Teaching Ethics in Nursing Education

– A case study of teaching in a New Zealand tertiary education context

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Abstract

Nurses face a plethora of ethical challenges in their everyday practice. In order to help trainees become aware of the multiple issues they will face beyond the classroom, nursing educators have acknowledged the criticality of having an ethical component taught throughout the nursing curriculum of a tertiary education institution. The purpose of this study was to explore what experiences and challenges nursing educators faced teaching such content and to identify the sorts of difficulties being encountered in their own classroom practice.

A self-selecting sample of seven nursing educators working at a large, New Zealand tertiary institution in the North Island were interviewed. After transcribing data from the interviewing process, seven dominant themes emerged from the inductive data analysis process. A general model of teaching was adopted to analyse these multiple themes. In this respect, the variables identified in this model involved considerations of the teaching content, the teacher, the learner, the context, and the educators' ideals.

Adopting a principled approach to teaching ethics was acknowledged as a challenge by the participants because of the friction identified between culturally specific and universalist principles. Nonetheless, the importance of promoting students' ethical awareness through the adoption of codes of ethics in the nursing programme was emphasised. Sharing cases from personal experience to supplement textual narratives was an important way to bridge the divide between theory and practice. That ethics be integrated throughout the whole nursing programme was the general consensus.

The challenge in teaching ethics lies in the changing context of nursing and the changing context of ethics itself. Despite such hurdles, the nursing educators in this study were confident teachers who all had positive experiences in teaching ethics to their students.

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Last, but not least, I would like to thank my husband and daughter – Weigan Li and Cynthia Li, who inspire me through their love, support, and encouragement.

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Chapter One

Introduction

1.   Introduction to the problem

I remember standing in front of a class and listening to students' stories about their experiences during their clinical placement. They were all wanting answers about how to deal with clinical ethical issues: What to do if you have to discharge patients you know would benefit from staying in hospital a little longer or what to do to ease the distress of patients suffering from terminal illnesses. I felt like I had nothing to offer my students. I could neither give them a 'right' answer, nor provide them with any immediate solutions to relieve their moral distress.

Recently, I was teaching the New Zealand Code of Ethics (New Zealand Nurses Organisation, 2010a) to a group of Chinese nurses. Some culturally specific questions had arisen in the class: "How do you know you are doing the 'right' thing for your clients when disclosing a prognosis that involves a life-limiting disease?" "What can you do when working with incompetent nurses?" Again, I found myself asking: "How can I teach what is 'right' when people from different cultural backgrounds may have different understandings of morality?"

I am far from alone in feeling uneasy about the cultural relativity of some of our decisions. A number of studies in the nursing ethics' field have revealed that nurses have difficulties getting to know 'right' from 'wrong' resulting in moral distress, which becomes a common experience for nurses in complex healthcare settings (Burston & Tuckett, 2013; Jameton, 2013). De Casterlé, Izumi, Godfrey and Denhaerynck (2008) have argued that nurses do not always demonstrate ethical competency in their clinical decision-making and practice; that more often than not, they feel uncertain in what course of action to take.

Although ethics in nursing education has received growing attention, Martin Woods, a nursing educator working at a tertiary institution in New Zealand, has

argued that there was no firm evidence to suggest that newly trained nurses are any better at making sound ethical decisions in their practice than their counterparts. In a 2005 literature review Woods' published in *Nursing Ethics*, he argued that nursing educators needed to rethink approaches to teaching nursing ethics, so that nurses themselves were better placed to negotiate on-going ethical issues. Given that his statement was made 10 years ago, the purpose of this study has been to explore whether the situation had become any better and if so, in what ways.

2. Background to the study

In New Zealand, ethics education is a required component in the nursing programme according to the Nursing Council of New Zealand (NCNZ) based on the perceived need to reduce the clients' vulnerability and to respect their rights (NCNZ, 2011). Various documents, such as the *Code of Conduct for Nurses* (NCNZ, 2012), *Competencies for Registered Nurses* (NCNZ, 2007), and the *Code of Ethics* (New Zealand Nurses Organisation, 2010a) have established principles for nurses to guide their practice. It is clearly stated in the Competencies for Registered Nurses that nurses must take professional, legal and ethical responsibility to provide a culturally safe clinical judgement (NCNZ, 2007). Internationally, the International Council of Nurses (ICN)—which represents more than 130 countries—has published the *ICN Code of Ethics for Nurses* (ICN, 2012). The New Zealand Nursing Organisation (NZNO) is closely affiliated to the ICN and champions the promotion of a high ethical standard of nursing practice.

In another literature review focusing on ethics in nursing practice and education, Numminen, van der Arend, and Leino-Kilpi (2009a) also argued for the criticality of a nursing code of ethics because society viewed it as essential to enhance ethical nursing care and to define the status of the nursing profession more generally. Nursing ethics is an essential body of knowledge within the nursing profession, distinguishing nursing from other types of occupation (Russell, 2014). Nursing ethics is seen as an important part of the nursing curriculum. As Woods' statement above indicted, a lack of ethical confidence on the part of nursing

students would be of great concern, because students needed to develop their ethical judgements—both in the classroom and in practice (Woods, 2005). Good nursing practice requires skilful ethical decision making abilities and intelligent dialogue within a particular practice situation (Benner, Tanner & Chesla, 2009).

3.   Significance of this study

Ethical nursing is an extremely complex notion, as Smith and Godfrey (2002) have argued:

> Ethical nursing is more than just analytical skill, and perhaps even the addition of intuitive prowess does not capture the whole experience. Rather, ethical nursing is embedded in the wholeness of each person as he or she becomes the good nurse doing the right thing. (p.309)

In nursing practice, nurses make ethical decisions continuously. There is an inescapable ethical dimension in nursing practice with daily ethical challenges arising (Edwards, 2009). Issues relating to protecting patients' rights and gaining patients' informed consent to treatment were two key issues identified when considering the type and frequency of ethical issues experienced by nurses in their everyday practice (Edwards, 2009). The general consensus within the literature is that it is therefore imperative for nursing students to be well prepared with a comprehensive awareness of the ethical judgements they might face in the course of them becoming ethically competent nurses (Ulrich et al., 2010).

Interestingly, ethics was not a subject specially included in nursing training programmes in early twentieth century Europe (Davis, Tschudin, & De Raeve, 2006). It was only towards the late 1970s – when nurses recognized the need for specific knowledge to manage ethical issues in nursing practice (Bosek & Savage, 2006) – that challenges faced in teaching nursing ethics became the focus of research. According to Hilliard (1990) and other nursing scholars (Cameron & Schaffer, 1992), a medical model rather than a nursing model was used as the basis for teaching, despite the fact that nursing staff and medical staff invariably

encountered different ethical dilemmas. Holland (1999), for instance, argued that moral theory had only limited value because aspects of moral philosophy were too 'academic' to be useful in a practical environment. This type of argumentation indicated the need for exploring a better approach to teaching nursing ethics. This objective then became the challenge; one that would require the identification of factors that influenced ethics education.

The purpose of this study has therefore been to identify and explore what experiences and challenges nursing educators in a tertiary education environment have encountered in teaching ethics. By means of a study of this nature, it is hoped that educators' voices can be canvassed so they can sit alongside theoretical accounts and a 'better approach' to teaching nursing ethics promoted as a result.

4.   Positionality

I came to New Zealand 13 years ago from China as an immigrant after extensive studying and working experiences in the health field. During my practice as a healthcare provider, I have noted and experienced many ethical conflicts/dilemmas when working with clients. I will never forget the feeling of helplessness when I was a novice struggling to make ethical decisions, such as the decisions to tell my clients the diagnoses of life-limiting diseases.

After working as a registered nurse in New Zealand for a few years, I had an opportunity to work as a nursing educator at a tertiary institution three years ago. I have been involved in teaching nursing ethics since I started my teaching career. The research question I have chosen to investigate in this study has stemmed from my day-to-day life practice. Being a healthcare provider, I have experienced the stress of ethical issues and therefore fully understand daily ethical challenges experienced by nurses in their practice. Being a nursing educator, I have also encountered many challenges in teaching ethics to nursing students, least of which is the conflict between the dominant Western values embedded in the ethical principles promoted in New Zealand and people's own values and beliefs.

Working in the health educational field, I have a passion for teaching and I want to help my students to develop their confidence to deal with ethical conflicts in order to avoid–or at least to reduce–any potential stress they might feel in their practice. However, given the difficulties I face myself in teaching in this area, teaching ethics remains a challenge to me. A question I have often asked has been: "How do other nursing educators feel about teaching ethics?" By exploring others' answers, my hope is that nursing tutors' voices can be heard and a 'better approach' to teaching nursing ethics will arise.

5.   The purpose of the study and the research question

The Code of Ethics (the Code) has been adopted by NCNZ as a required component within all nursing programmes. For this reason, and because it is a compulsory component, it is opportune that the content and processes being utilised to teach it are examined. What are the moral principles embedded within the Code, and how are the experiences of educators and student nurses accommodated within the boundaries of these principles? The purpose of this project was an in-depth inquiry into the perceptions and pedagogical practice of nursing educators in teaching ethics exploring nursing educators' experiences of teaching ethics and examining whether the principles of the Code provide adequate guidance to nurses, given the complexity of many circumstances encountered while working in the field. It is hoped that these findings will be useful for nursing educators with respect to considerations of the adequacy of the Code and to illuminate areas of weakness that nursing educators perceive within the existing programme.

Based on the purposes of this research project, the overarching research question is:

What are the experiences and challenges of nursing educators in teaching nursing ethics to tertiary education students?

6.   What it means to teach

The concept of teaching is extremely broad although it generally refers to key variables where there is an exchange between two individuals—namely a teacher and a learner--with respect to certain content in a particular context that results in a certain outcome. Stronge (2002) contends that it is challenging to define effective teaching because it is difficult to judge the effectiveness of an outcome. Stronge (2002) nonetheless argues that effective teaching can be shown through broad categories that include the content knowledge of the teacher, their background and professional attitude, the effectiveness of the student's learning environment and the learning outcomes of the student.

In discussing the best teaching strategies in the context of student diversity in New Zealand, Leach (2011) claims that teachers in higher education hold a range of perspectives derived from individual, group and universal positions on diversity, arguing that tertiary teachers' perspectives on teaching are associated predominantly with either an assimilationist or a culturally pluralist worldview. In essence, she argues that teachers either expect students to adhere to dominant culture norms, or that they view the world as a cacophony of culturally diverse views.

Pratt and Associates (2005) developed a teaching model which contains five basic teaching elements – teachers, learners, content, context, and ideals – and three primary relationships: learners and content, learners and teachers, teachers and content. They argue that a teacher's intentions and beliefs have a significant influence on their practice. Rather than simply focusing on teachers' classroom techniques, it is important to understand what influences their teaching. To accommodate the diversity of these basic teaching elements, it is my intention to adapt this general model of teaching (Pratt & Associates, 2005) to illustrate the complexity of teaching issues for nursing educators.
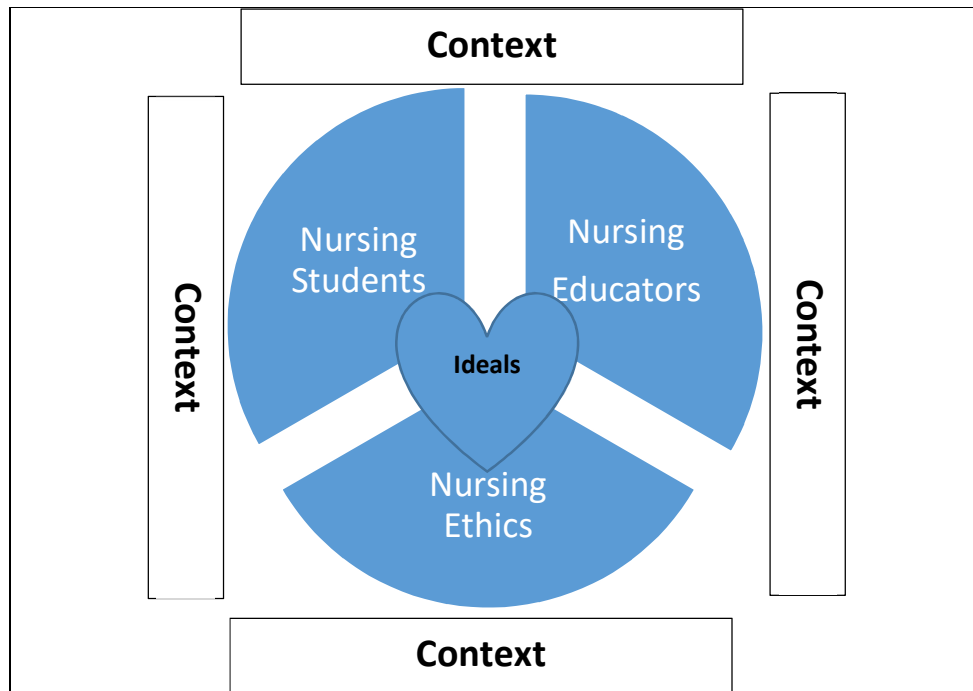
Figure: Adaptation of Pratt & Associates' model of teaching (2005, p.4) illustrating the influences on teaching

7.   Definitions of terms

- *Ethics and morality*

Ethics, as a branch of philosophy, is the study of ideal human behaviours using moral theories, moral principles, guidelines, and codes of conduct (Butts & Rich, 2008). The word 'ethics' comes from the ancient Greek word 'ethikos' meaning 'pertaining to custom' (Johnstone, 2016). As contrasted with ethics, the term morality is oriented to the activity of one's own life focusing on the values and beliefs of an individual (Hazels, 2015). Compared with the term morality, ethics is a broader concept focusing more on philosophies of a group and society (Hazels, 2015), while morality relates to specific values, beliefs and ideals of human conduct (Butts & Rich, 2008).

Although these two terms are distinct, Johnstone (2016) argues that there is no philosophical significant difference between the terms 'ethics' and 'morality'. In literature, these two terms have generally been used interchangeably. In this study, to avoid confusion, ethics and morality will therefore be used interchangeably.

- *Nursing ethics*

Nursing ethics are values and beliefs built into nursing practice which involve nurses making clinical decisions about the means of nursing actions (Tingle & Cribb, 2013). It can be defined as the study of ethical issues from the perspective of nursing practice with a focus on nurses' experiences in practice (Johnstone, 2016).

- *Ethical principles*

Ethical principles are referred to as normative standards based on nursing philosophies and moral theories (Milton, 1999), which offer a framework to articulate ethical issues in nursing practice and provide a vocabulary to describe ethical thinking (Bosek, & Savage, 2006; Butts & Rich, 2008; Johnstone, 2016). Four main principles are commonly used to guide ethical practice in Western philosophy: Autonomy, beneficence, justice and non-maleficence (Tingle & Cribb, 2013).

- *Moral distress*

Moral distress is a major issue in the nursing profession. It arises when nurses have no clear-cut responses to ethical issues and are unable to provide morally appropriate care because of various ethical conflicts (Butts & Rich, 2008; Jameton, 2013; Neville, 2004).

8. Structure of this thesis

The first chapter gives an introductory look at the background of this research project, the justification for the study, the research question, and the framework for meaning of teaching. Definitions of terms are included to clarify some potentially confusing terminologies.

The second chapter provides a review of New Zealand and international literature on ethical issues in nursing and ethics education in nursing programmes. Teaching perspectives in adult education are also discussed in relation to teaching ideology.

The research methodology is discussed in the third chapter. An overview of the research design is outlined. The qualitative approach to conducting this research is explained and the interviewing as the principal data collection method is also described. The use of an interpretative thematic analysis is justified. Ethical considerations including informed consent, potential for role conflict, confidentiality and privacy are discussed.

The fourth chapter explores the challenges of teaching ethics from a nursing educators' perspective looking at nursing educators' concerns about ethics education in nursing and their experiences of teaching the nursing codes of ethics. Seven themes emerged from the inductive data analysis process. Each theme is elaborated with quotations from participants to support the findings.

