CHAPTER 1

Nursing Ethics

A Lifelong Commitment

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ABSTRACT

Over the past 30 years, the health-care context as well as the roles and responsibilities of nurses have drastically changed. Leaders in nursing around the world recognize that the health-care system is stressed and the well-being of the nursing workforce plagued by the pressures and challenges it faces in everyday practice. We do not intend to make a strong normative argument for why nursing ethics education should be done in a certain way, but instead show from where we have come and to where we can go, so that educators are positioned to address some of the current shortcomings in ethics education. Our goal is to provide an illustration of ethics education as an interwoven, ongoing, and essential aspect of nursing education and professional development. By developing professional identity as character, we hope that professional nurses are given the skills to stand in the face of adversity and to act in a way that upholds the core competencies of nursing. Ultimately, health-care organizations will thrive because of the support they provide nurses and other health-care professionals.

INTRODUCTION

The evolution of ethics teaching in nursing education has gone from a period of little or no curricular emphasis to a resurgent effort aimed at producing a competent professional nurse. Although the professional nurse aims at achieving an overarching social good by fostering health and wellness, nursing has traditionally achieved this broader goal by forging bonds of loyalty with the particular patient being served (Allmark, 1995; Woods, 2005). Over the past 30 years, the health-care context as well as the roles and responsibilities of nurses have drastically changed. In many health-care settings, nurses have little patient contact since medical technicians and nursing aides perform many of the duties previously assigned to nurses. Examples of such health-care tasks include checking blood pressures, giving bed baths, and setting up meals. These responsibilities allowed the nurse to remain in constant contact with the patient. Now, hospital nurses spend a lot of their time administering medications and documenting patient clinical status as opposed to ministering to the patient's bedside needs. Advanced practice nurses who provide services like primary care, anesthesia care, and psychiatric counseling still maintain a high level of contact with their patient. For example, in the United States, many nurse practitioners perform simple office procedures, like suturing, and have the authority to write prescriptions to treat a variety of acute and chronic health conditions. This medicalization of nursing and the other changes described are slowly eroding the nurse's traditional caring role as patient advocate who metaphorically (and in many cases literally) holds the patient's hand by providing support and reassurance.

As hospital nurses take on more administrative and procedural functions while advance practice nurses take on more roles and responsibilities of the physicians, the professional nurse is challenged to balance competing demands while keeping the central focus on the patient. These are only a few examples of the types of changes in health care that have resulted in uncertainties for educators when deliberating what to teach and how to teach it, when it comes to health-care ethics. Nurses realize they are not alone and that all health professionals must work together to safeguard professional values and create environments where ethical practice is possible. The former concern is the focus of this chapter namely, how to create professional nurses who are able to negotiate, adapt, and provide excellent care to patients within the complexities of a dynamic and evolving health-care setting.

By "professional nurses," we mean those who are constantly striving to develop character through the ongoing practice and refinement of requisite skills attendant to the profession of nursing. By skills, we mean clinical skills as well as

ethical decision-making skills that provide the structure for a nurse to faithfully deliver patient care to the best of his or her ability. This occurs within the particular context in which the nurse operates, while utilizing available resources. The previous two definitions operate on the assumption that the provision of excellent patient care requires the professional nurse to balance many competing interests both inside a highly integrated health-care team and outside from various sectors of the broader health-care industry. Finally, these definitions allow us to subsume nursing policy and regulations under a more ancient Aristotelian account of ethics wherein excellence of character is typified by a disposition to act in the right way within a specific context. This disposition is not solely formed by sharpening analytic skills in order to deliberate which course of action is the most ethical. These skills are an aspect of developing an ethical disposition, but they fundamentally rely on the development and constant refinement of particular habits within the practice of nursing. These habits become the foundation of a fine-tuned ethical sensitivity that gives rise to a propensity to act in a certain way and allows the professional nurse to navigate and negotiate competing demands without losing the center of balance, which should always be focused on patient care.

