



ETHICS IN NURSING EDUCATION: LEARNING TO REFLECT ON CARE PRACTICES

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Providing good care requires nurses to reflect critically on their nursing practices. Ethics education must provide nurses with tools to accomplish such critical reflection. It must also create a pedagogical context in which a caring attitude can be taught and cultivated. To achieve this twofold goal, we argue that the principles of a right-action approach, within which nurses conform to a number of minimum principles, must be integrated into a virtue ethics approach that cultivates a caring attitude. Ethics education that incorporates both the 'critical companionship' method and the use of codes of ethics contributes positively to cultivating critical reflection by nurses.

Introduction

Nursing is essentially concerned with the care of vulnerable fellow human beings. Patients view nurses as skilled companions who discern the care needs of patients, wanting to provide these needs in a professional fashion.¹ When a nursing curriculum sufficiently addresses ethics, providing nurses with the tools to help them reflect critically on what nursing care implies, nursing education can contribute to the development of nurses as skilled companions. By stimulating critical reflection on nursing practice, nursing ethics education aims to encourage a virtuous attitude in nurses, forming the basis from which to provide good care. In line with Tronto's ideas, good care entails care acts – and the skilled execution of these – that express an attitude of caring.² The essence of nursing is the precise integration of expert activity (knowledge and skills) and caring (virtue); nursing can therefore be considered to be a moral practice.³ In this article, we investigate which ethical approach, or integration of approaches, best meets this philosophy in nursing education. The primary focus of this article is on the philosophical and ethical foundations of some approaches to ethics education for nurses, not on empirical evidence concerning nursing practices or tools for nursing education as such.

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As van Hooft⁴ indicated, there are several approaches to ethics education for nurses. The first consists of introducing nurses to the principles of right action. Examples of such principles can be found in codes of ethics for nurses: non-discrimination, confidentiality and informed consent. How nursing care must be provided is described in codes of ethics by means of normative principles specific for nursing practice.⁵ These principles typically focus mainly on nurses' acts and not on the nurses as persons or on their attitudes. This approach defines which actions are morally right and which are wrong, describing the characteristics of actions that tend to make these actions right.^{6,7}

The second approach proposed by van Hooft⁴ consists of a virtue ethics approach to ethics education and places greater emphasis on the attitude of caring as a starting point for good nursing care. In van Hooft's view, teaching ethics to nurses is not just about teaching conformity to codes or how to avoid litigation; it is about empowering nurses to act in difficult or stressful situations in which objective guidelines are not available.⁴ He argues that a nurse's ethical concerns should be responded to in moral education by a virtue ethics approach.

By viewing care as a combination of expert activity and virtuous attitude, we argue that ethics education for nurses should take on a virtue ethics approach that integrates the principles of right action. We first argue why the principles of right action alone, as summarized in codes of ethics, offer an insufficient basis for good care. Subsequently, we explain how a virtue ethics approach better suits the integration of acts and attitudes. Finally, we specify how to bring this integration about with the notion of 'critical companionship'. Codes of ethics can also contribute to ethics education for nurses if they fulfil an ethical function. Although, as articulated by van Hooft,⁴ there are serious tensions between the virtue ethics approach and the principles of the right-action approach, these two approaches are after all not mutually exclusive. As Lombardi states: 'Many codes theorists would recognize the importance of developing character traits that would incline people to follow the rules. Many virtue theorists would see commitment to certain rules as a feature of virtuous character' (p. 27).⁸