I move on in the fifth chapter to identify the challenges and difficulties nursing educators have encountered and discuss the factors hindering effective teaching in relation to the seven themes that emerged from data analysis process. In discussion, the research findings are compared and contrasted with the literature. Nursing educators' perspectives on ethics education are analysed using an adapted general teaching model as a framework.

The last chapter provides a self-reflection on the research process followed by a conclusion based on results from the research question. Implications for nursing ethics education are discussed and recommendations for future research are suggested.

9.   Conclusion

This chapter has provided a background to the study. Although ethics education has received increasing attention, there is no evidence of improved abilities to deal with ethical difficulties in nursing practice. This indicates a significant need to explore a better approach to teaching ethics to ensure that nursing students are better equipped to address clinical ethical dilemmas. Hence, the aim of this study was to identify challenges that nursing educators may have encountered and to provide recommendations in teaching nursing ethics education.

Chapter Two

Literature Review

1.   Introduction

This chapter covers a broad range of matters because ethics education cannot be separated from the complex nursing context in which it is situated. The first section explains the literature review strategy used in searching for literature. This is followed by explanations of nursing programmes in New Zealand, codes of ethics, ethical theories and healthcare ethics. Ethical issues in nursing practice are described in the next section. As teaching is complex activity, teaching perspectives are also included in the literature review in order to provide an in-depth understanding of the underlying beliefs and values about the role of teachers held by nursing educators.

2.   Literature review strategy

A systematic and logical way of searching relevant literature is important to ensure that all the key literature relating to this research topic has been included and represented in this chapter. Primary data gained from previous research activities, secondary information such as a literature review and other relevant theoretical literature are included in this review. To limit the risks of lacking in scholarly validity and academic rigor, all newspaper articles, conference proceedings and other non-peer-reviewed articles are excluded.

Aveyard (2010) states that it is important to articulate the search terms directly related to the research question rather than randomly looking at interesting literature that is not relevant to the search topic or does not directly address the research question, as it will detract from the literature review. To identify potentially relevant articles, I used a key word searching strategy searching

through the University of Waikato electronic databases. I started with words 'teaching', 'ethics', 'nursing', 'moral' 'education', and 'challenge'. Literature is further narrowed down by combining key words of 'nursing ethics', 'teaching ethics', 'ethics in nursing', 'moral issues in nursing' and 'nursing education'.

Regarding the strategy for identifying the specific literature rather than general literature that does not address the research question, Aveyard (2010) has suggested that researchers can develop the scope and relevance of the review using inclusion and exclusion criteria guided by the search terms. In this literature review, I practically paid attention to articles that have focused on:

1) Primary research relating to nursing ethics issue

2) Nursing educators' views/perspectives on teaching ethics

3) Concerns on ethics education in nursing programmes

4) Teaching in tertiary education

5) English language and published literature only

The literature has been categorised into different themes and is presented in the following section.

3. Nursing programmes in New Zealand

In New Zealand, there are 17 institutions providing an undergraduate nursing programme and 11 institutions providing a postgraduate nursing programme in New Zealand (Nursing Education in the Tertiary Sector, 2014). The Nursing Council of New Zealand is responsible for setting up, accrediting and monitoring the nursing education standards under the Health Practitioner Competence Assurance Act 2003 in accord with these standards (NCNZ, 2014).

It is evident that professional responsibility including ethical and legal accountability is addressed in the *Competencies for Registered Nurses* prescribed by the Nursing Council of New Zealand (NCNZ, 2007). To achieve the Council's competencies for the registered nurses' scope of practice, the nursing curriculum must comprehensively address professional conduct, nursing practice and

professional, ethical and legal responsibilities, and 50% of theory hours are allocated to the nursing programme (NCNZ, 2011). It is clearly stated that applicants for registration as a registered nurse must successfully complete the nursing programme approved by the NCNZ and meet the competencies for registered nurses' scope of practice (NCNZ, 2015).

4. Codes of ethics

An international code of ethics for nurses was first developed in 1953 and adopted by the International Council of Nurses (ICN), and recently revised in 2012 (ICN,2012). *The International Code of Ethics for Nurses* has been adopted by many countries as a guide for nursing conduct based on social values and expectations, comprising four fundamental guiding elements: nurses and people, nurses and practice, nurses and the profession, and nurses and co-workers (ICN, 2012).

In New Zealand, the Code of Ethics (NZNO, 2010a) is an adapted version of the International Code of Ethics for Nurses. The first element, the nurse-client relationship, focuses on nurses' therapeutic interactions with clients and family/ whanau in promoting clients' autonomy for decision-making. The second element, the nurse-colleague relationship, highlights the importance of personal responsibility when working with colleagues. The third element, the nurse-organisation relationship, emphasises the standards of practice nurses implement in the context of organisational culture, while the fourth element, the nurse-societal relationship, focuses on the nurses' role of maintaining ethical practice in terms of public accountability (NZNO, 2010a).

The Nursing Council of New Zealand is the regulatory body for the entire nursing profession and is responsible for setting standards for professional nursing practice and nursing education throughout New Zealand. Ethical requirements have been written within the competencies that are required by the Nursing Council of New Zealand for nursing registration to ensure that nurses provide appropriate ethical nursing care (NCNZ, 2007). The Code of Ethics (the Code), published by the NZNO and adopted by the NZNC in response to the current

social and political expectations of moral agency roles of nurses, has become the most sought after set of principles that are used to communicate to society about the ethical values in nursing (NZNO, 2010a).

In this study, the codes of ethics are interchangeably called the codes. Given that professional codes of ethics are the primary means for expressing the values and regulating the conduct of professionals, nursing ethics address the obligations and commitments the nursing profession has in delivering nursing caring (Liaschenko & Peter, 2004; Westrick, 2016). The two principal functions of the codes are creeds and commandments (Benjamin & Curtis, 2010). As creeds, professional ethics indicate an ideal conduct and point to personal commitments that nurses uphold in their practice; and as commandments, codes of professional ethics provide a standard conduct that nursing professionals must take into consideration when making ethical decisions (Benjamin & Curtis, 2010).

5.   Ethical theories and healthcare ethics

As a part of philosophy, ethics has different branches, including meta-ethics and normative ethics. Normative ethics addresses the question of what kinds of acts are 'right' and provides ethics theories to help guide nurses to make clinical moral decisions (Newham & Hawley, 2007). It is useful to give a brief discussion on ethical theories in this section as many scholars (Bosek & Savage, 2006; Newham & Hawley, 2007; Johnstone, 2016) have argued that moral theories assist in using words and language to articulate nursing ethical issues and understanding the complex nature of ethical problems.

Virtue theory has a long history from the Greek philosopher Aristotle emphasizing caring characteristics that form an integral part of a good nurse (Davis et al., 2006; Johnstone, 2016). Deontological theory, associated with the German Immmanuel Kant's way of thinking which has a focus on the basis of duties and rules regardless of the consequences (Butts and Rich, 2008; Hawley, 2007; Johnstone, 2016). A consequentialist, as distinguished from deontologists, considers the consequence as an important indication of moral actions (Fry, Veatch, & Taylor, 2011).

Healthcare ethics, or bioethics, refers to moral issues in the field of healthcare. According to Jonsen (2000), the term 'bioethics' was introduced after World War II in response to the growth of medical advances, such as the use of antibiotics, chemotherapy, antipsychotic drugs, and life-sustaining mechanical devices. The term has a central concern of the moral and ethical behaviours of medical practitioners since its inception.

Ethics in professional nursing practice can be traced back to the time when Nightingale started to establish a nursing workforce when she saw nursing as an independent profession with its own body of knowledge and ethics requirements rather than being subordinate to a medical profession (Butts & Rich, 2008; Hoeve, Jansen, & Roodbol, 2014). 'The Nightingale Pledge' was an attempt to build up ethical principles of the nursing profession (Numminen, Leino-Kilpi, Arend, & Katajisto, 2010). However, Nightingale was a deeply religious woman and her moral values were shaped by the religious moral discourses in Victorian society and her understanding of the role of women (Davis et al., 2006). Over the past decade, nursing has moved from being seen as the poor healthcare handmaiden of doctors to that of a professional body with its own distinct body of knowledge (Andrew, Ferguson, Wilkie, Corcoran, & Simpson, 2009); furthermore, one that has a unique category of ethical issues (Bosek & Savage, 2006; Butts & Rich, 2008; Johnstone, 2016).

Nursing ethics is a subcategory of bioethics. Unlike 'medical ethics', which has a focus on medical diagnosis and the treatment of diseases, nursing ethics recognises the distinctive voices of nurses and addresses moral issues in the context of nursing practice (Johnstone, 2016). It has its own language to articulate practical issues in a nursing context (Bosek & Savage, 2006; Johnstone, 2016). Ethical issues in nursing will be addressed in the next section.

6.   Ethical issues in nursing

Nursing practice is shaped by ethical values which are centred on nurse-client, nurse-colleague, nurse-organisation, nurse-societal relationships (NZNO, 2010a).

However, what constitutes 'a good nurse' is not clear because of the ever-changing ethical values and the context of nursing (Cribb, 2013).

- *The changing nursing context and nursing values*

Over the past decades, there are some dramatic changes in nursing contexts. Historically, nursing was in a subordinate position in the nurse-doctor relationship; but in modern society, nursing is emerging as a profession with its own body of knowledge and codes of ethics (Wilkinson, 1997). In the context of an increasing economically driven healthcare system, nursing practice has a growing focus on the value of productivity and effectiveness (Gibbons & Jeschke, 2016; Sellman, 2011). Within the context of advanced healthcare technologies, it can be argued that nurses focus more on the operation of advanced medical equipment and technique at the cost of quality time spent with clients (Gibbons & Jeschke, 2016).

According to Cribb (2013), there are some changes in the nursing philosophy and culture of nursing, such as from a diseases-centred approach in nursing care to one that is based on patient-centred care. Such a shift reflects the development of professional roles of the nurse and the ethical shift from treating people as passive consumers towards establishing a respectful and equal relationship with clients (Cribb, 2013).

Much literature has argued that new ethical issues emerge as a result of the changing socioeconomic and cultural context, such as the advanced medical technologies, improved information technology and the emergence of multicultural societies (Epstein & Turner, 2015; Harding, 2013; Heikkinen et al., 2006; Numminen et al., 2010). As a result, nurses face various ethical challenges in their practice.

- *Ethical difficulties in nursing practice*

Through reviewing empirical studies of nurses' experiences in their practice, Park (2009) found that nurses face various ethical challenges and the most frequently encountered ethical issues by nurses are related to patient care issues including limited patient access to care, human rights issues, human dignity, issues related

to nurses' health risks, and informed consent to patients' treatment. Park (2009) also identified some other disturbing ethical issues, including inappropriate measures in dealing with patients' dying process, moral conflicts in nursing practice, and treatment options against health consumers' wishes. This author contends that these ethical issues need to be discussed in the curriculum of nursing programs for developing nurses' recognizing and analysing skills in ethical issues. Similarly, in a study looking at nursing students' ethical issues in practice, Cameron, Schaffer and Park (2001) found that nursing students frequently experience ethical conflicts including issues related to inappropriate care management, quality of life/dying, and harmful behaviours of healthcare providers.

In addition, research conducted by Rubin (2009) at an intensive care unit (ICU) found that an inability to recognise and address ethical issues in nursing practice has severely restricted the development of nurses' clinical knowledge and their ethical judgements. The inability to recognise ethical issues is called moral blindness, and Gallagher (2006) argues that, "moral blindness can have tragic consequences as professionals might not respond appropriately in moral situations" (p. 225).

In New Zealand, regarding the ethical issues in nursing practice, Sinclair, Papps and Marshall (2016) conducted a survey looking at the ethical issues that nursing students frequently experienced in practice and showed that nursing students faced significant ethical issues, such as suspected neglect of patients and unsafe nursing practice environments. The authors suggest that further ethics education around these ethical issues needs to be developed to promote nursing students' ethical competence in their clinical placement. Woods, Rodgers, Towers, and La Grow (2015) also conducted a survey at a national level looking at the frequency and intensity of ethical conflicts encountered by registered nurses in New Zealand and concluded that moral distress in nursing is an issue of great concern and requires more attention by nursing educators. Woods (2005) argues that nurses face various ethical difficulties in practice including a lack of confidence, being overruled by other health professionals, and feeling stressed, and

therefore, nursing educators need to rethink approaches to teaching nursing ethics so that nurses are better placed to negotiate on-going ethical issues.

7.   Ethics education in nursing

Ethics was not a subject specially included in nursing training programmes in the early twentieth century in Europe (Davis et al., 2006). Over recent decades, ethics education in nursing has received increasing attention. For example, Neville (2004), a nurse educator working in the United Kingdom, contends that nursing educators can help influence the moral decision-making of students and reduce their moral distress.

Several surveys have examined the importance of ethics education in nursing. Among these, a cross-sectional study conducted in the UK looking at nursing students' development of moral judgement showed that an ethics course can significantly facilitate the development of moral judgement among nursing students (Krawczyk, 1997). Similarly, Grady et al. (2008) and other researchers (Numminen et al., 2009a; Park, Kjervik, Crandell & Oermann, 2012) investigate the relationship of ethics education to moral reasoning and moral judgement skills and conclude that ethics education has a significant impact on the development of nursing students' moral sensitivity and moral judgement skills. Although research has illustrated the importance of having ethics content in nursing curricula, ethics education in nursing remains a challenge in terms of how it can be taught in nursing programmes.

- *Ethics courses in nursing programmes*

Literature on the topic of teaching nursing ethics is multifarious. A survey was taken in an educational setting in the United States looking at the essential content and methods of ethics education, and the result showed that there were numerous outcomes and content considered valuable to ethics education with a strong consensus on ethics terminologies and an ethics code as essential foundational knowledge (Laabs, 2015). This author argued that the numerous

ethical content discovered in this survey may reflect the broad range of ethical issues nurses encountered in their practice.

Other researchers have also identified the need to know more about how to teach ethics. Görgülü and Dinç (2007) examined the ethics courses in Turkish nursing education programmes and noted that the ethics courses have diverse goals and objectives, aimed at enabling students to cope with moral conflicts in their practice and understanding differences between personal and professional ethics. However, the wide range of goals raises uncertainty about the components of ethical courses content for nursing students.

In terms of how to deal with frequently encountered ethical issues by nurses in their practice, Park (2009) argues that nursing education should develop pragmatic ethics programs based on the ethical and educational needs of nurse. This author suggests that ethical issues (in particular, frequently occurring and disturbing issues) should be discussed in the ethics curriculum of undergraduate nursing programs for developing nurses' recognizing and analysing skills of ethical issues.

In terms of theoretical approaches in teaching ethics, Cameron and Schaffer (1992) argue that ethics education in nursing has traditionally used a medical rather than nursing model, and therefore the authors have introduced two major perspectives (i.e. caring and justice) for resolving ethical challenges in nursing practice. Russell (2014) contends that the idea of virtue ethics can shape the values of students to align with the values of nursing profession by using theory-based strategies. Benner et al. (2009) argue that more narrative pedagogies are needed in nursing schools, as well as continuing education, such as experience-near and practice observation, to help strengthen nurses' understanding of ethical situations for critical and consciousness-raising reflection.

There has been considerable research concerning challenges in teaching nursing ethics. A study conducted by Dinç and Görgülü (2002) investigated the status of ethics instruction in Turkish nursing programmes and revealed that most nursing educators lack confidence in teaching ethics. In addition, Parsons, Barker and Armstrong (2001), in their study of teaching healthcare ethics in the United

Kingdom, have found that insufficient time has been allocated to teaching ethics, and even the whole question of the extent to which ethics needed to be taught remained questionable.

According to Rubin (2009), qualitative and ethical distinctions in nursing practice are impeded by a narrowly constructed rational approach by nurses regardless of the nature of various clinical problems. The problems encountered by nurses in their practice can be traced back to an inadequately addressed ethics in nursing education and narrowly taught rationality in nursing school (Benner et al., 2009). Similarly, In studying nurse educators' and nursing students' perspectives on teaching nursing ethics, Numminen, van der Arend and Leino-Kilpi (2009b) found that ethics education in nursing lacks a coherent approach, and therefore, an integrated teaching method needs to be developed.