This chapter is primarily descriptive and exploratory in nature. We do not intend to make a strong normative argument for why nursing ethics education should be done in a certain way, but instead show from where we have come and to where we could go so that educators can address some of the current shortcomings in ethics education. Our goal is to provide an illustration of ethics education as an interwoven, ongoing, and essential aspect of nursing education and professional development. To achieve our goals, we start by describing the current health-care context in which professional nurses operate as well as trends in nursing ethics education. Within this section, we identify elements of nursing ethics education that are meant to assist with ethical decision making and describe some of the ways in which this current model is insufficient in helping nurses remain focused on the patient. Thereafter, we discuss the importance of forming a nurse's character by developing a broad set of competencies that become the foundation of a professional nurse's identity. Shifting to a focus on character formation allows us to identify a broad set of skills without making a hard-and-fast distinction between practical skills and ethical decision making. Ultimately, we wish to promote character formation by integrating theory and practice in an effort to establish classroom ethics education as the first step in a lifelong, dynamic process that extends beyond formal education far into the nurse's professional career.

THE CURRENT SITUATION

Leaders in nursing around the world recognize that the health-care system is stressed and the well-being of the nursing workforce plagued by the pressures and challenges it faces in everyday practice. Professional nurses are compelled to provide excellent patient-centered care while being harried by an economically driven health-care system that values productivity and outcomes often defined in monetary terms (Sellman, 2011). One of the competing demands that can easily decenter the nurse is resource restriction imposed by insurance companies. Clearly, insurance companies authorize the payment of equipment, medicine, and treatment methods. In many instances, the nurse is not able to provide the patient with the most appropriate care due to restrictions for payment. Another challenge is the ever-increasing pace at which services are expected to be rendered to the patient. It is not the quality of time spent with each patient that counts in terms of productive output but the number of tasks that can be performed in a shorter period of time. These time restrictions devalue reflection and critical thinking, both essential aspects of professional nursing care that allow the nurse to bond with the patient. Within the context of a high-technology health-care system, the nurse's focus can inadvertently be shifted from the well-being of patients to the proper functioning of machines or computers. Finally, the nurse, as a member of a highly integrated, interdisciplinary health-care team, constantly faces being pulled away from the patient's needs when attempting to integrate the expectations of team members, authority figures, as well as family members. Even the patient's expectations can come into conflict with the nurse's ability to achieve such expectations due to limited resources or a clash in what is perceived to be the most beneficial mode of providing care.

National and international concerns about the quality of care provided by professional nurses have led to ensuring ethical standards are upheld by outlining core competencies for nurses. The guidelines of the World Health Organization (WHO) and the International Council of Nurses (ICN) for professional behavior are intended to help nurses—as well as other health-care providers—navigate everyday choices by providing them with a list of actions and skills that must be performed in order to uphold the standards of excellent nursing care. They also detail the rights of a professional nurse (International Council of Nurses, 2012; World Health Organization, 2015). While such professional codes specify what actions a professional nurse is ethically required to achieve or forbidden to do, they provide only a skeleton of ethical competency. Checklists of rules of conduct, responsibilities for the profession, and rights of the nurse provide a start for ethical professional nursing practice. However, they do not thoroughly explore how the professional nurse should develop the core competencies that

will enable him or her to remain centered on the patient in environments defined by constantly competing demands. Furthermore, these rules and regulations do not explore how the professional nurse becomes recentered on the patient's care once the nurse's professional balance is lost.

Graduating student nurses and practicing nurses report an inability to resolve ethical dilemmas faced in their practice, and, as a result, frequently endure moral distress which can, and often does, lead to burnout and attrition (Pauly, Varcoe, Storch, & Newton, 2009; Ulrich, Hamric, & Grady, 2010; Whitehead, Hebertson, Hamric, Epstein, & Fisher, 2015). Moral distress occurs when an individual's moral integrity is seriously compromised either because he or she feels unable to act in accordance with core values and obligations or because the attempted actions fail to achieve the desired result (Jameton, 1984). Besides an increase in moral distress among professional nurses, in recent years, there has been a decline in public trust toward the health professions in general (Crigger & Godfrey, 2014). In terms of nurses, this professional distrust may exist because nurses often look toward managers and other leaders within the organizational structure for guidance. They also tend to adhere to the majority view of their staff, often putting their own opinions aside and changing decisions based on input from other providers—issues that potentially interfere with providing competent care and with fostering an ethical work environment. Many believe that the professional nurse's tendency to be a rule follower may, in fact, be a breakdown in ethics when considering the broader health-care context in which patient care must be performed.

