Constructing Nurse Education For Critical Reflectivity In
Ethical Decision-Making

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Between 24th August 1993 and 26th October 1993 I was involved in lecturing to 78 post-registration nursing students at the Gold Coast Campus of Griffith University in the Ethics component of Ethico-Legal Studies within the Bachelor of Nursing programme. Students had completed a six week Law Component of the Course and generally they were well aware, by the commencement of the Ethics section of their nursing studies, that nurses are legally and ethically accountable and responsible for the decisions they make in relation to their patients' health care. Twenty-two of the nurses work within critical care units; the remainder work in various nursing situations: neonatal care, general nursing, geriatric care, and midwifery. Students in the course were given an opportunity to explore the social and philosophical context of ethical decision making as it relates to bio-medical technology. They were presented with the opportunity to reflect and discuss a variety of case studies while developing ethical knowledge and skills. Most importantly, the course in Ethico-Legal Studies allowed them to reflect on their own ways of making ethical decisions.

The Focus Questions:

Given the pluralism of our society, I believe that it is important for Nurses to be cognisant of our society's pluralistic philosophical stand on moral issues such as are encountered in health care. I wanted to see how the nurses reflected on and critically appraised the information that they were given during the lectures, and whether they saw the content as informing them so as to become better ethical decision makers. I did not want them to be passive recipients of information given to them in lectures, but, rather, to become critical evaluators of that information so that it would bring about a change in their attitudes and practice. I hoped that students would see me as a facilitator who would assist them to critically explore the nature of the course content, so that they would be able to make links between the content matter and ethical decision-making in their work-place. In completing the ethics component of this
course in Ethico-Legal Studies for Nurses I was interesting in examining the following issues:

- Did the content of the lectures and the dialectic in tutorial discussions make them better equipped to make ethical decisions?

- Could they relate what they have learnt to their nursing practice and could they show that they had become more conscious of the processes involved in making ethical decisions?

- Did my role as a lecturer make any difference to how they viewed their own role?

- Did some other factors help them reflect on this critical dimension of their professional duties?

- How do nurses become better and more reflective practitioners and what is the link between their reflectiveness, the content given in lectures, and the possible outcomes of such reflection?

Knowledge and Critical Theory.

Knowledge is that which is gained during the process of learning. Learning is a lifelong process which occurs formally and informally through, and from, many sources. The knowledge theory of Habermas (1971, 1972, 1984) supports the need for a reflectively, critically, and actively acquired knowledge; Habermas believes in, and applauds, the truth and worth of any knowledge which is 'critical' knowledge regardless of the discipline within which it operates. For Habermas, "most education leads to submission and acceptance, whereas critical evaluation leads to liberation and change" (Habermas, 1971). He believes that one or a combination of any of three forms of knowledge will emanate from curricula based on different cognitive interests. The three interests - the technical, interpretive, and critical may co-exist in any one curriculum area or learning cycle. Cognitive interests, especially if they belong to the learner rather than the lecturer, will result in knowledge of a technical, hermeneutical, or critical 'knowing'. It is, however, really only the third form, that is, critical knowledge based on the interest in being free which Habermas saw as employing analytical tools which lead to a laterality and depth of knowledge, reflection, internalisation, liberation, and change.

Action Learning - Philosophical and educational underpinnings:
The term "Action Learning" simply refers to "Learning through action". McGill & Beaty define it as follows:

Action Learning is a continuous process of learning and reflection, supported by colleagues, with an intention of getting things done. Through action learning individuals learn with and from each other by working on real problems and reflecting on their experiences.... Action learning builds on this normal human process of learning, making the links more clearly in order to make them effective (1992:17).

Action Learning is any activity which seeks to improve, develop or change a practice through reflection and critical inquiry. Resulting changes bring about transformation in the practitioner as well as in the practice itself. To parallel Socrates, who said "the unreflected life is not worth living," one could say that the "unreflected practice is not worth practising," for critical reflection should be central to any teaching activity. Grundy, Habermas, Smith & Lovat, among others, believe that the "process of enlightenment" (Grundy 1989:92) leads to a `critical self-reflection' (Habermas 1972) but involves theorems developed from within the practitioner community (Grundy, 1989). Teaching or lecturing as critical reflection does not only occur independently, but "just as importantly, through collective dialogue and collaboration" (Smith & Lovat 1990:IX).

