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Teaching strategies for shaping the conversation in nursing ethics education

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Nursing as a profession has had an enduring past that has responded to the changes and challenges within a complex healthcare system. In a 2014 Gallup survey, nurses were recognized as the top profession in the areas of honesty and ethical standards. For the last thirteen years nurses have earned this honor. According to the American Nurses Association's (ANA) president Dr. Pamela Cipriano, "The public places its faith in nurses to practice ethically. A patient's health, autonomy and even life or death, can be affected by a nurse's decisions and actions" (P. Cipriano, personal communication, March 12, 2015). Nurses have a commitment to the public as the public recognizes nurses' ability to care for those seeking health and healing (American Nurses Association, 2015).

The American Nurses Association's commitment to ethics has a long-standing history within the nursing profession dating back to the 1800s with the first professional code of ethics embraced in 1950 (ANA, 2015). Since that time, the *Code* has evolved with the changes within nursing, healthcare, technology, society, and the environment. The purpose of the *Code* was to create non-negotiable, normative statements that outline the obligations, values, and principles for nurses as individuals, groups of nurses, and the profession. The *Code* provides the framework for nurses' understanding of their commitment to individuals, families, communities, and populations (ANA, 2015).

Since its infancy, the *Code* has been viewed as a guide for ethical analysis and decision-making within the profession. It is grounded in "nursing theory, practice, and praxis in its expression of the values, virtues, and obligations that shape, guide, and inform nursing as a profession" (ANA, 2015, p. vii). The *Code* serves as a resource for nurses in their ethical milieu to execute their ethical responsibilities and obligations (Johns Hopkins Berman Institute of Bioethics, 2014).

Nurses are expected to uphold the values and ideals of the nursing profession in all areas of their life (ANA, 2015). Individuals who aspire to enter the nursing profession need additional guidance and education within nursing school curriculum. Nurse educators have the opportunity and obligation to guide undergraduate and graduate nursing students in the areas of nursing ethics, ethical analysis, and ethical decision-making to produce ethical practitioners.

The subsequent sections of this scholarly work is comprised of the following: the significance of the project explained; questions posed moving forward in the literature; topic background; theoretical foundation and professional standards that support nursing ethics and education; suggested evidenced-based frameworks for teaching nursing ethics; emerging themes from the literature; identified gaps in the literature; and recommendations for nurse educators and nurse educator practice.

Significance of Project

According to the ANA, 2015 has been deemed the "year of ethics." As a part of the association's commitment to the profession of nursing and nursing ethics, a revised *Code* was published in January 2015. The *Code* calls on nurses to act with virtue and integrity and to uphold these statements and embody what it means to be a nurse. The 2015 version is a reflection of The ANA Steering Committee's work with the assistance of professional nurse feedback. These statements reflect inclusive language that was carefully selected to articulate the salient points written in the *Code*. The revised statements reflect the obligation of the nurse to "educate students, staff, and others in healthcare facilities," which includes individuals, communities, and populations (ANA, 2015, p. viii). Though the *Code* does not specifically address nurse educators, educators are at the forefront of guiding nurses and nursing students in the area of nursing ethics.

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Purpose Statement

The scholarly project presented is a reflection of an in-depth investigation of the revised *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015) as it informs the practice and teaching strategies of nurse educators in the academic setting. A rigorous review, synthesis, and analysis of the evidence-based literature assisted in identifying gaps and guided recommendations for nurse educator practice.

Research Questions

The project described aims to address the following questions with the emphasis in teaching strategies used in nursing ethics with the *Code* as a guide:

1. How might nurses infuse the *Code of Ethics for Nurses with Interpretive Statements* (2015) into practice?

2. How might the revised *Code of Ethics for Nurses with Interpretive Statements* (2015) be used in nursing ethics curriculum?

3. What evidence-based teaching strategies are used in the ethics education environment, including teaching strategies for teaching ethics in nursing?

4. For nurse educators, how are nursing students supported to be ethical practitioners using the *Code of Ethics for Nurses with Interpretive Statements* (2015) as a guide?

Background

"Florence Nightingale brought nursing from a disreputable and immoral vocation into the honest and ethical profession that is enjoyed today by emphasizing strict morals in the personal and work lives of her nursing students" (Hoyt, 2010, p. 331). The "Nightingale Pledge" was deemed the first code of ethics for nurses (ANA, 2015). Her contributions to the nursing profession, ethics, and education remain present in contemporary nursing. However, there have been times in history where nursing ethics in education was all but forgotten from the nursing

curriculum. Fortunately, by the 1970s there was a reemergence of nursing ethics education. *A Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015) was published in 1968 addressing the changes in nursing and healthcare. The revitalization of nursing ethics is reflected in the growth of research dedicated to nursing ethics.

Today, nursing ethics in education has immense competition with an already content-filled nursing program regulated by state and national accrediting bodies. Currently, it is the role of the nurse educator to select strategies to creatively integrate nursing ethics into the curriculum. It is imperative for nurse educators to be at the forefront of not only establishing an ethical foundation in the nursing curriculum, but emulate how one should conduct themselves in professional and personal environments. It may be considered flawed thinking to expect students to act with virtue, if those teaching are not also virtuous. The next section will explore the theoretical foundation of ethics in nursing, focusing on virtue and human dignity.

Theoretical Foundation

The theoretical foundation of nursing ethics education is grounded in virtue ethics using ethical principles, exploring the virtuous self through the lens of spirituality, formation of the individual, and patterns of knowing. It is important to note the author does not imply an individual is required to be religious or spiritual to be ethical, nor has attempted to be mutually exclusive.

According to the *Code*, nurses have a commitment to protect, promote, and restore health and well-being of individuals, families, communities, and populations (p.vii). The foundation of this commitment is to uphold and protect the values, morals, and ideals of the nursing profession. The *Code* outlines the obligations of the nurse, including the nurse's commitment to the public. The *Code* not only informs nursing practice, but informs all areas of a nurse's life as reflected in provision five, "The nurse owes the same duties to self as to others, including the responsibility

to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth" (ANA, 2015, p. 19). Statement 5.2 discusses the promotion of personal health, safety, and well-being. It underscores the importance of finding balance between the promotion and maintenance of health and well-being. The *Code* also encourages nurses to "attend to spiritual or religious needs" (p. 19). The moral respect owed to oneself is the same moral respect shown to patients; this is the foundation of provision five. It emphasizes the importance of duty to oneself and others by acknowledging human dignity and integrity.

Human Dignity

A predominant theme throughout the *Code* is respect for human dignity, always, in all ways, for all individuals. It is to be understood there are no exceptions to this. Any definition used for human dignity should include respect. Human dignity is truly inherent, meaning all individuals are worthy of this dignity because each individual is a human being (K. Kalb, personal communication, April 13, 2015). The mission of nurses and as human beings is to use the *Code* as a guide to inform all areas of the nurse's life as part of that foundation. In the *Code*, the entire focus of provision one is on human dignity, which is re-emphasized in provision five from the nurse's perspective, and provision nine from the profession's perspective. For example, provision 1.1 states, "A fundamental principle that underlies all nursing practice is respect for inherent dignity, worth, unique attribute, and human rights of all individuals" (ANA, 2015, p. 1). Truly, the *Code's* framework is centered on respect for human dignity, which is interrelated with virtue.

Virtue

"Virtues are universal, learned, and habituated attributes of moral character that predispose persons to meet their moral obligations" (ANA, 2015, p. 23). Nurses are expected to embody the attributes of "knowledge, skill, wisdom, patience, compassion, honesty, altruism, and courage" (ANA, 2015, p. 23). These attributes allow for nurses to affirm most importantly, human dignity. As described in provision statements 6.1 and 6.2, nurses have an obligation to "create, maintain, and contribute" to a moral environment where nurses practice morally, embody 'good' character, and are virtuous individuals (ANA, 2015, p. 23).

Catholic bioethics provides a unique perspective of secular ethics. It is grounded in faith and reason that uses Christian morality to address pertinent ethical questions regarding human life. "Catholic moral tradition puts much emphasis on the morality of individual human acts and of the virtues they engender" (Austriaco, 2011, p. 10). However, in healthcare, the moral individual may encounter situations where it is difficult to act well (Austriaco, 2011). "Much emphasis is placed upon how individual acts affect the acting person because it is through these acts that human agents attain beatitude" (Austriaco, 2011, 11). This is where the role of virtue emerges.

According to Austriaco, virtues are defined as "stable dispositions in the human agent that enable him to know, to desire, and to do good-to help us to act well" (Austriaco, 2011, p. 14). The moral responsibility of one's actions is based on the acts that are actually performed as these acts shape the individual's moral character. (p. 24). It is important to mention for the act to be considered good, the moral object, intention, and circumstance must also be considered "good." The objective is to strive for the authentic good. In difficult moral decisions, the moral conscience is used to analyze and inform a decision.

Part II of The United States Conference of Catholic Bishops (USCCB) (2009) concentrated on the spiritual and pastoral care in healthcare. It is impressed upon an individual that "without health of the spirit, high technology focused strictly on the body offers limited hope for healing the whole person" (United States Conference of Catholic Bishops, 2009, p. 14). The Conference highlighted the role of Catholic healthcare within its community, though it could be applied to any diverse healthcare institution. It is presumed that any healthcare institution is enmeshed in the "healing and compassion" care that is delivered to treat disease or illness, as it aligns with healing of the "physical, psychological, social, and spiritual dimensions of the human person…" (USCCB, 2009, p. 14). The spiritual dimension of the human being is interrelated to nursing and nursing ethics education.

