Feminist pedagogy: Nurturing the ethical ideal

A case study describing a student-teacher interaction is used as a device for examining various models of moral education. The author argues that an ethics of care is foundational to all student-teacher interactions as a means of achieving what Noddings[1] refers to as the primary goal of education: nurturance of the ethical ideal.

Margaret A. Crowley, RN, MS
Assistant Professor
Department of Nursing
University of New Hampshire
Durham, New Hampshire
Doctoral Student
The University of Texas at Austin

THE USE OF case studies as a means for examining moral problems and ethical dilemmas in clinical practice has a tradition in nursing. I shall continue in this tradition by presenting a case study that enlarges the realm of discourse beyond the nurse-patient-physician-institution relationship to include the student and nurse educator.

This real-life scenario features a nursing student and a nursing faculty member. Pseudonyms will be used—Maureen for the clinical instructor and Rebecca for the student. The student-teacher interaction and details of the context, which will aid in the analysis of this situation, are also presented.

The baccalaureate nursing program that Maureen and Rebecca were affiliated with had devised an intensive practicum experience for students to take place in the final semester of the senior year. Students were placed in a clinical agency for 32 to 40

This article is based on a presentation at the University of Colorado School of Nursing, June 1988, as part of a conference entitled, "Caring and Nursing: Explorations in the Feminist Perspectives."

Adv Nurs Sci 1989; 11(3): 53-61

hours per week. Direct support to the students came from an on-site preceptor, a staff nurse within the institution. Maureen was the clinical faculty member from the university who visited the students in each agency on a weekly basis and conducted a weekly clinical seminar on campus.

There were three weeks remaining in the semester when Maureen arrived at the nursing conference room for the weekly clinical conference. She asked if anyone would like to begin by recounting any events from the previous week. Rebecca began: "I was in the labor and delivery room this week and you won't believe what happened. There was a young, unmarried Spanish-speaking girl who was about to deliver. She was screaming and crying out in pain. Dr Westerman, the obstetrician, was getting everything ready for the delivery when he just walked up to the head of the delivery table, didn't say anything, and slapped her across the face twice. I guess I must have made some kind of a face like I was surprised or something because he looked at me and said: 'Are you related to her?' and I said 'No.' So he said to me: 'Well then, what's the face for?' Maureen interjected, 'What happened then?' and Rebecca responded: 'Oh, nothing really. He just went about delivering the baby.' "

In recounting this incident, Maureen was stunned by the student's response. She explained: "I felt that her response, and that of the other students present, was nothing more than: 'Isn't this an interesting story?' I asked Rebecca how the staff nurses in attendance had responded. She stated that 'They didn't do anything.' The staff told her: 'That's just the way Dr Westerman is.' I asked next: 'Is there anything you feel that you need to do?' I sensed that Rebecca was getting a little nervous now. She seemed to know that she was responding to me the wrong way if she stated that she felt no responsibility to do anything. She started to do what I call 'backpedalling': 'But he didn't really hit her that hard. And, she really was hysterical.' I think she really knew that she had made a mistake now when I responded: '*Rebecca,* I don't care if all he did was raise his hand to her. What he did was wrong.' I told her that I wanted her to think the situation over during the weekend and I would meet with her at the hospital on Monday to find out what she had decided to do. I told her that she did not have to finish out the final three weeks of the practicum, that she had met the objectives of the course already. I also said that I would go with her to do whatever she felt needed to be done. I stated: 'If you decide not to report this incident, I shall have to. Now that I know about this situation, I have an obligation to do something.' "

Maureen continued: "I met with her on Monday and she said that she wanted to talk with the staff herself and tell them that she was going to write up an incident report. Later, I found out that she told the staff that I was making her write the incident report. She told them that I had found out about the incident by reading her weekly journal. I stated that the report should indicate that a copy would go to the dean of the nursing program. I wanted the staff to know that this incident was being reported beyond the institution. Rebecca's original report stated in effect that: 'The patient was hysterical and screaming uncontrollably. In an effort to calm her down, Dr Westerman slapped her on the face.' I was really becoming exasperated with Rebecca at this point. It seemed to me that she was doing everything that she could do to get out of this situation. 'Just give me the facts Rebecca! No editorializing!' I told her as I read the report. She rewrote it until I found it to be acceptable.