I would also like to comment on the nature and notion of possible curriculum change that emphasises the concept of "reflective practitioner." For myself, as a lecturer, I understand the term to indicate a process of critical self-assessment where I am able to "reflect" (via keeping of a journal) on the dynamic created within the lecture-tutorial between myself and the students; and to assess the way in which the lecture-tutorial content allows students to develop the professional competence and confidence to make ethical decisions. In the case of the student, the link between action learning and reflective practice was a little more difficult to assess. Certainly, I hoped that they would perceive opportunities given through the content of the lectures to apply newly learnt principles in their work place. The concept of the `reflective' practitioner (Stenhouse 1975) is based on the assumption that a teacher has a kind of intrinsic or personal knowledge as well as an objective or professional knowledge which is reflected upon and put into action constantly. Butler (1992) considers reflection to mean the interplay between the social and the self. The social comprises public theory which informs the
professional practice of the practitioners to which is added the practitioner's own values, beliefs and personal, practical knowledge. Schon (1983, 1987) tables the action arising from personal knowledge as 'knowing-in-action'. When this is not serving the practitioner well, and is not working in a given situation or action, 'reflection-in-action' takes over. Reflection-in-action, says Schon, arises when our:

Reflection-in-action has a critical function, questioning the assumptonal structure of knowing-in-action.... We think critically about the thinking that got us into this fix (1987:28).

The above ideas were important in framing my research questions. Habermas's (1971) view that critical evaluation leads to liberation and change complements Stenhouse's (1975) perception that educational processes should be established that develop research abilities, inquiry, and reflective capacities in students.

Philosophical Perspectives on Ethical Decision Making:

Students in this program come from a wide range of social, cultural, religious and educational backgrounds. One of the things I wanted to do in my interaction with the students was to make them appreciate the diverse ethical positions that exist in a pluralist society.

Some ethicists, like William May (1987) and Paul Ramsey (1978), are absolutists who will argue from a deontological position that certain human acts are always wrong and that moral absolutes are imperative in making ethical decisions: "Ethical standards sag and falter when they are no longer accepted as universally binding" (May 1986:85). Others, like Joseph Fletcher (1966), Peter Singer (1979) and Helga Kuhse (1989) adopt a situationist approach to making ethical decisions: "The situationist holds that whatever is the most loving thing in the situation is the right and good thing" (Fletcher 1966:65). There are still others, such as Richard McCormick (1973), Timothy O'Connell (1978), and Charles Curran (1987) who advocate a moderate proportionism in making bioethical decisions in which they try to balance the absolutist and situational perspectives. For them, morality (moral law) is dynamic rather than fixed, linked to human reason and experience, developed in historical context and allows the ethicist to deduce moral action: "Because we live in an imperfect world, where the good and the bad are
often inextricably linked, we often have to compromise in order to achieve the balance of good against the bad" (Curran 1987:628).

For me, it was therefore important to re-reflect on the content of the Ethics course in the light of comments made by the students as to the perceived value of the given content, and to gauge the transforming effect that the input was having in making the nurses better ethical decision-makers. At this point, it may be useful to briefly look at the course content and the context within which the subject matter was given.

Course Content and Context: A Brief Synopsis

Lectures were scheduled from 4.00pm - 7.00pm. As all the students were registered nurses, many of the students would arrive at the lectures either having completed a work-shift or in readiness for a work-shift after the completion of the lecture session. Generally 80 - 85% of the enrolled student body attended each of the six lectures. Rather than have a separate tutorial session, I tried to integrate the tutorial discussions into the context of the lectures. Students were encouraged to ask questions and debate, particularly when the issues raised related to clinical practice. This interactive style was welcomed by the students who felt affirmed and knew that their opinions and insights were valued and appreciated in a non-threatening learning environment. If action learning attempts to stimulate change through reflection and critical inquiry, then it was essential to be open to "where the students were at." It was important to listen and learn from the students to ascertain and value their perceptions (Habermas, 1971). Responses given in the following questionnaires were to indicate that 93% of attending students found the lecture/tutorial methods to be the most positive element of the course sessions. In terms of course content, briefly, the following are the major issues raised in the Ethics component of the Course.

