
Teaching health care ethics

Enhancing humanistic skills: an experiential approach to learning about ethical issues in health care

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Abstract

An outstanding feature of the study of nursing ethics is that it raises questions concerning moral virtue, conscience, consistency and character. A considerable section of the literature is devoted to ideas of how best to teach ethics to health professionals. It has been shown that when faced with ethical dilemmas nurses tended to rely on intuition and instinct to resolve them, with little systematic analysis to help the process. Nurses who have been in practice for a number of years may experience particular difficulties in resolving ethical dilemmas, for although they may be able easily to identify ethical problems they may feel powerless to behave appropriately through lack of theoretical background and/or confidence in participating in informed debate.

An educational programme was designed to meet the needs of mature registered nurses who were undertaking a post-qualification part-time honours degree in nursing studies. A variety of teaching methods were employed in teaching the nurses. These included discussion, student-led seminars, structured debate and role play. A session which dealt with sudden death and organ donation is described in some detail. Because the topic involved communication between professionals and patients and/or relatives and was linked with ethics, role play was used to explore the dynamics in these areas. The participants were invited to act out the situation as they felt it might occur. Role play highlighted the stress and shock attached to such an experience.

Before working through the dynamics of a situation the nurses were conscious of being part of decision-making 'in the cold' and 'in isolation'. As a result of the experiential learning they felt more able to reflect analytically and to participate in discussions in an informed and articulate way.

Introduction

The teaching of 'medical' ethics to both medical and nursing professionals has been the subject of much discussion in the literature, particularly in the early

Key words

Nurses; ethical dilemmas; teaching; education; experiential learning; role play.

1980s. A review of current literature suggests an emphasis on the duties and obligations of health carers. This means that the focus is on moral acts rather than moral people. A difference, however, has been noted between the perspectives adopted by medicine and nursing (1). An outstanding feature of the study of nursing ethics is that it raises questions concerning moral virtue, conscience, consistency and character.

A considerable section of the literature is devoted to ideas of how best to teach ethics to health professionals. Small-group discussions have been particularly highlighted as an effective means of teaching (2), but at the same time it has been noted that as far as medical students are concerned facilitators of small tutorial groups should show awareness of the importance of particular ethical problems faced by students in their practical experiences (3). It has been suggested (4), that there is little evidence to support the idea that teaching strategies actually increase sensitivity to ethical issues. The use of vignettes in teaching medical students revealed no definitive conclusions, and it was recommended that educators should use imaginative forms and means of teaching this important subject (4).

The role of the nurse

The position of nurses differs from that of doctors. Nurses assume continuity of care on a day-to-day basis. Because of her role the nurse is often caught in conflicts which present problems. She may find herself, for example, caught between obligations to herself, the profession, the hospital, the doctor and of course the patient (5). It has been shown (6), that when faced with ethical dilemmas nurses tended to rely on intuition and instinct to resolve them, with little systematic analysis to help the process. This could result in negative and uncomfortable feelings. It has been suggested that nurses, like other health professionals, need to learn how to identify moral aspects of practice, to understand decision-making, to apply concepts to actual cases and how to acquire the interactive skills which allow implementation of decisions (7). Nurses do have major responsibilities

to behave with sensitivity and they should display competency in their interpersonal skills.

Nurses who have been in practice for a number of years may experience particular difficulties for, although they may be able easily to identify ethical problems they may feel powerless to behave appropriately through lack of theoretical background and/or confidence in participating in informed debate.

Ethics as part of the nursing curriculum

In the late 70s and 80s there was an increased volume of literature concerning nursing ethics and ethical content has been increasingly incorporated into nursing programmes at all levels of nursing education. A recent study of the teaching of ethics in nursing undertaken by the Institute of Medical Ethics and the Royal College of Nursing (8) in the UK, highlighted the fact that awareness of questions related to values and moral choice are central to many developments in health care. In respect to nursing the interest in ethics reflects the distinctive emerging role of the nurse as a facilitator of patient choice and as a professional concerned with patient education.