- *A principled approach to teaching ethics*

Many health-related professional bodies create ethical codes, standards and guidelines to convey ethical conduct. In New Zealand, the Code of Ethics (NZNO, 2010a) has been used as a guide to promote an ethical standard of nursing practice and is essential ethical course content in nursing programmes. However, Beauchamp and Childress (2009) and other scholars (Butts & Rich, 2008; Johnstone, 2016; Pattison, 2001) have argued that ethical codes are unable to provide clear rules without ambiguity, even though they provide guidelines for answering the normative ethical questions of what values should be morally accepted, as moral reasoning is embedded in individuals' character rather than rules and guidelines. Furthermore, Neville (2004) argues that codes of ethics cannot address the specific situations in which nurses work and live, as it is difficult to define being morally right without reference to a certain context.

Corley (2002) argues that nurse educators have tended to focus simply on the ethical principles when teaching students, in particular, on beneficence, non-maleficence, justice and patient autonomy, rather than cultivate students' analytic skills. Therefore, in this author's view, nursing students are not now equipped with strategies for identifying effective ways to manage moral distress.

Similarly, Doane (2002) contends that ethical education has traditionally focused on 'cultural-free' principles, and as a result, the search for moral truth was taught through codes of ethics. This author suggests that nursing educators should promote the conscious awareness of the students' own unique values and incite the development of their creative capacity using a pedagogy of creativity rather than asking students to find the right answers.

Furthermore, Parsons et al. (2001) have found that the principles approach to teaching ethics can lead to a justification of nursing actions rather than to the development of ethical judgement skills. Benner et al. (2009) argue that students are taught to think the ethical principles are useful in dealing with ethical dilemmas, and as a result, students cannot recognise ethical components in their everyday practice. Therefore, more attention should be paid in nursing education to everyday ethical components and skills of engagement in dealing with ethical dilemmas.

- *Cultural safety issues in nursing ethical courses*

Harding (2013) argues that Western values are being embedded into nursing curricula due to the globalisation of nursing education. Ethical values, such as informed consent and advanced directives, are based on Western philosophy, which has an emphasis on the ideology of individualism (Davis, 1999; Harding, 2013). In Western universities, such as in New Zealand, Western philosophical values and beliefs are the main philosophy taught, and consequently, the Eastern tradition might be overlooked (Harding, 2013; Newham & Hawley, 2007).

The concept of cultural safety is widely used in health contexts in New Zealand focusing on promoting positive changes to the health status of the Māori of New Zealand (Nguyen, 2008). The majority of the population in New Zealand is Pākehā (European descent), with Māori (indigenous people) being the minority (14.6 percent) in New Zealand (Statistics New Zealand, 2007). Brougham and Haar (2013) argue that the value of individualism is dominant in Western countries, such as New Zealand, while the value of collectivism represents Māori culture.

In response to a rapidly growing bicultural and multicultural society in New Zealand, Woods (2010) suggests that a greater awareness of a cultural safety

component in ethics education will help construct ethically competent nurses in providing culturally safe nursing practice. Ethical values in nursing are shaped by sociocultural contexts (Johnstone, 2016), and therefore, nursing educators need to critically examine the ethics subject matter and extend cultural safety into teaching ethics (Harding, 2013; Woods, 2010).

8.   Teaching perspectives

In discussing the meaning of effective teaching in adult and tertiary education, Pratt and Associates (2005) studied over 250 educators and revealed five philosophical teaching perspectives. Teaching is a complex process based on an interrelated set of beliefs and intentions (Pratt & Associates, 2005). The five teaching perspectives offer an in-depth understanding of the underlying beliefs and commitments about the role of teachers held by educators. It is my intention to include the introduction of these teaching perspectives in the literature review and use this as a conceptual framework in the data analysis in order to examine the dominant perspectives nursing educators held in teaching nursing ethics.

- *A transmission perspective*

A transmission perspective has a focus on adequately delivery of the content to learners. Educators are expected to be content expert and capable of answering students' questions and providing a clear explanation on the teaching content. The focus is on the teacher and the content. Educators holding this perspective:

> Often end up teaching well-defined content, that is, material where there is clear agreement about right answers and where new content fits hierarchically into or upon prior knowledge. (Pratt & Associates, 2005, p.41)

According to Pratt and Associates (2005), the transmission perspective can be troublesome for teachers who attempt to teach everything they know about a subject, and the hierarchy of the structure of educational institutions fosters a transmission teaching environment. For example, the predetermined course objectives, annual academic calendar, and deadlines for course projects are all

factors which contribute to the adoption of a transmission teaching perspective with an emphasis on content deliver (Pratt & Associates, 2005).

- *An apprenticeship perspective*

Pratt and Associates (2005) argue that in an apprenticeship perspective, learning is directed though guided practice and textured by the context, and educators "are an extension of the values and knowledge as lived or practiced within that community" (p.43). The focus of an apprenticeship is the context, content and the teacher.

Over recent a few decades, nursing has moved from a historically informal apprenticeship and hospital-based trained vocation to now a nursing profession needing a tertiary education degree (Andrew et al., 2009; Willetts & Clarke, 2014). The changing nursing context and modernising of the nursing profession requires nursing educators to prepare themselves to challenge traditional stereotypical views of teaching in apprenticeship perspective and to meet the new demands of an ever-changing healthcare environment (Benner et al., 2009; Willetts & Clarke, 2014).

- *A developmental perspective*

In a developmental perspective, educators are committed to helping students' critical thinking and problem-solving skills with a learner-centred teaching philosophy (Pratt & Associates, 2005). Instead of transmitting information from the teacher to student, educators holding a developmental perspective consider to "build bridges between learners' present ways of thinking and more desirable ways of thinking within a discipline or area of practice" (p.47).

Willetts and Clarke (2014) address the issue that nursing education faces the challenge of moving from an apprenticeship model of teaching into higher education institutions with a focus on constructing a nursing professional identity. Similarly, Oermann (2015) claims that educators must help students become active constructors of knowledge through the development of critical thinking abilities. Teaching should therefore have an emphasis on reasoning and

critical thinking in helping students construct personal meaning (Pratt & Associates, 2005).

- *A nurturing perspective*

Pratt and Associates (2005) consider that nurturing educators focus on healthy intrapersonal development looking at inherent capacity of learners. Although some people relate nurturing education to andragogical principles (Knowles, 1980), Pratt and Associates (2005) argue that there are no significant differences between andragogy and pedagogy in this perspective.

A nurturing perspective is characterised by a reciprocal trust and respect established between learners and teachers emphasizing the support and encouragement provided by teachers (Pratt & Associates, 2005). The belief of effective teaching in the nurturing perspective is that "learning is most affected by a learner's self-concept and self-efficacy" (Pratt & Associates, 2005, p.49).

- *A social reform perspective*

Pratt and Associates (2005) point out that, "every teacher represents an underlying political stance toward the individual, society, and the role of education within society" (p.50). In a social reform perspective, educators hold a commitment to social reform towards a vision of a better society based on their core beliefs, such as the sanctity of human rights (Pratt & Associates, 2005).

Although there are five different perspectives, Pratt and Associates (2005) explain that there are some overlaps between perspectives. Educators may hold a dominant orientation while having some backup perspectives based on a cluster of interrelated beliefs about knowledge and learning; however, no teachers held all five perspectives in Pratt and Associates' study (2005).

As teaching is ideological rather than just a mechanistic activity, what lies at the centre of effective teaching is the teaching ideology that educators hold in their practice (Pratt & Associates, 2005). In this study, in order to explore the challenges nursing educators encountered in depth, Pratt and Associates' (2005) ideologies are used to frame the discussion.

9. Conclusion

This chapter reviewed literature that explores ethical issues in nursing with a particular attention on issues of ethics education in nursing. In nursing practice, nurses make ethical decisions continuously concerning nursing care priorities and nursing interventions, and therefore, there is an inescapable ethical dimension in their everyday nursing practice (Edwards, 2009). It is imperative that nursing students are well prepared and have sound ethical reasoning and judgement skills in providing ethically competent care.

The importance of ethics education for nurses has been recognised in literature. There is a growing body of research that has paid attention to ethics education. Much research reveals that ethics education has a significant positive impact on nurses' moral sensitivity and moral judgement.

Multifarious literature has examined theoretical approaches to teaching nursing ethics, such as the idea of virtue ethics, caring and justice perspectives and narrative pedagogies. This literature review yields some inconsistencies in defining the most appropriate approach to teaching nursing ethics. These different approaches may reflect various values and beliefs about knowledge and learning that nursing educators hold. There is also an awareness of a lack of consensus on the best way of teaching nursing ethics in the reviewed literature, which may suggest that a systematic and deep exploration on nursing tutors' challenges and experiences in teaching nursing ethics would be beneficial in recommending an effective approach to ethics education.

This literature has also revealed a general awareness of challenges and concerns in teaching nursing ethics and the potential benefits of a code of ethics used as a comprehensive framework to guide nursing practice. However, exploring nursing educators' experiences and difficulties in teaching nursing ethics education has received little attention in the nursing literature in New Zealand. Ethics are historically, socially and culturally constructed. In response to a rapidly growing multicultural society and ever-changing healthcare context in New Zealand, a careful exploration of the challenges nursing educators face in teaching may help build up a foundation for ethics education in nursing.

Chapter Three
Research Methodology

1. Introduction

Constructing the research design was a specific step I took prior to my actual research activity, which included the research methods used, sampling techniques used in selecting participants; data collection methods; data analysis strategies and ethical considerations. The purpose of a research design is to examine the current understanding of a particular phenomenon within a particular philosophical framework (Schneider, Whitehead, Elliott, Lobiondo-Wood, Haber, 2007). In this chapter, a description of the research design of this project is outlined to illustrate the researcher's purposeful examination of nursing tutors' perceptions of teaching nursing ethics.

2. The character of qualitative research

Before conducting actual research, the theoretical and philosophical ideas of research need to be identified. This is because the theoretical research framework provides the conceptual underpinnings for research activities. A qualitative study is interpretive and naturalistic in its approach to understanding the world and its phenomena (Schneider et al., 2007). This means that a qualitative researcher usually explores the meanings, values, beliefs and experiences of research participants in order to understand a natural social phenomenon (Borbasi & Jackson, 2012; Schneider et al., 2007). Since I started my teaching career three years ago, I have been interested in getting to know my colleagues' experiences on teaching nursing ethics. Therefore, a qualitative approach is appropriate to allow the participants to express their perceptions and experiences of teaching ethics.

This study entailed a qualitative analysis using a phenomenological approach. The reason for selecting a qualitative paradigm is based on the purpose of the research. This study is designed to explore nursing tutors' experiences and challenges of teaching nursing ethics in one nurse education context to tertiary nursing students. As Borbasi and Jackson (2012) have argued, a qualitative researcher views reality as subjective and multifaceted rather than as an objective actuality. Similarly, Schneider et al. (2007) support that a phenomenological approach provides a holistic understanding of the experience of the phenomena and does not fragment the experience that is being studied; instead, it can provide rich descriptions that illuminate what it means to be a person in their world; in this case, nursing tutors' actual experiences of teaching ethics education. Therefore, a qualitative research method used in this study was deemed to be the most appropriate in developing a holistic understanding of nursing tutors' subjective perceptions and their experiences in teaching nursing ethics.

3.   A social constructionist paradigm

A social constructionism perspective in qualitative research claims that absolute 'truth' can never be obtained, and meanings are constructed by peoples' perceptions and interpretations when interacting with the world (Anyan, 2013; Crotty, 1998; Refai, Klapper, & Thompson, 2015). The constructionist perspective is becoming more prominent in social research which acknowledges that socially constructed meanings are based on people's interpretations in their everyday lives (Holstein & Gubrium, 2011; Refai et al., 2015).

A social constructionist paradigm adopted for this study is critical in conducting my research as it highlights that knowledge is co-constructed and negotiated based on the interplay between the participants and the researcher in a social context (Holstein & Gubrium, 2011). Crotty (1998) gives the definition of constructionism as the following:

> All knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction

between human beings and their world, and developed and transmitted within an essentially social context (p. 42).

To make sense of the participants' world in a social context, I chose a social constructionist approach in conducting this research because I am interested in knowing how participants make meanings of the world in relation to historical, social and cultural contexts. As has been noted in previous chapter, nursing ethics is historically, socially and culturally constructed. Ethics education must be understood within its specific social and cultural world in which it is constructed. In this research, it was my attempt to understand the challenges in teaching nursing in relation to the interaction between nursing educators and their world.

4.   Case study characteristics

The case study approach has become one of the most common ways of answering qualitative inquiry of what is to be studied (Stake, 2005). The particular case in this study is nursing educators' experiences of teaching ethics education in a tertiary education context. To do my research inquiry, I concentrated and engaged in one tertiary institution. Gillham (2010) describes the characteristics of a case study as:

- A unit of human activity embedded in the real world;
- It can only be studied or understood in context;
- It exists in the here and now;
- It merges in with its context so that precise boundaries are difficult to draw.

(Gillham, 2010, p.1)

The challenges that nursing educators encountered in teaching nursing ethics are embedded in their real world. It was my intention to look at the participants' view within a wider historical, political, socio-economic and institutional context, and this draws my attention to use a case study in exploring an in-depth understanding of the issue from a social constructionist perspective. As Stake (2005) argues, a case is examined mainly to facilitate people's understanding and have an insight into an issue by scrutinising its contexts and detailed activities.

Because a single case can be different from other cases, researchers do not normally emphasize generalisability of findings. Nevertheless, researchers can use a case study method to explore a case in sufficient descriptive narrative so that readers can assimilate certain descriptions through vicarious experience (Stake, 2005).

5.   Population and sample

Sampling is an important step in the research process. The purpose of sampling is to select a suitable sub-population, so that 'information-rich' participants who have experienced the phenomenon of interest can provide a holistic and powerful picture of the phenomenon under the study (Borbasi & Jackson, 2012; Schneider et al., 2007).

There are in total 15 modules (13 nursing modules, 2 science modules) in the Bachelor of Nursing programme at the selected tertiary institution, with 22 (including the researcher of this study) nursing lecturers responsible for the management and organisation of nursing modules. Updating teaching and learning objectives, identifying teaching resources, and designing the assessment components of each module comprise this work.

After ethics approval (Appendix A) was gained, an information sheet for participants (Appendix B) was sent to all nursing lecturers at this selected tertiary institution (21 nursing lecturers in total) with the intention of acquiring a spread of teaching experience. All the nursing lecturers who have been involved in teaching nursing ethics at this institution became potential participants. Upon agreement to participate, a consent form (Appendix C) was sent subsequently.

In qualitative research, samples tend to be small, and are selected often using purposive and convenience sampling techniques (Borbasi & Jackson, 2012; Schneider et al., 2007). Nevertheless, Small (2009) argues that a small number of interviews can be valuable in capturing the participants' meaning and contributing to knowledge construction. In this study, there were seven nursing educators who agreed to participate. The sample of seven nursing educators was all female, with two Māori educators and five Pākehā educators. All these nursing

educators had over 10 years working experiences in the nursing field. The majority had over five years of teaching experiences with one educator joining the teaching team three years ago. These nursing lecturers are considered as an 'information-rich' population who would be able to articulate their experiences in teaching nursing ethics, and form the purposeful sample for this study.

6.   Data collection

Interviewing is one of the most frequently used data collection methods in qualitative research as it allows the researcher to explore participants' perceptions, values, beliefs and life experiences of a social phenomenon (Anyan, 2013; Menter, Elliot, Hulme, Lewin, & Lowden, 2011; Schneider et al., 2007; Wilson, 2012). In this study, a semi-structured Interview method with open-ended questions was used. One of the reasons for this approach was that a semi-structured interview with open-ended questions allowed the interviewer to enter into the belief systems of participants and elicit more elaborate responses (Hutchinson & Wilson, 2006). Another reason for this approach was that it could offer participants an opportunity to engage in conversations and allow their voices to be heard (Affleck, Glass, & Macdonald, 2013).

A disadvantage of the interview method could be that some participants only give a matter-of-fact description rather than an in-depth reflection because of their emotional inhibitions or inability to verbally articulate their knowledge (Hiller & DiLuzio, 2004). Nevertheless, as the researcher, I envisaged that interviewing was the most appropriate approach to gathering information in this study and would result in meaningful data.

