

NURTURING THE MORAL IMAGINATION: A REFLECTION ON BIOETHICS EDUCATION FOR NURSES

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In 2004 the International Centre for Nursing Ethics hosted a conference that focused on teaching ethics to healthcare students¹. At the conference, participants examined why it is important to teach ethics, identified effective teaching methods and outlined core components of the ethics curriculum. Two of the most compelling reasons to teach ethics identified at the conference are 1) preparing students to participate in resolving ethical dilemmas and 2) helping students learn to act as moral agents. Participants generally felt that the optimal approach to prepare learners to engage in the issues present in the world of modern health care is a combination of teaching frameworks in ethics theories coupled with a process approach that facilitates learners' use of their own cultural backgrounds in creative reflection on experiences.

A recent Carnegie Report on Nursing Education – Educating Nurses: A Call for Radical Transformation - will no doubt spark some discussion around the topic of ethics education for nurses². The report challenges the nursing profession to embrace an education model that integrates knowledge, clinical skills, and ethical comportment. Placing ethics in such a prominent position in nursing education is a radical transformation. It says loudly and clearly that as a profession, we expect nurses to cultivate their moral sensitivity and integrate a strong moral competence into every aspect of nursing practice. In order to reach this important goal, teaching ethics must be intentional and must be integral to the development of individual nurses and the profession as a whole. The development of moral imagination has a prominent place in this new education model.

Education in ethics must be considered in its broadest application. It is more than simply informing or training. Ethics is a fluid discipline, not something a person learns once and then never revisits. Learning ethics requires continued assessment and evaluation of its application. Teaching of ethics, particularly in the

¹ Woogara [2005].

² Benner, et. al. [2010].

health care professions such as nursing is much more complex than simply instructing by precept. Health care today is in a constant state of change due in part to rapid technological advances, evolving care delivery models, exposure to a variety of cultures and practices, and most significantly to the constant influx of new professionals who are developing as clinicians from novice to expert. If our past is any indication of our future, we know that all these changes will lead to ethical dilemmas and conflicts, the nature of which we can not yet fully appreciate but, with thoughtful reflection can begin to imagine.

Moral imagination is the ability to ponder and wonder about the inherent rightness or wrongness of decisions, choices and behaviors. It is the act of considering the possibilities of things one cannot see or hold. To nurture someone's imagination is to nourish the creative mind and reflective spirit. Encouraging development of a moral imagination is a strategy that crosses all cultures and includes all disciplines. It represents a global approach to teaching bioethics.

Much of the discussion regarding ethics education in nursing focuses on what content to teach, how to teach it and even debates who is qualified to teach ethics. Very little attention is paid to considerations of when to teach ethics, particularly beyond the academic and clinical training phases in a nurses' professional development. This paper will review some key issues relevant to teaching ethics and then explore what nurturing the moral imagination could do for nurses as they learn to apply abstract ethics concepts to their clinical practice.

Why teach ethics?

Decisions involving patient care have two components; a technical one that requires the application of knowledge and a moral one which focuses not on what *can* be done, but what *should* be done for patients. A morally good decision is one that follows a rational analysis of the relevant moral issues and is grounded in a sound process that respects the dignity, autonomy and values of the patient and all who participate in the implementation of the decision³. Thus identifying and implementing an ethically appropriate decision requires some degree of moral competence.

Moral competence in the context of professional nursing practice is the capacity for individuals to acknowledge their own feelings (emotions) and to recognize the influence those emotions have on personal perceptions of what is good or bad in situations. Moral competence requires the individual to reflect on the feelings with self-awareness, make a decision, and act in such a way that brings about

³ Pellegrino, et. al. [1990].

the highest level of benefit for patients⁴. Emotions motivate individuals to enter into ethical discussions. In the absence of reflection and self-awareness, emotions can color perceptions which in turn can cloud judgment and impede ethical actions. Involvement in formal ethics course work helps learners apply reason in value laden situations which in turn helps them manage the intense emotions. For nurses, mastering the three dimensions of moral competence (perception, judgment and action) begins with a reconciliation of personal feelings in the context of professional expectations and values. To do this, nurses must mature their moral sensitivity which is an on-going process extending beyond the academic classroom.

To have moral sensitivity means an individual is aware of one's own role and responsibility in a value laden situation. Moral sensitivity is an individual's capacity, acquired through experience to sense the moral significance of a situation⁵. This necessitates a capacity to distinguish between feelings, facts and values and reflect on these with cognitive capacity to determine what is good. Moral sensitivity has three components, moral burden, moral strength and moral responsibility⁶.