Spirituality

Spirituality is an integral piece of this foundation. It has made many contributions to the moral foundations of nursing. Spirituality is the foundation of one's being. This is a common thread that weaves human beings together because all individuals have a spirituality, as it is broader than religion (K. Kalb, personal communication, January 27, 2015). Spirituality is not specifically defined in the *Code*. However, virtue is addressed as it relates to moral development. It is explicitly implied in the concept of "wholeness of character," which is found within provision five. Without either, an individual would be unable to act with virtue and acknowledge human dignity. "It is the obligation of the nurse educator to help students develop virtue who practice with integrity" (K. Kalb, personal communication, January 27, 2015).

In nursing education, it is expected graduates are prepared to make decisions based on the ethical framework expressed in the *Code*. The profession's expectation is to uphold the integrity of the profession and garner the intention of embodying what it means to be an ethical

practitioner. The National League for Nursing's (NLN) *Core Competencies of Nurse Educators* (2005) has outlined eights competencies. Competency II states "Nurse Educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role" (National League for Nursing, 2005, p. 2). Another example is in competency V, which states "Nurse Educators function as change agents and leaders to create a preferred future for nursing education and nursing practice" (NLN, 2005, p. 5). It is the responsibility of the nurse educator to embody the virtues being taught to prepare students to practice based on the *Code's* ethical framework. This is explored further in the *Professional Standards* section.

Formation of the individual

In another text, *Educating Nurses: A Call for Radical* Transformation, Benner, Sutphen, Leonard & Day (2010) discussed the formation of the individual with a focus on modeling ethical behavior and the- "doing, knowing, being" as it relates to teaching ethics in the classroom. "Teaching and learning ethical comportment in interpersonal and relational skills requires thoughtfulness, good curricular and pedagogical development and planning" (Benner, Suphen, Leonard & Day, 2010, p. 167). It is essential for students to not only understand how to care for patients, but establish a foundation of what good nursing practice is; it is something that requires knowledge, skills, and "moral imagination." Moral imagination is an act of consideration; "the ability to ponder and wonder about the inherent rightness or wrongness of decisions, choices, and behaviors" (Wocial, 2010, p. 93). The formation process of the student takes place over time with an emphasis on every aspect of the student nurse's education where "transformation from the well-meaning layperson to the nurse who is prepared to respond with respect and skill to people who are vulnerable or suffering" (Benner et al., 2010, p. 166). The

formation creates experiences in clinical and ethical reasoning, decision-making and reflection that addresses ethical issues experienced or witnessed in daily professional practice.

Patterns of knowing

The distinct fundamental patterns from Carper's (1978) *Fundamental Patterns of Knowing in Nursing*: "The Component of Personal Knowledge" presents the importance of critically understanding how one individual thinks, perceives, and values knowledge that is most meaningful in nursing education. It states, "Personal knowledge is concerned with the knowing, encountering, and actualizing of the concrete, individual self" (Carper, 1978, 26). This type of knowing is interconnected with the kind of knowing in areas of health promotion and personal integrity (Carper, 1978). Carper also suggested educators and practitioners must recognize the difficult decisions that must be made each day in a complex and challenging healthcare system. Questions raised about moral dilemmas are addressed in the context of right and wrong actions within the treatment, maintenance, or promotion of health and well-being (Carper, 1978).

The nursing profession provides an invaluable role to the public, which is essential in the treatment of illness and health advocacy. Again, respect for human dignity is mentioned as a principle obligation of the nurse in the care of individuals. Using the *Code* as guide is just that- a guide. Nursing students rely on nurse educators to assist in understanding ethics as it relates to nursing. "Knowledge of morality goes beyond simply knowing the norms or ethical codes of the discipline…[it includes] judgments of moral value in relation to motives, intentions, and traits of character" (Carper, 1978, p. 27). The fundamental pattern of ethical knowing is focused on the moral obligation and voluntary or thoughtful acts of the nurse, whereas the pattern of personal knowing is focused on personal well-being.

For nurse educators, the ethical pattern of knowing is the most challenging to comprehend and teach because it cannot be described or experienced by nursing students, rather it must be realized. "Personal knowledge is concerned with the knowing, encountering, and actualizing of the concrete, individual self" (Carper, 1978, p. 28). It impacts one's relationship with others in addition to one's own self.

Knowledge of nursing standards, values, and codes that establish the profession's moral foundation is essential for developing a greater understanding of how to know what ethical choices are applicable and to make decision based on that foundational knowing. Next, nursing professional standards are examined as it relates to nursing ethics education.

Professional Standards

Nurses are dedicated to the professional standards, guidelines, and principles that are a testament to the nursing profession. An overarching theme found in the listed organizations is the public's perception of the nursing profession's ethical behavior in practice. The following organizations have helped shape professional nursing practice.

American Association of Colleges of Nursing

First, the American Association of Colleges of Nursing's *Essentials of Baccalaureate Education for Professional Nursing Practic*e (2008) serves as a guide in baccalaureate education. Essential VIII: professionalism and professional values validates inherent values, such as human dignity and integrity are the foundation of nursing. The profession of nursing has been well-respected because of the care and compassion nurses provide. Caring is essential to nursing practice (American Association of Colleges of Nursing, 2008) and is an expression of spirituality. Nurse educators have the obligation to lead graduates and ensure these future nurses are prepared to make decisions based on this ethical framework.

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Institute of Medicine

Next**,** the Institute of Medicine (2009) is committed to areas related to health education. "Our work continues to explore the role of education in such areas as the training of the health care workforce, in prevention and health promotion, and in improving the quality of care" (Institute of Medicine, 2009). These roles are stated in the *Code* and therefore, nurse educators are supported by this professional organization to advance the role of education in healthcare.

The National League for Nursing

Third, The National League for Nursing (2005) is an organization dedicated to nursing education. One of its core values is integrity, which is reflected in competency two: facilitate learner development and socialization. This competency informs nurse educator practice with the use of language that speaks to the educator's commitment not only to the student's development, but as well as their own. It highlights the educator's role as a model that embodies the core values expected of a professional nurse. Competency four: participate in curriculum design and evaluation of program outcomes explains the nurse educator's involvement with curriculum design so that it reflects contemporary nursing education and prepares students for their professional role in nursing.

The Joint Commission

Finally, The Joint Commission (2015) is rigorous in its standards stating **"**Nursing's commitment to improve quality, promote safety and reduce patient harm is at the heart of the profession. "Whether situated in clinical practice, administration, research or education, the leadership provided by professional nurses can result in better patient care" (Scott Blouin, 2014). A significant focus for the nurse educator is facilitating student development in areas of integrity and professionalism, so nurses are safe practitioners.

This list of respected professional standards not only serves as a governing organization, but has assisted in shaping and guiding professional behavior in academic and clinical settings.

Literature Review

The following is a list of electronic databases used during the literature review process. The Cumulative Index of Nursing and Allied Health Literature (CINAHL), Elton B. Stevens Company (EBSCO), and Minnesota Interlibrary Telecommunications Exchange (MINITEX) were searched using the key words: ethic* issues AND nurs*; ethic* issues AND nurs* AND spirit*; ethic* AND nursing education. Inclusion criteria included articles written in English, published scholarly articles from 2004-2014. Exclusion criteria included author opinion articles and ethics education in staff development. It was difficult to find scholarly articles on studies relevant to this project due to exclusion criteria, including date, language, and/or topic relevance. Reference lists of the selected articles were reviewed for additional publications. Twenty-one scholarly articles were chosen for this review. These articles are summarized in Table 1 according the author, main findings/points, search engine, and writer's notes. A review of related references is also included in Table 1.

Appendix A was created to ensure continuity in terminology definitions used throughout this scholarly work.

Evidence-based Strategies

Evidence-based teaching strategies reviewed for this scholarly project encompassed the idea of promoting nursing ethics education, concern for the quality of the learning and teaching taking place, and the creation of meaningful learning experiences through teaching techniques, such as team and problem-based learning.

Problem-based learning

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Problem-Based Learning (PBL) is a "pedagogical approach and curriculum design methodology" to active learning, focusing on the learning taking place rather than the teaching (Learning-theories.com, 2015). Lin, Lu, Chung, & Yang (2010) completed a study comparing peer-tutored PBL and traditional teaching frameworks in nursing ethics education. The study concluded that peer-tutored PBL and traditional teaching (i.e. lecture) were both effective in nursing ethics education. However, PBL had "the potential to enhance the efficacy of teaching nursing ethics" (Lin et al., 2010, p. 373). Though the results revealed both teaching strategies were effective, students expressed increased feelings of motivated learning and critical thinking as compared to the control group (Lin et al., 2010). The authors recommended peer-tutored PBL due to the lack of qualified educators to teach nursing ethics. This would allocate time more effectively spent to allow for nurse educators to provide more in-depth discussion and application of what is being taught.

