*., 2020). Another component due to a lack of water that must be reviewed is that such a clinic situation affects a nursing practitioner's human health and well-being. Daily consumption of sufficient, clean water is required to replenish body fluids and facilitate physiological processes of all human beings, including nursing practitioners (Howard, Bartram, Williams, *et al*., 2020).

If the instruments and tools the nurse uses are not clean, the work environment will not promote positive nursing practice, nor will it be beneficial for patient outcomes (Howard, Bartram, Williams, *et al*., 2020). Thus, the deficient work environment will have a negative effect on nurses' satisfaction with the work they do (Howard, Bartram, Williams, *et al*., 2020). In my view, this level of compromised health services also would be insufficient to ensure that enhanced personal hygiene of nursing practitioners could be practised under disease outbreak conditions, i.e., the COVID-19 pandemic. Based on my personal experience working on a COVID-19 ward at Tshwaragano District Hospital in Kuruman, Northern Cape Province, as a professional nurse, the infection control measures are compromised, resulting in an unhealthy workplace and increased cases of COVID-19 infection amongst employees in the ward because of the water insufficiency needed for ward cleanliness and good health.

Water is considered as a limited natural resource and a public good fundamental for life and health (World Health Organization and UNICEF, 2019). However, water scarcity remains a common condition of many communities in South Africa (World Health Organization and UNICEF, 2019). Water is a fundamental human need and has to be readily available and easily accessible in health institutions (World Health Organization and UNICEF, 2019). Nevertheless, due to some limitations, such as poor infrastructure of healthcare facilities at clinics like Penryn Local Clinic in John-Taolo Gaetsewe local district municipality in Kuruman, Northern Cape Province, South Africa, nursing practitioners can find themselves compromising quality nursing care services due to water scarcity in the area, as there is no access to water due to inadequate infrastructure of the clinic. Penryn Clinic is now closed because there

was no running water in the taps, and nurses had to reserve or store water in the big drums for drinking and domestic use, including washing hands. The nurses had to use a pit toilet because there was no water in the facility. According to the South African Human Rights Commission (SAHRC), the human right to water is obligatory for leading a life in human dignity (2014).

The lack of running water in a clinic facility dehumanises the human rights of nursing practitioners and limits their human dignity in ensuring and sustaining quality-nursing care (SAHRC, 2014). The human right to clean running water and sanitation is considered to be of utmost importance in health care facilities (SAHRC, 2014). Furthermore, the nature and scope of the existing healthcare system profile in South Africa does not allow nursing practitioners to practice in such an environment, as it does not meet the ethical standards required to render medical care of good quality, as stipulated in World Medical Association (WMA) Declaration of Lisbon on the Rights of the Patient (2005).

A serious philosophical problem arises when the lack of water supply affects the clinics in rural areas, where a nursing practitioner is faced with an ethical dilemma of working in unfavourable conditions, yet s/he has a duty to provide care to the patient (WMA, 2005). In clinics where there is lack of potable water supply as a necessity to render health services, the nursing regulations in South Africa governing the nurses' obligations in such circumstances are not clear as to what a nursing practitioner ought to do during a scarcity of water in the clinic.

Healthcare service delivery occurs within a specific regulatory and contextual framework, guided by general national legislation and regulations, professional, ethical and legal contexts, the National Health Act, and specific health care regulations and policies (Muller, 2013). According to Muller, the professional practitioners involved in health care service delivery are regulated in accordance with the specific professional-ethical legislation of a particular profession, which in the case of nursing practitioners in South Africa is the Nursing Council (2013).

The South African Nursing Council (SANC), as a regulatory body, authorised by the Nursing Act in Act 33, has developed the definition of the Nursing Scope of Practice, Professional Standards and Competencies (Nursing Act of 2005). The Nursing

Council (n.d.) claims that the obligation of the nursing practitioner is to use their judgement and skill in providing safe and competent patient care.

Nursing practitioners are expected to be accountable and take responsibility for the decisions they make and the actions they take related to any aspect of the patient under their care (Searle, Human and Mogotlane, 2009). However, the Nursing Council does not define what exactly is it that a nurse ought to do in clinical activities where the fundamental resource as potable water is not available to carry out good quality care. These activities do occur in clinics where water is not available, especially in the rural villages of South Africa, and recently in the City of Johannesburg (Botho, 2021; Mohamed, 2021).

Primary health care facilities are the grassroots level front line of re-engineering a referral system of health, which is a method used by South Africa's Department of Health (DOH) to increase access to health services and improve the quality of health services in general (Soul City Institute, n.d.). In this referral system, it is often a nursing practitioner at the clinic, working independently in the absence of a medical officer, who is expected to ensure patients get their basic health needs met through nursing activities ranging from diagnosing, preventing and treating emergencies, and monitoring chronic and managing acute illnesses. In all of these cases, nursing practitioners must ensure quality health care, preventing diseases and infections according to Nursing Council ethics guidelines (SANC Ethics Guideline, 2013).

In clinics, nurses often have nurse-patient relationships, which can go beyond what is called the social contract, as published in the ethical guidelines of the Health Professions Council of South Africa (HPCSA Guideline, Booklet 1, 2016). According to the Nursing Council's ethical guidelines (2013), for any claims where the principles and values are overriding, or in conflict, the nurse must make use of an ethical committee: "It may be advisable wherever possible, to make some of the decisions within an ethical committee where diverse values, perceptions and views are taken into consideration by a collective. The more diverse the group in such an ethical committee, the more ethically and morally sound the decision will be…" (SANC Ethics Guideline, 2013). However, I find this guidance debatable since not all the health facilities have an ethical committee, and some dilemmas remain unresolved, especially when the health facility has no water supply, yet it must remain

operational to serve the health needs of that specific community. This situation has led to the rationale for my study and my research question.

1.4 Rationale for the Study

The rationale for the research is that in health facilities, there is a global nursing workplace crisis characterised by an intensifying shortage of resources, such as water in rural clinics, which nurses are faced with (Bell, 2005). This is an ongoing situation in some of the rural areas in South Africa, such as in the Free State, Northern Cape, and Eastern Cape Provinces, where water scarcity is a fundamental problem that nurses are facing (Molungisi, 2020).

In the areas without clean, potable water, the lack of a water supply has a potential to harm human health and affect a nursing practitioner's decision on whether to work in such a clinical facility or not. This ethical dilemma resulting from a lack of water supply in the health facility and poor nursing quality health services increases the duties and responsibilities of nursing practitioners. This clinical care situation is due to unavailable professional and legal guidelines to provide an appropriate foundation to guide nursing practitioners who encounter ethical dilemmas due to a lack of water to be able to render quality healthcare services.

I found in my research that the available professional and legal guidelines provided by the SANC do not provide a clear and fundamental guide to nursing practitioners on what ought to be done when there is a lack of potable water in healthcare facilities. Such guidelines are needed to guide the ethical decisions nursing practitioners are supposed to take.

I will argue that the Nursing Act 33 and the professional nursing guidelines should be changed to provide clearer directives on the duties of nursing practitioners when confronting ethical dilemmas in their working environment. The SANC, as a regulatory body, authorised by the Nursing Act in Act 33, has developed the definition of the Nursing Professional Standards and Competencies (Nursing Act of 2005). The Nursing Council (n.d.) claims that the obligation of the nursing practitioner is to use their judgement and skill in providing safe and competent patient care. Guidance is needed on the duties of a nurse when the health facility lacks the basic necessity of clean, potable water, to enable a nurse to provide quality health care services.

1.5 Research Methods Limitations

This research design was purely a normative study. It does not draw on new empirical research, but is based on the available literature and analysis of nurses practicing in an under-resourced health care environment, where the fundamental resource of water for hygiene and sanitation is lacking. My research explores the ethical implications of the lack of this fundamental environmental resource on nursing practice.

No new data will be collected, and no study participants will be involved. However, some examples will be included based on my personal experiences working as a nursing practitioner to support my ethical stance. Bioethical and philosophical research methods will be used. I will evaluate the existing nursing guidelines and policies, employing normative methods in critiquing the existing guidance, with the aim of recommending a revised approach and potentially legal revisions toward developing and justifying a new ethical and legal or regulatory framework.

1.6 Presentation of Arguments

This report takes the form of three succeeding chapters (2, 3 and 4) discussing the ethical arguments emanating from my research and support for my answer to the main research question. My conclusion and recommendations will be presented in Chapter 5.

The following Chapter 2 sets out to argue how access to clean water at the clinic is a legal right of the nursing practitioner. Since South African law gives priority to ensure the supply of water for personal and domestic use, the law guarantees nursing practitioners with water availability and sustainability for environmental hygiene, especially in health facilities (Kwesell, 2020). The following chapter contains findings relevant to my primary objective which is to describe the reasons why clean, running water is necessary for health care provision, and articulate how the lack of clean, running water in a health facility prevents a nursing practitioner from providing quality nursing care.

Chapter 2

2.1 Introduction

In the first part of this chapter, I will be discussing the legal obligation of the South African government to respond to the lack of water in health clinics. In the second part of this chapter, I will be discussing how access to water is a legal right of nurses at the clinics. Lastly, I will address the concept of water as a human right.

Researchers have for years been demonstrating the importance of water in healthcare facilities (World Health Organisation and UNICEF, 2019). According to the WHO and UNICEF, “Globally, 26% of health facilities lack basic water services….and the situation is worsening in Eastern and Southern Africa” (2019). The study by Mmanga, Holm and Bella highlights that, compared to hospitals, services in rural areas, in clinics and in government health facilities are more likely to have gaps in water supply (2020).

“Access to adequate clean water is a human right for all citizens, irrespective of their demographic origin” (WHO and UNICEF, 2019). I argue in this chapter that a nursing practitioner does not have a moral duty to work in a clinic where there is a lack of the fundamental resource of water to provide quality health care services. This chapter supports the secondary objectives of my research, which characterise the individual moral and legal rights of a nursing practitioner. The first part of this chapter discusses the legal obligation of the South African government in regard to a lack of water in rural clinics.

