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# Integrating Ethics into the Nursing Curriculum

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# INTEGRATING ETHICS INTO THE NURSING

## CURRICULUM

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### I. INTRODUCTION

The purpose of this essay is to discuss how ethical concepts and conceptual frameworks can be integrated into an existing nursing course without adding more content. Specifically, this paper will address some practical methods for integrating ethics into undergraduate nursing courses. The American Nurses' Association (ANA) defines nursing as the diagnosis and treatment of human responses to actual or potential health problems (ANA, 1980). The overall purpose of many nursing courses is to provide the student with knowledge, skills, and motivation essential for the treatment of these human responses across diverse situations.

Historically, ethics has been a core component of the nursing profession. In 1896, the Association Alumnae of Training Schools in the United States and Canada (later the American Nurses' Association) stated that the first objective of the organization was to establish and maintain a code of ethics (Fowler, 1989). The nursing profession stressed the requirements of moral accountability by giving it a strong role in its *Standards of Nursing Practice* (ANA, 1973), *Code for Nurses* (ANA, 1976), and *Social Policy Statement* (ANA, 1980). In addition to moral accountability, another theme in nursing ethics is the professional responsibility to deal effectively with ethical conflicts (Ketefian, 1989).

Given the background of ethics in the nursing profession, the first section of this paper will discuss methods for increasing the student's ability to perceive ethical problems in the theory and practice of nursing. The second section will discuss strategies for preparing students to think clearly about ethical conflicts. Because there is a limit to the number of ethical theories that can be covered, a teleological ethic is posed as an example of an ethical theory. The third section will discuss Aristotle's teleological ethic and its implications for nursing.

## II. ETHICAL ASPECT IN NURSING EDUCATION

*The Standards of Nursing Practice, Code for Nurses, and Social Policy Statement* are part of many nursing courses. These nursing documents can serve as frameworks for identifying moral issues in the course content. For example, some of the social concerns outlined in the *Social Policy Statement* are "the organization, delivery, and financing of health care, the development of health resources...an increasing focus on individuals, families, and other groups as basic self-help resources, and the provision of the public health through use of preventive and environmental methods" (pp. 3-4). These social concerns many times are implicit in the course content. For example, nursing content that encompasses some of these social concerns are prevention of illness, health promotion, health care delivery, hospital discharge planning, decision making, principles of learning, and the cultural dimensions of health.

Principles in the *Code for Nurses* can be applied to the discussion of ethical issues identified in nursing courses. For example, the principle "nursing encompasses the promotion and restoration of health, the prevention of illness, and the alleviation of suffering," (ANA, 1976, p. 2) can be applied when teaching the levels of prevention, health care delivery, and health care financing. A social concern relevant to the delivery of preventive care is that less than one percent of the U.S. health care budget is spent on health promotion and disease prevention (Califano, 1986). Yet health care has become the nation's third largest industry, and health care costs are the fastest rising expense in the business community (U.S. Department of Health and Human Services, 1986). Assuming it is true that the prevention of disease is more cost effective than the treatment of disease, one option for cost containment may involve the allocation of more health care dollars to preventive care. A related issue is that people might place more value on efforts to keep themselves healthy, rather than waiting for treatment after they become ill.

The role of patient advocate is implied in the principle, "The nurse acts to safeguard the client and the public when health care and safety are affected" (ANA, 1976, p. 8). The student's duty as a patient

advocate can be applied to course content on hospital discharge planning. Discharge planning is "the process of anticipating and planning for needs after discharge from a hospital" (Kozier & Erb, 1987, p. 100). Because of early hospital discharge, an increasing number of clients with complex nursing needs are being discharged from the hospital (Powderly & Smith, 1989). Students can be encouraged to explore alternatives to early hospital discharge when patients are being released without the technical skill required to manage their treatment. With sufficient justification of the patient's need for skilled nursing care, students can initiate a home health care referral prior to the patient's discharge. Initiating a referral ensures that the patient receives skilled nursing care at home until recovery or until the necessary self-care skills are mastered. In this case the student considers the rights and interests of the patient, along with the hospital's need for timely discharge of patients.

Principles from the *Code for Nurses* are also germane to the teaching of decision making in clinical practice. These principles are:

1. The nurse assumes responsibility and accountability for individual nursing judgements and actions.
2. The nurse exercises informed judgement and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others (ANA, 1976, pp.1-3).

The decision making process is a logical extension of the nursing process. The nursing process is a five stage model: assessment, statement of a problem, planning and goal setting, implementing care, and evaluating the plan based on predetermined standards. Both the decision making and the nursing process require an assessment and analysis of data prior to taking action. Both provide a systematic approach to resolving problems based on theory.