Alexander, McDaniel, Baldwin & Money (2002) indicated a PBL framework also had the potential to improve self-directed learning, critical thinking, communication, and ability to work as a team. The nursing student's ability to utilize tools of self-directed learning and actively participate in the learning taking place is instrumental in nursing education and evidence-based practice in the professional setting. It is not effective to have students passively recall information taught in a class within a course. Though a student is able to retain the information learned, this does not equip the student with the skills to be a competent practitioner (Alexander et al., 2002). The authors' study focused on the re-design of an undergraduate nursing curriculum that would reflect a PBL format. The goal was to improve student learning outcomes centering on "critical thinking, self-directed learning, communication, interdisciplinary collaboration, the ability to work and contribute within a team, and the development of lifelong learning skills"

(Alexander et al., 2002, p. 249). Qualitative and quantitative assessments were completed, concluding the use of a PBL format would be beneficial to the nursing curriculum to enhance active learning and critical thinking. Interestingly, the authors also emphasized that in addition to skill development, evidence-based practice must be incorporated into the curriculum, including nursing students' comprehension of the research process and how to use research data in one's work. Completion of the Health Education Systems, Inc. (HESI) demonstrated an increase in scores, including a significant increase in pretest and posttest scores (p=0.001) (Alexander et al., 2002).

As cited in Bradshaw & Lowenstein (2011), the PBL framework can be used in a traditional classroom setting or web-based courses as it supports reflective learning activities, which is beneficial for the nurse educator because it allows for simulation of clinical situations in a safe, non-threatening environment that is focused on the student learning that is taking place. Educators require training, whether content expert or not, to develop knowledge and skill in small group facilitation.

Team-based learning

Team-Based Learning (TBL) is another type of teaching learning strategy, which is centered on small group learning focusing on student preparation and application of class content (Vanderbilt University Center for Teaching, 2015). Hickman & Wocial (2013) identified TBL as a framework for enhancing student learning, especially in nursing ethics education. The TBL framework actively engaged students, as it increased their level of satisfaction in the learning experience. In terms of nursing ethics education, TBL can assist students through ethical dilemmas. The authors used the TBL framework to teach an applied health care ethics course.

An analysis of the TBL implementation suggested it "reinforces the three components of

moral competence: moral perception, moral judgment, and moral behavior" (Hickman & Wocial, 2013, p. 699). The authors recommended the Readiness Assurance Process (RAP), which was used at the beginning of the class to assess students' knowledge and readiness with concept analysis. It was comprised of a three part sequence that addressed 1) students' class preparation; 2) class readiness through educator's assessment and clarification of information; 3) application of course material through "application-oriented team activities and problems" (Hickman & Wocial, 2013, p. 697).The use of TBL methods is significant in nursing ethics education as it relates to the student's moral competence and ability to conduct oneself in everyday ethical practice.

Values-based enquiry model

The Values-Based Enquiry Model (VBE) is a values based curriculum model that aims to address the development of 'good character' in students (McLean, 2011). The theoretical foundation for this framework is grounded in virtue ethics and values based practice. The VBE model is constructed on: 1) awareness of self; 2) care and compassion; and 3) awareness of others. Questions are proposed for the core of the model, which were developed to guide learning and development. The nature of these questions was grounded in *self-belief and self-efficacy*, *intrinsic motivation*, and *critical and analytical skills* (McLean, 2011).

Nursing education should "extend beyond teaching about care and compassion, but should aim to instill these core values" (McLean, 2011, 159). A values-based approach supports the concept that health professionals require education that facilitates the development of skills related to a working knowledge and skillset of values. McLean suggested that educators cannot grant students the qualities of 'good character,' rather facilitate an environment where students are supported on their personal journey through the nursing curriculum. The goal of the nurse

educator is to move beyond teaching about values, rather attempt to instill the values in each student.

Bandman model

The Bandman Model is an ethical decision-making model, described in Garity (2009) as "assist[ing] students to define the ethical problem, analyze factors to facilitate shared decision-making, reach a decision regarding ethical choices, and implement a moral decision" (Garity, 2009, p. 118)**.** It is based on virtue ethics, sound ethical principles, and concepts of caring and justice (Cameron, Schaffer, & Park, 2001). The Bandman Model was used by students as a guide that provided students with specific guidelines for critical thinking, reflection, and was used to solve potential ethical clinical encounters. Garity recommended rotating the use of this model with other decision-making models to ensure students have a multi- perspective approach on how to reach an ethical decision in future professional practice.

Themes from the Literature: Teaching Strategies

A number of themes emerged from the literature as it related to nursing ethics in education, teaching strategies, and curriculum recommendations. Foremost, nurse educators want to develop curriculum and use innovative strategies to prepare nursing student graduates for professional practice in a dynamic and complex field. Not surprisingly, the literature reflects the view that student exposure to real life situations will help the student evolve as an active learner, cultivate critical thinking skills, and gain insight into the nursing profession.

Case study

First, the literature selection produced a plethora of suggestions for teaching strategies to use in nursing ethics education. The use of case studies was a recurrent theme in the literature as compared to other teaching strategies used to facilitate meaningful learning experiences (Begley, 2006; Numminen & Leino-Kilpi, 2006; Garity, 2009; Benner et al., 2010; Godbold & Lees,

2013; Cannaerts, Gastmans, & Dierckx de Casterlé, 2014). The use of case studies provided students with the opportunity to dissect real life situations and develop a deeper understanding of concepts in nursing ethics education. Garity (2009) suggested the importance of combining theory and practice using small group discussion and hybrid instruction. Lin (2010) identified the importance of using a combination of case studies, simulation, and reflection experiences to develop critical analysis skills. Alexander et al. (2002) provided examples of how to implement PBL experiences in the classroom that resembled case studies depending upon the course though no such term was used in the literary work. In contrast, Cannaerts et al. (2014) warned against relying too heavily on case studies as students mentioned drawbacks on the use of case studies that included using studies that were too vague or obvious and did not reflect their own clinical experience.

Debate

Garity (2009) explored the use of debate in nursing ethics education. The article discussed using debate as a teaching methodology that supported students in developing critical thinking (Garity, 2009). It is a "means by which to address a topic in which there may be more than one viewpoint. The value of debate is not necessarily in the resolution of a topic or persuasive results, but the value as a teaching strategy lies more in the process and presentation of the viewpoints" (Bradshaw & Lowenstein, 2013 , p. 163). Debate also enhances in-depth class discussion as it prepares students to present arguments for their professional career.

As reiterated in Bradshaw & Lowenstein (2011), the purpose of debate is not reaching a resolution of an issue, rather the learning process and the quality of viewpoints presented for each side of the debated topic. Both Bradshaw & Lowenstein (2011) and DeYoung (1990) emphasized the important difference between debate and discussion, emphasizing that debate

requires preparation time and usually results in a conclusion of the debated topic. This strategy

offers students the opportunity for active student engagement as course topics are explored and

researched.

Literary insight

Begley (1995) has suggested that the issue in ethics education is not so much of teaching

ethics, rather assisting students to develop the skills to apply the learned theory in ethical

dilemmas experienced in practice. As previously mentioned, case studies are used to fill this gap.

Begley opposes the idea of using case-based discussion because the student is not exposed to a

real life situation. The hypothetical situations presented to students illustrate the potential types

of clinical encounters seen in professional practice, but more is required of students than just

applying a theory to a hypothetical situation. According to Begley, educators need to "capture

the meaning which the experience has for the other person" (Begley, 1995, p. 288). The use of

literary works was proposed as a strategy to assist students in exploring unique real life situations

as it draws on emotional awareness and compassion. Downie and Calman contributed to

Begley's literature by exploring the use of 'vertical understanding' as a means to developing a

deeper understanding of the patient within the scenario by inquiring insight into the patient's

unique situation (Downie & Calman, 1987). It was suggested that this type of understanding

would be difficult for students to achieve if educators only used a "typical" patient scenario

(Downie & Calman, 1987).

It was suggested the use of literature and drama may add depth and enhance the meaning

of the human experience. The use of tragedies, metaphors, poems, and fictional stories are

literary categories that may elicit a human emotion/response from students. Film was also

suggested as a medium to exemplify a moral problem. Conversely, a film may minimize or distort situations or emotions that may be better illustrated in written literature.

Peer tutoring

As discussed in the *Evidence-based strategies* section of this work, PBL was listed as a strategy to enhance ethics education in nursing. Lin et al. (2010) completed a study that compared PBL and conventional teaching. However, the authors added a peer tutor component to PBL. All nursing students in the study were tested for "their nursing ethical discrimination ability" pre and post-intervention test (Lin et al., 2010, 373). The post-intervention test showcased a statistical difference between the two groups ($p < 0.001$), highlighting the role of peer-tutoring in PBL by demonstrating its ability to enhance teaching in nursing ethics. However, the results revealed that PBL and conventional teaching in nursing ethics yielded positive results for both strategies. Of note, students who participated in PBL reported higher satisfaction in areas of critical thinking and self-motivated learning compared to the students in the conventional teaching group.

Additional Themes from the Literature

Curriculum revision

There was variation in teaching methodologies used for nursing ethics education. Again, a goal of nursing ethics education is to create learning experiences for students that enhance the students' knowledge, skills, and approaches that will serve them in professional practice (Monteverde, 2014). The literature emphasized the salient points of curriculum and content recommendations. A values-based approach has been deemed an integral part of nursing ethics education as values are part of the foundation of ethics. Both McLean (2012) and Godbold &

Lees (2013) agreed a values-based approach in nursing ethics education facilitates self-reflection, which enhances the student's learning experience.

