

# Limitations and alternatives: Ethical practice theory in nursing

Limitations in findings are encountered when a theoretical framework is selected prematurely to guide theory building. Kohlberg's theory, chosen by Ketefian as the framework for an ethical practice theory of nursing may not reflect the life experiences of nurses. While Kohlberg's theory calls for an ethic of justice, Gilligan's research suggests that most women make ethical decisions based on an ethic of care. An alternative to the premature selection of a guiding framework is first to describe the moral decision making of nurses and then to choose the framework that best fits the reality of nursing.

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OVER THE YEARS Ketefian has worked on a worthy topic, the formation of a theory of ethical practice in nursing. Her article, "A Case Study for Theory Development: Moral Behavior in Nursing," uses a theoretical framework developed by Lawrence Kohlberg that is grounded in an ethic of justice.<sup>1</sup> Because of recent research into the moral development of women, however, this article questions the value, for a primarily female profession, of Kohlberg's theory and further suggests that it may be too soon to select a guiding framework for an ethical theory of nursing practice.

A theoretical framework sets the boundaries of a reality within which research can take place. The guiding theory states a perception of the world while filtering out confounding perceptions.<sup>2,3</sup> Thus a framework that guides a study of the moral development of nursing should reflect a nurse's reality, and the use of an inappropriate framework for research could lead to a theory of ethical practice that is precisely

formulated but, nonetheless, has no real meaning in the moral life of the nurse.<sup>4</sup> A grave danger to nursing would be such an ethical practice theory that forces nurses to ignore their own convictions in striving to find the solutions to ethical problems.

Historically, western theories of human development have been modeled on the transitions of white middle-class males.<sup>4-7</sup> When these theories did not describe the development of women and girls, the explanation was that there was a flaw in women rather than a flaw in the theory. Women who grow up in a society guided by these theories inevitably begin to doubt and question their own perceptions of reality.<sup>5</sup>

Nurses have for a long time doubted their ability to create their own science, one that reflects the philosophy and language of nursing.<sup>4</sup> Ketefian states that nursing has approached research in a recipe-like fashion.<sup>1</sup> Some ingredients of that approach include early selection of a theory that does not speak the language of nurses; selection of a theory that reflects the male bias of many developmental theories; and too-swift movement toward quantitative validation before the necessary qualitative methods of discovery have been completed.<sup>4</sup> A theory of ethical practice, as is sought by Ketefian, is essential to the maturation of the nursing profession, but it must be built carefully to speak to the true voice and experience of nursing.

## AN ETHIC OF CARE

Gilligan<sup>5</sup> began to suspect, while working with Kohlberg, that their research into the moral development of children contained a bias that obstructed the under-

standing of the moral growth of women. Until recently, research on moral development was conducted using young boys and men as subjects. Studies that included girls and women forced the responses of females into the mold of male expectations, often resulting in the responses of females appearing deviant. Gilligan has proposed that research demonstrating failures in the moral growth of women is more likely to represent limitations in the available knowledge of the human condition and omissions of certain truths about life than any abnormality or deviance on the part of women.<sup>5,8</sup>

Kohlberg devised a hierarchical scale that measures stages of moral maturity: (1) the preconventional, wherein rules made outside of the child determine right or wrong action; (2) the conventional, wherein the child conforms to the rules and values of family and others involved with the child; and (3) the postconventional, wherein the individual acts autonomously and follows the dictates of his or her own conscience. In this scheme, the morally mature individual believes that there are universal rights and duties that guide moral decisions and thus, for Kohlberg, morality consists of "discovering and complying with an ordered set of generally applicable, yet highly differentiated rules."<sup>6(p141)</sup>

Gilligan became aware that, when children were presented with a situation that illustrated a moral dilemma, the responses of girls were different from the responses of boys, and she noted that forcing the girls' responses into Kohlberg's stages generally resulted in girls never being considered to be beyond the conventional level of development. On closer examination, Gilligan came to believe that girls'

responses could not be fairly categorized into Kohlberg's stages, but rather that their responses fell into different, then undefined, groupings. That is, the girls' responses were not less mature; they were altogether different.

Based on her budding belief that the moral development of women might be fundamentally different from that of men, Gilligan traced the responses of women when confronted with moral decisions. She interviewed women when they were facing an abortion and again one year later. She also interviewed college women who described their process of moral decision making. Her research showed that most women define moral issues using an *ethic of care* that is clearly different from the *ethic of justice* proposed by Kohlberg.<sup>5</sup>

In analyzing her research, Gilligan suggested that women organize their concepts of morality within a framework of responsibility and care, as opposed to the masculine focus on a morality of rights and autonomy. While men tend to take a moral issue out of the context in which it occurs, women generally do not envision a problem outside its context. Additionally, women's concern with care and responsibility always occurs within the context of relationships. According to Gilligan, a woman's moral life is thus embedded within a network of relationships. She calls this ethic of care the different voice of women.<sup>5</sup>

Briefly, in this framework, the moral development of women evolves from an early focus on "no hurt," when the concern of the young female is not to cause any, or at least not much, hurt, to a later, more mature concern and responsibility for self and others. As the young woman grows,

she becomes aware that focusing solely on not hurting anyone leaves out consideration of her own needs and can relieve her of the responsibility for her own decisions. For Gilligan, "Moral maturity can be based on general injunctions to give care, to sustain interpersonal relationships, and to secure one's own integrity."<sup>6(p141)</sup>

Within this scheme, the morally mature woman will make decisions that consider the context of the relationship but will also take responsibility for herself. If she is acting within the ethic of care, a woman faced with a moral decision will have a difficult time making a decision that does not take into consideration the context of the problem. She will be inclined to see no absolute right or wrong solution but, rather, will ask the context-dependent question, "How can this problem be solved in the best way for all concerned with the least hurt to anyone?" This inclination to view the problem within the context of relationships makes a poor fit if moral maturity is judged by Kohlberg's standards, which are derived from an ethic of justice that demands the use of context-independent rules in the postconventional stage.

