

Ethics as a Component of Nursing Education

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THOSE WHO WOULD add material or courses to the already burgeoning nursing curriculum should have compelling reasons for doing so. The nature of nursing practice, a rapidly expanding technology, a confusion of ethos and ethics within the profession, the multiplicity of nursing roles and the locus of decision-making power in others would seem to provide a basis for the inclusion of ethics in nursing education.

Although nurses function independently in many aspects of health care, they also practice their profession a great deal of the time in a unique "interface" situation between the patient and the physician. Amid the complex machinery at the bedside (calling for technical proficiency), the nurse (educated as a patient advocate) is serving as care-giver, administrator and coordinator but has little or no input into the major decisions made with or on behalf of the patient. "This combination of roles, very different from the physician's role, raises a host of ethical problems

54 related to autonomy, coercion, role conflict, and personal identity."^{1(p22)} And the failure of nurses to make meaningful contributions in patient care decision making may encourage the belief that ethical problems are also not part of their practice.

Nurses need part of their education devoted to making thoughtful, critical appraisals of what is ethical in daily practice and in policy development. They need to examine what Steinfels calls "the conflict between the professional model with which they are educated and the bureaucratic model under which they work."^{2(p20)} Traditional medical ethics provides a poor fit with the unique problems nurses face in their practice. The inclusion of opportunities for ethics study as it relates to nursing is advantageous for both students and their future clients. Knowledge of adult moral development would seem to indicate that the years of professional education and early practice may be an ideal time for this study—especially if it is both comprehensive and relevant to practice.

THE STUDENT AND ETHICS

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the level of student attainment. Erikson and Piaget have examined moral thinking in children, but more interesting and to the point is the work of Kohlberg on stages in adult moral development.

Piaget questions the existence of adult stages and stage change in moral development. Stage change is defined as directed, sequential, qualitative transformations in psychological structure. Such change must be the result of experiential interactions with the environment rather than the result of normal biological maturation. Piaget postulates no new post adolescent cognitive stage, but Kohlberg thinks there are moral stages which first appear in young adulthood, as he has demonstrated in a longitudinal sample of individuals over 21.

Piaget's stage of formal operations may be said to coincide with Kohlberg's moral stage of social contract and utilitarian law making. To these, Kohlberg adds Stage 5B, or higher law and conscience orientation, and Stage 6, or universal ethical principle orientation. Kohlberg reports the attainment of principled moral reasoning in high school followed by "retrogression" to a skeptical egocentric relativism which is a transitional state between conventional and principled morality. He suggests that the nature of the experience leading to adulthood development, e.g., to principled moral thought, is somewhat different from that involved in childhood and adolescent movement through the conventional stages of moral reasoning. In childhood, there is an increasingly adequate comprehension of existing social norms and ideals developed through social and symbolic interaction. In contrast, construction of

principles seems to require experiences of personal moral choice. "The crises and turning points in adult life are often of a moral nature, and literature describes dramas of maturity as the transformations of the moral ideologies of men."^{3(p186)}

This view of adulthood moral stages linked to experience, besides being a rapprochement between Erikson's stage theory of development and a more cognitive structural stage theory, also indicates that moral development is taking place during much of the collegiate and professional educational years of nursing and medical students.

While most nursing education is social science oriented, considerable academic attrition in nursing programs comes from failure to meet the basic science requirements. Vaux has speculated that the student who is chosen for medical education (and increasingly for nursing) is one who excels in physics, chemistry, mathematics and biology—individuals who are quantitatively oriented and who "may be uniquely unsuited to think on affairs of the spirit and the heart."^{4(pxiii)} Such individuals may develop science-oriented practice which ignores humanity and the problems of the patient. This idea and Kohlberg's work indicate a need for exploring ethics during health care education to provide a base for decision making that is broader than science alone.

PRESENTLY IMPLEMENTED PROGRAMS

The majority of the articles calling for ethics and humanities teaching for professionals have dealt with the subject in

relation to medical schools. This attention to ethics arose slowly in the mid 1960s as a result of technological advances in patient care and the questions such care raised in the minds of both health care personnel and the public at large. Veatch and Sollitto, in a survey of such teaching presently established in American medical schools, report that of 107 schools responding, 97 indicated some kind of medical ethics teaching. Nineteen schools have only informal discussions, 56 offer special conferences, lectures or seminars and 47 have specific medical ethics electives. Only six have required courses, but faculty members with specific commitments to such teaching rose by 50% since 1972, from 19 to 31.⁵

The literature on teaching ethics to nurses is not extensive, and it is often concerned with professional adjustment, not ethics. Occasionally, articles appear in nursing journals about teaching ethics to medical students. An article purporting to discuss "the responsibility of the professional school for preparing nurses for ethical, moral and humanistic practice"⁶ is really concerned with modification of practice, reform of systems of care and the "gate-keeper role" of the school in determining who gets into health careers.