Principles of a right-action approach

Principles of right action indicate how nurses must behave in order to provide good nursing care. This approach plays an important role in nursing ethics,^{4,6-9} which can, among other things, be concluded from the recent focus on national codes of ethics for nurses in almost all western European countries.¹⁰ These codes serve as a guide that nurses must apply in order to act morally.⁵ For example, the Nieuwe Unie '91 (New Union [NU] '91) code of ethics, now in force in the Netherlands, states explicitly what is expected of nurses: 'while carrying out professional activities, nurses must weigh each care situation against the professional code and must examine how the code can direct their behaviour towards each care situation'.¹¹ Codes of ethics contain a coherent set of normative principles underlying a nurse's purpose and associated values. These codes explain the professional tasks and responsibilities of nurses towards patients ('The nurse's primary professional responsibility is to people requiring nursing care'¹²); the nursing profession ('... participates in creating and maintaining equitable social and economic working conditions in nursing'¹²); colleagues and other care providers ('The nurse sustains a co-operative relationship with coworkers in nursing

and other fields¹²); and society ('The nurse shares with society the responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations'¹²). Codes of ethics indicate which norms apply to nursing practice (e.g. non-discrimination, confidentiality, informed consent), thus setting the norms for the behaviour of nurses. Although there are some codes, for example, the Canadian Nurses Association's code of ethics, which commence by providing nurses with a language to name ethical issues, to raise questions, and to challenge assumptions,¹³ most codes of ethics start by instilling in nurses that they must adhere to the professional standards of nursing care when carrying out their activities.⁵

Some ethicists believe that one's approach to codes of ethics must be predominant in the education of nurses.¹⁴ From a pedagogical point of view, this approach certainly has some merit. The normative principles of codes of ethics clearly mark the boundaries within which nurses must act. For example, some codes of ethics contain an implicit or explicit prohibition on assisting with euthanasia.¹⁵⁻¹⁸ Nurses can adopt a behaviour according to certain postulated principles, resulting in a justifiable outcome when strictly followed. The UK's Nursing and Midwifery Council's *Code of professional conduct*,¹⁹ for example, states that nurses are responsible for the moral quality of their care when they observe the guidelines of the code (e.g. respecting the patient, obtaining consent, protecting confidential information, co-operating with other professionals, maintaining professional competence, minimizing risks to patients in their professional conduct).²⁰

Yet, we argue in the light of other criticisms formulated by Dawson,²¹ Hussey²² and Meulenbergs *et al.*⁵ that codes of ethics for nurses do not sufficiently direct nurses to provide good nursing care. Indeed, these codes may offer the moral principles involved in nursing acts, but good nursing care can be provided only when these acts stem from and correspond to a moral inner attitude.^{2,3} When people are asked to describe a nurse who they believe provides good care, they mainly mention the depth of interest and the empathy this nurse has for patients: all attributes that characterize the inner person. A misanthropic caregiver with an indifferent attitude will never be described as 'caring'.⁶ According to patients, good nursing care is caregiving that addresses the needs of the entire person, not caregiving that focuses only on treating a patient's disorder.²³ With regard to education for nurses, this means that ethics cannot be limited to introducing the principles of right action to nurses, but the curriculum must also include a pedagogical means of teaching and cultivating a caring attitude.²⁴ This is precisely the approach of virtue ethics.

Virtue ethics approach

Aristotle defines virtue as the ability to act outstandingly, further describing virtue as 'a settled disposition of the mind determining the choice of actions and emotions, consisting essentially in the observance of the mean relative to us, this being determined by reason, that is, as a man of practical wisdom would determine it' (NE 1107a1).²⁵ To examine what a virtue ethics approach implies with respect to ethics education for nurses, we consider this definition more closely.

First, virtue relates to a disposition of character. What people do springs from a wide variety of inclinations (passions and emotions) that they have within themselves.

A disposition of character is a stable and permanent form of all these inclinations and observations.²⁶ According to Aristotle's definition, virtue concerns precisely the disposition of character that brings our pursuits and observations to a mean. Virtue should not be interpreted as mediocrity, although the expression 'mean' does indicate an attitude that lies between the extremes of overachieving and failing. Aristotle himself states that it involves 'a mean between two bad states, one involving excess, the other involving deficiency' (NE 1107a3).²⁵ It would be possible, for example, to be affected at any given time by fear, boldness, appetite, anger, pity, pleasure and distress in general, but allowing ourselves to be affected by either too much or too little of these feelings is not good. The mean involves precisely observing and acting 'at the right time, regarding the right things, towards the right person, with the right intention and in the right way' (NE 1106b20).²⁵ As a result, the mean always varies according to the situation of the moment and to the actions of a specific person at that specific moment. For that reason, Aristotle writes that the mean is always related to the 'us'.