Decision making is defined by Kozier and Erb (1987) as "a process of choosing a particular and best action to meet the desired goal" (p. 223). Decision making is invoked when it becomes necessary to chose

one action among many possible ones. Kozier and Erb's decision making framework has the following components:

1. **Deliberation:** consider the data, problems, participants, solutions, alternative actions, and consequences.
2. **Judgement:** analyze options, effectiveness and efficiency of options as it relates to the goals.
3. **Discrimination:** chose the best option in light of the consequences.

A major weakness in clinical decision making is considered to be the failure to collect sufficient information in the assessment of problems (National Center for Nursing Research 1989). Because students have limited clinical experience, they may lack proficiency in the assessment of data and analysis of alternative choices. One strategy that compensates for the student's lack of clinical exposure is to invite clinicians to attend a class and to demonstrate how they apply the decision making process in their practice. These clinicians serve as role models for the student. For example, a nurse who works with patients who have Acquired Immune Deficiency (AIDS) could present a case on hospital discharge planning. This presentation could focus on the assessment of post hospital needs, alternative actions in light of the patient's goals, and the consequences of these actions.

Another principle from the *Code for Nurses* is "the nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by consideration of social or economic status, personal attributes, or the nature of the health problem" (ANA, 1976, p. 4). Respect for person implies other principles such as autonomy or respect for self determination, beneficence or the obligation to do good, and nonmalfeasance or the obligation to avoid doing harm. These principles clearly are pertinent to course content on learning theories and cultural dimensions of health. The patient's own perception of health, priority of health care needs, and involvement in planning and evaluating care are important to promoting patient autonomy. Patient autonomy is

influenced by students and their willingness to have patients participate in clinical decisions affecting patient care. When the patient and family are involved in decisions about their health, conflicts may arise because of different cultural values. Like their patients, students bring personal values to their practice that may conflict with the views of patients, professional colleagues, or professors. Sensitizing students to these moral issues is one way to incorporate ethics into the course.

Sensitizing students to moral dilemmas requires the use of teaching strategies that clarify the cultural and moral concepts in human responses to health problems (Schwandt, 1989). Some strategies that are useful in clarifying moral concepts are decision making presentations by nurse clinicians, and the use of films and best sellers that depict the human experience of illness (e.g., Sacks, O. *The Man Who Mistook His Wife for a Hat*). Bayles (1989) argues that the study of professional ethics will not automatically make one more ethical, but studies should develop the student's sensitivity to ethical problems and clearer thinking. The next section will discuss conceptual frameworks and strategies that help students to think clearly about moral dilemmas.

### III. ORDINARY REFLECTIVE MORALITY

Morality can be conceptualized in two ways, customary and ordinary reflective. Customary morality is what Aristotle called received opinions. Customary morality develops as the individual internalizes the norms and values of the group. Part of professional socialization of students involves exposing them to the customary morality of the nursing profession. The American Colleges of Nursing (1986) define professional socialization as a process by which students develop skills and identify with the profession by internalizing norms, values, knowledge, skills, and behaviors necessary to the practice of the profession. Clearly students should be able to apply professional nursing norms when justifying their choices in morally troubling situations.

The major bioethical goal for nursing, according to Hollander (1989), is to improve choices by improving justifications. Ordinary reflective morality is a process that helps the person to justify choices in

troubling situations. Ordinary reflective morality assumes that each student is a moral agent. Moral agents have deep convictions about what is right and wrong, and the right and responsibility to make ethical decisions.

Callahan (1988) suggests that moral deliberation involves two major activities: being clear about moral intuitions concerning what is right and wrong, and justifying our beliefs about what is right and wrong with moral principles. Decision making involving moral dilemmas is similar to Kozier and Erb's frameworks for clinical decision making but there is an added dimension. This dimension is the deep conviction about what is right and what is wrong, and what kind of world one wants for oneself and others. Callahan suggests a logical structure that can be used to argue rationally about moral beliefs. The general form is:

Premise 1: General moral principle or professional moral principle.

Premise 2,3, etc. Factual claims.

Conclusion: Derivative particular moral judgement.

Moral justification requires that facts used to support the derivative moral judgement are true and relevant to the situation. If the facts are true and rules of logic are followed, moral arguments can validly transmit justification from the premise to the conclusion. Callahan contends that there are at least four ways that moral judgements can run into trouble. These are:

1. Conceptual confusion about the general moral principle.
2. Problems with the factual link.
3. Unacceptable conclusions following from the general moral principles when it is combined with other facts.
4. Moral inconsistency in the person advancing the argument.

These difficulties can be addressed by careful deliberation over the facts, moral principles, choices, and consequences before drawing a conclusion.