2.2 Legal Obligation of the South African Government on the Lack of Water in Health Clinics

The Constitution of the Republic of South Africa, Act 108 of 1996 (the Constitution) is the highest law of the country (The Constitution and Public Health Policy, n.d.). Chapter 3 of the Constitution contains the Bill of Rights, which is binding on all legislative and executive organs of state at all levels of government such as national, provincial and local departments (Acutt and Hattingh, 2015). Furthermore, The Constitution of the Republic of South Africa, Act of 108 in Chapter 2, Section 24 (a) guarantees every South African citizen: “The right to an environment that is not harmful to their health or wellbeing” (Constitution Act 108 of 1996). According to the World Health Organization and UNICEF, “No one goes to a health facility to get

sick….yet hundreds of millions of people face an increased risk of infection by seeking care in health facilities that lack basic necessities, including water…" (2019). The WHO and UNICEF further state that "Not only does lack of water, sanitation and hygiene services in health care facilities compromise patient safety and dignity, but has a potential to exacerbate the spread of diseases and undermines efforts to improve health of patients" (WHO and UNICEF, 2019).

The Constitution of the Republic of South Africa, Act of 108 in terms of Section 27 (1)(b) of stipulates that "everyone has a right to have access to sufficient….water" (Constitution Act 108 of 1996). "Safe clean water is an individual human right which correlates precisely with public duty of civic authorities to provide clean, running water" (Schirrmacher and Johnson, 2016). Furthermore, Schirrmacher and Johnson argued that governments, not South Africa in particular, "have duty to assure that people have access to clean water" (2016). The responsibility for the provision of safe and clean water is outlined in the range of legislation and different sections of the Constitution, and as stated above, the Constitution of South Africa, Act of 108 in terms of Section 27 (1) (b) stipulates that: "everyone has a right to have access to sufficient….water" (Constitution Act 108 of 1996).

The International Labour Organization (ILO) Article 12 of the Convention, adopted in 2014, stated that workers must be supplied with drinking water: "The Committee requests the government to provide….or ensure that sufficient supply of wholesome drinking water is made available to workers" (International labour Organization, 2017). Wholesome drinking water in this context implies healthy drinking water (International Labour Organization, 2017). Further, the WHO and UNICEF stated: "Water is important for the patients and workers, as it enables them to remain hydrated, clean themselves, and also reduce risk of infection" (2019).

The Constitution makes the provision that it grants South African citizens important and fundamental human rights in the chapter about the Bill of Rights, and it undertakes to protect these rights by various means (Acutt and Hattingh, 2015). The Constitution of South Africa, Act of 108 in terms of Section 7 (2) stipulates that: "The state is obliged to respect, protect, promote and implement all the provisions and requirements of the Bill of Rights" (Constitution Act 108 of 1996).

2.2.1 National Health Act

The National Health Act (Act 61 of 2003) of South Africa provides a framework for the uniform health system that conforms to the requirements of the Constitution and the existing legislation that governs health services (Acutt and Hattingh, 2015). The National Health Act (NHA) in Act 61, Chapter 1 Section 2 (c) (ii) stipulates that the objective of this Act is to regulate national health and provide uniformity with regard to health services in South Africa by "Protecting, respecting, promoting and fulfilling the rights of the people of South Africa to an environment that is not harmful to their health or well-being" (National Health Act of 2003). In addition, Schedule 8 (1) of the National Health Act in Act 2003, Section 90(1A) addresses the infection prevention and control programmes and states that: "The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of the infection to users, health care personnel and visitors" (National Health Act of 2003).

The WHO and UNICEF argued that: "No one goes to a health facility to get sick….yet hundreds of millions of people face an increased risk of infection by seeking care in health facilities that lack basic necessities, including water…" (2019). According to the WHO and UNICEF, "The provision of safe water and hygienic conditions is essential for preventing and for protecting human health during all infectious disease outbreaks, including SARS-CoV-2, the virus that causes a respiratory disease called coronavirus disease 19 (COVID-19)" (2020).

Schirrmacher and Johnson argued that clean water is an individual right which correlates precisely with a public duty of civic authorities to provide clean water to people (2016). This claim is supported by the National Health Act in Act 61 which addresses the general functions of the national department in Chapter 3, Section 21 (b) (ii) and states: "The director-general must, in accordance with national health policy, issue and promote adherence to norms and standards on health matters, including environmental conditions that constitute a health hazard" (National Health Act of 2003).

In my opinion, the provision of a safe working environment for nursing practitioners in the clinical setting is not limited to general cleanliness of the clinic, but also the functional ablutions with hand washing facilities and access of water for any other

use (either clinical or personal use).Schedule 8 (2) (a) of NHA in Act 61, Section 90(1A) addresses the infection prevention and control programmes and states that: “The health establishment must ensure that there are hand washing facilities in every service area” (National Health Act of 2003).

2.2.2 Occupational Health and Safety Act

South Africa’s Occupational Health and Safety Act (Act 85 of 1993) is considered as an essentially preventive act because it describes all the measures that should be taken to prevent disease as well as accidents (Acutt and Hattingh, 2015). According to Acutt and Hattingh, one of the main objectives of the Act is to ensure that working conditions are both healthy and safe for workers and community members that may be affected by the work activities (2015). In addition, the WHO and UNICEF state that: “The basic water services in health care facilities….is important to improve health outcomes, increase quality of care and protect health care workers” (2019). Again, the WHO and UNICEF state: “workers in health care facilities need sufficient quantities of safe water to provide health care services” (2019). The Schedule 20 of NHA in Act 61 under Section 90(1A) stipulates that “the health establishment must comply with the requirements of Occupational Health and Safety Act 1993” (National Health Act of 2003).

The Occupational Health and Safety Act in Act 85 addresses the general duties of the employers to their employees in Chapter 8, Section (1), which states: “every employer shall provide and maintain, as far as reasonably practicable, a working environment that is safe and without risk to the health of his employees” (Occupational Health and Safety Act of 1993). Schirrmacher and Johnson argued that, “Safe water must be provided by public authorities, regardless of whether those authorities are called clan, tribe or government” (2016).

2.2.3 Other national legislation

In the Water Service Act (Act 108 of 1997), one of the main objectives of the Act: “Is to provide for the right of access to basic water supply….necessary to secure sufficient water and an environment not harmful to human health or well-being” (Water Service Act 108 of 1997). This claim is also supported by the National Environmental Management Act (Act 59 of 2008), which outlines the purpose of this act generally as to: “Give effect to Section 24 of the Constitution in order to secure

an environment that is not harmful to health and wellbeing" (National Environmental Management Act 59 of 2008).

The Occupational Health and Safety Act (Act 85 of 1993) Section 8 (1) of the Act stipulates the general duties of the employers to their employees, including that "every employer provide and maintain, as far as is reasonably practicable, a working environment that is safe and without health risks" (Occupational Health and Safety Act 85 of 1993). The National Infection Prevention and Control Strategic Framework developed by Department of Health states that: "Delivery of quality healthcare should take place in a hygienically clean, safe environment with an adequate supply of clean running water….for both patients and staff in order to reduce [infections]" (2020). In addition, the Department of Water and Sanitation in National Norms and Standards for Domestic water and Sanitation Services document No. 41100, states: "No clinic or health centre is allowed to function without potable water" (2017).

In the preceding first part of this chapter, I discussed the legal obligations of the South African government to respond to the lack of water in health clinics. Now, in the second part of the chapter, I will discuss how access to clean water is a legal right of a nursing practitioner at a clinic.

2.3 How Access to Clean Water is a Legal Right of the Nursing Practitioner at the Clinic

In a healthcare setting, water is used for general consumption, general cleaning, handwashing for staff and patients (Mmanga, Holm and Bella, 2020). In this pandemic of COVID-19, water is used for dilution of chlorine solutions for surfaces and instrument disinfection (Mmanga, Holm and Bella, 2020). According to the WHO and UNICEF, "Ensuring evidence-based and consistently applied water, sanitation and hygiene (WASH) management practices in healthcare facilities will help prevent human-to-human transmission of pathogens including SARS-Cov-2, the virus that causes COVID-19" (2020).

The WHO and UNICEF held a joint monitoring programme meeting in Geneva in 2014, where they developed a global action plan for WASH (water, sanitation and hygiene) in health care facilities (Potgieter, Banda, Becker, *et al.*, 2021). In the global action plan, the WHO and UNICEF state that by 2030, "Every healthcare facility in every setting must have safely managed, reliable water, sanitation and hygiene

facilities to meet staff and patient needs in order to provide quality, safe people centred care" (Potgieter, Banda, Becker, *et al.*, 2021).

However, several reports on a lack of water in clinics and poor hand hygiene practices and general cleanliness in healthcare facilities can result in numerous consequences, such as exposing nurses and patients to health care-associated infections (HAI). Most common types of HAI are surgical site infections in wounds, clinical sepsis, respiratory infections such as COVID-19, etc. (Potgieter, Banda, Becker, *et al.*, 2021). I argue that if there is a provision of safe water and hygienic conditions, this will support the provision of good healthcare services by nurses in such a way that the patient's health outcome would also improve.

This claim is supported by the WHO and UNICEF, as stated earlier, that, "The basic water services in health care facilities….is important to improve health outcomes of patients, increase quality of care and protect health care workers" (2019). Services such as wound dressings, cleaning of the surgical tools, certain surgical procedures need running water, and between patients, frequent and correct hand washing is one of the most important measures to prevent infection (Potgieter, Banda, Becker, *et al.*, 2021; National Infection Prevention and Control Strategic Framework, 2020).

The WHO and UNICEF guideline definition for basic water services at the healthcare clinic states that the main water source must be an improved water source, located on the premises and the water should be available continuously (2019). In 2010, the United Nations General Assembly (UNGA) adopted the resolution that recognises physical accessibility of water, which states that: "everyone has the right to water and sanitation services that is physically accessible within, or in the immediate vicinity of the….workplace or health institution" (UN, 2015). Access to water has been a right of a nursing practitioner in clinics, and this was directly supported by the South African Human Rights Commission (SAHRC) in 2014.

