

# Educating Nurses for Ethical Practice in Contemporary Health Care Environments

BY PAM GRACE AND AIMEE MILLIKEN

Because health care professions exist to provide a good for society, ethical questions are inherently part of them.<sup>1</sup> Such professions and their members can be assessed based on how effective they are in developing knowledge and enacting practices that further the health and well-being of individuals and society. The complexity of contemporary health care environments makes it important to prepare clinicians who can anticipate, recognize, and address problems that arise in practice or that prevent a profession from fulfilling its service goals and obligations. Different health care professions have evolved distinct perspectives about appropriate goals for, and the purposes of, their clinicians, even when the goal of improving health and well-being for society is shared across professions. While medicine and nursing goals are shared in principle, they differ in the particulars.

Given the centrality to nursing of ethical questions, the profession has a collective responsibility to help clinicians at all levels of practice become ethically savvy and to reinforce their moral agency as needed. Both knowledge of nursing ethics and knowledge of the interdisciplinary field of bioethics are critical to nursing work. We believe there are distinct foci for the two fields of study. Nursing ethics is an applied professional ethics that determines the scope and boundaries of nursing practice, its practice goals, and how nurses should act. Bioethics is an interdisciplinary field of study that developed as a

result of burgeoning biotechnological advances and the inability of traditional medical ethics to deal with the “ambiguity of scientific progress.”<sup>2</sup> The field of bioethics is broad and has evolved to encompass issues such as health care system problems, organizational ethics, and other areas of study.

Prior studies and projects, including a collaborative ethics education program offered by one of us (Pam Grace) and colleagues,<sup>3</sup> point to three important emphases in ethics education for nurses: the development of certain personal characteristics, such as caring, compassion, and effective communication; the acquisition of knowledge from disparate sciences, including the social sciences and moral philosophy, informed by a nursing perspective; and the development of self-reflective, analytic, and interactional skills. Ethics education must also be sustained across time in order for nurses to continue to practice ethically in difficult environments.<sup>4</sup>

This essay examines the development and future needs of nursing ethics education, both for the field generally and specifically for those nurses whose special training allows them to take a more directive role in health care, and then briefly describes one recent effort to enrich nursing ethics education.

## The Status of Nursing Ethics and Nursing Ethics Education

Along with the development of nursing as an academic discipline and profession, advances in understanding have been made in the field of nursing ethics. However, while the profession’s philosophers and ethics scholars have diligently worked to lay the theoretical

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foundation for ethical nursing practice, the subject matter of nursing ethics is still not widely understood. Moreover, ground is arguably being lost in an era that increasingly emphasizes empirical research and evidence-based practice as the proper focus of nursing scholarship and practice.<sup>5</sup> Despite scholarship in nursing ethics suggesting that moral distress in nursing is linked to perceived powerlessness in the face of obstacles to good practice, an overarching structure for developing nurse moral agency is largely missing from nursing curricula. The context that surrounds nursing education is complicated, and agreement about what is “best practice” in nursing ethics education is lacking.<sup>6</sup> Moreover, evidence indicates that this is a problem for medical education as well; a survey of medical schools in the United States and Canada found that ethics education suffers from significant variation in “content, method, and timing.”<sup>7</sup> A recent project aimed at developing a common taxonomy of competency domains for physicians lists “adherence to ethical principles” as an explicit focus of professional practice but fails to delineate steps for achieving this aim within the educational setting.<sup>8</sup> While we do not think teaching principlism should be the sole or even most important focus for ethical decision-making, it is an important tool for gaining clarity and for interdisciplinary discussions.

Evidence suggests that this lack of consensus about what is appropriate or essential ethics education is problematic and that nurses in practice are largely unprepared for handling the ethical issues they encounter.<sup>9</sup> While studies have shown that nurses tend to recognize challenging ethical situations, or “dilemmas,”<sup>10</sup> other evidence suggests that mundane, or “everyday,” ethical issues go unnoticed.<sup>11</sup> In reflecting on their experiences teaching students who are obtaining a doctorate of nursing practice, and who tend to be experienced clinicians before entering doctoral study, Anne G. Pierce and Jennifer Smith found that few students entering the program are comfortable with traditional ethics content and that they lack a foundational understanding of ethical frameworks for use in nursing practice and for legal and business considerations in their expanded practice roles.<sup>12</sup> This lack may reflect a traditional educational focus on matters under the purview of bioethics in nursing education, which has tended to utilize a dilemma- and case-based curriculum emphasizing the use of principles. That focus can be useful for clinicians, but it can result in a loss of disciplinary perspective and unfamiliarity and discomfort with the language of nursing ethics in everyday practice situations.