In contrast, Lin et al. (2010) recommended a separate nursing ethics course within a nursing program, which would allow for educators to facilitate more in-depth discussion in nursing ethics. It may be difficult to create such a course as there may be limited and/or qualified faculty available to teach nursing ethics due to the fact that nursing programs already have created a content filled curriculum. Lin et al. (2010) provided a solution with the use of peer tutoring that can assist nurse educators in reaching more students in and out of the classroom.

According to Numminen & Leino-Kilpi (2006), a nursing student's level of moral reasoning and decision-making was based on the curriculum, including the level of education and personal experience related to ethical experiences in the clinical environment. Gastmans (2002) added that nursing ethics education should integrate dialogue into the curriculum, especially pertaining to theories and models of nursing. It is the role of the nurse educator to support a culture of ethics, use ethical vocabulary and concepts that reach a broader perspective in nursing ethics education, be motivated to act as moral agents, and facilitate student learning in the area of moral consideration within the clinical context (Gastmans, 2002).

Nursing ethics education integrated throughout a nursing program has been praised for using the *Code of Ethics for Nurses* (2015) for establishing an ethical framework in nursing education (Fry, 1989; Milton, 2004). Fry established four goals for teaching ethics to nurses, which are 1) To examine our commitments/values in relation to the care of patients; 2) To engage in ethical reflection; 3) To develop skill in moral reasoning and moral judgment; 4) To develop the ability to use ethics for decision making, reflection on broader issues (Fry, 1989, p. 485). In order for the listed goals to be fulfilled, Fry (1989) recommended navigating away from

the traditional models used (i.e. scientific model) to a more contemporary model (i.e. moral

concept model). Contemporary models such as this should be integrated into the classroom

regardless of the ethics curriculum taught by nurse educators. Milton (2004) agreed that ethics

education should be integrated throughout the curriculum. Interestingly, Milton validated that it

does matter what ethics material is presented in the curriculum. It was thought that topics related

to certain areas of study should be presented together (i.e. topic of surrogate motherhood

presented with the maternal-child care unit) to enhance the student's learning experience

(Milton, 2004).

Educators as exemplars

In the literature, nursing students identified influential individuals, including parents,

teachers, religion, friends, media, and experiences related to moral reasoning (Numminen &

Leino-Kilpi, 2006). Begley (2006) described that educators have the opportunity to emulate how

students should be and act, emphasizing the nurse's duty to act in accordance with the *Code*. The

term exemplar is different from role model and was not used synonymously in Begley's article

or in this work. It is understood nursing students may be influenced by individuals who set an

example in the area of ethics. Unfortunately, not all students will embody virtue, moral character,

or wisdom even though one is able to learn the content and demonstrate competency on an exam.

From Eichna (1980), Begley paraphrased "…the way to teach ethics is to live life in such a way

that a commitment to ethical practice is evident in our daily actions" (Begley, 1996, 264).

Ethical competency defined

Ethical competency can be linked to the various themes presented from the literature.

According to Gallagher (2006) , ethical competence is defined as "the possession of ethical

knowledge next to the ability to "see" what a situation presents (ethical perception); to reflect

critically about what nurses know, are, and do (ethical reflection); to bring out the ethical

practice (ethical behavior); and to "be" ethical" (Cannaerts et al., 2014, 862). It has been deemed that ethical competence embraces the attributes nurse educators would like to see in their nursing students at the completion of the program as students who are prepared to enter professional practice with competence in areas of ethical issues, moral reasoning, and decision making (Johns Hopkins School of Nursing & Johns Hopkins Berman Institute of Bioethics, 2014).

Skill development

As a caveat to ethical competency, A *Report of the National Nursing Summit Executive Summary* stated there needs to be an emphasis on educational preparation to meet the demands of ethics in healthcare that is built on students' values that develops in their professional practice, which is grounded in the *Code* (Johns Hopkins Berman Institute of Bioethics, 2014). As dedicated practitioners, nurses are required to maintain the skills required to be safe, competent, and ethical practitioners.

Character of person

Campbell, Chin, & Voo (2007) highlighted several areas of concern in medical ethics education. The authors raised the question about educators' knowledge about students' attitudes and habits, suggesting that admission personnel need to dedicate more attention to the selection and admission of students into medical schools (Campbell, Chin, & Vue, 2007). The same sentiment can be applied to the selection and admission process in schools of nursing. It was suggested that not every person entering a health related professional program is "suited to the kinds of demands of character that are involved in pracising [sic] medicine" (Campbell et al., 2007, p. 433). One of the challenges noted in the article was the evaluation of ethics teaching based on the outcomes and assessment methods utilized to produce ethical practitioners suggesting further research is necessary in examining how nurse educators are evaluating students and the effectiveness of one's teaching.

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Developing character

The teaching of ethics can be considered challenging for educators, especially when discussed in the context of intellectual virtues. Various teaching strategies need to be utilized when discussing Aristotelian ethics: *practical and theoretical wisdom* and *excellence of character* (Begley, 2006). Ethics education requires more than teaching traditional theoretical ethics and must also facilitate learning that includes *practical wisdom* and *excellence of character. Excellence of character* has been proven to be difficult to teach because it is acquired through practice and not by instruction (Begley, 2006). However, this does not insinuate educators are defeated in teaching ethics. Begley (2006) took the approach of defining virtue "as a type of knowledge, or skill, can be taught, and people can, with appropriate experience, habitual practice, and good role models, develop *excellence of character* and become moral experts" (Begley, 2006, p. 257). It was understood that it takes years of experience and maturity to acquire *theoretical wisdom* and *practical wisdom*. Nursing students require nurturing environments where there is support and guidance as they learn, practice, and develop the knowledge and skill qualities of an ethical practitioner. It is imperative to appreciate the distinction between teaching ethics and teaching virtue. The main distinction was identified as facilitating between teaching and understanding ethical concepts and facilitating the above intellectual virtues to make sound ethical judgments in professional practice (Begley, 2006).

Conforming vs. Complying

Much of the literature supported the use of ethical codes as a guide in the area of ethical decision making. Spielthenner (2014) begged to ask the question- Why should an individual follow a code, especially if it is not reflective of one's own interests? It has clearly been articulated in this work the importance of the *Code* as an instrument for guiding professional

nursing practice. It was debated that the rationalization of a code can be justified because individuals conform to its statements and use it in practice. Though professionals can take their code of ethics as normative statements, this is not considered the same as complying with a code (Spielthenner, 2014). It has been suggested that individuals comply with a code of ethics for personal reasons, motivated by fairness, commitment, and the well-being of others.

Themes presented in the literature also showcased gaps in the literature that require further investigation.

Gaps in the Literature

A robust review of the literature highlighted areas that have not been thoroughly explored or researched. The following topics and sub-topics merit exploration in nursing ethics and nursing education research.

Begley (2006) argued that ethics education requires going beyond teaching basic ethics, such as Aristotelian ethics and move forward to facilitate conversation in areas of *practical wisdom* and *excellence of character*. Nurse educators want to be confident in what they are teaching and ensure learning is taking place within the learning environment.

According to Monteverde (2014), healthcare educators face "gaps between the *thought*, the *taught* (delivered), and the *assessed* ethics curriculum" (Monteverde, 2014, p. 387). Monteverde suggested there is a growing number of students who bring pertinent past experience to healthcare education, where the concept of informal ethics curriculum is important to address in educational activities.

Numminen, Leino-Kilpi, van der Arend, & Katajisto (2011) suggested that a more varied methodological approach, such as longitudinal designs be used to understand moral development. A caveat of using a more diverse approach would be to use larger sample sizes and

random sampling to reflect a more broad and dynamic view of the nursing student. An additional area of focus for further research is the organization of the ethics education integrated into the nursing curriculum. The focus should include teaching procedures, such as goals and objectives, content, teaching strategies, evaluation methods, and competence of the nurse educator (Numminen et al., 2011).

Harding (2013) contended that the profession of nursing is practiced around the world, yet world culture divides how nurses practice. World culture can be divided into two types: individualist and collectivist. An individualist culture, like the United States focuses on the right of the individual. Whereas in China, Chinese culture is created based on the teachings of Confucianism, Taoism, and Chinese Buddhism meaning the culture is based on relationships with others as a collective whole (Harding, 2013). It was proposed that nurses around the world should be concerned with cultural safety and this education begins in the classroom.

Unfortunately, many schools of nursing reflect Western philosophy, begging the question of where nursing ethics falls within the content. It was pointed out that there is no single approach to ethics in the setting of culture and nursing education. Harding (2013) suggested further exploration is required to how principles of cultural safety can enhance teaching opportunities and learning experiences.

Recommendations

The process of completing an in-depth literature review fostered the opportunity to formulate recommendations for future research and implications for professional nursing practice in areas of nursing ethics and nursing education.

Recommendation 1: The foundational curriculum should establish an ethical framework that is used throughout the nursing program.

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A central theme in the literature was the recommendation that curricular in nursing education programs need coursework in the area of ethics education, whether as a prerequisite into the program or within the nursing curriculum itself. However, this proposal does not take into consideration the impact of adding more ethics content to an already content filled nursing curriculum. It is recommended that the initial nursing curricula contain an ethical framework that would be used throughout a student's program of study. Also, the critical component of the initial framework is one that is bridged into one's professional practice. Again, using the *Code* as a guide provides the context in which ethics in nursing education is explored and applied to areas of moral reasoning, decision making, and ethical dilemmas (Benner et al., 2010; Doane et al., 2004; Lee, Viers, & Anderson; 2013).