A study by Potgieter *et al.* has shown that, "Intermittent or an unreliable water supply in the healthcare facilities is associated with high possibility of spread of disease and compromises the health of both the nurses and patients" (2021).

2.4 The Human Right to Water

Water is essential to human life (Vettel, 2009; Salman and Mclnerney-Lankford, 2014). The argument which Vettel made to support this claim was that a person can

only live a few days without water, yet can live days or longer with only water as sustenance (2009). The study conducted by Vettel states that: “People have the right to the basic needs for life, and if everyone has a right to life, which makes water a human right” (2009). Salman and Mclnerney-Lankford supported the statement by giving the human right definition by Maurice Cranston: “The human right is a universal moral right, something which all men everywhere, at all times ought to have, something that no one may be deprived…something which is owed to every human being simply because he is human” (2014). The South African Human Rights Commission claimed that: “Water is the precondition of other human rights” (SAHRC, 2014).

Furthermore, Salman and Mclnerney-Lankford added that human rights are an entitlement due to people and their violation can never be justified (2014). Defining a human right is important because water is both a vital and a minimal need to everyone, and therefore essential to human life (Salman and Mclnerney-Lankford, 2014).

The WHO and UNICEF stated that: “Workers in health care facilities need sufficient water for drinking, hand hygiene….and variety of general and specialized medical uses which all require reliable supply of safe water” (2019).

As mentioned above, Act 108 of the Constitution of the Republic of South Africa, Section 7 (2) states that: “The State is obliged to respect, protect, promote and fulfil all the rights in the Bill of Rights stipulated in the [Act]”. The United Nations (UN) International Covenant on Economic, Social and Cultural Rights (ICESCR), Article 12, also provides brief guidance to the States regarding their obligation to fulfil the right to water and also showing respect to this right by protecting it (SAHRC, 2014). According to ICESCR General Comment No.15, Article 12, states that: “The right to water, like any human right, imposes three types of obligations on States parties: Obligations to respect, obligation to protect and obligation to fulfil” (2002). The right to water is recognised and given a priority by both the national and international law.

Kwesell claimed that: “The human right to water is indispensable for leading a life in human dignity” (2020). According to the WHO, water is argued as a limited natural resource around the globe (WHO and UNICEF, 2019). The ICESCR General Comment No.15 also states: “Water is a limited natural resource and public good

fundamental for life and health" (2002). South Africa's Constitution recognises water as a right to everyone in terms of Section 27 (1) (b) on Bill of Rights, where it claims that water is essential for a dignified life (1996).

Nursing practitioners must have access to an adequate amount of clean, running water in the clinics (Kwesell, 2020). As water adequacy in the clinical setting is primarily a health good, which means water adequacy in a clinic should not depend on the social, economic or geographical context (Kwesell, 2020). In my opinion, the nurses in rural clinics should practice in the setting where accessibility of water is not a struggle to maintain basic health, with particular regard for themselves and the most vulnerable in the community they serve. Asamani, Ismaila, Aligsi, *et al*., claimed equal access to healthcare resources by all people as fairness (2021).

According to Kwesell, the UN Committee on Economic, Social and Cultural Rights (CESCR), in General Comment 15 provided detailed guidance to the State that: "The right to water includes availability, quality and accessibility as interrelated and essential feature" (2020). The Committee also noted that with regard to water availability, "Everyone should have access to quantity of water needed to satisfy basic needs, which will vary depending on the context including health status… and work condition…" (Kwesell, 2020). This quote is relevant to the necessary availability of an adequate of water supply in a rural clinic for nurses because of nature of work they do, which involves the health and well-being of others, especially in this pandemic of COVID-19, where hands and general hygiene is important to curb the transmission of infection (WHO, 2020).

The availability of clean water is one of the most important resources in healthcare facilities and will be increasingly critical for the future, as growing demand outstrips supplies (WHO, 2019). In my view, a water crisis would have a negative health impact on rendering high quality health services that have the capacity to help improve the health of the patients.

In the article by Kwesell, it was argued that the Committee noted that: "Water, and associated facilities and services, must be within safe physical reach for everyone, without discrimination on any prohibited ground" (2020).

As a professional nurse working in the rural village of Kuruman situated in Northern Cape Province in South Africa, I experienced a serious ethical dilemma in which as a

nursing practitioner, I had to render health services in unfavourable conditions, where the front-line village clinic in Penryn, Kuruman, had no water supply. Patients and staff in the clinic could use only pit latrines, with no water and soap for handwashing. Furthermore, the pit latrines were not safely emptied and had poor latrine-construction standards that were posing health risks to nurses and patients, such as the transmission of infections and a range of illnesses and diseases which were caused by poor hygiene.

In addition, another local healthcare facility, Bankhara-Bodulong Clinic, in Kuruman, in Northern Cape, South Africa, was temporarily closed for service after “Six Community Health Workers (CHWs) and one professional nurse contracted COVID-19 due to lack of water in the clinic to practice good hand hygiene and general clinic cleaning” (Hoo, 2021). “Some nurses had to be relocated to other facilities nearby because of this unfavourable working condition at the clinic” (Hoo, 2021). Asamani, Ismaila, Aligsi, *et al*., argued that each individual is deemed to be entitled to an equal share of the total healthcare expenditure (2021). In this instance, referring patients to other healthcare facilities could cost them more money for transportation to a more distant clinic, which they may not have.

The lack of water is ongoing situation at Rahima Moosa Mother and Child Hospital in Johannesburg, where the unhygienic hospital conditions due to the lack of potable water is causing the deaths of some patients (children). The report by De Maayer claimed, “Children are dying and the horrendous conditions in our public hospitals are contributing to their deaths” (2022). Further, the author added, “….Come and see how hospital-acquired infections spread like wildfire through the neonatal ward because the taps are dry, and washing your hands while lifting a five-litre water container after examining each child is just not feasible” (De Maayer, 2022).

In Mpumalanga Hospital, nurses and the patient’s family had to bring water from home to use for their personal hygiene and drinking, and patients had to use dirty linen repeatedly because of the lack of water at the healthcare facilities (Lefafa, 2022).

However, Scanlon, Cassar and Nemes argued that the right to water is recognised by some international instruments at various degrees, and amongst them is the action plan from the United Nations Water Conference, which was held in Mar del

Plata in 1977 (2004). The UN Water Conference recognised: “Water as a right, declaring that all people have the right to drinking water in qualities and quality equal to their basic needs” (Scanlon, Cassar and Nemes, 2004). In other words, the importance of clean drinking water in the clinic is also for keeping rehydrated, as mentioned earlier.

A healthcare facility lacking or with inadequate water and poor hygiene is not just an environment ripe for transmission of diseases such as dysentery, hepatitis and coronavirus, but it also exposes nurses to preventable health risks. According to the World Health Organization, the new strain of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) spread between people through poor hand hygiene practices and general hygiene practices, such as touching contaminated surfaces (2020). The study by the WHO suggested that to slow the spread of this transmissible disease, washing hands with clean water and soap and regularly disinfecting surfaces is required (2020).

According to the WHO, human rights standards and international humanitarian law are two distinct, but complementary bodies of law, concerned with the protection of life, health and dignity (2019).

Ersel claimed that: “The content of the right to water is generally defined as a right to access to water for sufficient cleanliness and good sanitation to meet the individual needs” (2015). I argue that it includes nursing practitioners in the healthcare facilities, such as rural clinics for the promotion of a clean workplace. In the article by Ersel, it was argued that, “Good hygiene practices, the provision of safe drinking water and the reduction of environment health risks are conditions that allow people to a healthy life.” (Ersel, 2015).

The human right to water entails the important key aspects which I individually suggest are important: Firstly, the SAHRC claimed that: “Water services are an obligation not a charitable act” (2014), which means providing water services at the healthcare facilities should be seen as the obligation of the state and the right of each individual, including nursing practitioners.

Secondly, the SAHRC claimed that: “Human rights are inter-related and all must be respected: No human right may be sacrificed to achieve another human right” (SAHRC, 2014). The Human Rights Commission noted that it is unacceptable to

justify a human rights violation by claiming to be fulfilling another (SAHRC, 2014). In my opinion, a right to access health services is important, and the standards at which nursing care services are served at the clinics that lack water should not be overlooked, because the quality of service is compromised.

As mentioned earlier, the WHO and UNICEF claimed that, “Not only does lack of water, sanitation and hygiene services in health care facilities compromise patient safety and dignity, but has a potential to exacerbate the spread of diseases and undermines efforts to improve health of patients” (2019). Again, in my view, nursing practitioners’ right to work in a safe environment should not prompt a moral debate and must be formally and publicly acknowledged by the professional body as well as by national governance. As I discussed earlier, the South African legislations and law are in support for a “safe environment” for nurses in healthcare facilities.

In conclusion, the first part of this chapter discussed the legal obligation of the South African government to respond to the lack of water in health clinics. I discussed South Africa’s Constitutional Bill of Rights, the National Health Act and what a “safe environment” entails that relates to water availability in clinics. The second part of this chapter discussed how access of water is a legal right of nurses in clinics. I also addressed and analysed the concept of the human right to water in application to my argument that nursing practitioners do not have a moral duty to work in clinics where there is a lack of water as a fundamental resource. This chapter discussed the legal obligation of the government to provide clean water, the related legal rights, and human rights.

In the following chapter, I will review and discuss literature regarding how the lack of clean water in a clinic prevents a nurse from providing quality nursing care.

Chapter 3

3.1 Introduction

In this chapter, I will be arguing how a lack of potable water in a clinic prevents a nurse from providing quality nursing care. This chapter contains the findings relevant to my primary objective, which is to describe the reasons why clean, running water is necessary for health care provision and articulate how the lack of clean, running water in a clinic prevents a nursing practitioner from providing quality nursing care.

According to the World Health Organization (WHO) and UNICEF, “An estimated 896 million people use health care facilities with no water services….” (2019). The WHO and UNICEF further state that: “It is likely that many people are served by health care facilities lacking hand hygiene facilities…” (2019). It was also indicated by the WHO and UNICEF that, “Water, sanitation and hygiene services are likely to be available in hospitals than in other types of other health care facilities, and in urban areas than in rural areas” (WHO and UNICEF, 2019).