In the United States, the landmark 2010 *Future of Nursing Report: Leading Change, Advancing Health* by the Institute on Medicine was a disappointment to many nurse leaders because the report failed to address the everyday ethical issues confronted by nurses who work in diverse roles and settings as well as the challenge of a prevalent conformist attitude in nursing (Hylton-Rushton & Broome, 2015). The American Nurses Association (ANA) responded with a summit meeting composed of 50 nurse leaders who met to address nursing ethics for the 21st century. They developed a blueprint identifying initial steps in an effort to lay the groundwork upon which to begin developing a more robust understanding of the ways in which nurses can be created to not only balance competing demands but also revitalize and foster health-care settings that support ethical nursing practice (American Nurse Today, 2015). Their premise is that professional nurses need to be supported in a more comprehensive way in order for them to develop their core professional competencies that will enable them to do the right thing for the right reasons. Both can be combated with a more robust and comprehensive ethics curriculum.

As nursing educators and practitioners, we agree with the ANA's assessment and realize that creating a competent professional nurse requires a lot more than simply acquainting students and nurses with rules, regulations, and policies. It seems that more needs to be done in order to integrate ethics into all levels of the nursing curriculum from the moment a nursing student enters into the classroom until he or she decides to exit the profession. Simply providing information about what a professional nurse should or should not do does not assist in translating the rule into the nurse's ethical behavior while going about the business of day-to-day patient care in a context that challenges his or her ability to achieve excellence. While the formation of clinical skills is masterfully performed in nursing schools nationwide, incorporating ethics into the standard curriculum in such a way that students can translate their ethics knowledge into the practice setting still seems to stymie nurse educators (Hamric, 2001). Nursing competency occurs through not only the acquisition of clinical skills, but ethical ones as well. A professional nurse's ability to assess and diagnose a patient's problem is no less important than the ability to advocate for proper resources for a patient who has a terminal diagnosis. Next, we turn to the importance of character development as professional identity as a broader foundation for understanding ethical action within the practice of nursing.

DEVELOPING PROFESSIONAL CHARACTER

It has been said that professional nursing is an intrinsically moral practice because it is concerned with care of the most vulnerable and sometimes marginalized persons in our society (Gastmans, Schotsmans, & Dierckx de Casterle, 1998). Put differently, every aspect of professional nursing dwells in the realm of ethics. As such, professional competencies cannot easily be divided into ethical and clinical skills, since nursing is, in fact, always bound up in an "ethical way of being" as the professional nurse provides patients with the most excellent care possible. Those who enter nursing school and graduate to become professional nurses as well as nurse educators bring their own set of values that guide and inform their practice of nursing and achievement of core competencies. Upon entering nursing school, a professional identity develops, as a student's values are shaped by a theoretical and practical understanding of the profession, which is constantly aimed at learning how to care for the patient's well-being. As such, ethical development goes hand in hand with identity formation as students begin to see how their own personal values resonate with what they are learning in the classroom.

Initially, students are socialized into the nursing profession by teaching them to strive to follow the rules, standards, and codes of discipline that define and orient the nursing profession around the goal of achieving excellent patient care. However, as the educational process continues, students start to emulate those teachers and clinicians who express values that are consistent with their own understanding of excellent patient care as well as those concepts and skills they have learned in their coursework. One of the most important aspects of developing a professional identity is the emulation of teachers and clinicians who are able to display both theoretical and practical knowledge how to embody, in their action, values consistent with the profession of nursing (Benner, Sutphen, Leonard, & Day, 2010). The expression of excellent care occurs when the professional nurse is able to transfer expert knowledge and skills to the care of the patient (Vanlaere & Gastmans, 2007). In other words, in addition to rules and regulations, student nurses need role models who can help guide them to develop nursing character through theoretical learning and clinical enculturation in both the classroom and clinical setting.