Ordinary reflective morality implies the application of ethical principles and theories that support personal and professional choices in morally troubling situations. These principles can be based on universal norms, social values, and professional norms. Universal norms apply to all people. Examples of universal norms are truth telling and promise keeping. These norms are considered essential to maintaining human relationships. Social values such as privacy, freedom, equality of opportunity, prevention of injury, and minimal well-being are also used as justifications for ethical behavior. Many professional norms are specifications of universal and social norms. Some norms can justify other norms. For example when professional norms are specifications of universal norms, the universal norm serves as the overall justification.

Professional norms are identified in the American Nurses' Association *Code for Nurses* (1976), *Social Policy Statement* (1980), *Standards of Nursing Care* (1973), and the *International Code of Nursing Ethics* (International Council of Nurses, 1973). These ethical principles require that nurses respect persons, inform patients of their rights, not inflict harm (nonmaleficence), preserve the patient's quality of life, prevent harm, and do good for patients (beneficence). The codes of ethics consists largely of principles and allow leeway for individual judgement in applying them.

The professional norms may involve the student in a conflict of duty. The principle of nonmaleficence can conflict with the veracity principle. For example nonmaleficence could imply that the patient not be told distressing information about their terminal illness. Yet the patient has a right to be told the truth about his/her prognosis. Moral conflicts like this one involve sacrificing something of moral value. The task of reflective morality is to justify moral decision when there are no clear options from which to choose. Professionals cannot escape deciding in cases of conflicting moral beliefs. To choose to ignore moral conflicts has the moral status of doing something.



Nursing students are exposed to diverse health and social problems as part of their clinical practice. These situations may be overwhelming to the student when facing them for the first time. The student might prematurely decide he/she does not want to provide nursing care to specific groups because of the student's lack of clinical experience. Faculty have two responsibilities to the student in these situations. The first is to be a role model in providing care, to provide the necessary facts about the care, and to be clear about the professional norm that supports the provision of care. In situations of refusal to provide care the student should be clear about the principle, "The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of the health problem" (ANA, 1976, p. 4). The second responsibility of the faculty is to respect the student as a moral agent. When professional norms do not support the student's decision, he/she may morally justify the decision by appealing to his/her own conscience and concepts of what is right and wrong. In such cases the faculty should clarify that the student's refusal to support the nursing principle is based on complete information about the situation, that he/she understands the consequences of his/her choices, and that abandonment of patients is never morally justified (Aroskar, 1987).

— Professional norms are not absolute moral obligations. If there were absolute moral obligations this would negate the idea that students are moral agents who are responsible for making decisions. A student's reflective moral reasoning may result in situations where a professional obligation is sacrificed because of a deep conviction in what is right and what is wrong. For example, patient advocacy does have limits in the sense that it is not an absolute moral obligation to do anything the patient requests. Nurses do not have the obligation to carry out orders that jeopardize patient safety and welfare. Aroskar contends that nurses should be allowed to refuse to carry out particular procedures based on an appeal to personal conscience and ideas of what is right and wrong.

Another issue related to professional obligations is the provision of nursing care to persons with AIDS. The National League for Nursing (1988) has deliberated over this issue. The League believes that nursing professionals and faculty have a fundamental responsibility to provide

care to all people, and to refuse care to AIDS patients is contrary to the ethics of the nursing profession. In cases of student refusal to provide care, faculty have the obligation to provide intensive counseling and education about AIDS. If refusal persists after counseling and factual information about AIDS transmission, the League recommends that career counseling be provided to determine whether the student should continue to pursue nursing.

So far in this discussion we have seen how universal, social, and professional moral principles apply to diverse health care problems. The need for consistency in moral reasoning across these diverse situations gives rise to various moral theories. Ethical theories are sometimes classified as deontological and teleological. Deontological theories focus on the intrinsic moral value of the act. These ethical theories are concerned with selecting the correct act independent of the goals or end. On the other hand teleological theories judge the moral worth of the act not just by its intrinsic moral value but also by the consequences of the act. Both approaches offer insight to moral dilemmas in nursing. A deontological approach makes clear what the duty of the nurse is, but is limited in that situations that imply a particular duty might change. Deontological ethics does not provide a framework for how to act when the conditions change. Teleological ethics provides an intellectual framework for justifying moral acts when the facts about professional obligations are changing. Teleological ethics are concerned with selecting means or actions that will lead to the desired outcome or end. The last section of this paper will discuss one teleological ethical theory, Aristotle's *Nicomachean Ethics*, and its implications for nursing.