In the first part of this chapter, I discuss why clean water is a necessity in a health care facility.

3.2 Infection Prevention and Control Measures and High-Quality Service Delivery at Clinics

Infection prevention and control is argued as the main component of safe and high-quality service delivery at healthcare facilities such as clinics (Soul City Institute, n.d.). According to the South African Nursing Council (SANC), as the statutory body of nursing practitioners, “In all of cases that are seen in the primary health facilities, nursing practitioners must ensure quality health care, preventing diseases and infections” (SANC Ethics Guideline, 2013). Burhans and Alligood argued that quality nursing care is important to patient outcomes and safety (2010). In their study, they concluded that quality-nursing care meant meeting human needs of patients through caring as an essential foundation (Burhans and Alligood, 2010). A safe health care environment is fundamental for safe health care delivery (Cronk, Guo, Folz, *et al.*, 2021)

Nurses working in the facilities with access to clean, running water supply are most likely to have a good infection and prevention control measures in place, as

compared to those that lack water accessibility in their facilities. The study report by Biniyam, Azeb, Tadesse, *et al*., supports the statement, “Health care workers working in department with continuous running water supply were 1.7 times more likely to have good infection prevention practices as compared with healthcare workers working in department without continuous running water” (2018). Related to the nature of the work nurses do, sometimes they are exposed to incidents such as being splashed by body fluids into their eyes, which needs clean running water to be able to clean up. In additional support, Biniyam *et al.* further argued that: “With an inadequate practice of infection prevention, the risk of healthcare workers acquiring infections through exposure to bloods, body fluids, etc., in healthcare facilities is substantial” (2018).

Again, Biniyam *et al*. argued that, “Infection prevention practice is fundamental to quality of care and essential to protect healthcare workers, patients and community from tremendous risks” (2018). As mentioned in the previous chapter, Schedule 8 (1) of National Health Act in Act 2003, Section 90 (1A) addresses the infection prevention and control programmes, which stated that the healthcare facility should be an environment with minimal risks of infection or disease transmissions to healthcare workers and patients (National Health Act of 2003). The WHO claimed that: “Preventing harm to health workers, patients…due to health care-associated infections (HAIs) is fundamental to achieve safe quality care….” (2020). The study by Burhans and Alligood mentioned that the nurses are accountable for quality of care and systemic improvement of the nursing practice (2020).

According to Biniyam *et al.,* “Contracting an infection while in a healthcare setting challenges the basic idea that healthcare is meant to make people well” (2018). In addition, Biniyam *et al.* claimed that, “Globally, hundreds of millions of people are affected every year by avoidable infections in health care” (2018). The study by Cronk *et al.* indicated that a lack of essential conditions in health care facilities, which includes low availability of hygiene items such as soap, poor supply of water, unclean facilities and inadequate hygienic practices, contribute to an estimated 34-fold higher mortality risk among patients due to sepsis (2021).

The National Infection Prevention and Control Framework stated that: “Effective infection prevention and control [measures] are the cornerstone for combating

healthcare-associated infections (HAIs)….since they affect the safety of healthcare workers and patients" (2020). The United Nations Sustainable Development Goals (SDGs), which came into effect in 2016, under SDG 6 reinforced the need for a supply of clean water and good sanitation services in healthcare facilities (UN Global Sustainable Development Report, 2015). Taken from the UN report, the National Infection Prevention and Control Framework claimed that clean running water and sanitation services under SDG 6 are essential for safe and effective high-quality health service delivery in healthcare facilities (2020).

In South Africa, the National Health Act of 2003 makes provision for the prescribing of norms and standards applicable to healthcare facilities (National Health Act 61 of 2003). The National Health Act, Act 2003 Section 8 (2) (a) of Norms and Standards Regulations stipulates: "A health establishment must ensure that there are hand washing facilities in every service area" (National Health Act 61 of 2003). Thus, there are infection prevention and control standards, which are applicable in healthcare facilities including clinics in South Africa. Unsafe healthcare environments are associated with death of both the mother and new-born child due to infections; according to the study by Cronk *et al.,* "Unsafe healthcare environments are linked to maternal and neonatal morbidity, mortality….worldwide" (2021).

The study by Cronk *et al.* further demonstrated that, "A safe health care environment lowers HAI rates and improves outcomes for mothers and babies" (2021). Implementation of creating a safe environment to improve the quality-of-care nurses give to patients in clinics includes adequate conditions for safe hygiene practices to reduce the potential for infection transmission between patients and nurses.

According to Cronk *et al*., "To assist with the monitoring and implementation of a safe health care environment and clean birth practices in healthcare facilities, the World Health Organization identifies the 'six cleans' which are guidelines for reducing infection among mothers and neonates and represent important conditions for hygienic infant delivery" (2021). The nurses, who at times assist mothers to give birth to babies at the clinics, are expected to do so with clean hands, on a clean bed (birthing surface), and with a clean towels or linen to dry and wrap the babies and clean the perineum of the mother after birth (Cronk *et al*., 2021). In order to achieve

a reliable, safe and healthy standard of nursing care and the desired positive patient outcome, a clean water supply is needed in the clinics (Cronk *et al*., 2021).

The hands are argued to be a prevalent mode of transmitting infection. Allegranzi and Pittet claimed that: “Healthcare workers’ hands are the most common vehicle for transmission of healthcare-associated pathogens from patients to patients and within the healthcare environment” (2009). Again, the unavailability of water to wash hands makes it very difficult for nurses to comply with hand hygiene practices, as in between caring for individual patients, they should clean their hands to prevent the possible transmission of disease. In support of the claim Allegranzi and Pittet stated, “Healthcare workers encounter difficulties in complying with hand hygiene practice due to lack of appropriate resources important to enable hand hygiene performance...” (2009).

The National Infection Prevention and Control Framework stated that: “Availability of infection prevention and control materials such as those required for hand hygiene….must be available at the point of care” (The National Infection Prevention and Control Framework, 2020; WHO and UNICEF, 2015). As mentioned earlier, Moolasart *et al.* stated that for cleaning hands, water and soap is important (2021). In the report from the Global Meeting held in Geneva in 2015, the WHO and UNICEF recommended that: “Healthcare facilities should include availability of on-site safe, sufficient water…. for safe hygiene practices (e.g., handwashing), hygiene promotion to patients and caregivers…” (WHO and UNICEF, 2015).

The WHO and UNICEF stated, “Improving hand hygiene in health care is one of the key areas of focus of the global WHO and UNICEF hand hygiene for all initiatives” (WHO, 2021). In addition, the WHO and UNICEF claimed that: “Healthcare workers….must be able to access hand hygiene through water supply availability from the source on the health facilities at the point of care, toilets and service areas, where protective clothing is put on or taken off…..etc.” (2021). The emphases on the importance of water availability and good infection prevention and control practices are high-impact opportunities to enhance essential environmental conditions that would improve the quality of care in healthcare facilities (Cronk *et al*., 2021).

3.3 Disease Outbreaks (COVID-19 Pandemic) and Water (Hygiene and Cleanliness)

The National Infection Prevention and Control Framework stated that: “Current threats by epidemics such as Ebola…., pandemics like [COVID-19]….have become increasingly evident as an ongoing universal challenge to public health” (The National Infection Prevention and Control Framework, 2020). It further stated, “These challenges have been given priority for action on the global health agenda with patient safety and water in health care facilities” (The National Infection Prevention and Control Framework, 2020). As mentioned in the previous chapter, the National Infection Prevention and Control Framework argued that the: “Delivery of quality healthcare should take place in a hygienically clean, safe environment with adequate supply of clean running water….for both patients and staff in order to reduce HAIs….” (2020).

According to The World Bank, “One of the most cost-effective strategies or measures for this pandemic preparedness, particularly in resource-constrained settings, is investing in core public health infrastructure which includes clean, running water and good sanitation systems” (2020). In my opinion, good general hygiene serves as a golden rule in healthcare settings, which is impossible to achieve without potable water.

This clinical need is supported by the WHO, which noted that, “Good hygiene practices that are consistently applied in the public healthcare facilities including rural clinics serve as barriers to human-to-human transmission of the COVID-19 virus in communities, healthcare facilities….” (2020). The report by the WHO in response to COVID-19 pandemic recommended that: “One of the most cost-effective strategies for increasing pandemic preparedness, especially in resource-constrained settings, is investing in core public health infrastructure, including water….systems” (WHO, 2020).

The World Bank also stated that: “The availability of water, sanitation and hygiene services in the healthcare facilities are also critical during the recovery phase of a disease outbreak to mitigate secondary impacts on the community livelihoods and wellbeing” (2020). As mentioned in Chapter 2, during the COVID-19 pandemic, the water supply in healthcare facilities has played an essential role in hand washing, as

one of the measures to decrease the transmission of the disease between people (WHO, 2020). According to the World Bank, if public healthcare facilities [clinics] do not practice good hygiene protocols, secondary impacts can increase the risk of further spreading of disease including potential disease outbreaks such as the COVID-19 pandemic (2020).

Furthermore, the World Bank claimed that, “The quality of healthcare services in the clinics where there is poor hygiene negatively impacts the wellbeing of those getting it” (2020). This was evident in a number of cases during the COVID-19 pandemic, when individuals [nurses] became infected with COVID-19, which resulted in healthcare facilities closing down temporarily. The empirical study results published by Sahashi, Endo, Sugimoto, *et al*., highlighted that: “After the outbreak of COVID-19, a large number of healthcare workers (HCWs) became infected with SARS-CoV-2 accounting for 4–11% of confirmed cases” (2021).

In the WHO technical brief on hand hygiene and sanitation, the WHO claimed that: “During COVID-19 pandemic, frequent and proper hand hygiene is one of the most important measures that can be used to prevent the spread of the COVID-19 virus” (2020). According to the WHO, healthcare facilities should have a clean water supply to allow patients and nurses to clean their hands to prevent disease transmission (2020). Accordingly, the WHO stated that: “Healthcare facilities should enable more frequent and regular hand washing by having clean, running water in combination with other behavioural changes...” (2020).

