Care Without Judgement: Political Awareness in Nursing Beyond Divides [Editorial]

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Care Without Judgement: Political Awareness in Nursing Beyond Divides

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1. Why Political Awareness Matters for Nursing

In everyday nursing practice, political regimes and power structures must be recognised as essential influences. These forces shape resource access, funding priorities, and the invisible biases that threaten equitable, non-judgemental care. In contexts of global armed conflict, forced displacement and system collapse, these dynamics are magnified, producing avoidable suffering along deeply stratified social lines. The disproportionate suffering experienced by marginalised populations in contexts of conflict, displacement and system collapse is not accidental but is produced through discursive and policy regimes that normalise exclusion, justify scarcity and render some lives less worthy of care. Nursing is not external to these forces. It is practiced within them and therefore carries a responsibility to resist their ethical consequences. This resistance is enacted through two core professional commitments: equity in care and the disciplined practice of compassion through non-judgemental clinical decision-making and care.

Nursing has long claimed high ethical standards. Contemporary nursing codes worldwide articulate nursing care grounded in non-maleficence, justice, compassion, and social responsibility, irrespective of nationality, politics or affiliation (ICN Code of Ethics, 2021). These principles demand impartiality: and elect nurses as ethically obligated to allocate care on the basis of clinical need rather than social status, upholding the right to health as a universal entitlement. In periods of conflict and political polarisation, such ethical impartiality offers protection for patients and practitioners under international humanitarian law, as affirmed in global health frameworks (Royal College of Nursing, 2025; World Health Organization, 2024), however, its legitimacy depends on ethical vigilance rather than passive neutrality. Without such vigilance, appeals to neutrality risk obscuring structural injustice rather than countering it, as claims of impartiality can mask how policies, protocols and everyday clinical decisions can systematically disadvantage already marginalised groups. In this editorial we interrogate nurses' commitment to non-judgemental, equitable care; examining how such commitments, formally grounded in professional codes of practice are claimed to transcend political regimes and patient identities. We ask how, and with what consequences, these ethical commitments are enacted, constrained, or compromised amid widespread healthcare disruption, political tension, and warzone realities. In this context, ethical vigilance can be understood as a sustained, informed attentiveness to how political, social, and institutional forces can influence clinical judgment.

2. Ethical Practice Beyond Ideology

As healthcare experts and patient advocates, nurses are routinely expected to extend their expertise to policy arenas, shaping the profession and benefiting society. Yet empirical evidence suggests that politically engaged nurses remain relatively rare (Wilson et al., 2022), reflecting a persistent discomfort/knowledge deficit within the profession about the relationship between ethics and politics. However, political awareness is not a prerequisite for activism but an ethical requirement for delivering equitable, non-judgemental care. Nurses practice within political regimes and power structures that shape everyday clinical environments influencing who gains access to care, how resources are allocated and which lives are prioritised. These structures constrain patients' choices long before they enter clinical spaces, embedding inequality into the very conditions under which care is sought and delivered.

These socio-economic and political pressures do not merely exacerbate poverty and health inequities that nurses confront every day; they shape the conditions under which nurses learn, work, and make clinical judgements on a daily basis. Studies show nurses often hold implicit biases toward patient race, ethnicity, or socio-economic status, which can translate into subtle discriminatory practices, such as poorer communication, lower empathy, and unequal treatment recommendations (Groves et al., 2021). When left unexamined, such biases can be readily normalised through routine practice, contributing to patterns of health disparities such as reduced adherence to care plans or inadequate pain management for members of minority or marginalised communities. Institutional racism alongside hidden and informal curricula within healthcare education and workplaces, further legitimises these patterns, embedding stereotypes into professional norms and ethical reasoning rather than challenging them.

Awareness of collective social forces enables nurses to recognise when policy pressures may conflict with ethical codes like the ICN (2021). For instance, nationally agreed triage protocols may prioritise citizens over migrants, whereas the ICN demands universal care thus prompting nurses to advocate humanistically while maintaining non-judgemental equity. Healthcare funds or resources may be made more available for certain populations deemed more socially deserving of care. Awareness without bias defines ethical practice: ensuring decisions prioritise clinical need over ideology. Professional ethical codes do not stand above politics; they operate within political systems that may actively undermine their intent. Maintaining equity and non-judgemental care in such settings therefore requires critical political awareness and, at times, principled resistance to policies that institutionalise exclusion.