Recommendation 2: The ethics curriculum developed for a nursing program should reflect content and activities that actively engage the nursing student.

Student perspectives found in the literature expressed a desire for ethics education to reflect clinical experience and ensure learning was an enriching experience (Cannaerts et al., 2014; Doane et al., 2004). *A Report of the National Nursing Summit* from Johns Hopkins School of Nursing and Johns Hopkins Berman Institute of Bioethics (2014) identified four key domains where nursing and ethics converge: clinical practice, education, research, and public policy. The executive summary highlighted the domain of nursing education, stating the goal is to "promote excellence in nursing ethics education, in order to build a strong and diverse health care workforce to advance the ethical delivery of health care" (Johns Hopkins School of Nursing and Johns Hopkins Berman Institute of Bioethics, 2014, p. 3). It is necessary to review the "current scope, priority, design, and evaluation" of a nursing program in order for ethics education in nursing to achieve a stronger standing in nursing curriculum (Johns Hopkins School of Nursing

and Johns Hopkins Berman Institute of Bioethics, 2014, p. 3). A set of action steps were recommended for research in the domain of nursing ethics education, which included assembling current information on ethics education at all levels of education in a nursing program and increase expectations of nursing students within the program setting in the area of ethical behavior.

The goal is to integrate teaching strategies that align with the nursing school's mission and vision, and fulfill goals, objectives, and outcomes created for a course, which is further explained in Recommendation 3.

Recommendation 3: Nursing ethics education must be creatively integrated into an already content filled nursing curriculum.

In order for nursing students to be prepared to deal with ethical dilemmas in practice, the current teaching strategies need a complete transformation, which will have a positive impact on the ethical development of nursing students (Fry, 1989; Numminen & Leino-Kilpi, 2007; Park, 2009). It is also recommended there is a systematic approach to address the barriers in teaching the array of content required in ethics education (Fry, 1989). As stated in Recommendation 2, the teaching strategies need to foster learning and actively engage the student.

Recommendation 4: Schools of nursing should hold faculty and students to a higher level of expectation.

It was recommended that schools of nursing have a higher level of expectation of nursing faculty and students. Nurse educators have a responsibility to better prepare students to address ethical dilemmas. Nursing students have the obligation "to achieve stronger ethical components of educational programs; shifts are needed in their current scope, priority, design, and evaluation" (Johns Hopkins School of Nursing and Johns Hopkins Berman Institute of Bioethics,

2014, p. 3). It is important that both parties develop an awareness of ethics education that will develop skills and build character that will serve them well in professional practice. The goal should be to have the ability to identify, describe, and understand ethical issues faced in everyday practice (Cannserts et al., 2014).

Recommendation 5: Nurse educators should be required to develop the skills needed to teach nursing ethics through professional development activities.

The *Johns Hopkins* executive summary also provided recommendations for nurse educators. Students stressed the importance of nurse educator skills in nursing ethics education. "Teachers should be able to stimulate students via gentle persuasion…balance being supportive and being challenging…attitude contributed to a sense of confidence and security…during reflective process" (Cannaerts et al., 2014, 873). It also reflected on knowledge base and ability of the educator.

The knowledge and ability of the educator is interrelated to faculty development. It is important for nursing faculty to attend workshops, develop teaching skills and peer mentoring, which supports the idea of improving nursing education (Benner et al., 2010; M. Turner, personal communication, March 12, 2015). According to Benner et al. (2010), nursing organizations "need to join nurse educators and students to improve nursing education before graduation and over the course of the nurse's career" (p. 215). The proposal includes promoting research in areas of nursing ethics and education, including educators and clinical instructors (Numminen & Leino-Kilpi, 2006).

Recommendation 6: It is essential that nursing licensure regulations clearly define the requirements of ethics education within a nursing program.

The exploration of the legal basis of ethics education in nursing was another recommendation (Park, 2009). As each school of nursing is regulated by its state governing body, licensure regulations should clearly define the requirements of ethics education within nursing. Nursing education programs are approved and monitored by its state nursing board. As such, nursing schools alter the structure of the program in response to government mandate. "Therefore, legal statements regulating ethics education have the coercion power for leading the structural change of nursing schools in relation to teaching ethics, and a powerful resolution for instituting ethics education would be the development of a policy for ethics education" (Park, 2009, p. 107).

Conclusion

The in-depth literature review for this scholarly project addressed the importance of nursing ethics in education and demonstrates the variety of teaching strategies that can be utilized to facilitate conversation in the areas of ethics, ethical reasoning and decision making to produce ethical practitioners. "The moral code which guides the ethical conduct of nurses is based on the primary principle of obligation embodied in concepts of service to people and respect for human life" (Carper, 1978, 27). Nurses foster the relationships they have with patients, families, and colleagues. It is considered an honor to care for another; being present at their most vulnerable and time of need. As ethical practitioners, nurses embody the ethical principles described in the *Code.*

As stewards of the profession, nurse educators lay the foundation for the context in which nursing curriculum is developed. Nurse educators have the competence to act as moral agents to acquire the changes needed to integrate ethics into nursing education and the teaching strategies to develop ethical practitioners in nursing school and in one's professional career. As quoted by

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content editor of the *Code*, "It is not the end of the conversation at graduation, it is just the

beginning" (M. Turner, personal communication, March 12, 2015).

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Appendix A: Definitions

The following are definitions provided as a reference. Definitions within the literature may differ based on how the author interprets the term used and will be noted in the review.

Beatitude: "Supreme blessedness; exalted happiness" (Dictionary.com)

Ethical dilemma: "Occurs when there are conflicting moral claims" (Burkhardt & Nathaniel, 2012, 420)

Ethical principles: "Basic and obvious moral truths that guide deliberation and action. Major ethical principles include autonomy, beneficence, nonmaleficence, veracity, confidentiality, justice, fidelity, and others" (Burkhardt & Nathaniel, 2012, 420)

Ethics: "A formal process for making logical and consistent decisions based upon moral beliefs" (Burkhardt & Nathaniel, 2012, 420)

Exemplar: "One that is worthy of imitation; a perfect example or model" (American Heritage Dictionary of the English Language, 2011)

Integrity: "Refers to the adherence to moral norms that is sustained over time. Implicit in integrity is trustworthiness and a consistency of convictions, actions, and emotions" (Burkhardt & Nathaniel, 2012, 422). "An internal quality (virtue) within oneself; a cluster of attributes…It requires ongoing self-examination and taking seriously one's life, values, commitments, and so forth" (ANA, 2015, 43).

Moral agent: "A being who is capable of acting with reference to right and wrong" (Webster's Revised Unabridged Dictionary)

Moral competence: The three dimensions include "moral perception, moral judgment, and moral behavior" (Hickman & Wocial, 2013, 699; Jormsri, Kunaviktikul, Ketefian, & Chaowalit, 2005)

Moral integrity: "A focal virtue that relates to soundness, reliability, wholeness, an integration of character, and fidelity in adherence to moral norms sustained over time" (Burkhardt & Nathaniel, 2012, 423)

Obligation: "Being required to do something by virtue of a moral rule, a duty, or some other binding demand, such as a particular role or relationship" (Burkhardt & Nathaniel, 2012, 424)

Religion: "The codification of beliefs and practices concerning the Divine and one's relationship with the Divine that are shared by a group of people" (Burkhardt & Nathaniel, 2012, 425)

Role model: "A person who serves as a model in a particular behavioral or social role for another person to emulate" (American Heritage Dictionary of the English Language, 2011)

Spirituality: "The animating force, life principle, or essence of being that permeates life and is expressed and experienced in multifaceted connections with self, others, nature, and God or Life Source" (Burkhardt & Nathaniel, 2012, 426).

Values: "Ideals, beliefs, customs, modes of conduct, qualities, or goals that are highly prized or preferred by individuals, groups, or society" (Burkhardt & Nathaniel, 2012, 427). "Core beliefs of desirability, worth, or dignity that guide and motivate attitudes and actions, two of which informs ethics" (ANA, 2015, 46).

Values Based practice: "Recognize[s] that healthcare professionals need to develop skills which enable them to develop knowledge and awareness of values, and the abilities to reason and work with values" (McLean, 2011, 161).

Virtue: "A habit of character that predisposes one to do what is right; what we are to be as moral agents; habituated, learned" (ANA, 2015, 46). "It allows the person not only to perform good acts, but to give the best of himself." (Catechism of the Catholic Church, 1994, para. 1803).

Virtue ethics: "Theories of ethics, usually attributed to Aristotle, which represent the idea that an individual's actions are based upon innate moral virtue" (Burkhardt & Nathaniel, 2012, 427).

Virtuous self: "The virtuous person tends toward the good with all his sensory and spiritual powers; he pursues the good and chooses it in concrete actions" (Catechism of the Catholic Church, 1994, para. 1803). The human virtues are stable dispositions of the intellect and the will that govern our acts, order our passions, and guide our conduct in accordance with reason and faith. They can be grouped around the four cardinal virtues: prudence, justice, fortitude, and temperance (Catechism of the Catholic Church, 1994, para. 1834).