In a recent review of the extent of ethics teaching in nursing schools, Aroskar reports data from 86 programs, 23% of which are on the baccalaureate level. Only six schools require a course in medical ethics, but 80% of the respondents have some planned curricular content on ethics. The average amount of time given this material is six to ten hours a year; most of the experience is in the junior and senior

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years. More frequently, respondents emphasized that, in some form, ethics is a component of every course in nursing. In addition, 50% of these programs offer out-of-class opportunities for ethics study in the form of workshops, symposia or faculty-student discussion groups. Fifteen schools responding have no planned opportunities for ethics studies; four of these do not feel a need for this subject in the nursing curricula.⁷

There are two authors who deal extensively with the methodology for teaching ethics: Bergman, who gives an example of an ethics course taught at the post-basic level at the University of Tel Aviv, and Baker, a social scientist who teaches at N. E. London Polytechnic.

Bergman believes that "ethical decisions are primarily a cognitive process and should be taught in nursing education programmes at all levels."^{8(p140)} She has developed a model of the process involved in dealing with complex ethical issues. (See Figure 1.)

This is a logical pattern which follows the nursing process closely. The presenting

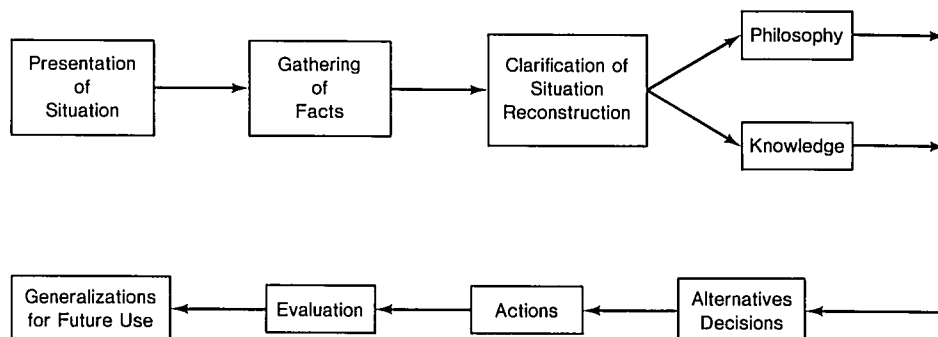
situation is identified, the facts are gathered and the clarified situation is filtered through the individual's philosophy and knowledge, at which point the individual considers the options and makes a decision. The action taken is then evaluated and becomes part of a set of generalizations which can be used in a set of similar situations in the future.

In presenting this course, Bergman uses formal theoretical lectures, group discussion of content and methods, a review of nursing codes and situational problems. As a basis for group discussion the following guidelines are used.

1. What facts are known?
2. What are the ethical problems (conflicts)?
3. What decisions are necessary before action can be taken?
4. Are there alternative courses of action?
5. What statements in the International Code for Nurses are relevant?

Baker presents a course which is also given in a post basic program. The subject

FIGURE 1. PROCESS USED IN ETHICAL DECISION MAKING



Source: Bergman, R. "Ethics Concepts and Practice." *Internat Nurs Rev* 20:5 passim (November-December 1973) p. 140.

is not included in the students' examinations, thus relieving one source of stress on the students. His principal objective is "to teach nurses how to think about something in which, so to speak, they are experienced practitioners since ethical decisions are in reality a daily activity."^{9(p683)} He feels it is important for nurses to study ethics at its fullest sense of moral philosophy and not in the narrower sense of professional behavior.

To do this, Baker relies on the socratic exchange rather than on formal lectures. The exploratory stage, where students are questioning the meaning of words like "good" and "right," is the most difficult; it is often particularly hard to make the transition to the stage of analysis. Baker attempts to help students discover that behind every moral theory lies a theory of human nature. He also tries to help nurses look carefully at the unquestioning obedience they have been expected to give to authority. Baker contends that nurses bring so much to the study of ethics—problems not simply of exposition, but of substance for which the available text books are inadequate and remote from experience. "Teaching ethics to nurses is a remarkable way of compelling the philosopher to realize the shortcomings of his own subject."^{9(p684)}

THE FRAMEWORK FOR TEACHING ETHICS IN NURSING EDUCATION

There is no question that ethics courses are not going to make individuals or institutions ethical; but the fact remains that exposure to ethics during professional

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education can establish a habit of thought or a technique of approaching patient problems which takes greater consideration of individual rights and needs. Bahm considers ethics a behavioral science which can be taught effectively by some of the techniques used in other behavioral sciences.¹⁰ Ideally, ethics teaching should be begun in the early grades and, at the very least, by high school. Some medical schools may wish to require a formal ethics course before admission.