The problem is exemplified when a nurse realizes that a family is receiving mixed messages from various health care teams and is confused about the plan of care yet an ethics consultation does not get called until a moment of crisis. In such a case, the nurse has failed to realize and address

the ethical implications of miscommunication leading up to the “dilemma” and thus has failed to practice according to the obligations outlined in the *Code of Ethics for Nurses with Interpretive Statements*. In other words, had the nurse recognized poor communication as a problem having ethical implications, action could have been taken to intervene and resolve the issue before it progressed to the status of a crisis.

An awareness of the ethical implications of all practice actions is a necessary component of ethical sensitivity, which is the first step in the iterative process of moral reasoning and moral agency.<sup>13</sup> A nurse’s moral agency involves the willingness and ability to take action on behalf of patient needs and interests, in line with patient and professional goals.<sup>14</sup> Moral agency is an ethical obligation of nursing practice established in professional codes of ethics.<sup>15</sup> Some have argued that “one antidote to moral distress is stronger moral agency—that is, an enhanced ability to act to bring about change.”<sup>16</sup> Moral distress, a phrase coined by philosopher Andrew Jameton as a result of listening to the stories of nurses in an ethics class he was teaching,<sup>17</sup> describes a temporary or persisting sense of disquiet. It is caused by being unable to carry out a beneficial action or stop a perceived harm. Nurses experience it when they recognize the right action to take but are constrained from taking it, and the experience is compounded by recurring situations and can have lasting psychological and physical effects.<sup>18</sup> Moral distress can lead to feelings of powerlessness, it can cause nurses to distance themselves from patients, and it produces attrition. Therefore, moral agency is important not only in achieving patient good but also in protecting against these adverse outcomes.

The experience of moral distress is, of course, not limited to nurses, as Jameton observes in a recent paper in which he notes that moral distress sometimes has passive overtones, in which case “the answer to passive distress is activism.”<sup>19</sup> However, insights from moral psychology point to the exceedingly complex nature of human moral agency and hint that moral distress is not always avoidable.<sup>20</sup> Moral distress has been studied most in nursing for a variety of reasons, including nurses’ traditional place in the health care hierarchy and their sustained interaction with patients. Thus, developing nurses’ moral agency is necessary but not sufficient for overcoming all situations in which moral distress occurs in health care contexts. More research is needed to understand how best to address the experience of moral distress and ways to mitigate it.

### Ethics Competencies for Advanced Practice Nurses

Nurses at all levels are educated to make independent as well as directed clinical decisions and to both in-

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form and question physician orders that constitute part of their practice. Being aware of the ethical nature of all practice actions is critical to, but not sufficient for, consistently good practice.<sup>21</sup> In addition to this foundational understanding, ethical decision-making skills are needed for both day-to-day practice and in difficult situations. Increasingly sophisticated skills, however, are needed for an advanced practice nurse (APN or APRN), who has undergone additional training and has a broader scope of practice.<sup>22</sup> An APN may, for example, prescribe medications, diagnose and treat in many settings, in some states run a health care clinic or unit autonomously, and in primary care settings have total responsibility for the patient. APNs additionally are often in leadership positions—as nurse managers, supervisors, and educators. As compared to physicians trained in the medical model, APNs are trained to look at all aspects of patients’ circumstances, including their environment, and they utilize a nursing-based model of care.