The present study

Bearing the above factors in mind, an educational programme was designed to meet the needs of mature registered nurses who were undertaking a post-qualification part-time honours degree in nursing studies. Eighteen students took the course. They were in their second year of a four-year programme. The programme consisted of two parts. The first part was a series of lectures and discussions in which the class explored issues of duty, utility and the meaning and maximisation of welfare and differing conceptions of rights. These sessions were led by a lecturer with a background in moral philosophy.

The second half of the series was designed to deal with the everyday situations faced by professional nurses. Although educational literature was available dealing with such issues, no material was found dealing expressly with communication and the analysis of dynamics underlying situations which involved patients, their families and health care staff. This half of the programme was led by a lecturer in nursing with a particular interest in ethics and considerable experience in experiential teaching.

Topics and teaching methods

The situations and topics to be the focus of the sessions were selected by the class participants as being of particular interest to them and based on their experiences in nursing. They were as follows:

Patient rights, with particular emphasis on dilemmas related to information giving;
Communication dynamics with medical colleagues;
Patient advocacy. (The issue of female circumcision was highlighted);
Sudden death in the accident and emergency room and organ donation; and
Resuscitation for patients over seventy.

A variety of teaching methods were employed for the sessions. These included discussion, student-led seminars, structured debate and role play. A session which dealt with sudden death and organ donation is described in this paper in some detail. Because the topic involved communication between professionals and patients and/or relatives and was linked with ethics, role play was used to explore the dynamics involved.

The role play

Ten students participated in the session described below. They had a total of 175 years of clinical nursing experience. At first students expressed reservations about participating and enacting the situation. It was decided, however, to draw lots for roles or observers. There were eight actors and two observers. The actors were briefed on the scenario. The setting was to be an accident and emergency room. Drawn lots indicated the role each 'actor' should play. The 'characters' were: a deceased teenage girl, her mother, father, twin sister, a nine-year-old brother, a nursing sister, a staff nurse and a doctor. The participants were invited to act out the situation as they felt it might occur. For the first few minutes participants appeared self-conscious but soon settled into their roles. The scenario unfolded and the dynamics were noted carefully by the observers and the teacher. The mother displayed disbelief and refused 'to hear' either medical or nursing staff. The father tried to conceal grief at the same time attempting to comfort his wife (in a typically English stereotyped portrayal). The twin sister (played by a male) conveyed both anger and the reality of the situation. The young brother struggled not to be ignored. The nursing sister was caught between comforting the family dealing with all their reactions and emotions and listening to the doctor, who was anxious to make arrangements for organ donation but uncertain and embarrassed in dealing with the situation. The staff nurse provided tea and distraction activities for the young child, who kept wanting to know what was going on. (As the 'plot' unfolded the teacher was reminded of Pirandello's *Six Characters in Search of an Author*) (9). The events of a possible twenty-four hours were by necessity condensed to forty-five minutes in the classroom. During this time, however, the participants tackled events and situations as they perceived they might realistically

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occur in real life. They used their vast experiences of nursing to portray the reactions of individuals. The burden of breaking bad news, the requesting of organ donation, the coping with shock and the giving of comfort and compassion, were all conveyed by the participants. These portrayals were convincing and were subsequently analysed in the teaching session that followed. Students were asked to describe their feelings prior to being 'de-rolled'. The de-rolling was felt to be very important especially in the light of the emotive nature of the event.

Analysis of themes

The emerging themes were: 'total non-acceptance' by the mother; 'firm beliefs' of the father; 'acceptance and the meaning attached to early death' by the twin sibling, and 'difficult emotions' experienced by the young child. The nursing sister experienced 'conflict' in supporting the family versus the doctor's request for organs and thoughts of another patient awaiting donation. The staff nurse 'wasn't sure what her role should be in such a situation'. The doctor experienced 'embarrassment and difficulty' in expressing sympathy for the family situation while at the same time having to request organ donation.