I chose interviews as a data-gathering tool because this method has the advantage of being an efficient way of gaining a rich understanding of life events and providing an access to the inner world of participants (Menter et al., 2011; Wilson, 2012). In this study, before starting the interview, I introduced my own work experiences on teaching nursing ethics and expressed the needs in developing my teaching approaches to nursing ethics. This helped participants understand the research purpose and relate research questions to their own

work experiences. All individual interviews were held in a private and quiet room, and this helped participants to focus on the interview questions without distractions.

The research question has been identified earlier in this thesis. This research is designed to explore the experiences and challenges that nursing educators have encountered in teaching ethics. Based on the research question, an interview guide was developed to help the researcher to structure the interviews (Appendix D).

Specific research questions to guide this research were:

a) What are nursing tutors' attitudes to teaching students about ethical issues in nursing practice?

b) How do nursing tutors prepare to teach ethics in terms of their learning experiences related to ethics and teaching content/materials?

c) To what extent do nursing tutors integrate the principles of the New Zealand Code of Ethics into teaching ethical issues?

d) What pedagogical teaching strategies are used in ethics education and to what effect?

All individual interviews in this study were audio recorded with participants' permission in order to capture accurate information and achieve confirmability. Borbasi and Jackson (2012) suggest that field notes can be useful to record what the researcher experiences during the data collection process for the purpose of the accuracy and comprehensiveness of the data collected. In this research, I used notes and a reflective journal to record personal thoughts, relations and feelings which occurred during the process of data collection. For example, to make sure that all the interviews ran smoothly, I wrote done those ideas and words that were not very clear to me when participants were talking rather than interrupting interviewees' talking immediately. I would ask my interviewees to clarify their ideas clearly whenever there was a pause in the conversation.

7.   Data analysis

Regarding data analysis, Schneider et al. (2007) suggest that the most common way of analysing qualitative data is to divide, categorize, and then integrate relevant data into a hierarchy of definite categories and sub-categories. Borbasi and Jackson (2012) likewise note that once data are compared and contrasted, the researcher can define categories and assign meaning.

Deliberate and systematic data analysis is essential to capture accurate and comprehensive information before writing the research results. In a qualitative study, interpretive approaches are commonly used to describe, explore and generate meaning within a social phenomenon using an analytical and non-statistical procedure (Borbasi & Jackson, 2012).

According to Braun and Clarke (2006), thematic analysis is a useful research tool in analysing a rich, yet complex, account of the data, which involves the identification of common threads across all interviews. The process of data analysis in thematic analysis includes the following steps:

1) Becoming familiar with data
2) Generating initial codes
3) Searching for themes
4) Reviewing themes
5) Defining and naming themes
6) Producing the report

(Braun & Clarke, 2006, p. 87)

An interpretative thematic analysis used in this study also included the same steps. This first step was to familiar myself with interviewing data which involved listening to audio recordings; writing down recorded data into transcripts; reading notes, reflective journal and transcripts in conjunction with listening to the audio to clarify the notes and quotes. To achieve confirmability of preliminary data, participants were invited to review the written material to see if the recorded data was indeed accurate and some participants availed themselves of this opportunity and gave a clear confirmation. This was followed

by synthesising meaning from the data and searching for themes. The key ideas and issues were reviewed and analysed through comparing and contrasting, and descriptive themes were evolved.

8.   Ethical considerations

Ethics approval was sought and obtained from the Faculty of Education Research Ethics Committee at the University of Waikato before the actual research activity. In this study, participants were all my colleagues. The participants were unlikely to experience any physical harm as a result of their participation. However, the researcher needed to make sure that participants would not feel offended or have emotional upset when sensitive questions were asked. The steps I took to deal with this included introducing my own work experiences on nursing ethics and the needs in developing my teaching approaches to nursing ethics before starting the interviews; providing a quiet and private room for interviewing; asking participants if they were comfortable to be voice recorded. As a result, respectful and trustful relationships were established on top of the pre-existing collegial relationship between the researcher and participants. Some particular considerations and efforts were made to ensure that the interests of participants are not compromised.

- *Informed consent*

Informed consent is one of the basic and important principles within research process. It indicates that participants are fully informed about the purpose of the research with a fair and full analysis of the potential risks and benefits of their participation (Borbasi & Jackson, 2012; Menter et al., 2011). This implies more than simply gaining a signature from participants; it means to respect the participants' autonomy in making choices based on their own values and beliefs (Schneider et al., 2007).

All participants were given a participant information sheet (see Appendix B) and consent form (see Appendix C) with a full explanation of the purpose of the study, the research processes, risks and benefits. Participants were also given opportunities to ask questions and advised that they could withdraw from the

study at any time up until the point when reviewed transcripts had been returned.

- *Confidentiality and privacy*

Menter et al. (2011) argue that information disclosure will not only put pressure on participants, but it would also impair the trustworthy relationship between a research and the participants. Maintaining privacy and confidentiality is a way to protect human rights and also contributes to a trustworthy relationship with participants (Menter et al., 2011). In this study, the researcher gave a commitment of not disclosing any personal information and to use pseudonyms to replace real names to make it difficult to identify any individuals.

All information, audio recorded data and written transcripts were kept in password protected computers and locked in drawers to maintain confidentiality. In order to maintain the privacy of the participants and identity of the research setting, any reference to the actual study setting was removed from any writing work (thesis and publications). According to Lincoln, Lynham and Guba (2011), validity is closely related to ethical practice in research activities. Therefore, privacy and confidentiality must be insisted on to promote a trustworthy relationship to ensure the validity of research activities.

- *Potential for role conflict*

As internal research, this study involved interviews with my colleagues at my workplace. The conflicting roles of a researcher versus a colleague can bring challenges in ethical practice in this research project in terms of the pre-existing and ongoing relationships between the researcher and participants (Haahr, Norlyk & Hall, 2014; McDermid, Peters, Jackson & Daly, 2014). Additional ethical considerations must be taken into account in terms of my dual roles as both researcher and colleague. As Haahr et al. (2014) have argued, an ethical awareness is essential in building a trustworthy interviewer-interviewee relationship where a careful and inclusive explanation about the research activities must be provided to interviewees and valid informed consent to be obtained as normative ethical practice.

To mitigate negative situations, such as the researcher's dual role and issues of privacy and confidentiality, I developed strategies to maintain transparency and to be explicit about adopted processed in the research. First, during recruitment, my colleagues might have felt pressure to engage because of the pre-existing collegial relationship. I made a clear statement about the purpose of this study and stressed that accepting or declining the research activities would not affect my relationship with my colleagues. In doing so, their informed consent could be obtained without coercion. Second, to maintain the professional boundaries between researcher and colleague, I made a clear statement that my role was as a researcher rather than a friend or colleague when conducting interviews with these participants. Third, to promote confidentiality and privacy, I used a private room to conduct individual interviews and employed pseudonyms to replace real names to create a trustful relationship between the researcher and participants. Fourth, further time was given to participants to ask questions related to this study to maintain transparency and explicitness of this study.

Although there are challenges when undertaking research involving colleagues, particularly in relation to maintaining professional boundaries, McDermid et al. (2014) state that there are also advantages to role duality, such as being familiar to participants and building upon pre-existing trusting relationships. The researcher must have an insight about the role conflict and commit to protect the rights of the research participants. Sound ethical conduct can be achieved by maintaining professionalism through applying strict boundaries and being open and honest during research activities (McDermid et al., 2014).

9.   Considerations of credibility

According to Janesick (2000), the traditional positivist criteria of internal validity (truth about claims) and external validity (generalisability of findings) are replaced by alternative words, such as trustworthiness, accuracy and credibility. This is because that most social theorists now recognise that social reality is multiple and complex, and consider that there is more than one way of interpreting a phenomenon (Anyan, 2013; Cohen & Crabtree, 2008; Janesick,

2000). Qualitative research from a constructionist perspective involves looking at 'how' social reality is constructed rather than gathering neutral knowledge (Holstein & Gubrium, 2011).

Patton (1999) advocates for the credibility for qualitative inquiry and argues that the quality of qualitative research depends on three related inquiry elements:

- Rigorous methods used for gathering high-quality data
- The credibility of the researcher
- Philosophical belief in the value of qualitative inquiry

(Patton, 1999, p. 1190)

Without rigorous data collection and analysis methods, the research findings would be undependable. Janesick (2000) suggests that having the participants review the material or having an outsider read field notes can add weight to the quality of the research. In this study, the adoption of a semi-structured interview tool enabled the generation of as much useful data as possible. The participants of this study were invited to review the written material to see if the recorded data was indeed accurate. I have received confirmations from the study participants through emails. In this research project, my research supervisor also reviewed my writing to see whether or not the explanation fits the description and helped me to refine my research.

In terms of the credibility of the researcher, Patton (1999) argues that the researcher as the instrumental tool in qualitative study must be honest in answering questions related to the purpose of the study and personal information that may affect data collection, analysis and interpretation. In this study, a rigorous ethical approach was adopted in gaining all the necessary ethical approval to conduct the research including the purpose of this study, access to participants and conflicts of interest.

The interrogation of a constructionist approach as the theoretical framework of this study helped me understand that knowledge is co-constructed and negotiated based on the interplay between the researcher and participants in a social context (Cohen & Crabtree, 2008). There is no single 'correct' description

of a social phenomenon and no single 'true' picture of social reality (Cohen & Crabtree; 2008; Janesick, 2000).

10. Conclusion

This chapter has discussed the approach to conducting this research including a qualitative approach used as a theoretical research framework and a case study as the choice for this study's design. A social constructionist perspective adopted for this study was based on my understanding that knowledge is co-constructed and negotiated related to the interplay between the participants and the researcher in thus sociocultural context. I used interpretative thematic analysis in this study to help me extract and synthesize meaning from the data through which descriptive themes were evolved.

Following ethics approval from the Faculty of Education Research Ethics Committee at Waikato University, seven participants were recruited. Particular considerations and procedures, such as to maintain confidentiality and privacy, gaining Informed consent from participants, were made before and during interviewing process to ensure that the interests of participants were not compromised. In doing this, a trustworthy relationship was established between the researcher and participants to heighten the validity of research activities.

Chapter Four

The Study Findings

In this chapter, qualitative data collected from interviews will be described and discussed. Through interviewing and the data analysis process, seven themes have been derived. These themes describe nursing educators' experiences in teaching ethics, identify challenges encountered in teaching ethics, and highlight the unique teaching perspectives from nursing educators.

1.   Justifications for teaching ethics in nursing programmes

All participants stated that it is necessary to teach nursing ethics within the nursing programme. This theme has two sub themes: the importance of ethical awareness in nursing practice and the importance of using the Code of Ethics as a guideline in nursing practice.

- *The importance of ethical awareness*

For nursing educators, ethical awareness affects nursing students' understanding of the nursing profession. One senior nursing educator (Frances) insisted that:

> As students become educated nursing professionals, it is essential (to teach ethics) in terms of the professional requirement of understanding what professional ethical nursing is. Understanding ethics is essential. (Frances)

One nursing educator (Amy) also described the importance of ethical awareness in terms of ethical responsibilities of nurses:

> Yes. It is necessary to teach nursing ethics. For example, as registered nurses, we are privileged in relation to the information of our patients that

we have to handle with. We have an ethical responsibility, not just about keeping information confidential, but also acknowledging that this information may contain personal values. If nurses do not have ethical awareness, this will impact on the nursing practice they provide. It is important that students understand the role that ethics plays in their role as nurses. What is right and wrong can be very different to their own personal values. (Amy)

Another participant (Daisy) considered that nursing ethics is essential in helping students understand their professional roles in nursing and "nurses need to know how to interact with patients appropriately."

Thinking about the professional responsibility component of the nursing programme, nursing educators stated that ethics education helps students understand who they are, how they fit into the society, and how they act as professional nurses.

Using social media as an example, a nursing educator (Adele) mentioned that the use of social media became popular among nursing students, such as Facebook, Twitter, and YouTube, and therefore, it is important that students are aware of their professional responsibilities with regard to using these platforms in the context of professional nursing care.

- *The importance of using the Code as a guideline in nursing practice*

All participants stated that it is necessary to teach the Code of Ethics in the nursing programme, as one participant (Adele) pointed out that the Code "provides a strong foundation for nursing education. It is particularly good because we can apply this to nursing specifically."

All nursing educators indicated that nursing students have an introduction to the Code of Ethics in this institution, and this helps students' understanding and applying this understanding in clinical situations throughout the nursing programme. A nursing educator explained that:

From my own experiences, we have an introduction to the topic of the Code of Ethics in the programme, such as what nursing ethics is or technical

terms of what ethics actually means. Applying that understanding is important. It helps students throughout the programme when they come into contact with the ethical moments/ethical dilemmas, and they will be able to recognise these are ethical concerns. (Molly)

All nursing educators considered it a great idea teaching students the Code of Ethics at the very beginning level. A nursing educator (Adele) who has been involved in teaching the first-year nursing programme stated that:

It is great to teach Code of Ethics in semester one at the very beginning level, and this needs to be built on later when students have some experiences that they can draw on and unpack to see the ethical components in clinical situations. (Adele)

2.   "Ethics is a contextual topic"

The title of this theme came from a senior nursing educator (Cathy) who considered that "ethics is a contextual topic. So understanding ethics in nursing practice may not be the same understanding as in other practice situations."

All nursing educators agreed that to start with, at an elementary level, students need to know some general meaning about ethics, and they need contextualisation in their learning to make a good understanding of nursing ethics. One nursing educator emphasized the importance of teaching ethics in a specific context:

We teach students that in the context of nursing, ethics means these things, in the context of human development, ethics means this, in the context of nursing research and in the context of child health, cultural safety, human rights and aged care … ethics may have different meanings. (Ray)

All nursing educators in this study shared the same concern that teaching nursing ethics to the first-year nursing students could be challenging, as students have no nursing practice background to understand and hence have limited ability to link ethical principles to the clinical situations. As one educator (Daisy) suggested,

"I think by giving some context to the ethical principles, it makes it much easier for students to be able to understand what we talk about."

All nursing educators noted that story-telling was useful in teaching nursing ethics. One nursing educator (Cathy) stated that:

> Nurses actually act in certain ways depending on the context. Sometimes you have a code of ethics to tell you this is the way you should do things and these are the guidelines. But nurse practitioners have to set aside of it, just because the specific context in which the interaction is happening. (Cathy)

One participant (Amy) also described that:

> It is hard to teach first-year students who have no clinical experience. I feel like students use my experience to understand ethical issues … I did lots of story-telling based on my nursing practice. I give them examples using cases I came across when I was a nurse in the past 20 years. (Amy)

Although it is challenging to teach ethics to the first-year nursing students, all nursing educators agreed that nursing ethics needs to be introduced at the beginning of the programme in order to build a sound ethical foundation for context later. One nursing educator (Adele) stated:

> Some difficulties are about experiences and maturity (of the students). We teach ethics in a very much academic way to those who don't have clinical experiences in semester one. Therefore, we revisit the topic in semester five after they have a couple of years learning, growing, maturing and some clinical experiences, to be able to get them to reflect on those clinical experiences from an ethical perspective. So I think in this way we are doing well. (Adele)

In discussing the challenges in teaching the first-year nursing students at an elementary level, a senior nursing educator (Ray) suggested:

> The most difficulty in teaching nursing ethics is to make it interesting and applicable to students straight away. If you introduce it cleverly, then they become interested and they can make sense of what you are saying. So, it

needs to be open with perhaps some examples from practice, or some examples from their daily life, so they can see that they are already ethical agents, then you can say this is an example of veracity and that was an example of non-maleficence. They can see the ethics are actually all around them all the time; they feel less threatened by it but near to it. And then you can say the normal ethical behaviours you have in your daily life is true for nurse, but nurses have the Code of Ethics… (Ray)

3. Ethics as an integrated topic

Nursing educators in this study expressed a strong awareness of the broadness of ethical topics in nursing practice highlighting the challenges in teaching nursing ethics. Participants noted that ethics is a broad topic and rarely merely stands by itself. Nurse educators considered this a challenge as ethics is embedded in all other nursing topics and cannot be separated from other nursing lectures. One senior educator (Cathy) illustrated this point:

> For example, we teach disease process lectures. When we are talking about that, we may also talk about how they (nurses) engage with family, what information they pass to the family or cannot pass to family, so it is kind of an underlying theme in actual nursing practice. It is reflective practice. Ethics rarely merely stands by itself. (Cathy)

Participants shared the same view that it is important to introduce the concept of ethics in alignment with the development of the professional self. Participants in this study mentioned that in relation to nursing topics, such as dementia, the power of attorney, professional boundaries issues, nursing care plans and therapeutic communication, are all potential ethical topics that could be used to develop students' ethical awareness. An educator (Ray) who teaches the third-year nursing students voiced the view that, "it needs to be woven throughout the whole nursing programme." One nursing educator (Adele) who teaches the first-year nursing students also mentioned the importance of linking other relevant nursing guidelines to ethics:

I try to have students think about the law and guidelines, and link these to the code of ethics. Privacy and confidentiality are good examples, because not only is privacy covered in the ethical principles, but it is also covered in the Privacy Act, and Health Information Privacy Code, and the Code of Rights. There is whole range of guidelines and codes we need to uphold. They are all linked together with these ethical principles. (Adele)

Nursing educators described that ethics is included in everyday practice and ethical judgements have to be made by nurses all the time, perhaps unknowingly; so students need to know that they are already ethical agents.