Lecture 1:

What is Morality? What is Ethics? Using a variety of case studies, various philosophical trends and directions in ethical thinking (deontological, absolutist, utilitarian, situationist, consequentialist, relativist, proportionist) were discussed and students were asked to examine their own ethical stance. It was important to use actual case studies (Mitchell & Lovat, 1991: Section C) that related to nursing practice for it allowed the students to relate the ethical theory to real issues, in turn allowing the students to reflect on their clinical experiences.
Students were given a copy of the International Council of Nurses: Code for Nurses - Ethical Concepts applied to Nursing (1973) and asked to reflect and comment on the relevance that this Code has on setting up an ethical challenge for nurses in their present working situation. Did they feel that the 1973 document had relevance to them today? How would they change it to reflect the contemporary Australian nursing and social culture?

Lecture 2:

As Western philosophy has, to a great degree, developed and been influenced by Judaeo-Christian history and culture, this lecture tried to convey a sensitivity to these historical, cultural, and philosophical dimensions. Equally, contemporary Australia is rich in its cultural and social diversity that reflects many diverse religious and philosophical views and traditions. By using a variety of case studies, issues were raised that challenged the students to reflect on matters relating to personal morality as distinct from societal standards. Through self-reflection and critical inquiry, I wanted the students to try to understand their own independent thinking in relation to societal and cultural expectations and determine ethical and moral norms (Grundy, 1992). As medical technology evolves, and as human life can be sustained longer by using this technology, philosophical questions are raised about the quality of life that some patients are experiencing.

Lecture 3:

What is a reflective practitioner? How does one's personal knowledge and ethical perceptions interface with objective and professional knowledge that is needed to make appropriate ethical decisions? (Stenhouse, 1975). This lecture tried to deal with these issues by examining cross-cultural dimensions of ethical decision-making in Nursing. Using case studies that looked at Aboriginal (Primal), Asian (Buddhist, Taoist, Hindu), and European (The Netherlands) cultural perspectives, students were asked to reflect on, and react to, situations in which they encountered patients standing in an ethical tradition that may be in conflict with the ethic of the nurse. Should nurses/patients who come from non-Western ethical traditions be guided by their own ethical traditions or that of Western medicine and practice? Spirited debate took place in considering the tutorial case study (a practising Jehovah's Witness refusing blood transfusions for
herself and neonate); equally the ethical issues relating to cultural practice and the law were raised in relationship to male and female circumcision.

Lecture 4:

The previous lecture raised the notion of what it is to be a "reflective practitioner." In this lecture, I concentrated on the notion of "reflection in action" particularly in a critical examination of the following issues in terms of possible fixed ideas and assumptions that have given each individual nurse their particular philosophical viewpoint out of which they make judgements and ethical decisions (Schon, 1987). What elements determine the development of an appropriate ethical philosophy in nursing? By what standards are issues judged as being right or wrong in nursing ethics? How do science and technology promote effective decision making in nursing? Justice issues were raised during the lecture: What resources should be put into health care and into other social goods such as education, defence, eliminating poverty and homelessness, and improving the environment? If health care is to be allocated at least in part on the basis of need, do those people who have great need because of voluntary lifestyle choices they have made, have high priority claims on scarce resources or have they waived their claim on these resources? Controversial debate on issues related to AIDS, alcoholism, and cancer caused by long-term smoking were raised during this session. This was a particularly important session, for it allowed for excellent, (and often heated), debate on the views held by various groups among the students that often held very strong and fixed views on particular issues. The object was to get the students critically to think through the reasons why they held and believed certain moral viewpoints. In later questionnaires, 17 students specifically commented on this lecture as being: "the best lecture..." "personally and professionally very important..." "an eye-opener in terms of what others think..."

Lecture 5:

I tried to keep the positive momentum from the previous lecture flowing into this one. This session examined some selective ethical issues relating to reproductive technology. Again, the selected issues raised excellent debate. The distinction between lecture and tutorial became very blurred and I felt more like a "Ring Master" keeping the debate and critical analysis flowing
between the groups. The following represents some of the issues debated in this 3 hour session:

Should minors have the same right of access to contraceptives as adults? In such cases, should parents be notified if contraceptives are provided?