Eventually, upon entering the field of nursing, professional nurses are able to demonstrate their character by competently tending to the patient's health-care needs with courage, humility, integrity, and compassion (Crigger & Godfrey, 2011; Lachman, 2007; McCammon & Brody, 2012; Vanlaere & Gastmans, 2007). Thus, we see the professional nurse's character development as a compass guided by ethics education. This compass makes nurses more able to embody their professional core competencies in the everyday practice of professional nursing. Having briefly discussed how we see character formation and ethical action as intimately intertwined with professional identity and the achievement of excellent patient care, respectively, we turn next to what ethics education might look like.

ESSENTIAL ELEMENTS FOR ETHICS EDUCATION

Throughout the first half of this chapter, we have been referring to professional nursing's core competencies that should enable a nurse to more adroitly provide excellent care for the patient. Our goal is not to identify a new, different, or broader set of competencies than already exists in the various professional codes of ethics. It is simply to suggest how nurse educators could provide a more comprehensive mode of ethics education. As has already been noted, it is important that student nurses follow rules and regulations. Therefore, ethics education must start in the classroom where students will learn the various

roles and responsibilities they are expected to assume. In addition, all nursing students benefit from exposure to ethical theories and principles as tools for ethical analysis.

The general consensus is that ethics education is best addressed first through specific courses on ethics as opposed to lectures integrated throughout into the curriculum. This is supported by research suggesting that students who have been provided specific ethics courses experience an increase in moral sensitivity and moral reasoning (Grady et al., 2008; Park, Kjervick, Crandell, & Oermann, 2012; Woods, 2005). However, in order to truly achieve ethics in practice as a disposition of character, which enables the professional nurse to act in dynamic real-time scenarios, ethics should be taught throughout the curriculum, woven into theoretical as well as clinical coursework. Ethics education should be integrated, whenever it is possible, to reinforce theories, to enable the process of having to analyze situations in confusing and complicated settings, and to assist nurses with balancing competing demands. Content can be tailored to particular academic learning needs and clinical experiences within the setting in which the student nurse is operating (Kalb & O'Connor-Von, 2007).

Nursing ethics education is not about presenting definitive choices, or right answers, but more about being ready to confront whatever situation presents before the professional nurse in an optimal way, while choosing among multiple options in circumstances that range from simple to complex. Nurses also need to know when to refer to a wider, more representative group of decision makers like an ethics committee or other consulting group. Through the ability to think about problems critically, and by providing role models in clinical practice settings, nursing ethics education will better prepare professional nurses to manage stressful situations as well as boost their confidence and their ability to achieve excellence. Achieving professional competence is therefore more than understanding ethical theories. It is a process of ongoing development that includes gaining the requisite information concerning professional identity as well as core competencies; learning about ethical theories; and training in clinical settings that promote constant reflection, analysis, and reasoning of how ethics is integrated into all aspects of patient care. In such a way, ethical reflection and behavior will come to permeate all of the student nurse's skills that have been cultivated throughout the education, and the professional nurse will be able to apply these into the practice setting (Cannaerts, Gastmans, & Dierckx de Casterle, 2014).

The Importance of Good Teachers

One aim of ethics education is to break open the student's and practitioner's worldview so that they can attempt to see the value in other ways of approaching ethical situations that may not have previously been considered. In the beginning,

this approach can cause student uncertainty and vulnerability because students are asked to question their own values. For this situation to result in ethically sensitive professional nurses, nurse educators must support their students during this difficult “insecure” stage. Therefore, ethics teachers should strive to create a positive learning atmosphere that not only allows for free exchange of ideas but also increases student comfort and acceptance (Cannaerts et al., 2014). Teachers are the ones who create the pedagogical context for learning by providing a caring attitude and cultivating the competencies associated with the profession. Educators who are knowledgeable as well as supportive are more likely to stimulate, challenge, and encourage students, allowing them to flourish in a safe and comfortable learning environment (Hsu, 2011; Kyle, 2008; Numminen, van der Arend, & Leino-Kilpi, 2009).