"The following week in clinical seminar, the incident came up again briefly in our

discussion. I was again stunned when the students stated that they probably would have responded the way Rebecca had—that they would choose to do nothing. 'After all, we're only students' was the overriding theme that I gleaned from their comments. And, my response, now coming from a sense of complete frustration was: 'And someday, you'll only be a staff nurse, or you'll only be a part-time nurse, or you'll only be an agency nurse!'

"Rebecca met with me for one last conference during the final week of the practicum. She had decided to stay on the unit to finish out the semester. She could barely speak to me at this point. I knew that anything that I had to say now would be useless."

Maureen's final comments to me were: "The whole incident left me terribly depressed. I felt that I, that we as nursing faculty, were failing if this was how our students were behaving as they entered the world of work. I have asked students in subsequent years how they would have responded given this situation and many of them have said the same thing: 'I probably would have chosen to do nothing.' One student recently stated: 'It's very important for the staff to like you during the practicum. It's important to do things the way they do them.' "

ANALYSIS

This situation can be analyzed from two vantage points. First, Maureen's response to the situation within the context of who she is as a nurse educator will be explored. What follows is a reconstruction of this incident, keeping in mind that Maureen's primary goal as a teacher should be what Noddings refers to as "nurturance of the ethical ideal"[1(p173)] within the student.

Before beginning, this author must share her own position in this matter as a feminist:

I felt as troubled as my colleague did for some of the same and also perhaps for some different reasons. I too was shocked by the incident. Here was one more example of the abuse of particularly vulnerable, defenseless, and powerless women by physicians. And, nurses were still, in a sense, normalizing this kind of behavior in the orientation of new nurses into the system by saying, in essence: "This is Dr Jones. He induces all of his patients with Pitocin. This is Dr Westerman. He hits his patients sometimes."

I admired my colleague for doing what was right. Here was a woman who was not willing to accept the status quo. The more Maureen and I discussed this situation, however, the more dissatisfied we became. If Maureen was right and Rebecca was wrong, had Rebecca learned anything from this situation? Would Rebecca go on to behave differently in the future? We reluctantly admitted that she probably would not. In fact, we believed that she would instead keep such incidents to herself. We both felt more and more distant from our students. Who were these women who saw the world so differently from us?

THE TEACHER'S RESPONSE

Pence[2] examined the nursing ethics literature and classified approaches to nursing ethics in three ways:

1. the application of the major consequentialist and deontologic theories to ethical issues;
2. the use of traditional moral principles and ideals to guide discussion of moral problems (eg, the principle of fidelity or the principle of autonomy); and

3. the philosophical foundations approach where "... ethical issues are dealt with from the perspective of a philosophical conception of the nature of nursing."[2(p7)]

I contend that Maureen's response was based in part on the use of traditional moral principles and ideals and the philosophical foundations approach. Furthermore, I hope to demonstrate that neither of these approaches is adequate as a pedagogic model for nurturing the ethical ideal in the student. This is not to suggest that these approaches do not serve as useful models for moral education. But as pedagogic models, they must be preceded by an ethics of care, an ethic that is foundational to all student-teacher interactions.

Moral principles approach

Pence[2] explains that with the moral principles approach, exemplified in the now classic work of Beauchamp and Childress,[3] moral principles rooted in moral theory are the basis for ethical action. These principles serve as the justification for moral action. In this case, Maureen's response to Rebecca appears to be grounded in the ethical principle of nonmaleficence ("What he did was harmful"). Maureen viewed Rebecca as guilty of violating the same principle by association. I might add, however, that Maureen never articulated her moral perspective clearly either to me or the student. Hersh and colleagues[4] note that in situations where the teacher does not go beyond an expression of value to the explication of a specific moral principle, the complexity of moral education is avoided. The teacher solves the ethical problem through the use of positional power rather than through clear exploration of the moral perspectives underlying the teacher's or the student's position.

Veatch and Fry[5] note that both medicine and nursing ethics have a tradition of invoking the principle of producing good (beneficence) and avoiding harm (nonmaleficence). The principle is stated specifically in the Hippocratic Oath, the Florence Nightingale Pledge,[6] and the American Nurses' Association *Code for Nurses.*[7] A balance must often be struck between doing good and avoiding harm. Veatch and Fry[5] point out that some ethicists believe that the charge to do no harm is a weightier responsibility than to do good. In fact, Maureen felt that no good at all could possibly have resulted from the physician's actions.