If ethics is to be taught in nursing education, differing frameworks must be considered: integration within the curriculum at all levels, a separate course as a requirement or an elective or a combination of these two options. In order to integrate ethics throughout a nursing curriculum a strong, both unified commitment from the faculty and preparation of the faculty in techniques of integration of this particular subject are required.

If Kohlberg is correct, the nursing student's ethical development is an ongoing process. The integrated curriculum takes advantage of this to build even more complex and expanding viewpoints as the exposure to clinical situations increases. While integration of all content is a popular modality in nursing education, this approach may mean the neglect of some

58 teaching, the haphazard placement of material, in inappropriate sequence, or the failure to evaluate the teaching. "If ethics is to be considered a rigorous discipline in which students should study schools of thought, learn certain facts, and read and reflect on various problems, then a more specific course with well-prepared teachers and curriculum structure is necessary."^{11(p25)}

The separate course framework immediately raises the question of who should teach ethics in a nursing curriculum. Should students be required to get their philosophical basics in a course in the philosophy department and then study ethics in the nursing curriculum? The courses now required by nursing from other departments are extensive; if ethics is taught exclusively outside of nursing, it may become of only peripheral interest to students. Competent humanists may be poor teachers in the nursing setting if they lack experience of the environment in which nurses practice.

Banks and Vastyan propose a new blending of humanistic and medical expertise in those who teach medical ethics. They also recommend that such teaching remain in the professional school to give it added validity with students.¹² It would probably be advantageous to place such a course in the senior year to take advantage of the maturity of students, their greater clinical experience and their proximity to embarking on their careers. Veatch and Sollitto have made the interesting observation that "a crucial conceptual shift takes place when a medical school stops treating ethics as something that ought to permeate the curriculum and begins to systema-

tically plan its offerings. An even more significant conceptual break occurs when the school stops thinking of the teaching as a course and begins to see medical ethics or related subjects as a program to be developed with institutional structure."^{13(p1031)} Perhaps the path of development for the teaching of ethics in nursing will be from integration to course to program as it has been in many of the medical schools.

THE OBJECTIVES OF TEACHING ETHICS

The objectives for the teaching of ethics and much of the content will be the same no matter which type of teaching is chosen. Students should be encouraged to write their own objectives in addition to those of the instructor or the team. Suggested objectives might include:

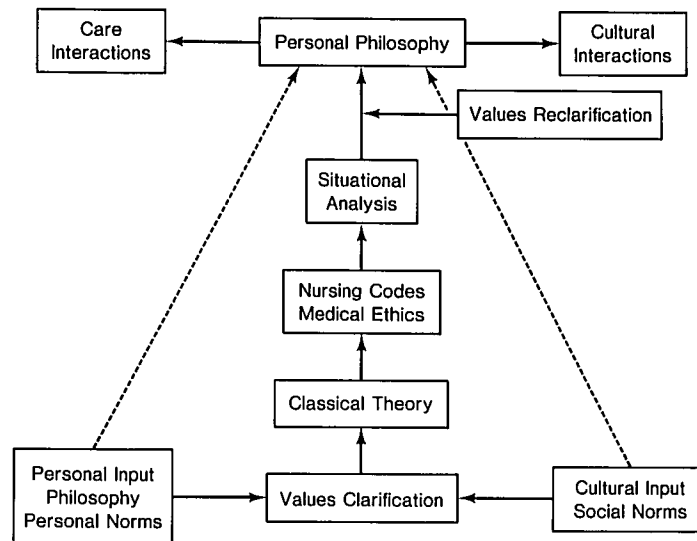
The student will:

1. understand his/her own values and their sources;
2. be familiar with classical philosophical theory of ethics;
3. demonstrate the ability to identify ethical problems (conflicts) in several situations;
4. develop a personal philosophy of ethics as a framework for nursing interactions.