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Table 1 Literature Review Grid

Author	Source	Main Findings	1st Point	2nd Point	3rd Point	4th Point	5th Point	Study Design	Search Engine	Other notes
Alexander, J.G., McDaniel, G.S., Baldwin, M.S., & Money, B.J.	(2002). Promoting, applying, and evaluating problem-based learning in the undergraduate nursing curriculum. *Nursing Education Perspectives*, *23*(5), 248-253.	-Study found Problem-based learning (PBL) promotes active learning -PBL can be used as a curricular approach or teaching strategy -Educators need to use teaching strategies that "allow socialization of the student as a colleague (p. 249)	-Important for educators to prepare students for profession practice; become self-directed learners	-Difference between knowledge retention and value learning with critical thinking	-Goal of study was for students to be active participants in the classroom; important to empower the student -Study conclusion: PBL can be used to reinvent the classroom environment			Qualitative and quantitative evaluation	CINAHL	-Provides examples of PBL as it relates to the course description
American Nurses Association (ANA)	(2015). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD: Nursingbooks.org.	-Establish ethical standards -Guide for nurses to use analysis & decision-making	-Foundation to nursing theory, practice& praxis -Expressed in values, virtues & obligations (p. vii)	-Informs every aspect of life: obligations, values & ideals (p. vii)	-Normative & aspirational statements that express ethical ideals	-Revisions (p. xiii)		n/a	Text	
Austriaco, N.	(2011). *Biomedicine & Beatitude: An introduction to Catholic bioethics.* Washington, D.C.: The Catholic University of America Press.	-Virtue -Integrity -Dignity	Virtues: intellectual, moral-includes cardinal virtues & theological (p. 14). -"We make ourselves the kinds	Integrity: "We strive to live a life of virtue & charity by respecting the human dignity" (Kalb speaking about author)	Dignity: "Human dignity is intrinsic & depends solely on the humanity of the human being" (p. 182)	Stages of human action: intention, decision, execution	Catholic moral tradition (p.24)	n/a	Text	Role of Ecological Good (p. 33) as it relates to eco-justice (provision 9)

		of persons we are, in & through our actions we freely choose to do" (p. 10). -Moral virtues are interconnected (p.5)								
Begley, A.M.	(1995). Literature, ethics and the communication of insight. *Nursing Ethics, 2*(4), 287-294.	1. Identifies that teaching ethics is not the issue, rather how educators help learners apply theory into real-life situations & dilemmas 2. Imaginative approach to teaching; develop insight to understanding moral issues 3. Downie & Calman's (1987) Vertical understanding 4. Reflects on Aristotle discussing Catharsis	1. Able to share how someone feels, but not able to force the learner to feel the emotion themselves	2. Provide opportunities to experience what is being taught-opportunity still not provided in real-life scenario	3. "Vertical Understanding"-"Need to capture the meaning which the experience has for the other person" (p. 288) -Literature can assist in emotional awareness through "sensitizing sympathy" -This level of insight helps learner to approach a moral dilemmas with compassion & knowledge required drawing on principles learned				Minit ex	
Begley, A.M.	(2006). Facilitating the development of moral insight in practice: Teaching ethics and teaching virtue. *Nursing Philosophy, 7*, 257-265.	- Distinction between moral virtue & intellectual virtue -Educator must "facilitate	-Teaching ethics: theoretical framework Teaching virtue: moral developme nt, practical	-Virtue as a skill: "Person of moral excellence has the skill of virtue & this skill produces good acts" (p. 259). -How virtue is	-Ethics courses can encourage critical thinking & reflection -A role model is not the same as an	-Teaching strategies: 1. Case studies (endure case is presented prior to the		In-depth literatu re review	EBS CO	Question by author: Can educators influence the way in which learners learn theoretical ethics &

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		the acquisition of practical wisdom & excellence of character"- this requires various teaching methods (p. 257)	wisdom & character	taught: -Skill has to be teachable, measurable, learner needs to acquire theoretical AND practical wisdom -Important to teach rules of "good nursing" AND how well learner "displays excellence of character & wisdom" (p. 260).	exemplar- students are novice & can have trouble discerning b/w good and bad example -Important for educator to possess practical wisdom, theoretical wisdom and experience (p. 261)	dilemma) 2. Book, poem, art, dialogue- "Literature has the power to being about emotional responses- reader becomes involved- insight is required" (p. 263) -Teach ethics that demonstrates one's personal ethical practice through acts of daily living				gain virtue at the same time? How does the educator help the learner achieve sensitivity, perceptual awareness & moral vision? Think about Aristotle: focuses on the exemplar (the person of practical wisdom)
Benner, P., Sutphen, M., Leonard, V. & Day, L.	(2010). *Educating nurses: A call for radical transformation.* San Francisco, CA: Jossey-Bass.		-(p. 166) "…good nursing practice requires knowledge, skill & moral imagination" - Formation and re-formation- must form new habits & action	(p. 169) students need to develop a self-understanding while upholding the values of others, so they are inclusive & non-judgmental	- Emphasizes professional ethics & education model that incorporates knowledge, clinical skills, ethical behaviors	Ethics course exemplar: (p. 174)		n/a	Text	
Burkhardt, M.A. & Nathaniel, A.K.	(2012). *Ethics & issues in contemporary nursing* (2nd ed.). Clifton Park, NY: Delmar Learning.		"Becoming more aware of one's values is an important step in being able to make clear & thoughtful decisions" (p. 68)	Self-knowledge is the foundation to ethical relationships. It is an evolving process	Integrity: A person with integrity is consistent with convictions, actions, emotions; trustworthy (p. 36). "It is only the extent that we appreciate our own			n/a	Text	-Use self-awareness as a tool for living an ethical life (p. 66) -Questions to ponder: How have your values developed

					values that we can truly understand the values of another" (p. 69)					?
Campbell, A.V., Chin, J. & Voo, T.C.	(2007). How can we know that ethics education produces ethical doctors? *Medical Teacher*, *29*, 431-436. doi: 10.1080/01421590701504077	1. Ethics education is multi-professional & multi-disciplinary; ethics courses should be rigorous just as other courses within the curriculum 2. Ethics education should be integrated into the curriculum -vertical and horizontal 3. Ethics education should not be considered an add-on to the rest of the curriculum	-Barrier within a program: loss of ethical sensitivity	-Figure 1: Learning outcomes & matching methods of assessment in key areas of medical ethics education (p. 432). (i.e. Assessment method=portfolioOutcomes=critical thinking, ethical awareness & empathy	-More focus needs to be made at the selection & admission process- some individuals are "not suited to the kinds of demands of character that are involved in practicing medicine" (p. 433).			Literature Review	EBSCO	1. Practitioner should be able to handle complex and uncertainty in situation- should be reflective, trustworthy, empathetic. How can this be achieved? As educators, how do we assess the outcomes achieved?
Cannaerts, N., Gastmans, C. & Dierckx de Casterle, B.	(2014). Contribution of ethics education to the ethical competence of nursing students: Educators' and students' perception*s*. *Nursing Ethics*, *21*(8), 861-878. doi: 10.1177/0969733014523166	1. Students: Ethics courses increased ethical perception 2. Educators: Ethics courses increased student's ethical perceptions 3. Students & Educators: Improved student's analytical problem solving	1a. Increase awareness of importance of ethics; complex issues in healthcare 1b. Challenged established practices 1c. Ethical reflection & "ethical being"- part of ethical competence 1d.	2a. Increase awareness of importance of ethics; complex issues in healthcare 2b. Student shift in thinking-uncertainty & doubt 2c. Important to gain confidence	3a. Students identified increased ability to identify, describe, & understand ethical issues	4a. Case studies (CS) considered meaningful-develop deeper understanding of concepts within ethics 4b. Students: CS develop ethical decision-making skills 4c. Make case studies "clear-cut	5a. Combination of theory & practice 5b. Organization of ethics within the curriculum 5c. Teacher characteristics 5d. More time dedicated to teaching ethics	In-depth literature review	CINAHL	Teaching Strategies (from author's lit review): -Case Studies- good, but don't rely too much -Group Discussion -Hybrid instruction -Problem-based learning -Reflective diary with group

		skills related to ethics 4. Teaching methods: Students & Educators 5. Features of ethics education 6. Recommendations of educators by students 7. As it relates to The Code Of Ethics	Became aware of personal & professional values 1e. Self-awareness: doubt			scenarios"; important to use patient cases from clinical practice 4d. Group Discussion: student participation & interaction	5e. Ethics needs to be integrated into all nursing courses;			discussion - Storytelling - Interdisciplinary teaching - Simulation (care-ethics lab) -Use of ethical decision-making model
Carper, B.A.	(1978). Fundamental patterns of knowing in nursing. *Advances in Nursing Science, 1* (1), 13-24.	1. Four patterns of knowing: empirics, esthetics, personal knowledge & ethics	1a. Personal knowledge: - "Concerned with the knowing, encountering, and actualizing of the concrete, individual self" (p. 26) -Important when making ethical decisions that arise above personal maturity and freedom (p.28)	2a. Ethics: -Focuses on obligation & what should be done – judging right from wrong -Need to look at moral value and judgment; intention, motives -Examine personal character						