Sara Hoagland,[8] a feminist philosopher, views the moral principles approach as consistent with the Anglo-European tradition in philosophy, a tradition in which the first goal is to establish moral agency. One essentially tries to determine if an individual is morally accountable for his or her actions. The individual is judged not accountable only if he or she could not have done otherwise, if the actions were somehow determined "by a benevolent god or an indifferent mechanistic universe."[8(p74)] Hoagland[8] argues that this conception of moral agency is inadequate for actually dealing with the complex environments where nurses function. She contends that this view of moral agency does not take into account what moral accountability would mean under conditions of oppression.

It is useful at this juncture to examine the conditions under which the student was operating. Yarling and McElmurry[9]

and Pitts[10] provide insights into the socialization process that occurs during the course of nursing education. They describe a covert curriculum operating in insidious ways to undermine the explicit educational processes. Yarling and McElmurry write:

> "Oh no," you say, "that can't be. Student nurses today are taught that nursing requires patient advocacy, that patient care comes first." Yes, that is what they are taught verbally and overtly; but in a thousand nonverbal and covert ways, they are taught by clinical example the limits of advocacy. They learn quickly by observing others, how to interpret the verbal message in terms of "what nurses do" and "what nurses do not do." They learn that their commitment to patients must be carefully contained.[9(p67)]

A number of authors[9,11,12] have described the nature of the oppression undermining the position of nurses within the health care subculture. And it is in this context of clinical practice that new practitioners are socialized in "as powerful and thorough.... [a way as] ... the verbal and ideological socialization in the education context."[9(p67)]

Once moral agency is determined, the next step, according to Hoagland,[8,13] is the examination of excuses and then the assignment of praise or blame. The two general categories of excuses identified by Aristotle are ignorance and constraint or physical restraint.[14] Once excuses are found to be inadequate and unacceptable, we are then called on to sit in judgment of the other, to assign praise for heroism or blame for failure to act according to the appropriate principle. Again, Hoagland[8,13] finds this process lacking in the necessary complexity needed for dealing with moral agency under conditions of oppression. By assigning praise or blame under conditions of oppression, Hoagland notes, the risk is run of either blaming the victim—holding the individual responsible for everything that happens to him or her, or the converse—victimism—assuming that the individual is a total victim who cannot be held responsible for making choices.

In this scenario, Maureen has determined that both the physician and Rebecca are morally accountable. Rebecca's accountability relates to her failure to take action in response to the situation.

Noddings warns, "We may become dangerously self-righteous when we perceive ourselves as holding a precious principle not held by the other. The other may then be devalued and treated 'differently.' "[1(p5)] Indeed, I think we have witnessed this assessment of difference between nursing faculty and students. I have heard quoted at a number of recent nursing conferences the results of a study conducted with graduating high school students approximately 20 years ago and now redone with today's graduates for purposes of comparison. While we, the high school students of 20 years ago, hoped to save the world, the findings seem to indicate, all they, the high school students of today, want to do is to make a great deal of money. Beliefs such as these set nursing educators apart from their students and allow the educators to stand in judgment of the students and to find their behavior wanting.

Philosophical foundations approach

"On this approach," Pence writes, "... fundamental issues in nursing ethics stem from the views one holds about the

nature and function of nursing."[2(p9)] The focus now becomes the profession of nursing and the various "role[s] function[s] and professional obligations"[2(p9)] that are seen as fulfilling the ideal of nursing. Exploring the role of the nurse as patient advocate has been the central focus of the work done in this area. This signals a significant departure from the traditional view of nursing. Now the nurse is obligated first to be loyal to the patient rather than the physician or institution. Similar to the moral principles approach, the philosophical foundations approach seeks to establish moral accountability. In this instance, moral accountability is based on the enactment of a specific nursing role.

I contend that Maureen had a vision of the kind of role a nurse should play given this type of situation. In fact, I would hypothesize that many nursing faculty go into teaching out of a failure to enact their idealized vision of a nursing role and that nursing faculty often have a clearly articulated conception of the ideal roles for nurses. This vision of specific roles for nurses is problematic when used as a model for resolving ethical issues and dilemmas with students. The enactment of a prescribed role allows nurses to avoid making choices. The choices have already been made. Hoagland alludes to de Beauvoir's notion of ready-made values when she writes:

> ... the 'serious man' pretends value is ready-made and hides behind a role. He is not a person but a father. As a result, he claims he is compelled to do certain things. (It is his duty.) He pretends the value he chooses is outside him and that he is subordinating himself to it."[8(p79)]

Indeed, the nursing students alluded to these predetermined choices when they protested "But we're only nursing students" as a defense for their lack of response. Somehow they saw the invisible armor of that student role as protection and justification for their lack of moral accountability in this situation.