#### **IV. ARISTOTLE'S *NICOMACHEAN ETHICS* AND IMPLICATIONS FOR NURSING**

In the *Nicomachean Ethics*, Aristotle states what ought to be the end of human striving and how best to achieve that end. Aristotle argues that there exists an end which determines all of our other actions. The end is chosen for itself and never as a means to some other end. Aristotle contends that the end of human striving is happiness which can

be achieved only by living a life in conformity to virtue or excellence. This happiness is shared by both the individual and the society. The social context of Aristotle's ethics is based on his definition of person, who is by nature a social and political being. For Aristotle the end of all our choices is the highest good, which is also the highest good for society. He says:

The attainment of the good for one man alone is, to be sure a source of satisfaction; yet to secure it for a nation and for states is nobler and more divine. In short, these are the aims of our investigation, which is in a sense an investigation of social and political matters (Book 1, Chapter 2, 1094b8-12).

Aristotle's ethics are relevant to nursing in that the ultimate concern of both is the good of society. Fowler (1989) contends that nursing ethics is a social ethic, based on an enduring ideal of service. The American Nurses' Association (1980) states that, "Nursing is owned by society in the sense that the nursing's professional interest must be and must be perceived as serving the interests of the larger whole of which it is a part" (p. 3).

Even though Aristotle is clear about the end of human endeavors, he would agree that rules of moral conduct cannot be defined as rigorously as the objects of the theoretical sciences. When the person initiates action the rules are less precise because they depend on human will and human choice. Aristotle says:

Let us first agree that any discussion on matters of action cannot be more than an outline and is bound to lack in precision; for as we stated at the outset, one can demand of a discussion only what the subject matter permits, and there are no fixed data in matters concerning action and questions of what is beneficial, any more than there are in matters of health (Book 2, Chapter 2, 1104a35-5).

Aristotle deliberates about the means to attain the end, but is clear about the end. The objects of deliberation are things that are in our power, and they are matters whose outcome is unpredictable. When there are great issues at stake Aristotle recommends that we call in others to deliberate with us. Aristotle argues that the right way to achieve an end may be difficult to determine. He contends that there are many choices that result in excess or deficiency, but only one choice where virtue is the outcome. The standard of a virtuous choice is the mean. Aristotle says:

Thus we can experience fear, confidence, desire, anger, pity, and generally any kind of pleasure and pain either too much or too little, and in either case not properly. But to experience all this at the right time, toward the right object, toward the right people, for the right reason, and in the right manner that is the median and the best course, the course that is the mark of virtue. Now virtue is concerned with emotions and actions; and in emotions and actions excess and deficiency...miss the mark, whereas the median is praised and constitutes success (Book 2, Chapter 6, 1106b18-25).

The median not only requires a correct choice between excess and deficiency, but also that the act is performed to the right person, to the right extent, at the right time, for the right reason, in the right way. It is a hard task to find the median for every emotion and act. Some emotions and acts are so base that they do not have a median (e.g., adultery, theft, and murder). Aristotle says about these acts, "It is not their excess nor their deficiency which is called bad. It is therefore, impossible ever to do right in performing them: to perform them is always to do wrong" (Book 2, Chapter 6, 1107a11-15).

A life of virtue which leads to happiness is relevant not only in teaching ethics but in health care. For example Marlatt (1985) developed a program designed to enhance health promoting behavior. Marlatt argues that the purpose of his health promoting program is:

...to facilitate global changes in personal habits and daily life style so as to reduce the risk of physical disease and or psychological stress. Here the overall aim is to teach the individual how to achieve a balanced lifestyle and to prevent the development of unhealthy patterns. The underlying theme of this facet of the program is the middle way. A balanced lifestyle is one that is centered on the fulcrum of moderation...in contrast with the opposing extremes of either excess or restraint (Marlatt, 1985, p. 4).

In conclusion, Aristotle readily admits that there is a lack of precision in defining the rules of moral conduct. Aristotle cautions us that "a well-schooled man is one who searches for that degree of precision in each kind of study which the nature of the subject at hand admits" (Book 1, Chapter 3, 1094b23-26). He is also clear that some acts and emotions have no mean and are always wrong. Aristotle's lack of precision about rules of conduct is compensated for in his precision about defining the end of human striving and what constitutes a life of virtue. Aristotle consistently defines the virtuous life in diverse social situations (e.g., politics, family). His discourse about the end of human activity and the means to the end offers a framework for moral deliberation today. The end or goal of the *Nicomachean Ethics* is consistent with the goal of nursing ethics. Both see the end of teaching, research, and practice to be human flourishing and the good of the community.

Nursing has a rich tradition of professional ethics which are evident in its *Standards of Nursing Care*, *Code for Nurses*, and *Social Policy Statement*. These conceptual frameworks can serve as a basis for the integration of ethical concepts into many of the courses that are taught in a baccalaureate nursing program. Sensitizing the student to ethical issues, providing them with the skills for moral reasoning, and acquainting them with ethical theories can be accomplished within the context of teaching the theories and practice of nursing.

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