4.   Challenges in using a principled approach to teaching ethics

All participants have noted that the Code of Ethics is not sufficient for teaching nursing ethics, although it provides principles for nurses to guide their practice. It was a recurring theme across all interviews and reflected limitations of using a principled approach to teaching ethics. Nursing educators in this study gave a variety of views on using a principled approach to teaching nursing ethics.

"It is not straight forward"

Some participants felt that students want to have a clear-cut answer while nursing educators try to convince students to use the Code to guide their practice. One nursing educator (Adele) noted, "It will be good to highlight the differences between ethical principles and ethical issues" because ethical principles always mean different things in different situations. Another nursing educator (Frances) also described the challenges of teaching ethical principles in terms of their ambiguity:

It is not straight forward. It is the understanding of what means by ethical principles. For example, if you look at the principle of 'doing no harm', it says you will not do the future harm. So it means, doing no harm and any future harm. It is quite challenging in terms of what is the intention versus what is the outcome. You may not intend to do any harm or you may think

you make some good ethical decisions, but you cannot predict the future. (Frances)

Similarly, one participant (Molly) also noted that:

… As a professional nurse, you are caring for a variety of patients who have a variety of values and lifestyle choices that might be not the same as yours… the Code of Ethics is only a guideline and does not give you a clear-cut answer. You have to do your best to make it fit for each person. (Molly)

The majority of participants in this study agreed that principle-based ethics need to be used with caution, as the universality of ethical principles is problematic. An educator (Cathy) argued:

… The code of Ethics is very broad. It does not offer specific information. It requires your understanding of your practice to make sense of these principles… (Cathy)

Nursing educators have all noted that the principles of nursing ethics consist of values and beliefs that may differ from students' own cultural norms. Tensions will arise if nursing educators do not support our students to understand these dynamics.

Challenges in integrating cultural safety issues into the Code of Ethics

From all nursing educators, cultural safety issues form an important component of nursing ethics and need to be addressed in ethics education.

Nursing educators thought that it is difficult to fit cultural safety issues into the code of ethics - one participant (Daisy) expressed, "nurses, actually, act in certain way depending on the cultural context." A nursing educator (Adele) noted that:

… We have issues of euthanasia and termination of pregnancy, which people have quite strong views about it and often based on personal belief systems and culture background… It is hard to apply these foundation principles to some situations, because one person's belief may not be another person's belief. (Daisy)

A Maori nursing educator (Amy) gave an example of the principle of confidentiality from a Maori perspective:

> Everyone has their own code of ethics, and every culture has their own code of ethics, cultural norms, values and beliefs, so for us, we may feel that we breach the confidentially by discussing patient's information with family members, but for some patients we are caring for, this is what they would like us to do; this is also part of their own personal informed consent process. If we discuss their situation with their family members or the chief of tribe, that is fine as this is what they feel comfortable with. (Amy)

A nursing educator (Cathy) also noted that all kinds of cultural factors affect people's understanding of ethical issues and therefore, culturally safe nursing practice must be promoted and included in ethics education.

5. The world is changing, as do nursing ethics

All participants shared concerns regarding the changes in ethical issues in terms of technology advances and socioeconomic influences. Nursing educators considered that the difficulty in teaching ethics lies in the changing world.

A senior nursing educator (Cathy) commented that the ever-changing healthcare environment including the economically driven healthcare system has a focus on efficiency and "particularly the change of cultural and social parameters, these affect nursing students' understanding as well as teachers' own understanding of ethics."

Using an example of homosexual practice, a participant (Adele) described that:

> Some students think homosexual practice is not an issue as it is legal in New Zealand, so what was considered as a challenging ethical issue previously might not be an issue anymore. In similar vein, countries that still outlaw homosexuality continue to have these issues. (Adele)

Participants described the changes in New Zealand society towards a multicultural society. One educator suggested:

The cultural factors impact our teaching to some certain degree. When you think about ethics from cultural perspectives… adding cultural safety to the Code might be appropriate as society is changing and nursing is changing. (Amy)

One senior nursing educator (Daisy) went further to describe the concerns regarding the nurses' continuing ethics education.

I do wonder whether or not registered nurses need to regularly update their clinical practice as to how to maintain ethical competences. I know there is a voluntary course nurses can do, but I wonder if it should be a mandatory course, just as CPR (training). (Daisy)

6. Bridging the divide between theory and practice through reflection

There is a consensus in this study that nursing educators offered more narrative approaches to help students understand the contextual features and attributes of situations they will meet. This was pointed by a nursing educator (Adele) here:

… We teach ethics in a very much academic way to those who do not have clinical experiences in semester one. Therefore, we revisit the topic in semester five after they have had a couple of years learning, growing, maturing and some clinical experiences, to be able to get them to reflect on those clinical experiences from an ethical perspective… (Adele)

All participants perceived that reflection on action is a key in learning ethics; more than one participant underscored the value of self-reflection as a transformational process, either using reflective writing, or group discussion:

I ask students to reflect on clinical situations that may have ethical components, looking at and highlighting ethical principles with these clinical cases. … So, when they are confronted with something that doesn't align with their personal philosophy, they will not be afraid of the ethical dilemmas. (Adele)

I use culture as a vehicle to introduce the topic of ethics. I give them examples, such as the free flu vaccine, to discuss ethical issues that might be involved. (Amy)

A senior educator (Frances) strongly advocated for the importance of critical self-awareness and reflective process, and noted:

Students need to realise what they believe, feel and see alongside the professional ethics. For me it is quite complex. It is something you build on personal meanings as the programme goes through. Yes, you can teach the concept, and then you need to assist students to apply it, which involves the reflective process. (Frances)

Frances further explained the challenges in promoting a reflection process and the importance of supporting students in their learning process:

I think it is the complexity. Any subjects that ask students to engage at the level of self-awareness/self-reflection and ask the challenging questions can be confronting and difficult. Students need to feel that they are well supported in examining their own values and beliefs. (Frances)

One educator (Molly) in this study strongly advocated the importance of integrating the ethical theory into practice and commented that,

It has to be practical for our students. What I try to do is to teach theories and concepts, but unless they are given something concrete to hang into or to convert into, or they can relate to their own lives, they will not be able to remember it, or (it) will not have a big impact on their practice. (Molly)

Nursing educators in this study acknowledged the importance of integrating ethical concepts and ideas into the development of professional self and the importance of assisting students in applying ethical theories into practice. The comments from a participant (Frances) illustrated that:

It is important to introduce the concept (of ethics) in alignment with the development of professional self… It is something you build on as the programme goes through. It is staged and will not happen overnight. You

need to assist students to apply it, which involves the reflective process. (Frances)

7.   Confidence and positive encounters in teaching nursing ethics

- *Confidence in teaching*

Nursing educators in this study felt comfortable in teaching nursing ethics. All the research participants had completed post-graduate study in nursing. One participant described that:

> I read a lot about ethics and the applications of ethics to nursing. I have done post-graduate study around ethics application… I think being able to link ethical examples to my own practice makes it easier for me to articulate that back to students. (Cathy)

Some participants had worked on ethics committees in hospitals. Extensive nursing and teaching experience contributed to their ethical knowledge and confidence in teaching. One participant described:

> Once upon a time, I struggled to find right or wrong answers (for ethical issues). When I first started my teaching, I used to have all definitions of what non-maleficent was and what justice was. Now I do not have definitions in my head, but students need to find out these definitions. I guess it is the moving on in my ability to teach. Now I realise that I do not need all the answers. My role is to facilitate students' learning. (Daisy)

All participants agreed that ethics education in nursing programmes needs to be taught by nurses who have extensive practical experience, rather than by ethics experts who may teach ethical principles, but not from a nursing perspective. A nursing educator stated that:

> I think we are experts in nursing ethics. I think it is important that nurses teach nursing ethics, because if we ask an ethical expert to come in, they can only teach students from their perspective. They can teach principles, but may not have a nursing perspective on it. (Molly)

A nursing educator who has been working as a nurse for 20 years and recently joined the teaching team shared:

> I am still relatively new to the academic world. What I have done and what I have taught is based on the Code of Ethics from New Zealand Nursing Organisation (NZNO). But I think we are more than able to teach from a nursing perspective – our perspective. (Molly)

- *Positive outcomes of teaching nursing ethics*

When asked about the positive outcomes they have encountered in their teaching experiences, nursing educators acknowledged that ethics education is useful for nursing students to promote a good understanding of ethical dilemmas. One of the participants reported:

> I really liked when students have light bulb moments. Examples would be their assignments. Students brought some ethical issues from their practice. What I like is that students noticed ethical issues, things like calling patients by their diseases process rather than by names, or what happened in the handover. Patients were presented in a very negative manner. You do not know this patient, what is your perception about this patient? There has been some very good discussion about how these things influence your practice… These are things I like when students are at the position to talk about it (Cathy)

Another senior nursing educator acknowledged the importance of teaching the process of managing ethical issues (see Appendix E) and noted:

> The most positive thing is to see that students know where to go when they are feeling unethical things are happening. (Frances)

For all nursing educators, it is exciting to see that students have good robust discussions in the class and during clinical debriefings. Participants stated that students have the courage to raise important issues, such as end-of-life care and to treat or not treat patient, to take or not take medication, only in a safe and respectful environment.

8.   Conclusion

This chapter explored the challenges of teaching ethics from a nursing educators' perspective, in particular looking at nursing educators' concerns about ethics education in nursing and their experiences of teaching the Code of Ethics. As has already been noted, seven themes emerged from the inductive data analysis process. Firstly, the importance of promoting students' ethical awareness and teaching the codes of ethics in the nursing programme received mutual agreement among all nursing educators in this study. Secondly, the participants strongly agreed that "ethics is a contextual topic" endorsing thirdly that ethics is a broad and integrated topic. Fourthly, challenges in a principled approach to teaching nursing ethics were described in relation to the universality and ambiguity of ethical principles, and in terms of a lack of cultural safety principles in the Code of Ethics. Fifthly, that "the world is changing, as do nursing ethics" was a stance acknowledged by all participants highlighting the difficulties in teaching ethics in a changing nursing context. Sixthly, bridging the divide between theory and practice through reflection was perceived as an important way of teaching ethics by nursing educators, whereby educators encourage and support students to examine their own values and beliefs. Lastly, confidence in teaching and positive encounters in teaching have been discussed by nursing educators demonstrating the importance of teaching nursing ethics by nurses themselves to nursing students.

For nursing educators, it is important to teach ethics in a nursing programme as ethical knowledge helps students understand the nursing profession and increase their confidence when interacting with patients. Because ethics is a contextual topic, it brings challenges to nursing educators when teaching ethical principles to students who have no clinical experiences and therefore have difficulties in relating ethical principles to clinical situations. The complexity of ethical topics means that nursing educators need to integrate ethics in all other nursing topics and weave it into the whole nursing programme.

Nursing educators recognised that the principled approach to teaching nursing ethics remains a challenge and cultural safety needs to be integrated into any

discussions about ethical principles. Participants also perceived that nursing ethics is changing as the surrounding world changes, which makes updating ethical knowledge vital. All participants endorsed their confidence in teaching nursing ethics highlighting the importance of teaching ethics from a nursing perspective.

The following chapter discusses these findings and their implications for teaching nursing ethics. It also compares and contrasts the findings in relation to the literature regarding ethics education in nursing with a view to looking at where the findings from this research sit in conjunction with the literature and what new nursing knowledge, if any, it provides.

Chapter Five

Discussion

1.   Introduction

This study was devised to explore nursing educators' experiences in teaching nursing ethics looking at the challenges and difficulties nursing educators have encountered when teaching ethics in a nursing programme. The rationale behind it was that in order to examine the factors hindering effective teaching, educators' perspectives on ethics education need to be better understood.

Five elements or variables can be identified as being inextricably linked when analysing data from the interview process: (1) the teaching content (the Code of Ethics); (2) the context of learning; (3) the learners (nursing students); (4) the teacher (nursing educators); and (5) the ideals (teachers' values and beliefs). It is important to understand that these elements interact with each other in different ways and by different degrees. To take one example, role perception was a significant variable for those interviewed with some educators describing their roles more as facilitators of student experiences while others insisted on drawing heavily on their own life experiences to help their students understand information delivered in class. Such different approaches in teaching reflect different teaching perspectives and underlying teaching ideologies (Pratt and Associates, 2005).

In order to capture the complexity of the variables operating, a general model of teaching proposed by Pratt and Associates (2005) has been adopted which identifies that there are at least five basic elements – teachers, learners, content, context, and ideals – that interact simultaneously with three primary relationships; learners and content, learners and teachers, teachers and content. Each of these elements and relationships have been, in turn, influenced by sub-layers of historical, social, cultural, economic and political factors that will have provided the context in which both these participants and their students will have formed their ideas, beliefs and ideals. A detailed analysis of each major

theme concerning the challenges of ethics education will be provided in the following sections.
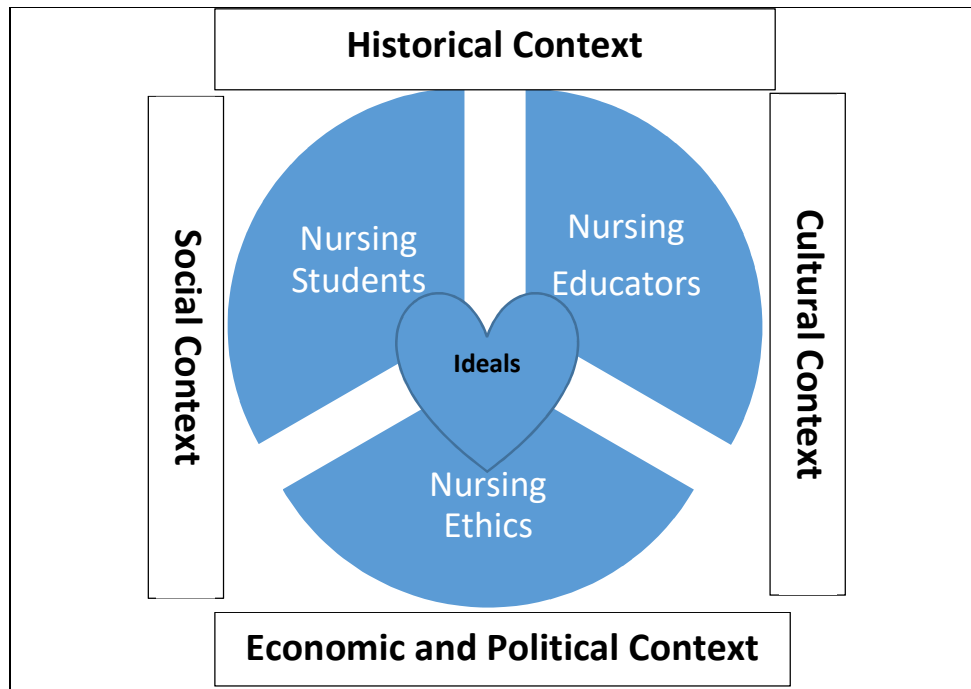

Figure: Adaptation of Pratt & Associates' model of teaching (2005, p.4) illustrating the influences on teaching

2. Content: Challenges in teaching codes of ethics

The teaching content arises from the commitment that educators make to the discipline or content area they teach (Pratt & Associates, 2005). Nursing educators in this study felt passionately about ethics as a topic. It was apparent that they had strong feelings about the subject matter and a strong sense of responsibility towards students' achievement.