At what point during foetal development does a foetus achieve the status of a full member within the community? What does "full membership" mean in an ethical and legal sense? Why do we make a distinction between moral, legal and ethical rights? Should people have the liberty to undertake pregnancies involving third parties? What is the moral difference, if any, between artificial insemination by donor and surrogate motherhood? Is there a moral, as well as a legal, right to abortion? Can the cryo-preservation of sperm and ova or embryos be morally justified? Should thawing unused frozen embryos be permitted?

Again case studies were utilised (Mitchell & Lovat, 1991) with strong reference to professional clinical experience particularly from the nurses involved in neo-natal care. One student commented that the biomedical area that deals with issues relating to sexuality is the most difficult area in which one can critically and objectively debate. This gave the opportunity to examine Habermas' comment that "most education leads to submission and acceptance, whereas critical evaluation leads to liberation and change (1971)." How did this relate to nursing areas such as reproductive technologies where strong personal attitudes may affect ethical decisions?

Lecture 6:

This was the final lecture session in the Course. This lecture concentrated on defining and analysing the following six fundamental bioethical principles:

Autonomy, Non-maleficence, Beneficence, Justice, Confidentiality, Veracity.

Discussion during the lecture/tutorial sessions revolved around these principles and "rules" that have emerged in nursing practice. Questions were raised around the "morally-binding nature" of these principles when applied to making ethical decisions. Some issues relating to euthanasia were highlighted during this concluding lecture. A film from the Netherlands entitled "Not a Natural Death" (in Dutch, sub-titled, from the Academisch Medisch Zentrum, Amsterdam) was shown on the controversial subject of euthanasia in Holland.

The concepts of autonomy, non-maleficence, beneficence, justice, confidentiality, and veracity, were themes that were continuously
raised over the preceding five lecturing sessions as they related to specific incidents that arose in nursing ethics. In the eighteen hours of interaction with the students, I tried consciously to have them critically evaluate the content material in terms of their own peer interaction and their clinical practice. By this time, they had also completed their major written assignment for the course. If it is true that critical evaluation of their practice could lead to a heightened self awareness that would develop positive personal attitudal changes in their practice (Habermas calls this "liberation"), the effects of this Action Learning project would make itself evident in the data collected.

Method of Data Collection

In the third week of the course, and after the final lecture in the sixth week of input, students were asked to respond to set questionnaires. In addition, students were encouraged to submit a "free-write" (they could write anything they wanted in an unstructured format, commenting on their reactions to the Course, its relevance and content, the lecturer, the format of the course, etc). I particularly wanted them to reflect on themselves as ethical decision-makers in their work-place, and to reflect on whether the Course contributed to making them more competent decision-makers. If they felt that the Ethico-Legal Course for Nurses did assist them, could they point to how they had changed and developed because of the way the Course was structured and delivered? In a real sense I wanted to "push them forward." Even though stages are encountered sequentially, a learner can be nudged towards the next stage. "Since our purpose is always to lead people beyond present limitations, education should take place at the outer limits of the student's ability" (Groome 1980:252).

The following questionnaire was handed out at the conclusion of the third week of lecturer:

It is my intention that this brief six week course in Ethics will assist you to become better reflective practitioners within the Nursing context. Through the process of gaining ethical knowledge/skills and addressing possible cognitive conflict that may arise in your dealing with set case studies, I am hoping that you will reflect on your own role as an ethical decision maker in your workplace.

I would like you to respond to the following:

In what nursing context do you feel you may be called to make
ethical decisions? What have you learnt in the last three weeks that you can apply to your nursing?

What is your perception of becoming a better ethical decision maker? What do you feel you need, to be more effective as a nurse that is called upon to be an ethical decision maker? Any comments at all, re content, lectures, text, set assignment, mode of presentation, etc.

Sixty students (out of the 68 present at the lecture) responded to this questionnaire. At this mid-point, I hoped that the questionnaire would demonstrate that the students were becoming consciously aware of their role as ethical decision-makers and that they would be able to critique that role in the light of the lecture content/tutorial interaction of the past three weeks. I hoped that the learning and reflection over that time was beginning to emerge in their work situation and that this would be stated in some of their feedback. As "action learners," I hoped that their own practice as nurses who are called upon to make ethical decisions would begin to come under critical self-reflection.