The World Bank also argued that beyond the human tragedy, the impact of the COVID-19 pandemic is anticipated to affect the most vulnerable communities, especially those who have no access to water, hygiene and sanitation services in place (2020). Improving the water and hygiene access in healthcare facilities may improve health outcomes of patients in low-and middle-income countries (Mmanga, Holm and Bella, 2020). According to Maipas, Panayiotides, Tsiodras, *et al*., “The social determinates of environmental health, such as lack of access to safe water, poor hygienic conditions….significantly interact with the ongoing pandemic as evident by the significant spread especially in rural areas” (2021). In support of this claim, as mentioned in the previous chapter, Bankhara-Bodulong Clinic around Kuruman, in Northern Cape Province, South Africa, was temporarily closed for

service, after six Community Health Workers (CHWs) and one professional nurse contracted COVID-19 due to the lack of water in the clinic to be able to practice good hand hygiene and general clinic cleaning (Hoo, 2021).

According to the United Nations (UN), “COVID-19 will hit the world’s most vulnerable people the most, many of whom live in informal settlements and rural community settings” (2020). This impact could be because of inadequate provision of a water supply in the public places, including healthcare facilities (UN, 2020). Access to adequate supplies of water and soap for hand washing has been argued to be part of the standard precautions taken to prevent the transmission of infections (Mmanga *et al.,* 2020). The empirical study results published in the Health Care Facilities Global Baseline Report in 2019 highlighted that, “One in four healthcare facilities especially in rural areas lacks basic water service, which affects more than 900 million people” (WHO, 2020).

As I argued in the previous chapter, during an infectious disease outbreak, health services should meet the minimum quality standards. Water should be available at the point of care and soap for hand hygiene to ensure that health services are not disrupted in the clinics (WHO, 2020). The WHO stated that, “The provision of clean, running water in healthcare clinics is mandatory” (2020).

In conclusion, the rural village health clinics provide the first point of care for those in rural communities and require continuous access to adequate water (Mmanga *et al*., 2020). Improving the quality of nursing care needs adequate environmental hygiene items such as soap, adequate environmental health infrastructure, i.e., a supply of clean water, and a clean environment, all of which are necessary for safe and hygienic patient care (Cronk *et al.,* 2021)

In the first part of this chapter, I discussed why clean water is a necessity in a health care facility. I showed how infection prevention and control in the context of poor hands hygiene due to a lack of water supply in a healthcare facility could compromise the quality of health services. Secondly, I briefly discussed the importance of water availability during the COVID-19 pandemic in relation to cleanliness and hygiene. The arguments demonstrated the need for a clean water supply in health care settings for the provision of quality nursing services.

Chapter 4 sets out the real moral duties and professional responsibilities of a nursing practitioner at a clinic. I will be addressing and analysing the concept of the positive practice environment in application to basic ethical principles, namely beneficence, non-maleficence, autonomy, and justice, according to Beauchamp and Childress (2013). The following chapter contains findings relevant to my second objective, which is to characterise the individual moral and legal rights of a nursing practitioner, and my fourth objective, which is to apply the ethical framework of principlism in defence of my argument.

Chapter 4

In the first part of this chapter, I will be addressing the duties and professional responsibilities of nursing practitioners working in a clinic where there is a lack of potable water, a fundamental resource. In the second part of this chapter, I will give a brief critical discussion on the philosophical perspective and moral theories, such as ethical principlism, utilitarianism and Kantian moral theory, in support of my thesis.

4.1 Introduction

The World Medical Association Declaration of Geneva under the International Code on Medical Ethics (Declaration of Geneva) detailed the ethical duties and obligations of [nursing practitioners] towards patients (Dhai and McQuoid-Mason, 2011). The Declaration of Geneva stated that the [nursing practitioner] has: “A general duty to always act in the best interest of the patient, always using their professional judgement….for the benefit of the patients” (Dhai and McQuoid-Mason, 2011). The improved patient’s outcome is always the nurse’s desire, and the research article written by Kieft, Brouwer, Francke, *et al*., argued that: “Improving patient care, patient safety…is by creating a good and healthy work environment for nurses” (2014).

In the COVID-19 pandemic, nurses are faced with multiple ethical problems, which include the obligation to care for the patients and the risk for infection with COVID-19 virus (Shaibu, et *al.,* 2021). Shaibu *et al.,* argued that there should be a discussion about the tension between nurses’ duty to care in healthcare settings where there are limited resources in the context of the COVID-19 pandemic (2021).

Again, in the context of the COVID-19 pandemic, there were measures which were implemented in healthcare facilities, such as good hands hygiene and general environmental cleanliness, to protect healthcare workers and patients (Shaibu *et al.,* 2021). Shaibu *et al.* argued: “The COVID-19 pandemic demanded implementation of rapid measures to collectively protect populations….” (2021). In addition, Shaibu *et al.* argued that the response to the COVID-19 virus has posed several ethical challenges for nurses, as they provide care, and they are also at risk of being exposed to the virus as a result of inadequate supply of water in the healthcare

facilities, and a poor working environment for nurses, such as poor hygienic clinical settings, etc. (2021).

The first part of this chapter will discuss the ethical and professional aspects of the duty of care for nurses.

4.2 Nursing Practitioners' Ethical Duties in the Context of Limited Fundamental Resources

Dowie claimed that the duty of care is: "A fundamental aspect of nursing, and many nurses consider this to be an important part of their professional duties as a nurse" (2017). According to the South African Nursing Council (SANC), a duty is defined as "An obligation to do or refrain from doing something" (SANC Guideline, 2016). Moreover, the SANC claimed that nurses are informed that they have a duty of care for their patients (Dowie, 2017).

It was stated in the article by Shaibu *et al.* that in highly infectious disease outbreaks, nurses are likely to be exposed and get infected (2021). Again, nurses experience the ethical tensions between professionalism and the risk for contagion especially in a healthcare facility which lacks appropriate resources for their protection (Shaibu, *et al.,* 2021). When nurses lack appropriate resources, such as potable water for personal hygiene and general environmental cleanliness to protect themselves from getting infection, they find themselves in a conflict between their professional responsibility to care for patients and fear of getting infected. This situation was supported by Shaibu *et al.,* who argued that: "Healthcare workers reported conflicts between their responsibility of care for sick patients and the fear of infection…." (2021).

Nurses are health professionals working with patients and have a duty to provide care and relieve suffering (Shaibu *et al.,* 2021). Shaibu *et al,* claimed that: "this duty of care is consistent with the principle of beneficence" (2021). The principle of beneficence is defined as doing no harm (Rawlings, Brandt, Ferreres, *et al.,* 2020). The challenge of being expected to render quality nursing care to patients in the healthcare facility where there is no adequate supply of a fundamental resource such as water exposes nurses to the ethical dilemmas of balancing harm with care and demanding a safe working environment for their health and wellbeing. Shaibu *et al.* further stated: "A review of nurses' experiences of ethical dilemmas illustrated that

balancing harm of care was one of the most prevalent challenges confronting nurses in their nursing practice" (2021). This balancing creates a dilemma where nurses have to make an impossible decision between providing care while risking getting an infection (Shaibu *et al.,* 2021).

According to the SANC, "In carrying out his/her duty to patients, the nurse operates within the ethical rules governing the profession…." (SANC Guideline, 2016). A nursing practitioner has to ensure that s/he provides safe, adequate nursing services to the patients (SANC Guideline, 2016). An article by Fouche stated: "The intended outcome of nursing practitioners is to make practice environments more positive, healthy….in areas that affect safety of patients and health care personnel" (2011). The intentions of having those desired outcomes become impossible if the nursing service is compromised by the lack of essential resources such as water in the health care facility. When nurses are confronted with professional obligations without safeguards, they become vulnerable to contagious diseases such as COVID-19.

Shaibu *et al.* stated: "Nurses have an innate duty to promote their health and safety" (2021). The principle of non-maleficence holds that there is an obligation not to inflict harm on others; it is closely associated with, "First do no harm" (Beauchamp and Childress, 2013). The principle of non-maleficence in this situation means that the dilemma for nurses is whether to prioritise patient care over care for themselves.

In my opinion, nursing practitioners are faced with a significant challenge in some rural clinics in South Africa, especially because of the limited fundamental resources such as a clean water supply to render quality services to the patients. Such a compromised working environment in the rural clinics negatively affects the quality and standard of care the patients get at the clinic, i.e., a risk for infection exposure due to poor hygiene practises. This claim is supported by the article by Shaibu *et al.,* which argued that: "Nurses must balance their obligations of beneficence and duty of care for patients with their rights and responsibilities while addressing the inadequacies of resources in the health systems in which they practice" (2021). In an ethical dilemma where nurses have to decide on providing nursing care while risking their health, the application of a philosophical perspective can be enough to give a clear-cut direction to how nurses ought to handle ethical and moral issues they are faced with (Shaibu *et al.,* 2021).

The following discussion will therefore address the second part of the chapter, which is the application of a philosophical perceptive and Kantian moral theory to support my argument that nursing practitioners do not have a moral duty to work in a clinic where there is a lack of clean water.

4.3 Application of Philosophical Perspectives and Moral Theories

Generally, there are four fundamental ethical principles that guide health care delivery which were developed as guidance by Beauchamp and Childress (Rawlings et al., 2020; Beauchamp and Childress, 2013). They are: respect for autonomy, beneficence, non-maleficence and justice (Beauchamp and Childress, 2013). These principles are referred to as the principlism framework (Beauchamp and Childress, 2013). Beauchamp and Childress stated that the choice of moral principles as a framework comes from the health professionals' obligations and virtues that contextualise the commitment to provide medical care (2013). The study by Mathibe-Neke claimed that the four ethical principles have equal status, with none having priority over the other unless it is applied in a specific context (2015). Principles are binding, unless they are in conflict with other obligations (Beauchamp and Childress, 2013). In a situation where the norms are in conflict, the framework comes into play to find some sort of balancing or harmony, otherwise one norm will have to supersede the others (Beauchamp and Childress, 2013).