The interrelationship between these components is complex and fluid depending on the contextual features of each value laden situation. Moral sensitivity is heightened as one develops an appreciation of the moral significance of one's actions. An awareness of the competing moral imperatives of moral burden and moral responsibility challenges individuals in some circumstances particularly when the individual determines that the "good" action poses risk of personal jeopardy or professional sanction. In such circumstances individuals must use their moral strength to exercise moral courage to act. Achieving moral competence then depends on both moral sensitivity and the individual's strength of moral character.

The moral complexity of the situation of nurses is evident. Professional codes of ethics dictate a commitment to advocating on behalf of individuals for whom nurses provide care⁷. Yet nurses face obligations to their employers and most certainly to physicians. It is no longer ethically acceptable for nurses simply to do as they are told. Nurses are expected to act as independent moral agents. As

⁴ Jormsri, et. al. [2005].

⁵ Lützn, et al. [2006].

⁶ *Ibidem*.

⁷ ICN [2006]; ANA [2001].

professionals, nurses are pledged to an ethic of public service and obliged to uphold the public good, even at risk to themselves⁸.

There are countless examples where nurses are called on to act in the best interests of others, yet to do so would compromise their other obligations and consequently put the nurse at risk. A choice to uphold the foundational elements of the ethical codes of nursing practice requires strong moral character. We teach ethics to produce morally accountable practitioners who are skilled in ethical decision making.⁹ Ethics education for nurses must include opportunities for nurses to mature their moral sensitivity so they can achieve a moral competence.

What to Teach

A review of various textbooks in bioethics reveals a relatively standard list of content to be covered; moral theories, principles in ethics, codes of ethics, discussion of virtues and values, decision making models, and numerous examples of application of ethics to various clinical situations such as pediatrics, end-of-life decision making, reproduction, and organ transplantation to name a few¹⁰. While the specific content or approach may vary, the content is meant to help the learner develop skill in recognizing ethical issues or problems, identifying approaches to resolving value laden conflicts, and formulating logical arguments to support ethically defensible actions that will resolve the conflicts¹¹.

The core curriculum of ethics teaching must reinforce the development of essential cognitive skills for someone who must wrestle with ethical dilemmas on a regular basis. For anyone involved in the care of patients, ethics quickly becomes a deeply personal affair. True ethics awareness begins in the concrete reality of what individuals live every day, not in a philosophical contemplation of what is right or wrong. Applying ethics is a personal process that nurses experience amidst the complexity and ambiguity of everyday nursing¹². Applying the intellectual skills learned from the formal study of ethics requires the ability to reason through deep emotions¹³. Ultimately, an individual's ethical comportment is judged on their behavior not simply their cognitive skills or how well they manage their emotions. Ethical behavior demands character development.

⁸ Sullivan [2005].

⁹ Fry [1994].

¹⁰ Bandman, Bandman [2002]; Beauchamp, Childress [2009]; Benjamin, Curtis [1992]; Butts, Rich [2008]; Devettere [2010]; Fry [1994]; Morrison [2009]; Ravitsky, et. al. [2009].

¹¹ Pellegrino, et. al. [1990].

¹² Doane, et. al. [2004].

¹³ Elliott [1992].

Begley makes a careful distinction between teaching ethics, (facilitating the acquisition of theoretical wisdom) and teaching virtue, (facilitating moral development)¹⁴. Students may learn what is “right” in a theoretical sense, but to close the gap between knowing and doing what is right, students must develop their moral character (virtues). Caring is the fundamental orienting virtue for health care professionals, and central to the development and expression of caring are the virtues of compassion, discernment, trustworthiness, integrity and conscientiousness¹⁵. Of these virtues, conscientiousness plays the most significant role in the development of moral sensitivity leading to moral competence.

To be conscientious is to exercise due diligence in determining what is right, to be motivated to do what is right because it is right, to intend to do what is right and to exert reasonable effort to do what is right¹⁶. To have a conscience, one must reflect on and make a judgment on the moral correctness of one’s actions. One’s conscience is fostered and developed through critical self-reflection. When one learns to apply the theories and principles of formal ethics to situations, particularly personal lived experiences, one has the opportunity to nurture the virtue of conscientiousness.