As previously discussed, ethics role models, both formal and informal, as well as experiential encounters in clinical learning settings broaden a student's perspective on ethics by illustrating how ethics is infused in all the activities. Ethics educators include the classroom teacher as well as other mentors in clinical settings, where these teachers are seasoned clinicians who not only impart knowledge, but also establish initial impressions as competent professional nurses with a fine-tuned ethical sensitivity to the way they provide patient care (Cannaerts et al., 2014; Woods, 2005). Students' ability to think and act with ethical sensitivity will be more likely to increase with the guidance of strong role models, professional practice, and professional maturity. Their development in a positive direction is enhanced by ongoing reinforcement of ethics frameworks by revisiting foundational philosophy, theory, and professional codes to analyze problems as well as by constant refinement of their understanding as they gain more experience. Monteverde (2014) proposes that practice-based learning should enable students to consider ethical theories as tools that help them “name” and “frame” practice issues. Similarly, their daily life should be a playground on which students can test out how these theories work in the real world. We hope that such an orientation to nursing ethics education will develop more mature nurses whose behavior becomes habitual as they strive to perfect their professional character.

Moral Reasoning and Group Interactions

Although there are many options for ethics content delivery, students prefer real-life experience case studies that are contextually relevant to their practice, and they prefer group discussions to traditional lectures (Kyle, 2008; Nasrabadi et al., 2009; Numminen et al., 2009). It is up to the ethics teacher to bridge the theory practice gap so that nursing ethics education is grounded in day-to-day clinical practice; however, peers and other instructors can also be instrumental in

this regard. To develop ethical competence, students need to question their own values and convictions as they reflect on their practice and other professional behaviors. A variety of learning strategies are useful for exposure, illustration, and practice with ethical concepts (Kalb & O'Connor-Von, 2007). Group discussion forums allow students to exchange ideas in relation to a real-life problem, give them the opportunity to express a variety of positions, and, depending on the composition of the group, offer them the opportunity for intradisciplinary (e.g., a variety of nursing specialties with different levels of education and experience) and possibly interdisciplinary (e.g., medicine, social work, psychology) interaction that exposes them to the views of other health professions (Cannaerts et al., 2014).

Problem-based learning may be a structured, student-driven form of group learning that features a problem that is real, encourages thinking in terms of the problem, and requires knowledge acquisition from other sources as needed for problem-solving (Lin, Lu, Chung, & Yang, 2010; Monteverde, 2014). Innovative adjunct approaches to ethics education such as diaries or journals (Durgahee, 1997), simulated scenarios (Vanlaere & Gastmans, 2007), and blended learning that integrates traditional classroom teaching with web-based learning or similar electronic modalities (Cho & Shin, 2014; Hsu, 2011; Hsu & Hsieh, 2011) enhance learning while offering students options for reflection and expression that can be private with the added benefit of being anonymous. However, developing moral sensitivity and learning how to reason morally is best achieved through emphasis on actual experiences, making connections to the real world, and by addressing issues that meet the needs of the student audience (McLeod-Sordjan, 2014; Park et al., 2012).

The more exposure students and nurses have, the more likely they develop the ability to recognize moral conflicts when they exist, assess the situation, use strategies for considering alternative solutions, and check their decisions (Grace, 2014; Pinch & Haddad, 2008). However, as practicing nurses know, in the real world, this is often an interdependent, as opposed to an independent, activity. Interactions with others to analyze and address ethical issues should begin early in the nursing education and continue throughout the professional career. Especially since moral distress and ethical climate are correlated, guiding nurses and other health-care providers to work together as a team has many advantages (Corley, Minick, Elswick, & Jacobs, 2005; Pauly et al., 2009).