According to Beauchamp and Childress, "The framework aims at producing benefits that can compensate for any harm that could be introduced in the process of healing, and again to enable equal access of health resources by all deserving individuals" (1995). The principles protect both the patient and the nursing practitioner from any harm in the process of nursing care, while at the same time; they protect their health and wellbeing from disease and possible health system failure.

4.3.1 Underlying principles and their application

According to Beauchamp and Childress, "The four principles of respect for autonomy, beneficence, non-maleficence and justice express common values and their underlying rules, and therefore define a set of norms shared by people devoted to morality" (2001). This statement means what is morally good must be common across all the individuals concerned in the nursing care, and in this case, it is the nursing practitioners and patients. Mpeli argued that: "Common morality is drawn

from universal norms shared by all people in all places, and it contains universally…. endorsed human rights and moral ideals that are esteemed in many cultures" (2018).

In the nursing care context, respect for autonomy is respecting a patient's choice: "Acknowledging the value and the decision-making rights of other autonomous persons" (Mpeli, 2018; Rawlings *et al*., 2020; Beauchamp and Childress, 2013). Beneficence refers to promoting the wellbeing of all patients under a nurse's care, which means acting in the best interest of patients (Mpeli, 2018; Beauchamp and Childress, 2013). Non-maleficence is argued to do no harm to the patients, by acting to avoid harm (Mpeli, 2018; Beauchamp and Childress, 2013.). Lastly, justice refers to treating others fairly, impartially, and equally: "Justice refers to fair practices and the appropriate distribution of benefits and burdens as determined by norms that structure the terms of social cooperation" (Mpeli, 2018). Rawlings *et al*. argued that these four basic principles are fundamental to deliver quality health care (2020).

With reference to nursing care in the clinical setting where there is an inadequate supply of potable water to provide quality nursing care, the health of both the nurse and the patient is compromised by exposure to infections due to poor hygienic practices and the unclean environment. Respect for autonomy comes into play, which allows the patient to choose and be the advocate of their own healthcare, requesting nursing services that meet their health needs and quality standards (Mathibe-Neke, 2015). Rawlings *et al*. argued that, "A patient's request for resources for care is still to be respected…." (2020).

The basic ethical principle of respect for autonomy is affected by an unclean healthcare facility, as it involves health risks and possible harm to the patients and nurses (Code of Ethics for Healthcare Professionals, 2021). As previously cited, the health risks associated with no access to clean, running water in the healthcare facilities includes exposure to HAI due to poor hygiene practices. The Code of Ethics for Healthcare Professionals argued that professional and practice laws give emphasis to safe practice that supports the wellbeing of patients and respects their dignity (Code of Ethics for Healthcare Professionals, 2021). The patients have to be informed about the nature of the treatment they will receive, the expected benefits and the existing ranges of choices available in a healthcare facility with limited health resources, such as a lack of potable water supply (Code of Ethics for Healthcare

Professionals, 2021). Therefore, even though respect for the patient's autonomy is supported by several healthcare guidelines and laws, they support a patient's right to be served in a clean environment that promotes safe and high-quality nursing care for the improved patient outcome. The Nursing Council (n.d.) also claims that the obligation of the nursing practitioner is to use their judgement and skill in providing safe and competent patient care, in this instance a nursing practitioner can use his/her professional discretion/ professional autonomy.

Dhai and McQuoid-Mason highlighted the World Medical Association Declaration of Madrid on Professional Autonomy and Self-Regulation (Declaration of Madrid), which emphases an ethical code for self-regulation and professional autonomy in the caring professions (2011). According to the Declaration of Madrid, it noted that: "The cornerstone of professional autonomy is that [nursing practitioners] are allowed to exercise their professional judgement unhindered by others" (Dhai and McQuoid-Mason, 2011). The World Medical Association further believed that "The [nurse's] autonomy helps to ensure quality care, thus it should not be compromised" (Dhai and McQuoid-Mason, 2011). The World Medical Association stated that something unique to the medical profession is that practitioners are allowed to be self-regulating and autonomous (Dhai and McQuoid-Mason, 2011). Dhai and McQuoid-Mason argued that it is common knowledge that in some countries, resource shortages make it almost impossible for practitioners to provide the standard of care they would ideally like to provide, but the Declaration of Madrid urges practitioners to do their best for their patients.

The SANC stated that to enable the nurse to provide safe and adequate nursing care, the nursing practitioner has: "The right to a safe working environment which is adequately equipped with at least the minimum physical resources…." (2020.). Singh and Mathuray stated, "Safety and quality of the patient care is determined by the environment in which care is provided" (2015). The SANC furthermore argued that: "When care falls short of standards, due to lack of resources…. the nurse bears this responsibility" (2020). The SANC statement claimed that when a lack of resources affects the standard of care, it is the nurse's fault, which means the nurse bears the responsibility for the substandard care. As previously mentioned, South African law has supported that it is the employer's (the South African government in the case of public health clinics) responsibility for adequate clinic resources to provide the

standard of care expected of nurses (the employees) professionally and by their patients.

South Africa's Occupational Health and Safety Act in Act 85 addresses the general duties of the employers to their employees in Chapter 8, Section (1), which states: "Every employer shall provide and maintain, as far as reasonably practicable, a working environment that is safe and without risk to the health of his employees" (Occupational Health and Safety Act of 1993). This Act supports the premise that nurses have a moral duty to work in a healthcare facility which has an adequate supply of clean water for quality nursing care. Schirrmacher and Johnson argued that: "Safe water must be provided by public authorities, regardless of whether those authorities are called clan, tribe or government" (2016).

The moral justification to refuse to work in the clinic where there is lack of potable water supply as a fundamental resource was supported by Muller, who argued that: "The nurse has a right to refuse to participate in activities that are not in the interest of the patient" (Muller, 2013). Yet, "Nursing practitioners have the duty to care for the patients under their care", which presents an ethical dilemma if their ability to provide the necessary care is compromised by the lack of the fundamental resource of clean, running water (Muller, 2013).

The duty of care is argued to be: "Consistent with the principle of beneficence" (Rawlings *et al*., 2020). According to the WHO, "Preventing harm to patients, health workers and visitors due to infection in health care facilities is fundamental" (2020). Furthermore, the WHO stated that: "Strong, effective infection prevention and control programmes have ability to achieve quality care, protect all those providing care across the health system" (2020). Armstrong spelled out that the principles of autonomy and beneficence are moral obligations for nurses, aimed at benefiting the patient (2015). The role of nurses is to ensure quality care and patient safety (WHO, 2020). In my opinion and that of the professional healthcare organizations already cited, the approach to a patient's safety and the provision of a quality service is through nursing care that prevents and controls infections in the healthcare facilities.

Nursing practitioners are expected to be accountable and take responsibility for the decisions they make and the actions they take related to any aspect of the patient under their care (Searle, Human and Mogotlane, 2009). When nursing practitioners

are expected to practice in accordance with the standards set for them by their professional body (SANC), they have rights and duties which are indisputable and which will permit them to practice in a manner that will ensure their wellbeing is safe and that of the public (Searle, Human and Mogotlane, 2009).

In Chapter 2 of the Constitution of the Republic of South Africa, the Bill of Rights articulates the principles that are fundamental to the ethics of nursing (Singh and Mathuray, 2018). For example, Singh and Mathuray describe the ethical principle of beneficence as aligned to Section 27 (1) of the Constitution, which stated that everyone has the right to access sufficient services including clean, adequate water supply (2018). The South African Constitution, Section 27 (1) (b) stipulated that: "Everyone has a right to have access to sufficient….water" (Constitution Act 108 of 1996). Beneficence implies that a nursing practitioner should take an action to benefit the patient and facilitate their wellbeing.

Moreover, Singh and Mathuray argued that Chapter 2 of the Constitution of South Africa ensures that the Bill of Rights and ethical principles respectively are adhered to in the health care facilities to fulfil their purpose of safeguarding the health and wellbeing of the health professionals and that of patients (2018). Singh and Mathuray warned that: "The Constitution and the rights entrenched therein serves as the backdrop for the ethical and legal practice for nurses…." (2018).

Singh and Mathuray described the ethical principle of non-maleficence as reflected in the Constitution in Section 24(a), which stated that: "Everyone has the right to an environment that is not harmful to their health or well-being…" (2018). In support of this statement, a document by the South African non-governmental organization Section27 noted that the right to a safe working environment is necessary to prevent workers [nurses] from contracting occupational diseases (Section27, n.d.).

South Africa's National Health Act 61 of 2003 serves as a guideline to healthcare users, as well as to health institutions, concerning the rights and duties of healthcare providers [nursing practitioners] (NHA Act 61 of 2003). Singh and Mathuray argued that: "The Act promulgates the obligations imposed by the Constitution and other relevant health legislation including nursing care….rights and responsibilities of the healthcare provider" (2018).

South Africa's Public Service and Administration has under Section 41 of the Public Service Act 103 of 1994 a regulation in Chapter 4 about employment matters (The Public Service Act 103 of 1994). In part 3 of Chapter 4, the Public Service Act addresses the working environment issues (The Public Service Act 103 of 1994). Schedule 53 of the Public Service Act (Act 103 of 1994) addressed health and safety and stated: "A head of department shall establish and maintain a safe and healthy work environment for employees of the department and a safe and healthy service delivery environment for members of the public" (The Public Service Act 103 of 1994).

In the ethical principle of justice, a nurse carries out nursing practices that ensure fair nursing care for the patients and fair share of health benefits to address their individual needs (Shaibu *et al.,* 2021). Shaibu *et al.* spelled out that nurses contribute to the community's health and well-being alongside other healthcare professionals by protecting the patients from a high risk of contagion of disease such as COVID-19 (Shaibu *et al.,* 2021). The healthcare facilities and the government have a duty to provide appropriate safe working conditions and infection prevention and control tools such as clean water and soap for hand washing, etc. (Shaibu *et al.,* 2021). According to Shaibu *et al.,* taking care of patients with an inadequate supply of water in the healthcare facilities makes nurses vulnerable to COVID-19 infection; therefore, the lack of the provision of water shifts the ethical dynamics that subject nurses to a greater professional obligation to care at the expense of their own health (2021).