- *Justifications for teaching ethics in nursing programme*

All participants felt a strong commitment to teaching nursing ethics and the importance of ethical awareness in nursing practice and the importance of using the Code of Ethics as a guideline in nursing practice. It highlights the close relationship between ethics and the nursing profession. An educator in this study explained,

As students become educated nursing professionals, it is essential (to teach ethics) in terms of the professional requirement of understanding what professional ethical nursing is. Understanding ethics is essential. (Frances)

Professional codes of ethics can be defined as a set of rules that set out "a conventionalised set of moral rules and /or expectations devised for the purposes of guiding ethical professional conduct" (Johnstone, 2016, p. 20). Nursing codes provide a reminder of professional responsibilities that nurses must uphold when caring for people who are vulnerable because of their dependence upon health professionals and their lack of professional knowledge regarding their illnesses or injuries (Benjamin & Curtis, 2010; Liaschenko & Peter, 2004). The International Council of Nurses made a clear declaration emphasizing that the fundamental responsibilities of nurses are "to promote health, to prevent illness, to restore health and to alleviate suffering" (ICN, 2012, p.1). The Code of Ethics formulates ideal nursing conduct in order to assure the public that nurses uphold the ethical, legal and professional standards of nursing in their practice (Johnstone, 2016; Westrick, 2016).

All nursing educators in this study upheld a generalised view of the fundamental function of the Code as a guide in nursing practice. An educator explained that,

If nurses do not have ethical awareness, this will impact on the nursing practice they provide. It is important that students understand the role that ethics plays in their role as nurses. What is right and wrong can be very different to their own personal values. (Amy)

This aligned positively with the previous findings in the literature that the codes endorse professional status and function as a form of disciplinary conduct (Benjamin & Curtis, 2010; Butts & Rich, 2008; Hoeve, Jansen, & Roodbol, 2014). Professional ethics, as a guide based on social and public expectation, address the obligations a professional nurse has in serving clients (Liaschenko & Peter, 2004). Once nursing students become members of the nursing profession, they must take into account some restrictions and guidelines in making ethical decisions. Nurses need to be aware that a failure to uphold ethical principles set

by the profession will damage the reputation of nursing in general (Westrick, 2016).

Nursing ethics are values and commitments that nurses uphold in caring for vulnerable clients. All nursing educators considered it essential to teach students the Code of Ethics right from the beginning of the programme. Nursing students need to know what professional ethical nursing means when interacting with clients because the values of nursing professions affect their understanding of who they are and how they fit into the nursing community. Upon entering a nursing programme, students' values are constructed and shaped by their theoretical and practical understanding of the nursing profession (Gibbons & Jeschke, 2016). Given that students are socialised into the nursing profession initially by teaching them codes and guidelines in the classroom, Grady et al. (2008) and other researchers (Gibbons & Jeschke, 2016; Krawczyk, 1997; Numminen et al., 2009a; Park, Kjervik, Crandell & Oermann, 2012) argued that ethics education is a compass playing an important role in guiding the professional nurses' character development along with their professional competencies.

Importantly, however, what the present study has shown is that although the Code of Ethics is *necessary* to a nursing programme, it is altogether *not sufficient* for teaching nursing ethics; that although it provides *principles* for nurses to guide their practice, from a social constructionist perspective, a universalistic perspective cannot be justified in our contextually variable world.

- *A principled approach to teaching ethics*

Within this research, participants acknowledged that principle-based ethics need to be used with caution, as the universality and idealism of ethical principles is problematic. In this respect, research conducted by Heikkinen et al. (2006) found codes to be a source of difficulty in nursing practice for just this reason. Similarly, Pattison (2001) argues that codes of ethics posit a view that an ideal type nurse is one who can freely exercise choice in the light of universal ethical principles such as autonomy, beneficence and non-maleficence.

The findings from this study suggest that nursing educators considered the codes to be ambiguous, as was exemplified in the comment about the difficulties in applying these principles to practice; that "it's not straight forward". A senior nursing educator gave an example:

> … If you look at the principle of 'doing no harm', it says you will not do the future harm. So it means, doing no harm and any future harm. It is quite challenging in terms of what is the intention versus what is the outcome. You may not intend to do any harm or you may think you make some good ethical decisions, but you cannot predict the future. (Frances)

This finding is congruent with literature findings; that ethical codes are unable to provide clear rules that are free of ambiguity. This is because moral reasoning is embedded in individuals' values and beliefs rather than purely in rules and guidelines (Beauchamp & Childress, 2009; Butts & Rich, 2008).

The potential ambiguity about the codes is also documented as a problem within the literature (Pattison, 2001) which states that the codes are less than helpful in guiding nursing practice. Ethical dilemmas arise on a daily basis and nurses frequently face ethical issues – such as suspected neglect or recognition of an unsafe practice environment in clinical practice – which leads to moral distress (Park, 2009; Sinclair, Papps, & Marshall, 2016). The professional codes "fail to be specific on what practitioners ought to do or what approaches they may adopt, in even the most common situations" (Pattison, 2001, p. 10).

The professional codes are abstract general principles, and according to some commentators, cannot provide a sufficiently critical interpretative apparatus (Heikkinen et al., 2006; Parsons et al., 2001; Pattison, 2001). To avoid the shortcomings of professional codes of ethics, Parsons et al. (2001) and other researchers (Corley, 2002; Benner et al., 2009) argue that nurse educators must pay attention to everyday ethical comportment and recognise the importance of fostering students' analytical skills in developing their capacity as moral agents.

Doane (2002) goes on to suggest that ethical education must take into consideration the complex and shifting terrain of nursing contexts rather than focus on the 'cultural-free' principles and the search for moral truth through

codes of ethics. Owing to the complexity of nursing contexts in which nurses practice, nursing educators within this research considered that codes of ethics alone are inadequate to guide ethical decision-making. This leads to the next section – challenges of teaching ethics in a changing world.

3.   Contexts: Challenges in teaching ethics in a changing context of nursing

There are many kinds of contexts when discussing ethics education. This is acknowledged by Heikkinen et al. (2006) who argue that underlying values expressed through a code must be seen against an historical, cultural and social context. In the general model of teaching proposed by Pratt and Associates (2005), 'context' refers additionally to the overall environment where meaningful learning happens. In this research, participants not only mentioned the importance of a safe environment where students feel comfortable about ethics topics, but also expressed a consensus about the challenges regarding the changing context of nursing and its ethics.

- *The world is changing, as do nursing ethics*

From an historical point of view, 'the Nightingale Pledge' was an attempt to establish the ethics and principles of the nursing profession (Numminen et al., 2010). The first International Code of Ethics for Nurses was established in 1953. Over time, the codes have formed an important and fundamental part of nursing education where students are equipped with ethical competence and develop their professional nursing identity (Heikkinen et al., 2006; Numminen et al., 2010).

Although it has been recognised that codes constitute an important hallmark of the nursing profession and a fundamental component in nursing education, (Benjamin & Curtis, 2010; Johnstone, 2016; Liaschenko & Peter, 2004), nursing educators in this study found that it is a significant challenge to teach ethics in such a changing world. All participants shared concerns regarding the changes in ethical issues in terms of technology advances and socioeconomic influences.

Nursing educators considered that the difficulty in teaching ethics lies in the changing world. An example was given by a participant:

> Some students think homosexual practice is not an issue as it is legal in New Zealand, so what was considered as a challenging ethical issue previously might not be an issue anymore… (Adele)

As was noted by a senior nursing educator (Cathy), the ever-changing healthcare environment, along with the change of cultural and social values and beliefs, may affect nursing students' understanding as well as teachers' own understanding of ethics. This finding can be related to new ethical issues which emerge in a changing social and cultural context, such as the advanced medical technologies, widespread use of social media and the emergence of multicultural societies (Epstein & Turner, 2015; Harding, 2013; Heikkinen et al., 2006; Numminen et al., 2010).

Over recent decades, the healthcare contexts have dramatically changed and consequently, more responsibilities and roles are placed on nurses. As a result, nurses have found that they are pulled away from the patients' needs and are driven by expectations of high productivity from authority figures (Gibbons & Jeschke, 2016). Historically, nursing is understood as a vocation, but in modern society, nursing has essentially been understood as a profession with its own ethical principles (Wilkinson, 1997). These changes reflect the changing sociocultural contexts and related ethical problems that nursing generates over time (Wilkinson, 1997). With the context of an economically driven healthcare system, productivity and effectiveness have become the focused values at the cost of excellence of nursing care (Sellman, 2011). Within the context of advanced healthcare technologies, nurses focus more on the operation of advanced medical equipment and technique rather than the degree of quality time spent with clients (Gibbons & Jeschke, 2016).

All participants in this study shared concerns regarding the changes in ethical issues in terms of cultural influences, exemplified by a nursing educator (Amy) who considered New Zealand to be moving towards a more bicultural and multicultural society. As a response to this trend, she suggested adding a cultural

safety principle to the Code to address various cultural values and beliefs of healthcare consumers. The diversity of student groups in tertiary education has also been addressed in literature arguing that higher education policies in Aotearoa/New Zealand have an emphasis on minority groups, such as Māori and Pasifika, in order to widen students' participation and promote a global market of education (Leach, 2011). Within the health literature, the aspect of culturally safe practice has been widely addressed emphasizing that cultural awareness, cultural sensitivity and cultural competence are keys to ensure culturally safe care and should be taught in nursing education (Arieli, Friedman & Hirschfeld, 2012; Oda & Rameka, 2012).

According to Harding (2013), the globalisation of nursing education has led to Western values being embedded into nursing curricula. The Western philosophical tradition is centred on the notion of individuals who have free choice of action, and this modern Western moral philosophy has formed the basis for ethical principles for nursing education and is the only philosophy taught in nursing school in the Western world (Hawley, 2007; Johnstone, 2016). Participants in this study considered one of the major challenges to be the Westernised values embedded in ethical principles. A Māori educator gave an example of difficulties in teaching confidentiality to the detriment of alternative views arguing that most Māori nurses do not share the same values of individualism in Pākehā society because Māori people "think collectively".

> … Every culture has their own code of ethics, cultural norms, values and beliefs, so for us, we may feel that we breach the confidentially by discussing patient's information with family members, but for some patients we are caring for, this is what they would like us to do; this is also part of their own personal informed consent process, if we discuss their situation with their family members or the chief of tribe, that is fine as this is what they feel comfortable with. (Amy)

The cultural context in which ethics is constructed has been acknowledged as important by Harding (2013), who argues that the ideology of individualism emphasizes the individual is the fundamental unit in most Western countries, such as New Zealand and England, while the collectivist culture has been widely

consulted in other countries, such as China and Japan. As a result, the values of minority groups in New Zealand, such as Māori and Pasifika, are often overlooked. Similarly, Davis (1999) contends that the value of informed consent and advance directives are examples of the culturally constructed value of individualism in American society. Likewise, because the dominant international language in most professional and academic interactions is English, the values of both English and American have greatly influenced worldwide nursing education.

Nursing educators must be aware that culturally constructed ethical values are not universal values, but are hegemonic cultural norms reflecting a worldview of the European coloniser (Harding, 2013). Ethics are historically, socially and culturally constructed (Johnstone, 2016). In response to a rapidly growing bicultural and multicultural society in New Zealand, a critical examination of assumptions underpinning the ethical principles of any code will help nursing educators to understand the needs of culturally diverse students and to extend cultural safety into nursing education (Harding, 2013; Woods, 2010).

Willetts and Clarke (2014) observe that nursing educators face the challenge of moving from an apprenticeship model of teaching to constructing a more professional identity with a focus on higher education. An on-going professional education must be provided in order to help nurses to develop their professional and ethical identity. One senior nursing educator (Daisy) went further to describe the concerns on nurses' professional continuing education:

> I do wonder whether or not registered nurses need to regularly update their clinical practice…to maintain ethical competences. I know there is a voluntary course nurses can do, but I wonder if it should be a mandatory course, just as CPR (training). (Daisy)

This finding aligns positively with literature that advocates continuing professional development (CPD) as a way of promoting a more responsive nursing workforce and ensuring the quality of nursing care provided to the public (Katsikitis et al., 2013). An ongoing professional development has also been promoted by Benner, Sutphen, Leonard and Day (2010), who advocate for the formation of ethical

nursing identity through situated learning at workplaces as well as integrating classroom teaching into clinical practice.

4.   Learners: Challenges in teaching ethics to novice nursing students

In the general model of teaching proposed by Pratt and Associates (2005), the learners – nursing students in this case – are the central commitment for teachers. The ultimate goal of teaching is to equip students with sound knowledge and skills to become competent nursing practitioners. This has been recognised in the literature (Benner et al., 2009; Orland-Barak & Wilhelem, 2005) and has likewise been confirmed within this study.

Nursing educators considered it a challenge to teach ethics to nursing students with no clinical experience who therefore struggle to link ethical principles to actual clinical situations. This point has been supported by Benner et al. (2009) who argue that nursing students are at the novice stage of skill acquisition and their rationales for nursing action are narrow and rule-governed. Given the situation that most nursing students will have had no or limited clinical experience, there is a consensus that nursing educators need to offer more narrative approaches to help students understand the contextual features and attributes of situations they will meet.

This point was exemplified by a nursing educator here (Adele):

> Some difficulties are about experiences and maturity (of the students). We teach ethics in a very much academic way to those who don't have clinical experiences in semester one. Therefore, we revisit the topic in semester five after they have had a couple of years learning, growing, maturing and some clinical experiences, to be able to get them to reflect on those clinical experiences from an ethical perspective. So I think in this way we are doing well. (Adele)

Adele, along with other educators in this study, stated that nursing educators teach ethics in an academic way to nursing students who do not have clinical

experiences, and therefore, on-going ethics conversations must be sustained as students develop more clinical experience and make progress towards becoming competent nurses.

The complexity of teaching to groups of students with diverse cultural and social experiences is a challenge for nursing educators as commented in this study. Difficulty also lies in teaching across a range of ages where students vary in their maturity and display a variety of life experiences. All of these factors affect their understanding of clinical ethical issues. It is important for nursing educators to realise that no two students have the same socio-cultural experience, and therefore a one-size-fits-all approach to teaching nursing ethics is entirely inappropriate (Oermann, 2015). Nursing educators must accept this challenge by understanding the multiple factors influencing students' learning and exploring innovative ways of teaching to meet the range of students' needs (Oermann, 2015).

From a social constructionist approach, learning is a contextualised process in which knowledge is constructed based on the integration of social environment and personal experience (Oermann, 2015). The environment of classroom learning has the disadvantage of being unable to provide a setting that easily addresses the socially constructed nature of the nursing profession in the context of practice. This lack of integration between abstract ethical concepts and the complex practice context compounded by the lack of practical experience constitutes a major challenge in teaching ethics to nursing students. One educator in this study strongly advocated the importance of integrating ethical theory into practice and commented that,

> It has to be practical for our students. What I try to do is to teach theories and concepts, but unless they are given something concrete to hang into or to convert into, or they can relate to their own lives, they will not be able to remember it, or (it) will not have a big impact on their practice. (Molly)

This finding aligns positively with literature that argues professional identity and behaviours begin with classroom learning where students learn academic and

abstract theory (Benner et al., 2010), but that the role of nursing educators is to help students to understand isolated concepts and their alignment with the professional practice world (Benner et al., 2010; Sullivan & Benner, 2005).