Clearly, a theory of ethical practice in nursing that is guided by Kohlberg's view will be very different from one guided by Gilligan's view. The two views of reality are based on fundamentally different perspectives, and ethical decision making

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using one will not be the same as when using the other. It would be a mistake, however, to take the position that one view is superior to the other. The care ethic and the justice ethic are both legitimate ways of knowing reality, and each presents a coherent moral perspective.<sup>8</sup>

Listening to the language of both perspectives will give some understanding of the difficulties faced in fitting an individual who acts within one ethic into the valuation of the other. For example, whereas detachment is a value within the ethic of justice, it becomes a moral problem within the ethic of care. The justice ethic searches for agreement, while the care ethic searches for understanding. It is easy to see how women's responses based on the care ethic have been discounted and misunderstood when evaluated by the justice ethic throughout the years.

If an ethical base for nursing practice is built on the ethic of justice, and the nurses's orientation is the ethic of care of another model, there will continue to be a denial of the nurse's own voice. If ethical problems are framed within a context that is foreign to them, nurses could begin to doubt and question their own experiences, and these personal doubts could compromise their ability to act on their own perceptions.<sup>7</sup> Nurses could feel lost and helpless and could appear to a researcher to be individuals of immature moral development.

## RECOMMENDATION FOR THE FUTURE

"The activity of care is an activity of relationship, of seeing and responding to

need, taking care of the world by sustaining the web of connections so that no one is left alone."<sup>5(p62)</sup> Because of this view, nursing as a caring profession needs to rethink its ideas about what constitutes ethical practices. Although it may be premature to embrace Gilligan's framework as a guide for constructing a theory of ethical nursing practice, the ethic of care would seem, intuitively, to fit the reality of nursing well. Her work does raise questions about proceeding to the development of a theory based entirely on Kohlberg's framework. Because an ethical practice theory will guide the growth of nursing for generations to come, it may be best to begin with a phenomenological approach that first describes the structure of the consciousness of the nurse when she or he is faced with an ethical decision. After this full description of nurses' ethical decision making, the process of theory development could more appropriately develop the methods of validation.<sup>4,9</sup>

Several questions that could be answered by such an approach seem essential to the development of an ethical practice theory: (1) Are women who select nursing as a profession guided for the most part by an ethic of care or by some other model? (2) Are men who select nursing as a profession guided by the same ethical model as women? (3) Does the ethical decision making of nurses derive from models that have not yet been described? (4) What is the ethical language of nursing?

Nursing is moving toward a moral maturity that will no longer accept the duty to care without the right to say how that care is to be delivered. The profession is finding the voice and strength to take the stand

that care is an important value, and the whole of society will benefit from an acceptance of the care perspective.<sup>10,11</sup> Nurses must be sure that when they speak of ethical issues, they speak with their own voices.

Nursing will continue to define a theory

of ethical practice. It is important that the theory reflect the nurse's life experience. The goals and directions for the future of nursing are too important not to support the mature moral development of all its members no matter what their ethical perspective.

## REFERENCES

1. Ketefian S: A case study of theory development: Moral behavior in nursing. *Adv Nurs Sci* 1987;9(2):10-19.
2. Weeks DP: Theory-free observation: Fact or fantasy?, in Chinn PL (ed): *Nursing Research Methodology*. Rockville, Md, Aspen Publishers, 1986, pp 11-21.
3. Benoliel JQ: The interaction between theory and research, in Nicoll LH (ed): *Perspectives on Nursing Theory*. Boston, Little Brown, 1986, pp 556-561.
4. Munhall PL, Oiler CJ: *Nursing Research: A Qualitative Perspective*. Norwalk, Conn, Appleton-Century-Crofts, 1986.
5. Gilligan C: *In a Different Voice*. Cambridge, Mass, Harvard University Press, 1982.
6. Kittay EF, Meyers DT (eds): *Women and Moral Theory*. Totowa, NJ, Rowman & Littlefield, 1987.
7. Benhabib S: The generalized and the concrete other: The Kohlberg-Gilligan controversy and moral theory, in Kittay EF, Meyers DT (eds): *Women and Moral Theory*. Totowa, NJ, Rowman & Littlefield, 1987, pp 154-177.
8. Gilligan C: Gender difference and morality: The empirical base, in Kittay EF, Meyers DT (eds): *Women and Moral Theory*. Totowa, NJ, Rowman & Littlefield, 1987, pp 19-33.
9. Spiegelberg H: *The Phenomenological Movement*. The Hague, Martinus Nijhoff, 1971, vol 1.
10. Reverby S: A caring dilemma: Womanhood and nursing in historical perspective. *Nurs Res* 1987; 39(1):5-11.
11. Watson J: Nursing on the caring edge: Metaphorical vignettes. *Adv Nurs Sci* 1987;10(1)10-18.