In South Africa, the SANC, which is the regulatory body of nurses, states: "To enable the nurse to provide safe, adequate nursing, he/she has the right to a safe environment which is compatible with efficient patient care…." (South African Nursing Council, n.d.). According to the WHO and UNICEF, "The reasons to improve water, sanitation and hygiene in health care facilities are mainly: higher quality care, less health care related infections, greater uptake of health service…." (2015).

The report by WHO and UNICEF further stated that adequate water, sanitation, and hygiene are essential components of providing basic health services (2015). In addition, many health care facilities in low resource settings lack basic water, sanitation and hygiene services, compromising the ability to provide safe care and presenting serious health risks to those seeking treatment (WHO and UNICEF,

2015). Nurses' capacity to protect their bodily integrity in the COVID-19 crisis becomes hindered when they work in the healthcare facilities which lack adequate resources, and this poses a serious public health concern (Shaibu *et al.,* 2021).

According to the WHO and UNICEF, "The provision of water, sanitation and hygiene in health care facilities serves to prevent infections and spread of disease, protect staff and patients, and uphold the dignity of vulnerable populations…." (2015).The justice principle in nursing refers to rendering nursing care that patients deserve and ensuring the fair distribution of available resources (Mathibe-Neke, 2015). In addition, the WHO and UNICEF stated: "The consequences of poor water, sanitation and hygiene services in health care facilities are numerous" (2015).

Justice in nursing care refers to offering a quality nursing care that patients deserve and ensuring fair distribution of the fundamental resources in the healthcare facilities, irrespective of demographic region (Mathibe-Neke, 2015). Mathibe-Neke further argued that: "Justice advocates respect for people's rights and respect for morally acceptable laws" (2015).

The SANC stated that: "The nurse has the right to a working environment which is free of threats and or interference" (South African Nursing Council, n.d.). Protecting nurses from a harmful working environment illustrates the fair distribution of rightfully expected benefits for nurses, which has been cited previously by numerous authors. A number of South African laws show that an employee has the right to work in the environment that is safe for health and wellbeing, as mentioned in the previous chapters. In support of this right, the Water Service Act (Act 108 of 1997) stated that one of its main objectives is to provide for the right of access to basic water supply, which is necessary to secure sufficient water and an environment that is not harmful to human health or well-being (Water Service Act 108 of 1997).

As mentioned in Chapter 2, in 2019 the WHO and UNICEF argued that healthcare providers in the clinical facilities need to have an adequate supply of potable water to provide health care services (2019). Again, South Africa's Department of Water and Sanitation warned in National Norms and Standards for Domestic water and Sanitation Services document No. 41100 that no clinic or health centre is allowed to function without potable water (2017).

The purpose of these illustrations is to prove that these principles are important and simple to incorporate into the daily health care practice, although the approach to these principles may undermine their proper application in a situation of competing norms (Mpeli, 2018). From the discussion above, it is demonstrated that the ethical situation needs balancing of the principles, rules, obligations, and rights (Beauchamp and Childress, 2013). This balancing would give the reasonable weights and strengths in ethical debate of different moral norms to support the norms which are morally right in a given situation or case (Beauchamp and Childress, 2013).

In addition, utilitarianism also supports the need for maximising healthcare resources in clinics for best patient outcomes. Utilitarianism is a moral theory which defines a moral action as the action, “Which procures the greatest happiness for the greatest numbers” to maximise utility and happiness (Rhodes, Battin and Silvers, 2002). In summary, utilitarian ethics is based on Jeremy Bentham’s theory, which introduced the principle of utility for the evaluation of the appropriate action (Tseng and Wang, 2021). Tseng and Wang argued that in utilitarian ethics: “The rightness and wrongness of a selected action is decided according to whether the action would maximize a positive outcome, that is, whether the action would bring less pain and more pleasure to the most people” (2021). In this instance, a healthcare facility which has potable water as a fundamental resource to render patient care will achieve public happiness and maximise a desired outcome of the patients. The utilitarian perspective claims that: “Actions are judged based on the outcomes they produce. An action is right *if and only if* it produces a greater balance of good over a harm” (Rachels and Rachels, 2019). It was previously mentioned that Fouche claimed that “The intended outcome of nursing practitioners is to make practice environments more positive, healthy….in areas that affect safety of patients and health care personnel” (2011).

According to Tseng and Wang, the principles of autonomy, non-maleficence and justice refer to humanity values, and the principle of beneficence refers to maximizing humans’ happiness and minimizing their suffering (2021).

As stated earlier, principlism would also tend to take the position that the principle of beneficence (promoting the wellbeing of all patients under a nurse’s care, which means acting in the best interest of patients) and non-maleficence (do no harm to

the patients, by acting to avoid harm), would maximise good and reduce bad. The utilitarian view argues that the nursing practitioner should maximise patient wellbeing, which also promotes the greatest medical good of the community, using the situation at Rahima Moosa Mother and Child Hospital in Johannesburg an example of utilitarian advocacy by a clinician (De Maayer, 2022).

Justice is argued to be important ethical principle that can be used to manage water (Kelbessa, 2022). In particular, Kelbessa argued that “Water justice recognizes that water is essential to all living beings….” (2022). Equitable distribution of water is one of the concerns of water justice, making everyone have access to safe, drinkable water and water related services (Kelbessa, 2022). Utilitarian ethics originated with the basic idea of making good use of time and resources in medical care, without taking public benefit into consideration (Tseng and Wang, 2021). Similarly, Tseng and Wang claimed that: “From a utilitarian perspective, medical resources are finite, hence, there is a need to appropriately distribute them to reach maximum health care benefit for the greatest number of human beings” (2021).

4.3.2 Kantian deontology moral theory application

A deontological moral theory is a philosophical theory, which defines a moral action as the action that is right only if the motive is right (Rachels and Rachels, 2019). Deontologists emphasise that the right action is the action done because of good will, irrespective of its outcomes or consequences (Mathibe-Neke, 2015). It focuses on one’s duties to others and other’s rights (Grellet, n.d.). Deontology ethics is often referred to as duty-based ethics (Grellet, n.d.).

Immanuel Kant was a philosopher who believed that moral rules are definite (Rachels and Rachels, 2019; Rosenstand, 2017). In summary, Kant’s theory argued that the action is morally justifiable based on moral obligations, with the intention of always doing the right thing; and the right thing is founded on the principle that rational persons are worthy of basic respect simply by virtue of being human (Rachels and Rachels, 2019). Just as nursing practitioners have a duty of care to their patients; employers have a fundamental duty to care for their employees--to create a healthy work environment for them. According to the American Nurses Association (ANA), “Nurses have the right to work in an environment that is safe for themselves and their patients” (American Nurses Association, n.d.).

As mentioned earlier, the South African Occupational Health and Safety Act No. 85 of 1993, Section 8 (1) requires every employer to provide and maintain a working environment that is safe and without risk to the health of their employees (OHS Act 85 of 1993). This law demonstrated that the employers have a duty to promote a healthy working environment for nurses by providing resources essential for good hygiene and general environmental cleanliness.

Kant argued for a formula of humanity, which means, “Act in such a way that you treat humanity, whether in your own person or in that of another, always as an end and never as a means” (Rachels and Rachels, 2019). This formula of humanity entails treating someone as an end, which means respecting the person, promoting their welfare and avoiding doing harm to them (Rachels and Rachels, 2019). I reason that nurses have a moral right to be respected as humans, and they do not have a moral duty or obligation to be exposed to an unsafe working environment lacking water. They must be seen as human beings and their human rights respected. For example, the (ANA) stated that: “Nurses must operate in an environment that is safe….and satisfying” (n.d.). Again, the ANA claimed that: “Health care settings are to be free from potential threats to a practitioner’s physical welfare…. supporting optimal health and safety” (n.d.).

Deontologists emphasise the value of every person by providing the basis for human rights and offering equal respect to all humans (Mathibe-Neke, 2015). The nurse is entitled to his/her rights in terms of the Constitution of the Republic of South Africa and relevant labour legislation (South African Nursing Council, n.d.). In my view, these principles are essential in nursing practice.

Deontologists ask a fundamental question, “what ought to do”; from a deontological point of view, a person should act from a sense of duty, which means relaying on moral obligation and a duty of action (Clarke, 2009). In application to nurses working in the clinic where there is no water supply for quality nursing care, a deontologist using duty-based morality would argue that “people have to act accordingly, regardless of the good or bad consequences that may be produced” (Clarke, 2009). The point the deontologist is making in reference to this case is that nurses do not have a moral duty to work in a clinic where there is a lack of water to render nursing

care. In my opinion, a deontologist would support the view that patient care should not come over care for nurses, irrespective of the possible outcomes.

The Alliance of Nurses for Healthy Environments (ANHE) claimed that: “As trusted health professionals, nurses have a responsibility to advocate for clean water to keep…. communities safe” (n.d.). A nurse should serve a patient in an environment that promotes safe and high-quality nursing care for the improved patient outcome. The report by the ANHE further claimed that: “As the most trusted profession, nurses can, and should, lead the way to ensuring clean water for all” (n.d.). Kant believed that an action done from a duty has moral worth, not because of its consequences, but on the basis of acting out of reference to the law and doing one’s duty (Mathibe-Neke, 2015).

The ANA claimed that: “In order to be sure that a work environment allows nurses to perform to the best of their ability, there are certain fundamentals which have to be in place such as creating the Nurses’ Bill of Rights” (n.d.). The Nurses’ Bill of Rights is defined as, “A document setting principles concerning workplace….environment that we believe every nurse has a fundamental right to see fulfilled” (ANA, n.d.). In addition, the health principles for nurses are referred to as “statements of professional rights” (ANA, n.d.).

An action is considered morally right if it is in accordance with some list of duties and obligations like nursing care (Mathibe-Neke, 2015). Grellet cited that Kant based his argument on what he called a duty-based approach, which stated: “Duty-based approaches are heavy on obligation, in the sense that a person who follows this ethical paradigm that the highest virtue comes from doing what you are supposed to do” (n.d.). Kant further argued that in duty-based theory, these obligations are either because you have to, for example, follow the law, or because you agreed to follow an employer’s policies (Grellet, n.d.). Rights-based theory supports nursing practitioners to do their duty by acting according to moral codes or rules such as given guidelines, policies and law.