The other problematic issue with regard to role is that the faculty-student relationship may become much like the parent-child relationship when the teacher has a richly detailed vision of the nurse. The nursing faculty are in danger of having a somewhat different relationship with their students than other faculty members have. For example, an English professor may teach hundreds of students in a given year, and among these, there may be only one student who knows today that he or she wishes to pursue the same career as the professor. By contrast, as nursing faculty, we are in a sense reproducing ourselves. It is much harder for nursing educators to separate themselves from their students because they prepare the students to replace them. When a student is confronted with an ethical dilemma, the nursing educator wants him or her to do what the educator would do or should have done. And these expectations are communicated to the student either overtly or covertly. Noddings[1] cautions against this relationship in which the parent (or teach-

The nursing faculty are in danger of having a somewhat different relationship with their students than other faculty members have.

er) lives for the child (or student). According to Noddings, there is often subtle pressure on the student to do what the teacher wishes he or she might have done. In this case, Rebecca appears to be responding in a way many educators are familiar with. She has tried to "psych out" her teacher in order to determine the correct course of action.

Rich[15] describes the effects of powerlessness (in this instance, the powerlessness of a student involved in a clearly hierarchical student-teacher relationship) on the psyche of the powerless. She writes:

> Powerlessness can lead to lassitude, self-negation, guilt, and depression; it can also generate a kind of psychological keenness, a shrewdness, an alert and practiced observation of the oppressor—"psyching out" developed into a survival tool.[15(p65)]

Pence[2] points to the now classic work of Yarling and McElmurry[9] as yet another example of the philosophical foundations approach. In this article, the argument is made that "... nurses are often not free to be moral."[2(p63)] Because their acts are often the result of forced choices, the authors conclude that attention must be focused on the larger social agenda and institutional constraints to moral action must be addressed. Hoagland,[8] on the other hand, does not deny that there are conditions of oppression that force nurses into choices. But she adds that she is

> ... not focusing on them, since oppressors are already in the business of undermining other's moral agency and we can't count on them to cease once the folly of their ways has been pointed out (over and over I might add). The oppressed still go on under oppression and make choices even when coerced and exploited. To conclude simply that [in the case of Rebecca, she isn't] to blame for choices because [she is] oppressed isn't helpful. For [she] still [has] to go on with [her life] and make further choices as do all under oppression.[8(p86)]

If educators focus exclusively on the larger social agenda for ethical practice rather than the complex issues that must be dealt with in daily practice, they serve to further distance themselves from students rather than becoming engaged in the lived, caring encounter of the student and the patient. Educators should be wary of their ideologies becoming what this author calls idiolotries that serve to set them above their students in an abstract world of isms. In this instance, Maureen seems to have lost sight of the experiences of both the young woman in labor and the student by focusing primarily on ethical principles and philosophical foundations.

AN ETHICS OF CARE

According to Hoagland, the process that Maureen was engaged in, the process of judging, of "pointing the blaming finger, is not likely to change long time patterns."[13(p26)] She adds: "a primary focus on praise and blame keeps our attention exclusively on ourselves, or alternatively on the bad person and not on the interactive nature of the situation. ..."[13(p27)]

Recasting this scenario with an ethics of care as the pedagogic model changes the focus to the interdependent nature of peoples' lives.[16] An ethics of care compels Maureen to examine the dynamics of the situation. Maureen, as one caring, does not seek to sit in judgment of Rebecca but

rather seeks to enter Rebecca's world in order to see things as Rebecca sees them. When Maureen focused on establishing accountability, by judging, Hoagland[13] points out, she was involved in a one-way process of examining Rebecca through her, Maureen's, own framework.