Nursing educators in this study suggested that using story-telling and adding some context to the ethical principles makes it easier for students to understand ethical issues. This is also acknowledged by Sullivan and Benner (2005) who argue that ethical nursing identity is initially fostered in the academic setting in that the classroom often represents the professional world for students. The educator must offer good descriptions of features and attributes of ethical issues and support the ethical development of students by deliberately creating learning environments that reflect professional nursing practice (Benner et al., 2009).

5.   Ideals: Nursing educators' commitments to teaching ethics

According to Pratt and Associates (2005), teachers' commitments to teaching are largely based on their ideals and beliefs rather than on the content, learners, or contexts. Teaching ought to be governed by a commitment to social equity, or the need to redress power or value imbalances within society (Leach, 2011; Pratt & Associates, 2005). One participant in this study stated that:

> What I like is that students noticed ethical issues, things like calling patients by their diseases rather than by names, or what happened in the handover. Patients were presented in a very negative manner. You do not know this patient; what is your perception about this patient? There has been some very good discussion about how these things influence your practice … These are things I like when students are at the position to talk about it. (Cathy)

This educator (Cathy) had a commitment to human rights and believed that patients are disadvantaged by their vulnerability within the healthcare sector and should be protected from dehumanisation and discrimination (Johnstone, 2016). Similarly, in discussing clinical scenarios used in teaching nursing ethics,

a nursing educator (Molly) also demonstrated her commitment to human rights like this:

> In teaching ethics, we use scenarios. For example, a patient has lots of pain and the doctor does not acknowledge that patient's pain. I ask students to reflect on this situation ... I also talk about the history of unethical practices in health. For example, the unfortunate experiment at National Women's Hospital in Auckland, and Green Lane hospital (where) ... dead patients' body parts (were kept) without consent from the family or the person. (Molly)

In the health field, justice as fairness and equity is highly valued and society's benefits and burdens must be shared equally across the whole society (Johnstone, 2016). In discussing topics within ethics courses, a Māori nursing educator (Amy) stated that equity and equality in health and healthcare delivery were common topics of ethics included in class discussion. This finding reflects how nursing educators work to achieve a fairer society through raising the political consciousness of their students (Pratt & Associates, 2005). Teaching is ideological and represents educators' political stance of their role and responsibilities held in teaching practice (Leach, 2011; Pratt & Associates, 2005).

This perspective is not without its challenges however. The constraints of the healthcare structure and how it is funded, in addition to variables such as the inability of the medical profession to recognize nurses' autonomy, goes beyond the ability of the nurse educators to achieve all they might hope to (Woods, 2005). As highlighted across the literature, economic constraints with a focus on productivity and effectiveness, and the increasing conflict between theory and practice is a significant gulf to bridge (Numminen et al., 2009a; Sellman, 2011). Although new drugs and technology might be available, the cost of providing both across the board are seen as prohibitive. In this regard, criteria as to who receives treatment and who does not must be instigated.

6. Teachers: Nursing educators' perspectives in teaching ethics

In discussing the role and responsibilities of the teacher, Pratt and Associates (2005) argue that teachers use a variety of methods to teach, such as group discussion, reflection and lecturing, and the choice of methods is based on their teaching perspectives and the underlying beliefs about knowledge (i.e. personal epistemology) and their understanding of learning. This study endorsed these findings in so far as nursing educators are not captured by a single pedagogical practice, although their adoption of a favoured approach was evident on a topic-by-topic basis.

- *A transmission perspective*

In a transmission perspective, teachers are concerned about adequately covering the content within certain time constraints (Pratt & Associates, 2005). Some nursing educators here did hold a transmission perspective in teaching ethics for some topics that tended to suit this type of approach. For example, one nursing educator (Cathy) commented:

> …We teach disease process lectures. When we are talking about that, we may also talk about how they (nurses) engage with family, what information they pass to the family or cannot pass to family… (Cathy)

Cathy further suggested that nursing educators need to look at the curriculum development and weave ethical issues throughout the whole nursing programme in order to explore an effective teaching approach to ethics education. Another educator (Adele) also mentioned that,

> I try to have students think about the law and guidelines, and link these to the code of ethics. Privacy and confidentiality are good examples, because not only is privacy covered in the ethical principles, but it is also covered in the Privacy Act, and Health Information Privacy Code, and the Code of Rights. There is whole range of guidelines and codes we need to uphold. They are all linked together with these ethical principles. (Adele)

Similarly, other participants (Molly and Daisy) in this study also stated that some nursing topics – such as dementia, the power of attorney, professional boundaries issues, nursing care plans and therapeutic communication – were all potential topics in ethics education. In saying this, they also noted how

challenging it was to integrate ethics topics into other parts of the nursing programme because of the different focuses of each nursing module. Nursing educators in this study enthusiastically support the integration of ethics topic with other parts of curriculum. In discussing teaching methods, everyone noted that various methods – such as lectures, group discussion, case studies and reflection were used in teaching ethics.

These findings are supported by literature (Görgülü & Dinç, 2007) that has found that nursing educators are trying to cover various ethical issues and a wide range of learning goals, such as personal ethics and professional ethics, and this causes uncertainty about what constitutes the essential curriculum for ethics education. Pratt and Associates (2005) note that teachers who hold a transmission perspective work enthusiastically on the integration of teaching material with other parts of curriculum and this may imply an underlying belief about the hierarchical nature of the knowledge. Although this type of teaching benefits the transmission of skill and knowledge, it can be challenging for teachers who attempt to teach everything they know about a subject. The hierarchical structure of educational institutions, with an emphasis on efficient content delivery, fosters this teaching perspective but also represents a unidimensional approach to the act of teaching and learning (Pratt & Associates, 2005). The insistence of predetermined learning objectives, deadlines for assignments, and annual course project planning exercises all privilege this type of transmission thinking, however (Pratt & Associates, 2005).

- *A developmental perspective*

Nursing educators in this study held a dominant developmental perspective in teaching ethics as exemplified by one participant:

> The most difficulty in teaching nursing ethics is to make it interesting and applicable to students straight away. If you introduce it cleverly, then they become interested and they can make sense of what you are saying. So it needs to be open with perhaps some examples from practice, or some examples from their daily life, so they can see that they are already ethical agents, then you can say this is an example of veracity and that was an

example of non-maleficence. They can see the ethics are actually all around them all the time; they feel less threatened by it but near to it. And then you can say the normal ethical behaviours you have in your daily life is true for nurse, but nurses have the Code of Ethics… (Ray)

This finding is aligned positively to the previous findings in the literature that consider nursing education a process of constructing students' ethical nursing identity through exploration of the daily activities of nurses and professional performance within a social working context (Willetts & Clarke, 2014). Approaches to teaching should therefore have an emphasis on a deep understanding through reasoning and critical thinking in contrast to a focus on reproduction (Doane, 2002; Pratt & Associates, 2005). This finding is also supported by Benner et al. (2010), who suggest that the transformation of professional ethical identity requires the integration of classroom teaching into clinical practice as well as the development of students' cognitive capacities and critical thinking skills in addressing the inescapable moral element of nursing practice.

- *The importance of self-reflection*

All participants in this study perceived that reflection is a key in learning ethics. A senior educator strongly advocated the importance of critical self-awareness and reflective process, and noted:

Students need to realise what they believe, feel and see alongside the professional ethics. For me it is quite complex. It is something you build on personal meanings as the programme goes through. Yes, you can teach the concept, and then you need to assist students to apply it, which involves the reflective process. (Frances)

Frances further explained the challenges in promoting a reflective process:

I think it is the complexity. Any subjects that ask students to engage at the level of self-awareness/self-reflection and ask the challenging questions can be confronting and difficult. Students need to feel that they are well supported in examining their own values and beliefs. (Frances)

This finding reveals that nursing educators considered teaching a process of using supportive strategies, scaffolding and moving nursing students towards a deep understanding of nursing ethics.   The concept of zone of proximal development (ZPD), proposed by Vygotsky, Cole, and John-Steiner (1978), is commonly used in the educational field implying educators must consider the learners' developmental level and provide support when learners face physical and mental challenges in their progressive learning process (Palincsar, 1998).

Similarly, another nursing educator in this study also emphasized the use of reflection in teaching ethics.

> I ask students to reflect on clinical situations that may have ethical components, looking at and highlighting ethical principles with these clinical cases. … So when they are confronted with something that doesn't align with their personal philosophy, they will not be afraid of the ethical dilemmas. (Adele)

Although it is desirable for students to act consistently with ideals, moral development is a dynamic process, and this acknowledges that students will live in a state of uncertainty when dealing with ethical conflict in their practice (Russell, 2014). This proposition is supported here, as exemplified by the comments from a participant:

> It is important to introduce the concept (of ethics) in alignment with the development of professional self… It is something you build on as the programme goes through. It is staged and will not happen overnight. You need to assist students to apply it, which involves the reflective process. (Frances)

Instead of concentrating on transmitting information from the teachers to the students, educators with a developmental perspective consider the importance of raising the learners' present level of understanding to the ideal level of professional ways of thinking. This is supported by Pratt and Associates (2005) who argue that real understanding only occurs when there is a qualitative change rather than a quantitative one – which means learning is about knowing *differently* rather than knowing *more*. The importance of self-reflection is also

supported by other researchers (Oermann, 2015; Vanlaere & Gastmans, 2007) who claim that a positive outcome of teaching is the transformation of the learner from a passive recipient of teachers' thoughts to an active constructor of meaning through reflective activities and critical thinking.

In discussing the positive outcomes of teaching ethics, a senior educator (Frances) suggested the use of a framework (see Appendix E) to assist students in managing ethical issues and explained: "The most positive thing is to see that students know where to go when they are feeling (that) unethical things are happening."

Frances, along with other educators in this study, suggested that it is important to provide a safe and comfortable environment for students to discuss and engage in critical refection on ethical issues, rather than to solve such issues for students. This finding is supported by Russell (2014), who argues that an open and trustful institutional environment, along with a sense of the classroom as a moral community, can promote critical self-refection by nursing students.

As novices, students tend to focus on their performance rather than on elaborating their rationale for moral action (Benner et al., 2009). With this in mind, nursing educators must articulate the value put on the development of students' self-reflection and critical thinking abilities in their journey toward becoming competent nurses (Doane, 2002; Russell, 2014; Sellman, 2011). Doane (2002) contends that nursing students face uncertainty and anxiety in dealing with ethical issues and the role of educators is to navigate students through this uncertainly and to create opportunities for students to understand the uncertainty as part of their moral action.

- *Confidence in teaching*

When asking about their confidence in teaching nursing ethics, all participants in this study expressed that they were confident in their teaching of ethics to their students. One participant put it this way:

> Once upon a time, I struggled to find right or wrong answers (for ethical issues). When I first started my teaching, I used to have all definitions of what non-maleficent was and what justice was. Now, I do not have

definitions in my head … I guess it is the moving on in my ability to teach. Now I realise that I do not need all the answers. My role is to facilitate students' learning. (Daisy)

Another nursing educator stated:

I think we are experts in nursing ethics. I think it is important that nurses teach nursing ethics, because if we ask an ethical expert to come in, they can only teach students from their perspective. They can teach principles, but may not have a nursing perspective on it. (Molly)

As opposed to this finding, Görgülü and Dinç (2007), in their study looking at ethics courses in Turkish nursing education programmes, found that most nursing educators were not confident in teaching ethics – indicating that many nursing educators lacked confidence in their own knowledge of ethics. Nursing educators in this study had extensive nursing and teaching experience and their confidence came from engaging in post-graduate study about ethics topics as well as work experience in the nursing and teaching field with some having sat on ethics' committees. As expert nurses, nursing educators in this study had a great deal practical knowledge and quite sophisticated skills in reasoning (Benner et al., 2009). Their theoretical and practical knowledge helped them facilitate students' learning.

Butts and Rich (2008) noted that ethical leadership involves strategic planning in directing and helping people to act in ethical ways. For this reason, it is important for an organisation to emphasize the role of ethical leaders in motivating others to perform ethically. In the light of their rich practical experiences and ethical knowledge, along with their values and beliefs in promoting the human rights and social fairness, the nursing educators in this study act as ethical leaders in supporting students' learning to ensure ethical practice.

7.   Conclusion

In this study, educators have shown a clear commitment to teaching nursing ethics for the purpose of promoting human rights and social fairness, although

they face a variety of challenges. In terms of the teaching content—nursing Ethics—nursing educators have expressed difficulties in using a principled approach to teaching ethics due to its ambiguity, universality and the perceived idealistic nature of its objectives.

The challenges in teaching ethics also lies in the changing context of nursing, as well as the changing context of ethics itself. In the context of bicultural and multicultural - New Zealand, Western philosophical ideas that focus on individualism, and that have become embedded in ethical principles, are a major challenge in teaching ethics to a culturally diverse student body and integrating culturally safety principles into nursing ethics. In the context of advanced medical technologies and an economically driven healthcare system, more ethical conflicts arise. The ever-changing healthcare environment inevitably increases the potential for conflict between theory and practice.

This research has also revealed the challenges in teaching ethics to nursing students who have no clinical experience. As nursing students are at the novice stage of skill acquisition, the lack of integration between abstract ethical theory and practical experience constitutes the major challenge for nursing educators in teaching ethics. Nursing educators need to support the ethical development of students by creating a learning environment that reflects a professional nursing practice and that uses a story-telling and more narrative approaches to teaching ethics.

Although it is desirable for students to act consistently with "ideal" ethical conduct, moral development is a complex, dynamic and on-going process. Understanding such complexity, nursing educators know the importance of using supportive strategies to scaffold and moving nursing students towards a deeper understanding of nursing ethics. This occurs more readily when a transmission type of teaching practice makes way for the integration of ethical issues within other parts of curriculum. In this respect, this research confirmed that most nursing educators held a dominant developmental perspective in teaching ethics.

Various challenges revealed in this research demonstrate that teaching is not a set of isolated actions and beliefs (Pratt & Associates, 2005). What we teach, who

we teach, how we teach and where, all have a central bearing in teaching nursing ethics.

Chapter Six

Reflection, Conclusion and Recommendations

This chapter is essentially a self-refection of the research process. It also provides recommendations for teaching practice and nursing research.

1.   Reflection

Since I started my teaching career three years ago, I have been frustrated by my lack of experience and skills in teaching nursing ethics. Reflecting on my own experiences of teaching, I believe that ethics education in nursing is so challenging because of the complex factors that may affect the teaching outcomes. I started my research journey with a desire to have an in-depth examination of the experiences that nursing educators may have encountered in teaching nursing ethics.

- *Literature review*

The literature revealed that nurses experienced moral conflicts frequently and they need to develop their ethical reasoning and judgement skills in order to provide ethically competent care to clients. A plethora of research paid attention to the needs of having ethics content in nursing programmes; however, how nursing ethics can be delivered remains a challenge.

A general awareness of challenges in teaching nursing ethics has been identified in the literature including the lack of confidence of nursing educators in teaching ethics; inadequately addressed ethics in nursing education; the ambiguity of a nursing code of ethics in guiding nursing practice; and hence, difficulties in using it in teaching.

Deeper investigation by way of a literature review supported my beliefs that teaching activities are complex and are influenced by the interconnected elements including the educator, the learner, the teaching content, the ideals

and the contexts in which teaching happens. I developed my research questions based on the literature review with the intention of having a more extensive exploration of nursing educators' challenges and experiences in teaching nursing. I hoped that this study would be beneficial in recommending an effective approach to ethics education.

- *Undertaking research*

As a novice in the research field, I have had limited experience conducting research. Many of the challenges in this study were related to the research design, such as selecting study participants, collecting data and analysing it subsequently. I understood that without a rigorous research design, the research findings would be less useful. Considerations of the credibility of the thesis motivated me to interrogate the theoretical framework used. To this end, the adoption of a constructionist approach as the theoretical framework helped me understand the complex and multiple social phenomena embedded in nursing education. To further achieve credibility, a rigorous ethical approach was adopted such as gaining all the necessary ethical approvals to conduct this research and the management of potential role conflicts.

One of the most challenging parts of undertaking this research has been the analysis of the data. To make sense of the data collected from individual interviews, I spent a lot of time listening to audio recordings and writing transcripts. I compared and contrasted key concepts and ideas from the data using a thematic analysis in order to identify patterns. To achieve transparency and credibility, the participants of this study were invited to review the written material to verify the accuracy of the recorded data.