The question that is principally of interest with regard to ethics education is the following: How can a virtuous disposition of character be shaped through pedagogy? Aristotle states that a virtuous character is acquired by acting virtuously, precisely as with one's mastering of technical skills through practice: 'people become builders by building, and lute-players by playing the lute; so too, then, they become just by doing just things, moderate by doing moderate things, and courageous by doing courageous things' (NE 1103b).²⁵ Indeed, acting virtuously can be learned, taught and practised. In much of the literature in the field,^{4,27,28} role models often play an important part in such a process. One can develop a virtuous character by imitating a virtuous person. According to van Tongeren,²⁶ virtue refers to an educational context: one aims for the mean through virtuous exercise and one develops a virtuous character by acting virtuously and vice versa.

Yet, a virtuous attitude is not only the result of practice. Aristotle mentions that the virtuous mean is also determined by reason, in other words, 'in the way in which the man of practical wisdom would determine it' (NE 1107a1).²⁵ In fact, the acting person '... in the first place ... must act with knowledge; secondly he must deliberately choose the act, and choose it for its own sake; and thirdly the act must spring from a fixed and permanent disposition of character' (NE 1105A).²⁵ The different variables with respect to the right mean – what, where, when, for whom, how, with what – are co-determined by practical reason (*phronēsis*, *prudentia*), 'a truth-attaining rational quality, concerned with action in relation to the things that are good for human beings' (NE 1140b20).²⁵ The role of prudence in the process of deliberation is therefore not restricted only to deliberating about which means are required to reach the aim but also to determining which action in this situation is required to achieve what is good for human beings in general. Guided by prudence, acting becomes a reflective experience – purposeful and contemplated – because reflection on practice is stimulated.⁴

An example: the virtue of care

It is clear from the writings of Aristotle that each act springs from a striving that is affected by one's emotions. A person is touched by something and acts accordingly, striving to perpetuate that which satisfies and to avoid what is unpleasant. Within a

broad interpretation we can also consider care as such an endeavour. According to Tronto, who defines care as 'a species activity that includes everything that we do to maintain, continue, and repair our "world" so that we can live in it as well as possible' (p. 103),² we can argue that care is about a natural striving people have to relieve sorrow and misery and to transform the environment in such a way that life becomes liveable and 'human'. When persons succeed in transferring their pursuit of caring to an 'attentive dedication' (solicitude) and, within this, acquire a caring disposition of character by habit, then such persons act virtuously and care appears as a moral disposition of character. Caring is a consistent involvement with the world that directs the pursuit of caring to a virtuous mean; that is, by the right 'mean' with regard to the different *modi* that are characteristic of the specific care situation.

If we want to find the mean with respect to care, we have to 'analyse what kind of pursuits, observations and experiences are at play here, and, subsequently, try to indicate what, as regards all those pursuits and experiences, would be one too many and one too few' (p. 12).²⁹ Caring starts with the mean by observing care needs, particularly the mean between being extremely sensitive and extremely insensitive to the needs of the care recipient, between being nonchalant or indifferent to the situation of the care recipient, and being overanxious or obsessing on task fixation. It is a matter of observing correctly and sensing adequately what is required in a specific care situation. This is what Blum³⁰ refers to when he writes about moral perception: the care provider observes and pays close attention to the specifics of each care situation. Caring involves identifying the morally relevant aspects of each particular situation and developing the possibilities that are specific to this.⁷ Certain specific care situations cannot be resolved by means of minimal principles and rules alone, but demand 'a critical and creative search for what is the most suitable care solution for the patient involved' (p. 76).²³ Just as, for Aristotle, virtue is more than a form of conventional behaviour, good care does not result exclusively from conformism to moral principles. Rather, good care results from a search with the patient for a solution to meeting his or her care requirements.