A Kantian approach in this case would insist that nurses working in the healthcare facilities that lack water supply should act from the duty of beneficence. From a deontological perspective, nurses have a duty to provide a quality nursing care in an environment that promotes good health.

On the other hand, Kant's philosophy supports that individual human rights be acknowledged and respected, as previously cited. The argument from the perspective of the rights-based approach is that a person has a right to be respected on his/her own account rather than treated as a means to an end. Kant based his argument on what he called "right theory," which stated that: "An action is morally right if it adequately respects the rights of all humans…." (Mathibe-Neke, 2015). In this study, my argument is in reference to nursing practitioners, and the action is morally right if it respects the rights of nurses as human beings. Nurses have a right to practice in environments that allow them to act in accordance with professional standards. I argue on both a morality and professionalism point of view. In addition, the ANA claims that: "(the American Constitutional) Bill of Rights was conceived to support nurses in an array of workplace situations including….health and safety issues…." (ANA, n.d.).

Kant's moral theory may produce a conflict of interest when two moral duties are equally compelling (Mathibe-Neke, 2015). An example would be when a nurse has to render a nursing service to the client in the clinic where there is a lack of water supply, and the nurse would have to decide on providing nursing care in poor working conditions while risking her or his health. Kant's deontology is duty based, and it has some limitation as it does not account for a nurse's natural affection such empathy and sympathy that are ethically orientated (Mathibe-Neke, 2015). According to Beauchamp and Childress, rights-based ethics maintains that you should follow an ethical code without considering consequences of your actions (2013).

Although Kant's deontology theory is widely cited in bioethics and it is influential in this field, there are some limitations to it. Rights-based ethics relies on absolute principles regarding duties and rights; it is inflexible (Dimmock and Fisher, 2017). Dimmock and Fisher argue that in the case of rights-based ethics, people may object to the principle that other people are deciding on (2017). The universalism of rights-based ethics does not appear to allow for societal choice, which allows little room for context (Dimmock and Fisher, 2017).

As compared to utilitarian ethics, deontological ethics argues that: "[Nursing practitioners] should do their best to help [patients] live with dignity, at least not cause harm, and treat [patients] with respect and empathy while performing their

moral and clinical duties" (Tseng and Wang, 2021). Moreover, deontology argues that [nurses] should be committed to provide quality nursing care to protect humans [patients] from any disease, secure everyone's well-being and protect each individual from being hurt (Tseng and Wang, 2021). Deontology takes into account the principle of doing no harm, with Tseng and Wang claiming that: "Based on deontological ethics, medical professionals should try to minimize the harm that may occur from treatments…." (2021).

Hayry stated the utilitarian approach to justice in healthcare argues that: "….The autonomous choice of individuals, and that promote the greatest happiness of the greatest numbers defined by those choices, can command me to sacrifice my life, or the lives of people I care for or am responsible for, in order to save the lives of other people whom I know nothing about" (2002).

In summary, the article by Tseng and Wang stated: "The goal of medicine is to maintain health and if possible, prevent disease…." (2021). In this context, it is the necessity of having potable water in the rural clinics to prevent health risks associated with the lack of potable water in the healthcare facilities, including exposure to HAI due to poor hygiene practices. The article further explained that [nursing] deals with duties, obligations and, moreover, moral conflicts or dilemmas in which ethics plays an important role in guiding good medical practice in terms of four fundamental principles: autonomy, beneficence, non-maleficence, and justice, or principlism (Tseng and Wang, 2021).

In conclusion, this chapter discussed the ethical duties and professional responsibilities of nursing practitioners working in a clinic where there is a lack of the fundamental resource of water. A brief critical review of the relevant professional and legal guidelines closely related to a lack of water in health care facilities was presented. In the first part of the chapter, I addressed the duties of nurses in health care facilities. I analysed the concept of the duty of care in response to a lack of water in the health facilities in the context of a safe and healthy work environment. In addition, I applied the four bioethical principles according to Beauchamp and Childress, the Kantian deontology moral theory and utilitarian ethics to argue in support of my thesis statement. The arguments demonstrated the need of potable water accessibility in clinical settings for the provision of quality nursing services.

The next chapter presents a discussion of my conclusions and recommendations based on my examination of existing literature and my arguments in support of my argument statement.

Chapter 5

In this chapter I will be presenting a discussion of my conclusions and recommendations based on my examination of the existing literature and my arguments in support of my thesis statement.

5.1 Conclusion

A lack of water supply at the healthcare facilities has become increasingly common throughout the country of South Africa, and it poses a moral problem for nursing practitioners who find themselves in that situation. There is a dilemma between the obligation to care for patients in the clinic that lack water as a fundamental resource and nurses being exposed to the risk of infections due to poor hygiene practices. The South African Nursing Council (SANC) guidelines provide inadequate guidance for nursing practitioners who find themselves in such a working environment. The nursing regulatory (SANC) has primarily adopted a Western code of ethics that may not reflect the realities of the South African healthcare systems in which nurses' care for patients (Shaibu *et al.,* 2021). The research by the WHO also stated: "International guidelines provide inadequate guidance for health practitioners" (2015).

The SANC needs to provide clear direction on what ought to happen when there is a tension between nurses' duty of care and resource limitations in healthcare facilities, in the context of a lack of water supply in the clinics, especially during disease outbreaks such as the COVID-19 pandemic. Shaibu *et al.* argued, "There is an urgent need to clarify nurses'….rights and responsibilities, especially in the current….limited resources, and ambiguous professional codes of ethics that guide their practice" (2021). As mentioned in Chapter 1, a lack of water supply in health facilities may result in poor nursing services. This deficient clinical care situation introduces an ethical dilemma, which is due to unavailable professional and legal guidelines that provide an appropriate foundation to guide nursing practitioners who encounter a lack of resources necessary to render quality services.

I previously cited in Chapters 2 and 3 the instances where healthcare workers (HCWs) were exposed to the risk of being infected with COVID-19 due to poor

hygiene measures at the healthcare facilities, and some facilities had to temporarily close because of the risk of contagion. The ethical dilemma was between nurses fulfilling their professional care obligations and the risk of contagion in the clinics which lacked water, sanitation and hygiene services.

5.2 Recommendations

The nursing practitioners in the rural clinics face significant challenges where there is a lack of water as a fundamental resource. Inadequate supply of water for hand washing, good sanitation and general cleanliness in the clinic raises ethical questions about the extent and limit of nurses' duty to provide care for patients. I recommend that the SANC guidelines clearly state nurses' innate duty to promote their own health and safety, because when nurses are faced with professional obligations without safeguard, they become vulnerable to making an impossible decision between providing care, while risking infection or staying away from work because of the unsafe working environment.

I recommend that South Africa's Nursing Council (SANC) needs to give a clear-cut direction on how nurses ought to handle ethical dilemmas, especially when nurses face significate challenges because of limited resources. The SANC guidelines should address the balance of nurses' obligations of beneficence and the duty of care for patients with nurses' rights and responsibilities, while addressing the inadequacies of resources in the health systems in which they practice (Shaibu *et al*., 2021). Shaibu, *et al*. argued that the lack of safety provisions in the healthcare facilities, such as clean, running water, good sanitation and hygiene services, makes nurses vulnerable to infections such as COVID-19 (2021). Again, this situation of the lack of fundamental resources to render quality nursing care shifts the ethical dynamic that subjects nurses to a greater professional obligation to provide care at the expense of their own health (Shaibu *et al*., 2021).

Mathibe-Neke argued that the patient's respect for autonomy allows the patient to choose and be the advocate of their own healthcare, so nursing services should meet their patients' health needs and quality standards (2015). I also recommend that nurses' professional autonomy ought to carry the same weight as that of patients, and the lack of water in clinical settings should not subject nursing practitioners to a professional obligation to care for the patients at the expense of

their own wellbeing or health. There can be no justification for limiting nurses' rights while requiring them to work in conditions that expose them and their patients to a greater risk of infection due to a lack of a supply of clean water, poor sanitation and unhygienic services at rural clinics.

I had previously cited that the human rights mechanisms (the Constitution of South Africa, the South African Human Rights Commission, etc.) have acknowledged that nursing practitioners enjoy the same rights as other citizens of the country. I agree with Mathibe-Neke, who argued that, "The SANC has a moral duty to obey statutory obligations to promote ethical practice as it is mandated by the government" (2015). Furthermore, Mathibe-Neke argued that the SANC has a legal obligation to protect the rights of both the patients and those of nurses (2015).

I showed that the SANC has a legal obligation to advocate for and protect the wellbeing and health of nurses by ensuring a working environment that is conducive to ethical practice, and that will result in improved patient outcomes (Mathibe-Neke, 2015). As cited previously, a conducive working environment in this regard means having a healthcare facility with resources that ensure quality nursing care, such as the availability of clean water, good sanitation, and hygienic services, etc.

In conclusion, I recommend that the SANC address the limitations in its ethical guidelines and develop a regulation for ethical practise in clinical practise settings where there is a lack of water as a fundamental resource, with the support of existing legislatures, laws, and guidelines for nursing practise in under-resourced healthcare facilities.

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PLAGIARISM DECLARATION TO BE SIGNED BY ALL HIGHER DEGREE STUDENTS

SENATE PLAGIARISM POLICY: APPENDIX ONE

I Makhotso Merriam Ralehike (Student number: 2261574) am a student registered for the degree of MSc Medicine in Bioethics and Health Law in the academic year 2022.

I hereby declare the following:

- I am aware that plagiarism (the use of someone else's work without their permission and/or without acknowledging the original source) is wrong.
- I confirm that the work submitted for assessment for the above degree is my own unaided work except where I have explicitly indicated otherwise.
- I have followed the required conventions in referencing the thoughts and ideas of others.
- I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in my writing.
- I have included as an appendix a report from "Turnitin" (or other approved plagiarism detection) software indicating the level of plagiarism in my research document.

Signature: M. Ralehike Date: 17 October 2022

