Ethics

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Definition: Early Greek and Roman philosophers examined the idea of a good life and what may be required to live this kind of life. Aristotle identified this good life as one of virtue (Kraut, 2014) and the basis for a form of natural law (Baltzly, 2014) that guides our thoughts and actions. These philosophical theories are the basis for the definition of ethics, the “rules of behavior based on ideas about what is morally good and bad” (Merriam, 2014), and address right and wrong behavior. Subsequent ethical schools of thought developed by 18th and 19th century philosophers; further define morality in reference to rules and consequences. According to Kantian ethics or deontology, the focus is on the duty to act and not the consequences (Johnson, 2014). Conversely, through theories of utilitarianism or consequentialism, Bentham (1961) and Mill (1871) believe that consequences must be considered and are in fact of ultimate concern when defining the ethics of a situation.

Application: The result of earlier philosophical teachings combined with the technological advances of the 20th century, created the field of bioethics addressing ethics in healthcare. Four major ethical principles: autonomy, beneficence, nonmaleficence and justice, provide the framework for the study of bioethics (Beauchamp & Childress, 2009) and are closely aligned with research codes of ethics such as the Nuremberg Code and the Declaration of Helsinki. These principles also dovetail with Nursing professional codes of conduct (ANA, 2001; ICN, 2012) establishing a social contract and guideline for ethical practice. Ethics is taught in a variety of formats to undergraduate and graduate nursing students. In undergraduate study, the focus is often defining the terms, discussing values clarification as a novice nurse and providing examples of clinical application for future reference. In graduate nursing courses, much of the
work may be case based and additional topics include leadership and organizational ethics.

Clinically, the issue of ethics in nursing often arises with the identification of an ethical or moral dilemma, a choice between two equally unfavorable options. For example, a hospital inpatient is found unresponsive and without a pulse. The nurses know that the patient’s condition was critical, that the patient and her husband discussed her desire for no further treatment and that do not resuscitate (DNR) orders were discussed and agreed upon with the family and patient; however, no DNR order exists in the medical record. If the nurses initiate CPR, they will be going against the wishes of the patient and the family. If they do not initiate CPR, they are doing so without an order. This places the nurse in an ethical quandary as to how to proceed.

**Synopsis:** Ethics in nursing education encompasses two broad areas; fostering a climate of professional and academic integrity and providing students with a basic understanding of ethical principles and their application in practice. The first nursing code of ethics dates back to 1950 (ANA, 2005). Throughout its nine provisions, the focus is on service to others. In 1953 the International Council of Nursing (ICN) developed its own code of ethics focusing on four basic responsibilities: the promotion of health, prevention of illness, restoration of health and alleviation of suffering (2012). These responsibilities apply to four principle elements describing the ethical conduct of care: nurses and people, practice, profession and co-workers. Although both codes address education (ANA, 2005; ICN, 2012), an additional code of ethics was created to specifically address the issues of nurse educators with a focus on students and colleagues (Rosenkoetter, 1983; Rosenkoetter & Milstead, 2010). More recently, The National League for Nursing (NLN) developed ethical principles for nurse educators focused on caring, integrity, diversity and excellence (2012). Throughout these various codes and principles, the guiding themes for educators are the creation and maintenance of a climate that supports professional
values and beliefs, academic integrity, a collegial creative spirit and an autonomous, honest, open and respectful exchange (ANA, 2001; ICN, 2012; NLN, 2012).

The second focus for ethics in nursing education is the teaching of ethical principles and their application to clinical practice. Ethics is intricately woven throughout the curricular elements in *The Essentials of Baccalaureate Education for Nursing Practice*, the framework for baccalaureate nursing education (AACN, 2008). Despite the requirement that ethics be an integral part of nursing education, little guidance is provided as to the depth, breadth or specific content of instruction. Some state boards of nursing identify ethics content as part of the required nursing curriculum, yet only a few have been examined in the literature (Park, 2009). The manner and strategies with which ethics is taught in nursing programs are inconsistent and require further development (Numminen, van der Arent & Leino-Kilpi, 2009; Numminen, Leino-Kilpi, van der Arent & Katajisto, J., 2009 & 2010; Ramos, de Pires, de Farias Brehmer, Gelbcke, Schmoeller & Ramos, 2013). Through instruction, discussion of theory and examination of case-based ethical dilemmas, students require this necessary knowledge to provide a basis for ethical future practice.

**Recommendations:** Based on the inconsistencies in teaching methods, curriculum and educational preparation of faculty, future research may provide further guidance in standardizing some of these key components in ethics education. The question of academic honesty and its potential impact on future ethical practice in nursing also requires additional study. Initial research in this area revealed a pattern of concern; however more research is needed (Laduke, 2013).
References


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