A MODEL FOR CONTENT

A model for content has been developed using curriculum material which would be satisfactory for both integration and a course. It is directed at assisting the students to incorporate ethics into their

FIGURE 2. MODEL FOR ETHICS TEACHING WITH EXTERNAL INPUT AND POSSIBLE OUTCOMES



professional lives. (See Figure 2.) This model includes external input over which the instructor has little control, and expected outcomes (dotted lines). The model demonstrates the belief that personal and cultural input will still have a considerable direct effect after a formal study of ethics.

A basis for beginning ethics teaching should include values clarification seminars as developed by Simon, Howe and Kirschenbaum.¹³ There is a need for an "educational experience whereby the student may gain clarity regarding values he holds, internal consistency between values and actions, and an adequate conceptual framework for decision making."^{14(p251)} Values clarification can be done again at the end of the experience to illuminate change and growth for the student.

An introduction to classical ethics

philosophers would follow values clarification, with readings selected from Plato, Cicero and others. A look at conscience through the work of Butler and Freud, the common-good theories of Mill and Bentham, Kant's theories of the formulation of moral obligation and respect for persons, a knowledge of Spinoza and the determinists who deny the possibility of freedom of human action, the philosophies of Hobbes and the Egoists, and Hume's concepts of humanity should be used as a basis for looking at the growing literature expressly concerned with medical ethics.

The study of nursing codes should be included specifically to demonstrate their limitations in ethical decision making. Even though they are frequently called ethics, nursing codes are primarily concerned with professional behavior. Such

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professional standards are what Haring terms "ethos" or that "which characterizes a professional culture . . . and which is worked out in the occupational group for the fulfillment of their professional task and vocation."^{15(p16)} Ethos begins in a tradition of sharing customs, a "commitment to particular values . . . dedicated to increasing knowledge and skill, which originates with the profession."^{15(p24)} Ethics, on the other hand, goes beyond ethos by addressing itself "to professional standards of human relationships, to a morality which permits living to the fullness of (one's) ethos."^{15(p25)}

Only three of the ten points of the American Nurses' Association's code for nurses can be considered ethics: (1) service with respect for human dignity, (2) patients' rights to privacy and protection, and (3) the safeguarding of the patient from the incompetent, unethical or illegal actions of others. The other seven statements are ethos; thus nurses have little to guide them in thinking through ethical problems. The International Code for Nurses, adopted in May 1973, has even less of a truly ethical orientation. There is an introductory statement that inherent in nursing is "respect for the life, dignity, and the rights of man unrestricted by considerations of nationality, race, creed, colour,

age, sex, politics or social status."^{16(p24)} This is a good philosophy of ethics, but aside from a section having to do with holding personal information in confidence, the rest of the code sets standards of behavior for nurses in relation to practice, society, coworkers and the profession in general. The guidelines written for nurses in clinical and other types of research have a much greater ethical orientation, and probably could serve as a basis for producing a real code of ethics.

It is interesting to note that in Aroskar's study, when respondents were asked what content should be taught in nursing ethics courses and how it should rank in importance, half (41) thought professional codes were a first priority; five others ranked them second. This may, as the author thought, indicate that professionals place great emphasis on the inculcation of professionalism in students. It is also possible that those faculty replying to the question have a misconception concerning the nature of the code and its relationship to ethics.

Situational analysis can best be accomplished with case studies which may be teacher prepared, those developed in the medical and nursing literature, or in student experience. Case studies provide excellent opportunities to examine patient/family rights, human experimentation, informed consent, truth telling and other major issues in health care. This type of study can be enhanced by using guideline questions such as those suggested by Bergman.

At the same time, students should be introduced to the highly critical reading of medical, nursing and biological research papers. As conscious as we think we are of

human rights, papers appear with dismaying frequency about which serious reservations are in order. Gathering material for study and analysis has been a problem for many instructors. They may wish to examine Veatch's article in the June 1978 *Hastings Center Report* which is a review of recently published anthologies on bioethics.¹⁷ A very valuable beginning text is *Moral Dilemmas in Medicine: A Coursebook in Ethics for Doctors and Nurses*.¹⁸

TEACHING ETHICS— AN EDUCATIONAL CHALLENGE

There is still the question of whether ethics can be "taught" at all. Perhaps it

cannot be taught in the usual sense of that term. However, that the effort should be made is now widely accepted by educators in the health care professions. Attempts to evaluate ethics instruction will be very difficult; real evaluation may have to wait until this generation of medical and nursing students are practicing and doing research. Teaching ethics to nursing students presents an educational challenge in two dimensions: preparing cross-disciplined educators and developing a comprehensive, challenging, compassionate curriculum which meets the needs of the students and the patients for whom they will care.

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