3. Nursing Neutrality and Justice

Rationing decisions are not simply technical choices; they are inherently political and ethical acts influenced by personal and cultural biases, both implicit and explicit. How nurses prioritise scarce resources actively shapes whose needs are recognised, whose suffering is rendered visible and whose is normalised or overlooked. Equity is not an abstract ethical ideal but a persistent practical challenge in everyday nursing work. Nurses routinely face rationing as a central concern, constrained by inefficient health systems lacking explicit, enforceable equity frameworks. Nurses who experience fairness and equity in their own workplaces are better positioned to extend it to patients, a reciprocal dynamic underscoring why political awareness sustains true neutrality.

Recent scholarship has further argued that ethical nursing practice cannot be sustained without legitimising resistance as part of the professional repertoire. Younas and Kvist (2025) contend that resistance, understood as individual and collective action to oppose social harms and injustice, is not antithetical to professionalism but essential to its ethical enactment. They caution that without resistance, nurses risk suppressing core professional values of care, compassion, and justice, particularly when institutional policies or norms perpetuate inequity. This framing is highly relevant to contemporary debates about neutrality in nursing: political awareness without the capacity to resist unjust structures risks rendering ethics aspirational rather than actionable. Seen this way, non-

judgemental care is not maintained through disengagement, but through ethically informed resistance to policies and practices that institutionalise exclusion.

4. Teaching social justice and compassion

What nursing students are taught in their educational programmes is not neutral; it shapes how future nurses recognise power, respond to inequality and understand their ethical responsibilities. Nursing curricula must integrate social justice and compassion, not as abstract values but as core analytic tools that can equip students to navigate political realities and develop a critical orientation to practice. Simulations and other forms of experiential learning can help foster empathy and develop skills in allocating and prioritising scarce resources (Watson et al., 2025); however, equity teaching may produce conscientisation without praxis, particularly where curricula under-emphasise policy and historic context, which may leave students aware of injustice but unsure how to act on it. This can be avoided when programmes deliberately scaffold students from critical reflection to supported action, through policy literacy, historically grounded case work, and assessed opportunities to practise advocacy and ethical resistance in safe, supervised settings.

Values based practice is equally important: it can complement evidence-based approaches, while simulations prompt reflection, encouraging student to stop and think *"Does this protocol honour universal rights?"* Such scenarios may mirror the ethical tensions outlined by the ICN (2021). Case studies could be used to dissect refugee care, analysing policy biases through the lens of power, while considering how to maintain relational practice that prioritises personhood, safety, and enabling people to be treated fairly and without discrimination. Educating students proactively about ethical principles and theories, equipping them to speak the language of ethics, enables them not only to name dilemmas and moral distress but also to advocate meaningfully for patients within the fullest extent of their scope of practice. Teaching about homelessness and inequality must engage nurses' moral imagination, positioning students not only to deliver care but to bear witness to suffering produced by structural abandonment (Jackson, 2025). Crucially, such pedagogical approaches position ethical questioning not as an individual moral preference, but as a professional obligation embedded within clinical decision-making.

5. Beyond Professional Intent

Advancing health equity cannot rest on professional intent alone; it depends on the conditions that enable ethical practice across macro, meso, and micro levels of health systems. Adams et al. (2024), writing through a social justice lens on integrating nurse practitioners into primary healthcare, highlight the necessity of leadership, shared vision, funding and infrastructure, and intentional support if equity goals are to be realised in practice rather than performed in principle. This is a critical reminder for nursing more broadly: non-judgemental care is not sustained by individual goodwill or claims to neutrality, but by politically informed systems that make equitable decisions possible, especially under conditions of scarcity, contestation, and widening social division.

Where those conditions are absent, neutrality can function as an alibi, protecting systems from critique while inequity is reproduced at the point of care. As work on homelessness and nursing's moral imagination reminds us, to witness suffering without naming its structural causes risks quiet complicity with inequality rather than ethical care (Jackson, 2025). Thus, to practise ethically in contexts of scarcity, conflict and systemic exclusion requires more than professional intent or individual goodwill; it demands political awareness, critical reflexivity and, at times, principled resistance to policies and practices that normalise injustice.

6. Conclusion

Nursing's ethical commitment to non-judgemental care cannot be separated from the political conditions under which care is delivered, where neutrality risks becoming complicit with the very

inequities nursing claims to oppose. Nurses do not practise outside power, nor can they afford to imagine that ethics operate independently of political systems. Equity is enacted (or denied) through everyday clinical decisions shaped by institutional rules, resource constraints and policy priorities. The challenge for nursing, therefore, is not whether to be political, but whether to recognise how politics already structure care, and to act ethically within that reality. In an increasingly polarised and unequal world, nursing's moral authority will rest not on claims to neutrality, but on its willingness to name injustice, to bear witness to structurally produced suffering, and to insist that care without judgement must also be care without exclusion.

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