Conversely, with what Hoagland refers to as the two-way process of intelligibility, there is a "presumption of cooperation, not a presumption of antagonism."[13(p36)] The concept of intelligibility stems from the work of M. Frye. It "means being willing to situate ourselves in such a way that others who make choices different from ours can be intelligible to us."[13(p35)] When Rebecca engages in a dialogue with Maureen, Rebecca becomes involved in the process of self-understanding by beginning to offer explanations (rather than justifications) for her choices. Noddings[1] notes that this kind of dialogue is central to nurturing the ethical ideal. Maureen, as one caring, receives Rebecca. Rebecca, now as one cared for and engaged with her teacher, is able to share and reflect on her own "abilities, defenses, intentions, goals, and needs."[13(p33)] Thus, the process of intelligibility involves both individuals sharing their unique explanations and coming to understand the dynamics of the situation.

Maureen provides Rebecca with learning opportunities that will allow her to engage in a caring encounter with her patient. One means to achieve this end is to share with students the personal accounts of patients, not just the textbook version of what to do when. One example of this can be found in an article by Kelpin[17] entitled "Birthing Pain." Just as Noddings cautions us, as ones caring, to "promote skepticism and noninstitutional affiliation,"[1(p103)] Kelpin[17] urges nurses to heed the voices of women experiencing childbirth pain and to thus be skeptical of their own assumptions about the patients' experiences.

Maureen, in modelling the receptivity of caring, demonstrates to Rebecca the caring relationship between patient and nurse. Maureen helps Rebecca refocus on the experience of the young woman who is about to deliver her baby. Maureen taps into Rebecca's natural tendency to care, which she evidenced in her initial shock at what she had witnessed. Rebecca, according to feminist philosophers Houston and Diller,[16] must be given the opportunity to examine those conditions under which she can trust herself to care. Rebecca is encouraged to continue in her quest for self-knowledge. "The test question then becomes: Can I make known to myself what it is I rely on in trusting my own judgment?"[16(p57)]

• • •

In the final analysis, it is important to note that an ethics of care does not equate with moral relativism. Right and wrong, Noddings[1] suggests, can be useful. And there are some things that are clearly wrong. What I am suggesting is that an ethics of care has greater potential for "heightening moral perception and sensitivity in the student."[1(p90)] Nurse educators must move away from their tendency to be both judge and jury to their students. They must seek to create a caring dialogue with students that will foster the students' ability to make moral choices under conditions of oppression, choices that enhance rather than diminish their vision of themselves as caring practitioners.

REFERENCES

1. Noddings N: *Caring: A Feminine Approach to Ethics and Moral Education.* Berkeley, Calif, University of California Press, 1984.
2. Pence T: Approaches to nursing ethics. *Philosophy in Context: An Examination of Applied Philosophy* 1987;17:7-16.
3. Beauchamp TL, Childress JF: *Principles of Biomedical Ethics,* ed 2. New York, Oxford University Press, 1987.
4. Hersh RH, Paolitto DP, Reimer J: *Promoting Moral Growth: From Piaget to Kohlberg.* New York, Longman, 1979.
5. Veatch RM, Fry ST: *Case Studies in Pursuing Ethics.* London: Lippincott, 1987.
6. Kalisch PA, Kalisch BJ: *The Advance of American Nursing.* Boston: Little, Brown, 1986.
7. American Nurses' Association: *Code for Nurses with Interpretive Statements.* Kansas City, Mo.: ANA, 1985.
8. Hoagland SL: Moral agency under oppression. *Trivia* 1986;9:73-91.
9. Yarling RR, McElmurry BJ: The moral foundation of nursing. *Adv Nurs Sci* 1986;8(2):63-75.
10. Pitts T: The covert curriculum. *Nurs Outlook* 1985;33(1):37-39, 42.
11. Roberts SJ: Oppressed group behavior: Implications for nursing. *Adv Nurs Sci* 1983;5(4):21-31.
12. Thompson JL: Critical scholarship: The critique of domination in nursing. *Adv Nurs Sci* 1987;10(1):27-39.
13. Hoagland SL: Moral agency under oppression: Beyond praise and blame. *Trivia* 1987;10:24-40.
14. Aristotle; Ostwald M, trans. *Nicomachean Ethics,* Book III. New York: Bobbs-Merrill, 1962.
15. Rich A: *Of Woman Born: Motherhood as Experience and Institution.* New York, Norton, 1976.
16. Houston B, Diller A: Trusting ourselves to care. *Resources Feminist Res* 1987;16(3):35-38.
17. Kelpin V: Birthing pain. *Phenomenol Pedagogy* 1984;2(2):179-187.