Ann Hamric and colleagues propose four phases of ethics “core competency development” for those working in advanced practice roles.<sup>23</sup> First, in order to develop moral sensitivity, a knowledge base is needed. This base includes familiarity with the goals of nursing, the profession’s codes of ethics, and practice standards. Further, an understanding of the origins and role of moral theory, principles, and concepts, as well as an understanding of historical and legal case precedents relevant to contemporary issues in health care, is required. Second, knowledge application, or moral action, is achieved through the development of skills in ethical decision-making, including problem analysis, mediation, and effective communication. Third, leadership abilities are needed to create an ethical environment by addressing barriers to ethical practice. This third competency also facilitates preventive ethics. Preventive ethics actions anticipate and ward off potential problems. Finally, the fourth competency involves promoting social justice within the health care system through knowledge of various concepts of justice and how to influence health policy. Implied in these competencies are interdisciplinary and collaborative initiatives. Hamric and colleagues specifically address the competencies for all APNs, including those now educated to the practice doctorate level.<sup>24</sup>

### **The Clinical Ethics Residency for Nurses**

How can the profession’s educational responsibility best be met? One effort that might serve as an exemplar is the Clinical Ethics Residency for Nurses program developed at Massachusetts General Hospital. For several years, and as the result of a need expressed by a variety of nurses and graduate nursing students, the first author and three clinical ethics experts at major Boston hospitals (all PhD-prepared nurses) had offered a one-day clinical ethics conference. The sites for these conferences rotated among three academic medical centers and Boston College. Postevent evaluations revealed an overwhelming desire on the part of nurses for more such offerings. A need assessment tool was subsequently developed and administered to twenty-eight hundred nurses at MGH. The results, along with findings from extant literature, validated the need for strategies to develop nurse confidence in their ethical decision-making and subsequent actions.<sup>25</sup> All of these factors provided the impetus for development of the CERN project, which was funded from 2010 to 2013 by a Division of Nursing, Bureau of Health Profession, Health Resources and Services Administration grant. As Ellen Robinson and colleagues describe in the *Hastings Center Report* essay “Enhancing Moral Agency: Clinical Ethics Residency for Nurses,” the project drew on principles of adult learning, the goals of nursing, and the newly available preliminary draft of the American Association for Bioethics and Humanities document *Guidelines for Improving Competencies in Clinical Ethics Consultation: An Education Guide* to build a multimodal curriculum.<sup>26</sup>

CERN’s curriculum goals were to enhance nurses’ confidence in their ethical decision-making and develop their abilities to serve as ethics resources on a unit, in a supervisory capacity, or in interdisciplinary venues. Over its three years, the program enrolled twenty to twenty-five nurses each year for a total cohort of sixty-seven, of whom approximately two-thirds were registered nurses and one-third APNs. The participants were given release time to attend an eight-hour monthly educational session for ten months. Additionally, they committed to sixteen hours of mentored practica under the supervision of CERN faculty. CERN authors concluded that three factors are critical for programs such as CERN. “First, ethics faculty who are familiar with transformative learning strategies is es-

sential.”<sup>27</sup> Such strategies include “collaborative approaches that incorporate nursing goals (along with the goals of other professions), communication skills, reflection, interdisciplinary interactions, and practice with decision analyses and ethical action.” Second, institutional support is needed to create time, space and resources. Finally, there must be ongoing opportunities to fortify knowledge and skills.

While the CERN program was focused on nurses, similar programs would have promise for interprofessional ethics education for health care professionals. CERN faculty found that role-playing, with nurses taking the perspective of the “other,” was especially helpful in broadening perspectives and permitting a level of empathy for colleagues, patients, and their families. Delivering ethical patient care is an implicit (if not explicit) goal of all health care professions, and it is more likely to be achieved when respect, understanding, and effective communication exist among team members. Much remains to be learned about interprofessional education,<sup>28</sup> but it holds promise for improving patient care by facilitating communication and successful teamwork among individuals in different disciplines. Formal interdisciplinary education is one promising strategy for providing a common language to discuss difficult environmental and practice issues and to acquaint the different groups with each other’s problems and challenges. However, varied ongoing strategies will likely be needed to sustain ethical practice in the individual professions.

## A Broad Vision

Nurses are in a uniquely influential position. They work in intimate relationships with patients, families, and communities, hearing their stories and evaluating their contextual as well as physical needs. They are the auditors of recurring situations that may go unnoticed by others. To meet the needs of patients and society while working in collaboration with other health care professions, they need expertise in nursing ethics, bioethics, and social justice issues.

More work is needed to understand what constitutes best practices in developing and sustaining nurse moral agency. A cohesive approach that starts with ethical awareness and builds to moral agency implies ethics content and skills must be infused throughout curricula and beyond.

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