Ethical behavior is not just a function of rational thought where an individual applies theories and principles of ethics to a situation. No formal course in ethics can automatically translate the “knowing the right thing to do” into doing what is right. Similarly virtues may be taught but not all will learn. Learning ethical comportment is an intensely thoughtful, reflective exercise. The challenge then is not just what to teach, but how to teach to support the learner in becoming a confident moral agent. How ethics is taught must focus on nurturing a conscientious spirit.

How to teach

Teaching ethics requires a dynamic approach that seeks to influence both the mind and the heart as well. Aside from the formal curriculum that students experience, the implicit or hidden curriculum imbedded in the mundane activities of “routine care” contributes significantly to the formation of ethical comportment. Learning ethics requires intentional guided reflection on the events one sees in the every day activities of providing care. This approach actively engages the maturing learner in cultivating moral sensitivity by applying newly acquired knowledge of ethics to broaden the individual’s perceptual capacity. This inductive approach

¹⁴ Begley [2006].

¹⁵ Beauchamp, Childress [2009].

to teaching ethics helps nurses learn about the ethical implications of actions and how to perform ethical acts with confidence.

Using stories from every day encounters as a pedagogical strategy engages students in reflection and helps them appreciate the salience of clinical encounters¹⁶. This approach recognizes an evolving moral life of the learner who becomes responsive to lived experiences. When students have opportunities to learn about themselves as people and as professional nurses their self awareness is improved, they are able to critique the context of situations and identify ethical issues¹⁷. A narrative pedagogy focuses the application of didactic content through interpreting, critical thinking and analyzing concepts, ideas and situations, in other words the application of didactic content¹⁸.

This pedagogical strategy is consistent with casuistry, an approach to teaching moral reasoning that uses case examples and analogy to evaluate ethical dilemmas and reach moral conclusions¹⁹. It is in essence a way to nurture the learner's conscientiousness. Encouraging students to tell their stories of clinical encounters will engage them to expand their moral imagination and consider in a meaningful way how to apply abstract ethical concepts to the lived experience of their patient and to their own professional practice behavior. The biggest limit to this approach to teaching ethics is access to mentors with skill in applying ethical concepts to complex situations²⁰.

Clinical debriefing is an effective teaching strategy to help students reflect on their clinical performance. This strategy helps students meaningfully reflect on their experience and emphasizes the expectation for self-improving practice and life-long learning²¹. This strategy depends in part on mentors who are able to guide neophyte nurses as their clinical competence develops to a point that they are able to connect with a patient as a real person, not just the recipient of the many tasks required to provide skilled nursing care. Once this occurs, nurses are able to open their minds and engage their imagination in consideration of the ethical nuances of their practice. They have established a solid foundation for everyday ethical comportment, a burgeoning moral competence.

¹⁶ Beauchamp, Childress [2009].

¹⁷ Doane, et. al. [2004].

¹⁸ Brown, et. al. [2008].

¹⁹ Beauchamp, Childress [2009].

²⁰ Woods [2005].

²¹ Benner, et. al. [2010].

The telling of personal experiences promotes the opportunity for individuals to examine their own values and attitudes in the most powerful way possible. The story is real and reflections on the ethical nuances in the story spark the moral imagination in a deep and meaningful way. The “how” of teaching ethics moves beyond the student as passive recipient of book knowledge to the student’s active participation in reflection on what those abstract concepts mean in the course of every day encounters.

When to teach

Research shows that despite being exposed to ethics education in training, nursing students as well as nurses who have matured in their clinical practice face considerable ethical difficulties in a variety of health care settings²². Most troubling are situations where nurses learn from their nurse peers passive acceptance of troubling situations rather than learn to identify and resolve ethical dilemmas, advocacy and positive risk taking to benefit patients. This suggests that nurses lack regular exposure to opportunities that would allow them to solidify a conscientious approach to their clinical practice, nurture their moral imagination and thus fail to establish or maintain moral competence.

The work of Benner, Tanner and Chesla explains why nursing students need exposure to clinical experience before they can adequately reflect on the ethical demands of clinical practice²³. As nurses develop from novice to expert in their clinical experience, they learn to master a kind of knowledge not available to them from the classroom. Until nurses master the basic clinical skills necessary to provide safe patient care and achieve some clinical competence, they cannot begin to consider the complex nuances of the ethical aspects of patient care. Their moral sensitivity is muted until they can gain some practical wisdom. Moral competence cannot be achieved until nurses can awaken their moral sensitivity.