In the final sixth week, attendance was disappointing. Only 49 students attended. This final session ran "overtime" - three and a half hours rather than three, because many of the students wanted to see the film on euthanasia in its entirety. I gave students an option to leave after three hours and some of the participants did so. A few left right after the session completed and did not return distributed evaluation forms. Thirty four students submitted a response to this second questionnaire:

What exactly have YOU learnt in the Ethics segment of the course?
What insights have you gained into ethics? ethical decision making? your own nursing practice?

Given the course's content, do you feel you have changed your ideas and practices re ethical decision making?
Can you give examples?

How can you apply what you have learnt to your nursing situation?
What do you feel are the constraints that prevent you from applying this new insight?
What do you think you learnt from doing the assignment question?

The questions focused on the student's role as ethical decision-maker, trying to ascertain whether their attitudes and practice had changed because of the input and interaction that ensued during the duration of the course. I wanted to see what knowledge they had gained from the course and more importantly, how this new knowledge was informing their practice. Could they
apply what they had learnt in the context of their professional duties?

Reflection becomes qualitatively critical when learners can 'reflect upon their reflections' (Groome 1980:252) and develop the beginnings of an emerging consciousness of the wider world and social structures. During the lecturing program, I kept a journal in which I recorded my observations and reflections on how I perceived the students reacted to the lecture content. I tried critically to analyse what the strengths and weaknesses were of each week's presentation, and to note the ethical issues raised by the students in ensuing dialogue in the lecture room.

I also urged the students to keep a diary or journal in which they could write their reflections on the content of the lectures, the issues that this raised in the work-place, and the possible tensions that the topic presented for them as ethical decision-makers. I asked them to reflect on changes in attitudes and work-practice that may be attributed to a "raised consciousness" about ethical issues and nursing.

Analysis of the student responses to the Questionnaires:

Due to the short-term nature of this course, it was impractical to conduct a statistical analysis of student responses to the questionnaire. As a result of the two questionnaires in Week 3 and 6, a total of 94 responses were collected. Descriptive responses were sought that would indicate how the student nurses perceived themselves as ethical decision-makers. Given the open nature of the questionnaires, in which they were invited to reflect on the lectures, the assignment question, and their own nursing practice, I was interested to see whether the responses would give some indication to the following:

- Had they gained any insight into their own practice?

- Had they changed their perceptions, viewpoints and modes of action because of their reflections on the course content?

- Did the responses give an indication that the nurses reflected and critiqued the information that was given to them during the lectures and tutorial interactions so as to become more effective in making ethical decisions in their work place?

- Were they able consciously to make links between the presented content matter and their role as ethical decision-makers?
Did the responses give an indication that they were more critically reflective on how they had made decisions in the past?

Was there an indication that they were more "reflective practitioners" now that they had completed Ethico-Legal Studies?

Did the responses indicate a link between their reflectiveness, the content given, and the decisions that they were called upon to make?

Did my role as lecturer make any difference in how they viewed their own role as ethical decision-makers?

Did the responses indicate a self-awareness, as one who makes ethical decisions out of a particular philosophical framework?

Did the responses indicate that the lecturer and lectures concretely developed a process of self-awareness within them as being empowered to make ethical decisions in their work-place?

Results

In categorising and analysing the student responses, I will indicate in percentage terms, how many students made particular types of responses given (indicated in quotations).

93% of the students who responded to the questionnaires indicated that this course of studies to have been relevant, stimulating, and thought-provoking. ("You have made people reflect upon themselves". "I've enjoyed the course more than any other completed at the university"). In fact 41% of the students made some comment indicating that the Course was too short and that a full semester should be devoted to Issues in Ethics for nurses. Some negative reaction to the course was also related to the time allocated to this subject area. 6% of the students stated that the effectiveness of the course was hampered by the brevity of the course ("The course is far too limited by time constraints to have any real effect on the nurses' role").

Though understandable, frustration was expressed at not having clear-cut solutions to difficult ethical dilemmas, a heightened sense of consciousness-raising was apparent with nurses generally realising that they can and should be professionally involved in ethical decision-making. Because one of the questions in the second questionnaire asked them to comment on what they may have learnt from researching their assignment topic, 65% of students commented on the way that researching the
assignment topic allowed them to reflect on their own nursing practice ("...the major assignment - it has made me very aware of the role of 'patient autonomy' that is so important in making correct ethical decisions. The assignment is very challenging and thought provoking. I've never done so much reading... eventually it was the best work I've ever done").