Following de-rolling the group had the opportunity to listen to the observers and to discuss the dynamics involved. Surprise was expressed, especially in relation to the feelings experienced in the role of the mother and that of the doctor. Prior to the role play a participant had believed that she held very firm views on how one might react to sudden death and a request for organ donation. Role play had highlighted for her the stress and shock attached to such an experience. Another had believed that doctors were inadequate communicators. Role play had provided some insight into the uncomfortable feelings they experienced, particularly that of powerlessness at being unable to bring life back to a young person, and, in the face of the stress of the family, the difficulty of requesting organ donation. Participants also became aware of the doctor's experience of the apparent lack of support from nursing colleagues. The difficulty of playing the doctor's role was highlighted because the person playing the role had twelve years of experience perceiving how medical colleagues behaved in such situations.

These experiences raised many questions. These were to do particularly with meeting the needs of the individuals involved, the boundaries and overlap between medical and nursing 'ethical behaviour' and the wider issue to do with the 'nature of human compassion'. For further discussion on this topic the reader is referred to Pence (10), Can compassion be taught?

Evaluation of learning

The teaching sessions also raised the questions of how learning would be evaluated and applied. It has been suggested that if the learning of ethics by health professionals is to be taken seriously then it should be an examinable topic (11). In the educational setting where these sessions took place a course essay was an essential part of course-work, the mark awarded contributing 20 per cent to the end of year course-work. Ten students out of a total of 18 undertook to write an essay relating to truth-telling and communication set by the author, and the remaining eight students undertook an assignment set by the other teacher involved in this course. The mean mark of the group was 68 per cent and students attained a higher range of marks than in the other six sets of class marks awarded for that year. External examiners for the course commented on the high quality of submitted work in this strand of the course.

Application of the learning

The application of the learning in the clinical setting is less easy to evaluate. Five months after the course students were invited to discuss their impression of how the sessions had influenced their own behaviour and impinged on their work. They recalled with remarkable detail the emotions experienced, and emphasised the powerful nature of this way of learning. Whereas before they had worked through the dynamics of a situation they were conscious of being part of decision-making 'in the cold' and 'in isolation', now they felt more able to reflect analytically and to participate in discussions in an informed and articulate way in the clinical setting. They had gained 'greater insight' as a result of experiencing the emotional as well as cognitive aspects of the course. Appreciation of the course was expressed in terms of its stimulation towards greater awareness of issues and confidence now in dealing with them in the clinical setting. Patient advocacy and choice was not 'so black and white' as they had previously thought.

On a wider level it is perhaps worth reflecting on how the exercise has illuminated the ways in which ethics should be taught to nurses and whether in fact this mixture of experiential and traditional learning methods should be applied in a multidisciplinary way so as to foster a greater understanding between health professionals.

It is the personal belief of the author that health care ethics cannot be taught divorced from experiential work and that it is necessary to engage students' emotional involvement as well as their cognitive learning processes. It was a sobering moment when the student who had played the role of the deceased girl and who, as a nurse in real life, frequently has to deal with such situations, revealed that she was reviewing her attitude to, and behaviour towards, patients and colleagues, having overheard

the conversations that took place while she was 'hypothetically dead'.

It is recognised that students should have the opportunity to discuss the implications of the learning should they wish to do so with a tutor at any time. In an exercise of this nature it is important that students are not left 'high and dry' and are offered the opportunity of ongoing reflection away from their work environment.

One cannot know how much or how little one's students will take from the classroom to their everyday working lives. It is important, however, to develop ways in which health professionals are enabled to examine areas of human concern at a mature phase in their working lives. And one hopes that in the words of Alfred Tennyson (1809–1892), 'Knowledge comes, but wisdom lingers'.

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News and notes

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