According to van Hooft,³¹ the virtuous disposition of care in nursing must be considered as practical behaviour towards others, with a view to improving their quality of life. First and foremost, in order to attain this goal, caring requires that nurses obtain certain necessary skills. However, it demands more than obtaining knowledge and turning it into practice. Caring requires an attitude of empathy towards patients. Caring nurses are able to put themselves in the patient's situation of pain and suffering to such an extent that they can perceive accurately the patient's care needs. According to van Hooft, caring always entails an attitude of involvement, mediated by practices of care. Caring nurses are those who are involved with the needs of patients and commit themselves to meet those needs professionally.

This consideration of the meaning, teaching and acquisition of virtuous dispositions leads to the concept of skilled companionship¹ that is becoming popular in nursing and which, as a metaphor for good nursing care, targets precisely the essential integration of expert activity (knowledge and skills) and caring (virtue) attitude.^{3,23} The notion of the nursing task as skilled companionship emphasizes that an expert activity – one that encompasses much knowledge and many skills – is a prerequisite for nursing care, but that this ability leads to good care only when it originates from a virtuous care attitude. Nurses' solicitude for patients and their well-being is necessary for providing care, but this must be rendered as effective care through knowledge and

skills. To provide good care, nurses must translate their expert activity via a personal relationship into a personal answer to the patient's care request.

Research in Belgium has shown that nurses are inclined to legitimate their professional conduct by following the existing conventions, especially in moral issues.³² Yet this adherence to convention is inadequate because it glosses over the problems of implementation; it provides little guidance in resolving moral dilemmas, particularly in complex situations. Nurses are enabled to become competent in evaluating ethical situations and ethical decision making by critical thinking. Titchen and Binnie's research, for example, shows that action without articulation of the thinking underpinning the action is a barrier to meeting the needs of patients.³³

Tools for ethics education

Ethics education provides nurses with the tools to reflect critically on their care practice. Professional education scholars suggest that specialized knowledge is essential but insufficient for professional practice, but that self-consciousness (reflection) and continual self-critique (critical reflection) are crucial to continuing competence.³⁴ A Delphi study revealed that critical thinking in nursing is an essential component of professional accountability and quality nursing care.³⁵ In addition, ethics education must also create a pedagogical context in which a caring attitude is fostered and practised. Educators and nurse managers must provide an environment conducive to learning and to fostering critical thinking.³⁶ To achieve this twofold goal, we argue that the principles of a right-action approach, within which nurses attempt to conform to a number of minimum principles when performing their tasks, must be integrated into a virtue ethics approach to cultivate a caring attitude.

Critical companionship and skilled companionship

From a virtue ethics perspective, a nurse can learn how to act in a caring manner. Application of this virtue ethics pedagogy is found in the concept of critical companionship, which was developed to teach nurses to become skilled companions.¹ The concept of critical companionship can be interpreted as a specific way of guiding student nurses to the completion of their clinical internship. Indeed, this internship also represents an important learning experience from a virtue ethics perspective.³⁷ The pedagogical context in which student nurses are embedded during their internship is by no means an isolated, ideal or artificial environment. On the contrary, the internship environment represents a real-life care context in which student nurses must learn to act caringly and reflect critically in an environment characterized by time constraints, understaffing, scarcity of resources, communication problems during transfer of and consultation with patients, much diversity in the cultural and religious background of patients, etc.

We emphasize the importance of the learning process and the indispensable role of practical reason (prudence) in it: people become virtuous by acting virtuously and by reflecting on their acts, thereby making virtuousness purposeful and contemplated. A pedagogy based on this view shows that the most effective and intelligent way to teach ethics to nurses is to locate them in the clinical setting under the direction of a mentor.³⁸ Similarly, the critical companionship method facilitates virtuous reflection as

student nurses complete their internship. Critical companionship offers several strategies that ensure student nurses reflect on their own practice, thus cultivating self-reflection by becoming aware of their working situation (the internship experience), and they learn systematically how to think critically about their actions.^{1,39,40} Indeed, all these aspects are necessary before nurses can consider themselves to be skilled companions.