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Doane, G., Pauly, B., Brown, H. & McPherson, G.	(2004). Exploring the heart of ethical nursing practice: Implications for ethics education. *Nursing Ethics, 11*(3), 240-253. doi: 10.1191/0969733004ne692oa	1. Limitations in the literature surrounding ethical decision making 2. Literature stresses importance of "nurses' human involvement as moral agents" (p. 240). 3. Ethical nursing practice is a personal and socially mediated process (p. 251) 4. Purpose of research was to understand ethics experienced by nurses in various setting in everyday practice; 3 level analysis	Ethical decision making & action involves emotion & reasoning (embodied process)	Quote from Bauman (1993):"unless moral responsibility arises from the heart…it would never be conjured up at a later stage…"	Research findings: 1. Ethical nursing practice is a personal process 2. Three aspects that influenced nurses; identity as moral agents & their actions (reconciling personal/professional, role expectations / context, & ethics education p. 243)	Student nurse participant results: 1. Students identified reconciling personal self and professional self as difficult; inconsistency with perceived attributes and actual qualities they identified within themselves (p. 243) 2. Students expressed distress when personal and professional selves were not aligned…resulting in challenges in specific situations * Similar responses from professional nurses in practice, except these nurses struggled with if their personal self should be involved in their ethical decision making- how does it all fit together? (p. 244)	Implications for Nurse Educators: 1. Re-create curricula that supports ethical skills & behaviors 2. Assist with 'reconciling personal & professional self' 3. Integrates thinking with experience 4. Addresses the complex & dynamic arena if nursing practice	Emergent design	CINAHL	

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Fry, S.T.	(1989). Teaching ethics in nursing curricula: Traditional and contemporary models. *Nursing Clinics of North America*, 24(2), 485-496.		-Hx of ethics education in nursing: 1950s-most ethics education disappeared from nursing school curricula; 1960s-nursing ethics absent from the literature; 1970s-reimergance & interest in ethics in nursing education	Outlined goals for teaching ethics in nursing: 1. Examine own commitments/ values r/t patients 2. Engage in ethical reflection 3. develop moral reasoning skills 4. Ability to apply skills to decision making *Author makes clear that ethics is something that one does					CIN AHL	Compare to goals within recent literature
Garity, J.	(2009). Fostering nursing students' use of ethical theory and decision-making models: teaching strategies. *Learning in Health & Social Care*, 8(2), 114-112. doi: 10.1111/j.1473-6861.2009.00223.x	Proposed various teaching strategies to teach nursing ethics using Critical Thinking: -Case Studies -Ethical decision-making models(i.e. The Bandman model (1990), Burkhardt & Nathaniel model (2008), Crisham (1992) -Debate	1. Case Studies: Provide a wide variety of ethical dilemmas and guidance of how to solve the dilemma	2. Ethical decision-making: a. Bandman model: define ethical problem, analyze factors for decision-making, make a decision, implement decision b. Burkhardt & Nathaniel model: gather data, identify dilemma, determine moral perspectives, define outcomes c. Crisham model: MORAAL acronym (p. 118)	3. Debate: ethics education provides vocabulary for students to present argument & justification, use critical thinking within ethics education	Recommendations: 1. Educators have a responsibility to better prepare students to address ethical dilemmas 2. Determine where/when should ethics be integrated into nursing curriculum. 3. Important to continue research that focuses on nurses' ethical education			CIN AHL	
Gastmans, C.	(2002). A fundamental ethical approach to nursing: Some proposals for ethics	-Nurses have a more integral role in	-Nurses participate in ethical practice daily;	-Virtue ethics: "A systematic & coherent account of virtues…characteriz		3 dimensions surrounding the	Ethics education: - Demonstr	Literature review	CIN AHL	-Discusses Benner (1984) -Questions

	education. *Nursing Ethics*, 9(5), 494-507. doi: 10.1191/0969733002ne539oa	interdisciplinary ethics, which needs to include all interrelated professions & participate with the knowledge required; this requires nursing education to be grounded in ethics -Integral v. Rationalistic ethics education -Being a nurse and employee may cause confrontation, conflicts within organization	must make decision on whether to do what is 'good' based on nursing practice standards	ed as acquired human qualities" (p. 499) -A good nurse-through practice- has learned to put both heart & soul into the job & do what is expected of a good nurse (p. 499)		development of ethics education in nursing: 1. Attitude v. action-focused ethics education 2. integral v. rationalistic ethics education 3. contextual ethics education	ate how personal & professional life can be enriched by virtuous qualities & attitudes (p. 501) v. teaching rules for the sake of it -Ethics vocabulary should be broadened -Features of an ethics education "package": Ethical concepts, character, virtue, moral sensitivity and perception-could make ethics more real & meaningful to learners; manifest as 'ethical agents' -Educators responsible for providing knowledge required to develop skills needed for ethical reasoning & decision making			posed: 1. What kinds of knowledge & which practical, affective, communicative & reasoning skills do students have to learn to reach the goal of learning how to promote the well-being of patients? 2. What might constitute appropriate & effective ethics educational strategies for the promotion of virtue ethics? -Discusses teaching virtue (p. 502-03)
Godbold, R.	(2013). Ethics education for health	-Values based	-There are a variety	-Recommends a self-reflective	-McLean (2012)-	-Web-based		Small scale	CIN	-Ethical Reasoning

& Lees, A.	professionals: A values based approach. *Nurse Education in Practice*, *13*, 553-560. Retrieved from http://dx.doi.org/10.1016/j.nepr.2013.02.012	approach to ethics education; proposes web-based technology to facilitate approach	of approaches to teach ethics, including depth of content	curriculum as a more effective way to deliver ethics education (p. 554). Case study discussion, critical analysis, self-reflective journals are beneficial in this curriculum	encourages value-based curriculum in nursing education. -Values play a role in decision making, etc.-Educators & students need to understand their own values to understand the values of others (p. 554)	programs can help prevent peer pressure & provides personalized feedback		study	AHL	Tool to identify learning/ reasoning deficiency (McAlpine, Kristjanson & Poroch (1997) -Values Exchange: web-based technology that provides critical thinking and decision-making
Harding, T.	(2013). Cultural safety: A vital element for nursing ethics. *Nursing Praxis in New Zealand, 29*(1), 4-11.	-Internationalization of nursing education is a reflection of western culture perspectives that are used for different culture perspectives & practices (p. 4) -English is the dominant international and professional language	-Intent of phrase "patient-centered care" is to focus on multicultural patient population	World culture: individualist & collectivist. *Individualist:* Western, English speaking cultures-rights of the individual are dominant *Collectivist:* collective whole culture outweighs individual rights (p. 6)	Normative ethics: Beauchamp & Childress (2001)-autonomy, beneficence, non-maleficence, justice; ethical framework	Ethics in nursing curriculum: need to look at amount of content that has been dedicated to ethics (i.e. ethics course, incorporated into a particular course; what approach is being taken to teach ethics?)	Socio-ethical nurse (Woods, 2005): key features include promote social justice, maintain individual /cultural identity… (p. 9)	Literature Review	CIN AHL	-Question posed by author: How successful is the increased interest in meeting the needs of culturally diverse patients & students is when we consider the values which underpin the teaching & practice of ethics in nursing? (p. 5). -Do nurses globally share the same values? (p. 5) -As educators, how do principles of cultural safety inform our practice?
Hickman, S.E. &	(2013). Team-based learning and ethics	-TBL actively	-TBL can help	-Authors use the "four box method	-Readiness Assurance				CIN	

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Wocial, L.D.	education in nursing. *Journal of Nursing Education*, *52*(12), 696-700. doi: 10.3928/01484834-20131121-01	engages students, this can improve engagement & learner satisfaction -This includes brief team paper "Minute Paper"	students navigate through ethical dilemmas	of ethical analysis-strategy to help organize patient's story: 1) medical indications 2) patient preferences 3) quality of life 4) contextual features" (p. 697) & ethical principles"	Process (RAP) used at beginning of class to assess student's knowledge & readiness (p. 697), can be used in accordance with IRAT or TRAT				AHL	
Johns Hopkins Berman Institute of Bioethics	(2014). *A blueprint for 21st century nursing ethics: Report of the national nursing summit executive summary*. Retrieved from http://www.bioethicsinstitute.org/nursing-ethics-summit-report	4 main areas of focus: clinical practice, education, research & public policy	Nursing Education Recommendations: gather info on current status of ethics teaching in nursing- at all levels; address expectations for nursing student ethical behavior	Ethical practice: includes accountability & personal responsibility				n/a	online	
Lee, L.M., Viers, H.W. & Anderson, M.A.	(2013). The presidential bioethics commission: Pedagogical materials and bioethics education. *Hastings Center Report*, *43*(5), 16-19. doi: 10.1002/hast.207	Themes: 1. Need for improvement in bioethics education for science & medical students- important part of liberal arts & medical education 2. Need to establish ethics foundation early in education; reinforcement required throughout career	1a. Important for providers to identify ethical situation, know how to respond & support systems in place 2a. Ability to use ethics in daily practice	Pedagogical Materials: compliment teaching strategies as it relates to contemporary ethical issues in nursing					EBSCO	Pedagogical Materials available at www.Bioethics.gov
Lin, C.F.,	(2010). A	1.	Peer-	Objectives of	From	-	-There	Experi	EBS	Question