86% of the student responses indicated that the lectures did indeed give them a better sense of self-confidence in approaching this difficult task and that the lecture content and group interaction made them rethink their values as a nurse and an ethicist. The content apparently aided them to form opinions and gave them a framework in which they could reflect on the specific issues that arose in the hospitals in which they worked ("...the course has already made me a better ethical decision-maker" "I try to look at both sides of the argument..." "I need to be more understanding and sympathetic towards views other than my own").

Despite the brevity of the course, 43% of the students commented on the feeling of empowerment that they possessed to actually become involved in the decision-making process. ("I have gained a significant amount of diverse knowledge that gives me a sense of confidence to make ethical decisions" "This course is particularly relevant in clinical practice - it has helped me immensely").

71% of the nurses directly commented on how their practice had changed ("My nursing practice has been changed by the insights gained in this course" "I am also more vocal in ensuring that diversity of viewpoints are allowed expression and understood by hospital staff"). I was surprised that only 29% commented on the philosophical basis on which ethical decisions are made ("I understand the distinction between absolutist and consequentialist forms of ethical decision-making." "The course has helped me to appreciate the various modes of making decisions." "Every situation is different: making ethical decisions is not easy, because of culture and philosophy, as each person will view the decision and the situation differently").

The reactions to the questions that asked the nurses to reflect on how they had changed in their ideas and their nursing practice were most illuminating: 67% of all responses were of this nature - "I have taken back the ideas - real food for thought - back to the work- place; this has stimulated excellent discussion among my colleagues". I certainly believe that most course participants clarified their own role as decision-makers and many actively were challenged to re-assess their prior, more
passive, position: "I see my role more clearly as a patient advocate, to promote autonomy..."; "Last Sunday after discussion with nursing staff, I confronted a doctor and asked for guidelines re particular client; he in turn discussed the case and ultimately reversed his decision to document the patient NFR [not for Resuscitation] as being inappropriate.' Normally he would not get involved."

Students' Performances on the Ethics Assignments

Generally, students presented assignments that were well-planned and well-written and the essays presented a good overview of the ethical dilemmas faced in the case study chosen for in-depth analysis. Two students did not submit assignments and did not complete course requirements. Four students had requested extensions (7 days) prior to submitting the required essays. 64% of the students analysed and critiqued the case study from one particular philosophical vantage-point. Better students (8%) tended objectively to view the differing ethical issues from various ethical theories: deontological, situational, consequentialist, and moderate proportionist perspectives. Many students (43%) expressed a personal stand on some of the issues; others tried to keep their essays completely objective without passing any kind of value judgement. Generally, students tended to use two or three constant references or texts (61%). Better students tended to use additional studies and substantive references, and there was evidence of quality research into the analysis of the chosen case study (18%).

In my view, the essays received from the students indicated that the assignment set for course assessment challenged them to be more reflective and more capable in making ethical judgements. It gave them a sense of being more competent in deliberating over difficult ethical dilemmas that may confront them in their nursing practice. I had also been interested to ascertain whether the actual work on their assignments had given the students an opportunity to reflect on their clinical practice. The responses were gratifying from many of the students. 71% of respondents made positive comments on the relation between clinical practice and the assignments work set for this course ("I was able to relate the set question to clinical practice" "The question set taught me to question!" "The assignment allows me not only to apply learnt bioethical principles to the hypothetical case study, but also to the real situations I find in the hospital ward in which I work").
Conclusion

Action Learning has been defined as a process which attempts to

enrich, establish or modify a practice through reflection and critical inquiry. Action learners are those who submit their own practice to critical self-reflection. In this instance, students had been asked to reflect on their own nursing practice as ethical decision makers in the light of the presented course content and the course process. For many, this presented a constructive opportunity for positive, critical self-evaluation; the opportunity to become conscious "reflective practitioners." Hopefully, this exercise will inform the kind of curriculum that may be utilised in "Bioethics for Nurses" to allow them to become more reflective practitioners and ethical decision makers.

References