To achieve this virtuous perspective in the context of a caring attitude, first the internship supervisors must make student nurses aware of knowledge that helps them to attain the level of self-awareness needed to become skilled companions. This can be achieved mainly by teaching them to analyse, interpret and evaluate their internship experience and the knowledge gained through that experience. Second, mentors can help the nurses to question their behaviour by carefully observing them throughout their daily practice and giving them detailed feedback. Third, mentors can assist nurses to perform self-evaluations by taking a critical look at their feelings, experiences and interactions. Evident actions, perceptions and routines are examined constructively. In this way, mentors create learning moments and offer nurses the necessary emotional support in searching for a new equilibrium. The mentors, however, do not only act as catalysts: they should also serve as exemplars of skilled companions. Role modelling is very important. Nurses reported that the integration of role modelling, the articulation of expert practice, reflection on practice and giving feedback were very powerful ways of helping them to learn.³³ Yet to become clinical supervisors and role models, one must be supervised oneself by an experienced facilitator. The activities of this supervisory relationship, that is, observing, listening, questioning and making practical knowledge accessible, parallel those of clinical supervision itself.³³

The overall purpose of critical companionship is to enable nurses to practice in ways that are person centred and evidence based. It combines the expressive and intuitive processes of relationships and creativity with rational processes of analysis, critique and evaluation of practice and its knowledge. Role modelling, the exploration, articulation and critical reflection on skills and knowledge considered as taken for granted, enable nurses to become reflective practitioners. Titchen tested the critical companionship framework through action research and demonstrated that the framework provides inspiration for individuals to develop their own unique forms of critical companionship.³⁹ This research also illustrated how critical companionship helped nurses in person-centred care and in creating an infrastructure and culture to support it.⁴⁰ Critical companionship changed the relationships and roles between practitioners and shaped the culture in which care was delivered. A person-centred culture developed when nurses felt valued and had a supportive framework in which to reflect and learn about their practice.

Codes of ethics

The critical companionship method states clearly how nurses can learn to become virtuous nurses. By applying the above strategies, they can practise and experience the virtuous attitude of caring. This application by no means replaces the teaching and practise of the codes of ethics in the nursing curriculum and training. Codes of ethics can offer support to both inexperienced and experienced nurses. They can provide inexperienced nurses with clear-cut principles (e.g. non-discrimination, confidentiality, informed consent) to direct their professional behaviour. Codes can also benefit

experienced nurses who must often act in a chaotic care context. In both cases, codes of ethics can be beacons that stimulate nurses to reflect on their practice.

In this context, codes of ethics function mainly to promote ethical reflection by nurses and to cultivate the virtuous attitude of caring as nurses provide care.^{5,41} In this respect, we highly recommend the workbook written by Fry and Johnstone⁴² to stimulate the use of the International Council of Nurses Code (2000) in daily practice. This workbook offers concrete pointers and essential background information to support 'ethical reflection on practice'. In addition, the content of this code of ethics is applied to various care contexts by means of case studies. Finally, practical aids are offered to facilitate ethical reflection.

Conclusion

Providing good care must be the prime concern of nurses. Because nursing care targets precisely the essential integration of expert activity (knowledge and skills) and caring (virtue), the training of nurses must focus on the development and promotion of acts by which and attitudes from which care is provided. The specific role of ethics in this is to stimulate reflection on one's practice. It is precisely from this critical self-reflection that nurses cultivate a caring attitude and develop a caring disposition. Trainee nurses can acquire the tools for achieving this reflection on their practice through nursing training, specifically by applying the method of critical companionship, among others. The application of codes of ethics can also help during this process to the extent that they fulfil an ethical function.

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