Interprofessional Opportunities for Growth

Health-care professionals and students who adopt a worldview of their profession often see the world through that professional eye without the ability to frame the problem from the perspective of the other professions. Therefore,

providing interprofessional experiences from which student nurses can develop an understanding of how other professions approach common situations will help the students to function more collaboratively in the current health-care context without losing sight of their goal of providing patient-centered care. Health-care providers often do not recognize the ethical elements of everyday clinical encounters they share with patients. By developing approaches to patients that address a variety of issues in an interdisciplinary group, student nurses can learn to recognize the ethical elements in everyday issues as they unfold and will be more able to address them. As participants of interprofessional discussions dissect their own style of communications with patients, individuals in the group have the opportunity to uncover their own biases, emotions, values, perceptions, and professional goals that influence what they say and how they act (Truog et al., 2015). Interdisciplinary forums for ethical discussions, therefore, increase health-care providers' self-awareness, making them better providers and better members of the health-care team.

Professional Competence: A Lifelong Quest

For nurses to become professionally competent, they need to have the ability and the opportunity to perceive, reflect, and remove obstacles that prevent them from focusing on excellent patient care. Individual education and practice in ethical decision making is a long-term individual commitment that requires practice in a safe, supportive environment. Our hope for professional nurses who have moved beyond the classroom setting is that they continue to develop their character as a way of increasing their professional competence. For professional competence to become a lifelong quest, not only the individual nurses, but also the health-care organizations for whom they work have to support professional nurses' efforts to do the right thing for their patients. At the organizational level, a supportive environment for ethical decision making, collaboration, and communication with peers and other professionals are major factors affecting the work environment (Poikkeus, Numminen, Suhonen, & Leino-Kilpi, 2014). Leadership has a key role in providing opportunities for character development and growth in the understanding of core competencies by professional nurses. Similarly, without the necessary infrastructure that empowers and supports the professional nurse's ability to act in the best interests of the patient, it becomes impossible for the professional nurse to attain the goal of professional excellence.

Suhonen et al. (2011) found considerable room for health-care managers to create positive ethical environments, accomplished by flattening out the decision-making hierarchy so that more members of the health-care team are able to voice their ethical assessment of the patient's situation (McDaneil, 1998). In many instances, such a change also facilitates a decrease in moral distress among

the health-care team members and increases collaboration (Kalvemark Sporrang, Arentz, Hansson, Westerholm, & Hoglund, 2007; Tang, Johansson, Wadensten, Wenneberg, & Ahlstrom, 2007). Ethics consultation is a way to enhance clinical work while simultaneously working to ensure a high level of organizational ethics (McGee, Caplan, Spanogle, & Asch, 2001). An increase in ethical climate has not only been associated with an increase in employee morale, but has also been found to be associated with organizational commitment, fostering an engaged and retained workforce (Shirey, 2005). In summary, the combination of professional competence and fostering a positive ethical climate not only contributes to the quality of patient care but also increases the overall success of the organization.

CONCLUSION

Since the 1980s, the control of health-care systems has shifted from professionals to health-care managers known as managed care organizations. The resulting concern voiced by nursing leaders is that individual patient needs are secondary to the demands of the organization and the financial bottom line. While educators have the responsibility to lay the foundation for professional identity, ethical decision making, and interprofessional practice, it is up to practicing nurses to be advocates for patients, families, and health-care teams. Nurses continue to face challenging issues in their everyday clinical practice that will only increase with an aging and chronically ill society. None of these issues has gone unnoticed since national and international nurse ethics experts recognize the urgent need to develop strategies that more effectively address practice concerns in an effort to retain a qualified workforce (Goethals, Gastmans, & Dierckx de Casterle, 2010; Suhonen, R., Stolt, Virtanen, & Leino-Kilpi, 2011; Ulrich et al., 2010).

Ethical work environments are those that allow individual ethical values to guide behavior, which includes setting priorities for the ethical treatment of patients (McDaniel, 1998). We would like to encourage nurses to have the courage to assess the situations in which they work and act in the patient's best interest even when it is difficult to do so (Lachman, 2007). By developing professional identity as character, we believe that professional nurses will have the skills to stand in the face of adversity and act in ways that uphold the core competencies of nursing. Ultimately, health-care organizations will thrive because of the support they provide nurses and other health-care professionals. Nurses must have the fortitude to push forward—change can only occur if nurses have the integrity, courage, and character to ride the waves of change.

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