Lu, M.S., Chung, C.C. & Yang, C.M.	comparison of problem-based learning and conventional teaching in nursing ethics education. *Nursing Ethics*, *17*(3), 373-382. doi: 10.1177/0969733009355380	Comparison study of effectiveness of problem-based learning & conventional teaching of nursing ethics. 2. All students in study were tested on "nursing ethical discrimination"- before/after intervention. 3. Problem-based learning showed to be more effective b/w two groups	tutored problem-based learning has ability to enhance teaching of nursing ethics	nursing education: -establish ethical thinking & professionalism -Content needs to focus on theories, principles for application, codes & guidelines, critical thinking, decision making skills, rights & responsibilities (p. 374) from Ketefian (1999) article	Vanlaere & Gastmans (2007) article: Two approaches to ethics education 1. principles of right action learned in classroom setting 2. Virtue ethics demonstrated by role models & mentors	Recommends clinical case analysis through small group discussion -facilitates problem solving, ethical discrimination. -Problem-based learning improves self-directed learning, critical thinking, communication & ability to work in team environment (Alexander et al., 2002)	should be a separate nursing ethics course within program; limited faculty impact this. Peer tutor problem-based learning can assist educators in reaching more students (Gorgulu & Dinc (2007)	mental Design	CO	posed by author: What is the most effective course design in terms of curriculum & teaching methods?
McLean, C.	(2011). The yellow brick road: A values based curriculum model. *Nurse Education in Practice*, *12*, 159-163. doi: 10.1016/j.nepr.2011.11.002	"Values Based Enquiry" (VBE) model- develop character of learner 3 layers(p. 161 & 162): -Awareness of self -Care & Compassion -Awareness of others	Key principles of VBE: -Commitment to 'good character' -focus on instilling core values rather than just teaching them -Supports learner "maintain & develop" personal qualities & professional values;	Developing model: -explicitly seeks to instill these values (care, compassion) -Used as a basis for learning Virtue Ethics: -Based on Aristotle teachings (p. 160) Values based practice: -Foundation in mental health (recognizes personal values & values of uses are linked in all aspects						Example of how to use VBE model found on p. 161

			teaching/learning environment-motivation & responsibility of own learning -Learners develop skills of critical thinking, reasoning, & apply to practice -Foundation: virtue ethics & value based practice	of clinical practice						
Milton, C.L.	(2004). Ethics content in nursing education: Pondering with the possible. *Nursing Science Quarterly, 17(4), 308-311.* *doi: 10.1177/0894318404268813*	1. Nursing ethics is a sub-category of biomedical ethics 2. Nursing ethics aligns itself with philosophies used in biomedical ethics. 3. Various organizations use language that articulate a code of ethics: ANA (American Nurses Association, 2001), ICN (International Counsel of Nurses, 2000), STT (Sigma Theta Tau International, 2003)	1a. Term Nursing ethics is derived from larger system yet allows for nurses to identify moral issues unique to nurses	2a. ANA Code of Ethics for Nurses (2001) reflects various ethical theories, principles & virtues. 2b. The Code is comprised of normative and prescriptive statements 2c. Based on statements, teaching ethics is important & should be valued as part of a higher level education	-Course content should provide knowledge & skills to: 1. Identify & analyze ethical dilemmas 2.Evaluate ethical methods 3. Evaluate ethical decision making 4. Understand purpose of ethics committee within healthcare setting 5. Be responsible & accountable for own nursing practice (p. 310)	Ketefian (1999) provides recommendations for each level of college education: Undergraduate: establish foundation of ethical theories & principles; introduce skills (i.e. ethical decision making) Master's: prepare for managerial leadership Doctoral: Prepare for all areas of healthcare	Fry (personal communication) ethics education should be integrated throughout nursing program. Code of Ethics be presented in foundational nursing coursework. Topic difficulty should increase as student advance through program		CINAHL	Question posed by author: How does nursing define the term nursing ethics? How is nursing ethics different from biomedical ethics? How is it distinguished or viewed in various levels of higher degree nursing education? Case Study topics presented

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		4. Nursing ethics emphasized by national accrediting bodies: AACN (The American Association of Colleges of Nursing) for both baccalaureate and master's nursing education								
Monteverde, S.	(2014). Undergraduate healthcare ethics educations, moral resilience, and the role of ethical theories. *Nursing Ethics, 21*(4), 385-401. doi: 10.1177/0969733013505308	-Provides framework for teaching ethical theories-epistemic framework	-Look at gaps within the "thought, taught, assessed curriculum" (p. 387).	-Four approaches to ethical theories used in teaching ethics in nursing: Historical, Intellectual, Hermeneutic, Instrumental (p. 389). -Framework is needed when teaching ethics that promotes learning of morality and transference into clinical practice	From Lekalakala-Mokgele (2010) article: presenting the previous theories using epistemic framework changes focus from student as moral agent to theory that states the right way to act (p. 391)			-In-depth literature review		Use: 1. Cognitive load theory (intrinsic vs. extrinsic vs. germane loads) Or 2. Pragmatist learning theory
Numminen, O.H. & Leino-Kilpi, H.	(2006). Nursing students' ethical decision-making: a review of the literature. *Nurse Education Today, 27*, 796-807. doi: 10.1016/j.nedt.2006.10.013	-Literature reveals education has positive impact on moral development, but may not address all aspects of ethical decision-making (p. 802) -Research should focus on educators & clinical instructors (relationship b/w theoretical	Ethics Education: -Goal is to produce nurses who committed to the profession & provide high quality of care; then nurses should be able to make ethical decisions independently (from Hussey, 1990)	Education Impact: -Teaching method had impact on learning -Literature points to case studies with group participation the most valuable in developing ethical -Students found it helpful to use ethical principles, rights, legal issues & ICN Code of Ethics (p. 802)	Student Perceptions: -Perception & responses "influenced by their approach to ethical decision-making, idea of nurse's role in decision-making, organizational factors, & attitudes" (p.803) -When Code of Ethics applied, most frequent	Student level of moral reasoning: -Related to curriculum, education level, encountering ethical issues in clinical experience -Student had enhanced moral reasoning & decision-making with advancem	Influencing Factors (p.804): - Regarding ethical awareness: parents, teachers, friends, religion, media, clinical experience - Challenging ethical issues: end of life issues, abortion, healthcare system,	Literature review	CINAHL	Provides definitions of: Ethical decision-making, moral behavior & ethical issue (p.797)

		& clinical instruction) p. 796			principle applied was veracity, then respect of humans & non-maleficence (p.803)	ent in nursing program	access to resources			
Numminen, O., Leino-Kilpi, H., Van der Arend, A. & Katajisto, J.	(2011). Comparison of nurse educators' and nursing students' descriptions of teaching codes of ethics. *Nursing Ethics, 18*(5), 710-724. doi: 10.1177/0969733011408054	1. Discussions still deem code of ethics important. To make it meaningful, the nurses have to comprehend and utilize it 2. Difficult to find literature on education of codes of ethics 3. Teaching content: requires increased understanding 4. Used 'The Ethical Guidelines of Nursing' of the Finnish Nurses Association (1996) as guideline for questionnaire	Both educator & student considered teaching the codes of ethics as extensive	Top 3 teaching methods identified were discussion, lecture & seminar- Student perception was educators overly used lecture	Educators identified the following as rationale for adequacy of ethics knowledge: Personal motivation, interest & experience as nurse & educator (p. 718) -Educators' education, teaching style, knowledge of the codes	Students identified areas in which educators were lacking: not in touch with nursing practice, non-effective teaching strategies, lack of time resources & educators' personal pedagogic qualities (p.718)	Recommends 1. adaptable approach/ teaching methods, integration of content, increased resources for teaching 2. Important to understand other health profession's codes 3. Evaluate educators' competence of codes of ethics-in nurse educators, clinical instructors	Descriptive, comparative, cross-sectional design	CINAHL	Questions posed by authors: What is taught about the codes & to what extent? What teaching & evaluation methods are used & to what extent? What is educators' & students' knowledge of the codes?
Park, M.	(2009). The legal basis of nursing ethics education. *Journal of Nursing Law, 13*(4), 106-113. doi: 10.1891/1073-7472.13.4.106	1. NLNAC (2006) considers ethical behavior a core competency 2. AACN (2008) emphasize	1 & 2 propose advocacy & ethical decision making as essential to nursing programs	-Ethics deemed necessary in nursing edu, but is not a requirement in many programs. -Integrated teaching methods are commonly used – lacks core content. Does not have a	-Lack of time & support systems have been identified as "structural barriers"- recommends systematic approach	- Recommends continuing education as it relates to changes in healthcare	- Recommends development of "well-defined requirements of ethics edu. in licensure	-In-depth literature review	ProQuest Education	-NLNAC= National League of Nursing Commission -AACN= American Association of Colleges

		s importance of ethics education		systematic approach		regulations" (p. 113)			of Nursing
Spielthenner, G.	(2014). Why comply with a code of ethics? *Medicine, Health Care and Philosophy*, *17*. doi: 10.1007/s11019-014-9594-5	-Codes of ethics is present in many professions that describe core values & promote ethical behavior; much of teaching/learning ethics begins with a code	Supporter of codes of ethics: -Provide ethical standards -Inform professionals of ethical issues in the workplace -A guide for professional practice "Professionals have moral reasons for conforming to ethical codes"	Opponent of codes of ethics: -Not effective in promoting ethical behavior d/t lack of education on code -Codes differ by association & may be confusing for individuals who belong to multiple organizations -"Codes oversimplify moral thinking" Quote from (Beauchamp & Childress, 2009, 7),	Conforming vs. Complying to a code of ethics	"Ethical codes do not inevitably yield reasons for action. Professionals can consistently take them to be sets of normative statements & even when they have a reason for supporting their code as such, this reason is not at the same time a reason for complying with this code"		Literature reveiw	CINAHL	