Improving everyday ethical comportment then depends not just on changes in the content of ethics education or the method used to teach it but also on the timing of ethics teaching. Ethics education must happen during, AND *after* formal professional training. Ethical comportment develops considerably once nurses are engaged as more than novice clinicians in practice. Moral competence requires at the very least, clinical proficiency.

²² Woods [2005].

²³ Benner, Tanner, Chesla [1996].

Ethics education during professional training increases nurses' moral reasoning skills²⁴. Ethics education also has a positive influence on moral confidence and moral action²⁵. In a research study, Grady and colleagues showed that nurses who had the highest confidence in their moral judgments and the strongest moral behavior (measured by moral action scores) were those nurses who had been exposed to continuing education programs in ethics professional training²⁶. This was true even for participants who were not exposed to any ethics education during professional training. The "when" of ethics education is clearly a significant consideration.

Once nurses have moved beyond the novice phase of their practice they begin to know what principles are operative in a given situation (theoretical wisdom), and have expertise in dealing with or observing such situations (experience). Without support from mentors who can guide nurses in reflection, either through formal or informal educational opportunities, nurses will not have the support they need to develop moral competence²⁷. Without moral competence, nurses will fail when situations dictate they act with moral courage such as when they need to advocate for patients by speaking up in ethically challenging situations. Ongoing support from mentors guides reflection and nurtures the moral imagination by instilling and modeling a conscientious approach to clinical practice. This means nurses must have opportunities 1) to develop the knowledge and skills necessary to reflect on ethically troubling situations; 2) to have time to engage in conversation and thought; and 3) to experience adequate support to sustain a sense of personally involved moral agency²⁸.

Nurturing the Moral Imagination

Novice learners adhere to rules by necessity. As practitioners mature and grow toward expert status they are able to recognize when to make exception to rules²⁹. Nurses must reach this level of practice confidence before they can engage their moral sensitivity. Once moral sensitivity is engaged, moral imagination is possible. Moral imagination is what nurses use to mature from novice (rules) to expert (discretion) on the moral competence continuum. Because this maturation

²⁴ Woods [2005].

²⁵ Grady, et. al. [2008].

²⁶ *Ibidem*.

²⁷ Wocial [2008].

²⁸ Doane, et. al. [2004].

²⁹ Benner, Tanner, Chesla [1996].

takes time, nurses naturally need opportunities to nurture their moral imagination through regular exposure to mentors in clinical practice and experts in ethics. Engaging one's moral imagination is the path to practical wisdom regarding ethical actions.

The virtue of conscientiousness, necessary for moral competence cannot be infused through teaching. It can be inspired by example and role model. Conscientiousness develops through reflective discussion about the ethical nuances in a situation concurrent with the observations of moral behavior. This approach challenges the learner to apply theoretical wisdom which allows practical wisdom to thrive. Discussion is an opportunity for reflection on the ethical judgment and the action taken. Role models allow students to see what is ethical behavior but only reflection on observations can help learners understand the ethical reasoning that establishes the behavior as ethical³⁰. When we teach how to be good, we are nurturing the moral imagination of the student. Ethics is taught with the hope that learning will ultimately have an impact on behavior.

Conclusion

The strategies for nursing ethics education discussed in this paper, a narrative pedagogy with active reflection on lived experiences is an approach that can be applied to any discipline. Ethics education must not stop once formal professional training ends. Nurses at all levels of expertise have an obligation to continually study and reflect on how to apply ethical principles and concepts to the lived experiences of their practice. The specific content of what to teach is bound only by the learner's imagination and the cultural contexts of lived experiences. While this paper focuses on ethics education for nursing, nurturing moral imagination is an opportunity for anyone in any profession to achieve moral competence.

Engaging one's moral imagination to reflect on the ethical nature of practice and ponder the possibilities of ethically defensible choices can help practitioners develop and sustain moral competence which will in turn help them act with moral strength as informed moral agents even in ethically challenging situations. Acquiring everyday ethical comportment demands life-long learning and regular reflection on the ethical nuances of practice. If we are to be successful in transforming both how ethics is taught in training and how ethics is lived in practice, we must engage in an active pedagogy. The essential tool in this endeavor is cultivation of one's moral imagination, the ability to ponder the possibilities and reflect

³⁰ Begley [2006].

on opportunities and actions. Nurturing the moral imagination is the way to ensure life-long learning and reflection on the ethical nuances of behaviors.

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