As a nursing educator, I have a passion for teaching and want to support my students in developing their confidence to making ethical decisions. However, I have encountered many difficulties in teaching ethics, not the least of which is the conflict between the dominant Western values of ethical principles in New Zealand and people's own values and beliefs. The research findings supported my belief that there is no single factor that affects the nursing educators' experiences in teaching ethics. Various challenges in ethics education, including

the inadequacy of using the Code as one's teaching content, the diversity of the learners and the changing context of nursing and ethics itself, were revealed in this study.

Nursing educators in this study recognised that nursing ethics is changing as the surrounding world changes, which makes updating ethical knowledge vital. Yet all participants reported that they were confident in teaching nursing ethics highlighting the importance of teaching ethics from a nursing perspective.

2.   Conclusion

An exploratory descriptive methodology was adopted in this study to explore the experiences of nursing educators in teaching ethics. The findings of this study contribute to the pool of literature that has been written regarding nursing educators experiences in ethics education. The research findings reiterate the significance of promoting nursing students' ethical awareness and the importance of teaching ethics content in a nursing programme.

Nursing educators in this study expressed their overall confidence in teaching ethics while acknowledging some difficulties. The challenges in teaching ethics in the context of bicultural and multicultural New Zealand imply that there is insufficient emphasis on cultural safety in relation to the Code of Ethics. As has been illuminated from the study findings, Western philosophical ideas of individualism embedded in ethical principles are a major challenge in teaching ethics to a culturally diverse student body. Hence, ethics education in nursing needs the transition from its reliance on trying to provide a single set of universal ethical principles to the adoption of more culturally specific ethical views that genuinely address the interests and aspirations of marginalised cultural groups, such as Māori.

The study findings highlight the challenges of teaching ethics in the changing context of nursing, as well as the changing context of the field of ethics itself. Nursing ethics is situated in the real world made up of multi-layered social and cultural context. This implies that ethics education needs to be relevant to the realities of temporary and modern nursing practice. As has been exemplified in

much of the existing literature, nursing ethics education should be contextualized and grounded in nursing practice (Benner et al., 2010; Görgülü & Dinç, 2007; Woods, 2005).

This research has also revealed the challenges in teaching ethics to those novices in the nursing field. The need to use supportive strategies to scaffold and move nursing students towards a deeper understanding of nursing ethics is evident in this study. In this respect, a narrative approach with a variety of teaching methods—such as group discussion and reflective writing, highlighting the need for the integration between abstract ethical theory and practical experiences—may be worthy of consideration.

Various challenges revealed in this research demonstrate that effective teaching implies more than delivering abstract ethical theories. Multifaceted issues, including the teaching content, the learner, the context, the educator's ideals, all have a central bearing in effective teaching. Nursing educators in this study all had experience in studying ethics themselves. They had a great deal of working experience in the nursing and teaching field with some even having sat on ethics' committees. Their practical knowledge in nursing and sophisticated skills in ethical reasoning, along with their values and beliefs in promoting human rights and social fairness, helped them facilitate students' learning and strengthened their identity as effective teachers of ethics in a nursing programme.

3. Recommendations for nursing educators

Based on the findings from this study, effective teaching of nursing ethics should include considerations of the following:

i. Ethics education is best addressed through ethics' courses in the nursing programme. Content, including ethical principles and ethical theories, needs to be included in the nursing programme to promote ethical awareness of nursing students.

ii. Because ethics is a contextual topic, the lack of integration between ethical theory and actual practice is a challenge for nursing educators.

For this reason, nursing education must create a learning environment that better reflects professional nursing practice. A constructionist approach to teaching ethics with various methods from a developmental perspective is recommended.

iii. Moral development for students and teachers alike is a dynamic and on-going process. In recognition of this process, nursing educators must use scaffolding strategies to promote students' critical self-refection on ethical issues and provide a safe learning environment to move students towards a deeper understanding of nursing ethics.

iv. Challenges in teaching ethics lie in the changing social and cultural context of nursing. Continuing professional education associated with on-going workplace learning on ethics topics is suggested in helping students internalize ethical values. Nursing educators must recognise the multifaceted issues that influence students' understanding of ethical principles and integrate cultural safety principles into nursing ethics.

v. Nursing ethics need to be taught by nursing educators themselves from a nursing perspective. As expert nurses, nursing educators have both practical knowledge and sophisticated clinical reasoning skills. The incorporation of experiences of professional nursing practice and clinical judgement skills is essential to teaching nursing ethics in a nursing programme.

4. Recommendations for researchers

It is recommended:

i. Further comparative research could be conducted looking at nursing educators' experiences in teaching ethics at different tertiary education institutions. The rationale and research design from this study could be used to conduct a wider study of nursing educators'

experiences in order to make comparisons among different tertiary institutions in relation to ethics' education.

ii. A different methodology, such as a survey and focus groups, could be used to conduct a wider study looking at the nursing educators' experiences of teaching nursing ethics.

iii. These research findings can be utilised to examine the challenges of learning nursing ethics from the perspective of nursing students themselves.

iv. Further research could examine in more detail how the nursing curriculum is designed to integrate the ethics' content into a nursing programme to better meet the learning needs of nursing students.

v. An investigation of the effectiveness of initial education offered could be assessed versus the effectiveness of on-going professional ethical/moral development.

vi. This research collected data from those nursing educators who had both a practical background in ethical issues and some advanced studies. A wider study of nursing educators' teaching experiences including those of more novice teachers is recommended.

5. Limitations of the study

This research was conducted at only one tertiary education institution in New Zealand, which limits the generalisability of the research findings. As has been noted in the research methodology chapter, qualitative researchers picture an inner world and understand a social phenomenon within a particular historical, cultural and social context, rather than emphasizing the generalisability of the findings.

The limitations of the research are also related to the relatively small sample size, which means this study may only represent a proportion of nursing educators'

experiences and perceptions in teaching nursing ethics. Given this constraint, it would be fruitful to initiate a larger study to make comparisons among different nursing schools in relation to nursing educators' views about the teaching of nursing ethics.

I am also aware that there is a potential of bias because I am a nursing educator with an interest in the subject of ethics education. For this reason, the participants might have been prone to give me information they thought could be useful. Research could be undertaken by an external researcher using a quantitative framework.

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Appendices

1. Appendix A

Ethics Approval

2. Appendix B

Information Sheet for Participants

Dear Colleagues,

Some of you may already know me because I teach in Nursing Programme in this tertiary education institution. For those of you who do not, my name is Jenny Song. As well as being a teacher here, I am also studying towards a Master's degree in Education at the University of Waikato. For my thesis topic this year, I decided to undertake research to examine how teachers go about teaching nursing ethics to students. I recognise that the topic of "nursing ethics" is such complex one that I would like to canvass your experiences of teaching it in our programme. It is for this reason that I would like to invite you to participate in this research project.

Even though you may clearly understand the process of research activity, I still need to state the purpose of my research project and what activities will be involved in your participation before you decide about whether you want to participate. You are welcome to ask for more information if there is anything that is not clear.

Purpose of the project

The purpose of my research is to explore the experiences and challenges that we, as nursing tutors, may encounter in teaching nursing ethics according to the New Zealand Code of Ethics. By gathering your insights – based on your experiences in teaching and your feedback from our students – I hope that this project will provide a greater understanding of the task with which we are faced, and from my analysis, will help to ensure that nursing students are educationally better prepared to address ethical issues in their practice.

Eligibility for participation

All the nursing lecturers who have been involved in teaching nursing ethics at this tertiary education institution are eligible for participation.

If you decide to become involved in this project, you will be involved as follows:

- There will be an individual interview with myself at a time convenient to you. To protect your privacy, the interview will be held in a private meeting room.
- The interview is expected to last no longer than an hour (around 45 minutes).
- The interview will be audio recorded with your permission.
- Once the recorded data has been transcribed, you will be invited to review the written material to see if the recorded data is indeed accurate.

Privacy and Confidentiality

Your real name will not be recorded, as you will be allocated a pseudonym. You can also be assured that your participation will remain anonymous. In order to protect your privacy and identity, any reference to the study setting will be removed from any written work. While every effort will be made to ensure anonymity, this cannot be completely guaranteed, given that your colleagues are likely to know who each of us is. An electronic copy of the thesis/dissertation will become widely available, as the University of Waikato requires that a digital copy of Master's thesis be lodged permanently in the University's digital repository.

Voluntary participation

Your participation in this project is entirely voluntary. You are not obliged to participate. You can ask any questions related to this research before and during your participation. You have been approached as a nursing academic with a view that you might be interested in sharing your views and experience in teaching ethics education in nursing, but this does not mean you have to participate. If you do decide to become involved in the research, please know that you are also free to withdraw at any time up until the point when reviewed transcripts are returned.

Conflicts of interest

This study will involve interviews with my colleagues at my workplace. In this research project, my role is as a researcher rather than a colleague or a friend. I have no power to influence your behaviour. Accepting or declining to engage in this research will neither affect your relationships with me nor your colleagues.

Informed consent

If you are willing to take part in this study, you will need to complete the separate consent form. Once I receive the consent form, I will contact you so we can arrange an interview time that is convenient for you. If you decide you would rather not participate in this study, simply ignore this information sheet and no further contact will be made.

My contact details are:

Name: Jenny Song   Email: jenny.song@wintec.ac.nz

Phone: 0223980022

Researcher: Jenny Song

Supervisor: Professor Brian Findsen, Te Whiringa, Faculty of Education, the University of Waikato. Email: bfindsen@waikato.ac.nz

Thank you for considering this request.

3. Appendix C

Consent Form for Participants

This consent form establishes that you have been given an information sheet about research project on Teaching Ethics in Nursing Education. You have also discussed the research project with Jenny Song who is conducting this research as part of her Master's degree in education supervised by Professor Brian Findsen in the Faculty of Education at the University of Waikato.

I _____ (**print name**), give consent to my participation and understand that:

1) My participation in this research project is completely voluntary. I am free to refuse or withdraw at any time up until the point when reviewed transcripts are returned without affecting my relationships with my colleagues.
2) The activities involved and the time spent in my participation have been explained to me. I can ask any questions related to this research before and during this study.
3) The interview will be audio recorded. A pseudonym will be used to replace my real name in this study. All potentially identifying information will be removed from any written work in this research project for the purposes of confidentiality. While every effort will be made to ensure anonymity, this cannot be completely guaranteed, given that other colleagues are likely to know who each of us is.
4) Data gathered from the interview will be used for analysis by the researcher to write a Master's thesis and possibly for journal publications, oral presentations, and participation in conferences.
5) I will own the raw data from my interview contributions, while the researcher will own how the interview information is interpreted and subsequently written in a research document.

I know that if I have any enquiries about the research I can contact the researcher - Jenny Song (mobile: 0223980022; Email address: jenny.song@wintec.ac.nz), and Professor Brian Findsen (Supervisor, Faculty of Education, Waikato University, Email address: bfindsen@waikato.ac.nz)

I can be contact by:

Phone: Email:

Participant's Signature:

Date:

4. Appendix D

Interview Guide

The following questions are likely to be asked in the interview but may be amended according to emergent interview circumstances.

Nursing tutors' views on the importance of teaching nursing ethics

- What is your understanding of nursing ethics?
- If you teach nursing ethics, why do you consider it necessary?
- From your perspective, why do nursing students need a formal education in ethics?

Nursing tutors' perceptions and experiences in teaching ethics

- How comfortable do you feel to teach students about the varied ethical issues that will arise in their nursing practice (using the existing Nursing Code of Ethics)? If not, why not?
- Can you talk about your personal experiences that are related to teaching nursing ethics?
- How do you prepare to teach ethics? (Probing questions may include previous learning experiences related to ethics and materials used in teaching ethics)
- What knowledge, skills and support do you need to prepare for teaching?

Nursing tutors' views on the content of ethical teaching in a nursing education context

- What are the goals/objectives of ethics courses in nursing programs?
- What topics are included in your ethics courses?
- What resources do you use in teaching ethics?
- To what extent does the Code of Ethics influence your teaching of ethics, and how?
    - What are your personal views of using Code of Ethics as a resource in teaching nursing ethics?
    - What do you see as advantages or disadvantages of using the Code as a teaching resource?

Nursing tutors' experiences in pedagogical approaches to teaching ethics

- What might effective teaching mean to you in the context of your work?
- What teaching-learning strategies are used in ethics education and to what effect?
- What do you see as any philosophical, political and socio-economic factors that can impact on teaching ethics education?
- What are the difficulties you have encountered in teaching nursing ethics?
- What have been positive encounters in this teaching?

- Do you have any suggestions on teaching curricula with ethical content?
- Do you have any suggestions on teaching resources with ethical content?

Do you have any other comments about teaching ethics in nursing education?

5. Appendix E

A Process to Manage Challenging Professional/Ethical Issues

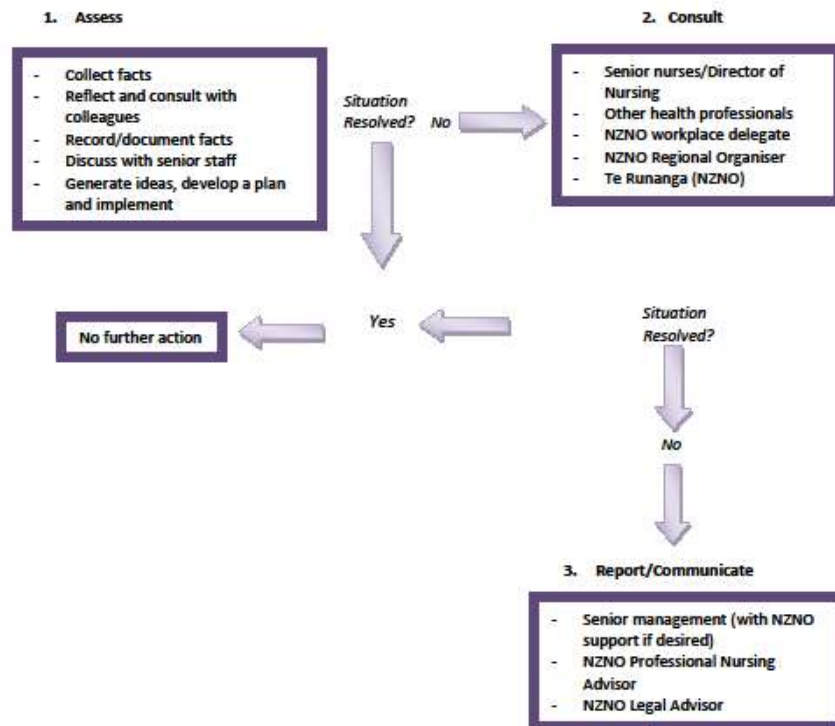### A Process to Manage Challenging Professional/Ethical Issues

Being prepared to address challenging ethical and professional issues with knowledge and identified procedures is the key to ensuring such issues are resolved in a timely and appropriate manner.

What is a Challenging Professional or Ethical Issue?

A challenging professional or ethical issue is encountered when a nurse has concerns about an action or situation and believes there is a need for resolution. The following strategies will assist nurses in preparing to manage challenging ethical and professional issues:

- Create opportunities for discussion and seminars on ethical issues in clinical practice.
- Discuss issues with management and encourage open and honest debate on ethical issues affecting nursing practice and standards of care.
- Familiarise yourself with legislation and institutional policies.
- Lobby to change situations which are potentially incompatible with ethical nursing practice.
- Seek legal advice.
- Hold membership of a professional organisation.

These steps may assist nurses to manage challenging situations:

1. Assess

- Collect facts
- Reflect and consult with colleagues
- Record/document facts
- Discuss with senior staff
- Generate ideas, develop a plan and implement

Situation Resolved? No →

2. Consult

- Senior nurses/Director of Nursing
- Other health professionals
- NZNO workplace delegate
- NZNO Regional Organiser
- Te Runanga (NZNO)

No further action ← Yes ←

Situation Resolved?

No

3. Report/Communicate

- Senior management (with NZNO support if desired)
- NZNO Professional Nursing Advisor
- NZNO Legal Advisor

(NZNO, 2010b)

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