



TEACHING ETHICS: EFFECT ON MORAL DEVELOPMENT

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The purpose of this study was to determine the development of moral judgement in first-year and senior baccalaureate nursing students. These students were enrolled in three separate nursing programmes, each of which differed significantly in ethical content. The sample totalled 180 students enrolled in three New England programmes. Programme A included an ethics course taught by a professor of ethics. Programme B integrated ethical issues into all nursing theory courses. Programme C did not include ethical content in theory courses. The design was of a developmental cross-sectional study. The dependent variable was the development of moral judgement, as measured by Rest's Defining Issues Test. The independent variable was the amount of ethics taught in the nursing programmes and the level of academic education. The senior nursing students from programme A scored significantly higher than the other senior groups on the Defining Issues Test. The conclusion is that an ethics course with group participation and a decision-making element significantly facilitated nursing students' development of moral judgement.

Introduction

Moral conflicts and the judgements needed to resolve such conflicts are indigenuous to human interactions in society. Nurses frequently face situations demanding ethical choices and judgements in order to accommodate diverse human interests and needs. The moral decisions required in daily practice represent challenges to nurses, who must be prepared to recognize them and to analyse them, and have the confidence to act upon the analysis of a situation. Nurses today frequently make moral decisions related to informed consent, treatment, maintenance of life and/or resuscitation. As the results of biomedical research are progressively applied to health care, the demand for ethical decisions will not only increase but more than technical or scientific knowledge will be required to make such decisions.

Few studies describe how ethics is actually taught in schools of nursing. This study examines the moral judgement level of first-year and senior students enrolled in three baccalaureate nursing programmes in which ethics is taught dif-

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ferently in the respective curricula. Programme A included a course in nursing ethics, with planned student participation; programme B integrated ethical content into nursing theory courses; programme C discussed ethical issues in clinical seminars when a student raised an issue. Is there a difference in moral judgement levels between first-year and senior nursing students? Does the way ethics is taught in the nursing curriculum affect the seniors' levels of moral judgement?

Review of the literature

Nursing faculties are cognizant of the need for ethics in nursing education in order to prepare nurses to make the many moral decisions required in clinical practice. Nursing curricula vary on the amount of time devoted to ethics. In 1977, Aroskar¹ found only six American schools of nursing that offered an ethics course taught by faculty members who were qualified in the discipline of ethics. The majority of nursing programmes integrated ethical issues into nursing courses and the content was taught by a nurse experienced in a clinical specialty. When ethical content is approached in such a manner, the content presented is dependent on the interest of the members of the faculty, who may have little or no formal training in ethics.

In the 1980s, more attention was given to ethics and some nursing programmes began to offer ethics courses. The integration of ethical content continues to be the method for teaching ethics in most nursing programmes in the USA. However, nursing faculties are aware that when something is said to be comprehensively covered, the individual parts of the subject are not often covered in depth. In addition, Fry² reported a lack of well-defined ethics content and a lack of a systematic approach to teaching ethics. It is not surprising, therefore, that Swider *et al.*³ found that nursing students felt uncomfortable and confused about their roles and task responsibilities in making ethical decisions. After conducting an integrative review on ethics in nursing education, Silva and Sarrell⁴ concluded that there is a lack of systematic research in the area of nursing curricula and ethics. More studies should be conducted on the effects of ethics instruction on nursing students' ethical awareness.

Kohlberg⁵ proposed that certain conditions may stimulate or account for the level of moral development. Among these are intellectual development and the concurrent social and educational climates. Environments that provide opportunities for group participation, shared decision-making, and the assumption of responsibility for the consequences of actions tend to stimulate the development of higher levels of moral judgement. According to Rest,⁶ the fundamental assumptions of moral judgement research are that a person's judgements reflect an underlying organization of thinking and that these organizations develop through a definite succession of transformations.

The college experience is thought to be an important time in one's moral development. Students will either cling to judgements handed down from their families and peer groups, or be stimulated to question and make judgements on their own principles. Munhall⁷ was interested in the levels of moral development of faculty members and baccalaureate students. Using a tool developed by Rest,

Munhall found that the average level of moral judgement for baccalaureate nursing students was at the conventional level and that of the faculty members was at the 'principled' level. The academic level of the curriculum did not significantly affect students' judgement levels on the Defining Issues Test (DIT) D score (of overall moral judgement) in that one programme. An indication of whether or not ethics was taught was not included in the report. Gaul⁸ found no statistically significant differences on ethical choice between baccalaureate nursing students who completed a course in nursing ethics and those who did not. She observed, however, that the ethics group had a higher mean score than the control group, but the sample size ($n = 37$) was small.

The present study looks at the moral development level of 180 nursing students who were enrolled in three different educational programmes in which ethics was taught in different ways.

Procedures and materials

Several nursing programmes were investigated in order to find one that included a nursing ethics course. Finding a programme that integrated ethics content into the theory courses was easy, but finding one in which ethics was not part of the theory courses was more difficult. Permission was granted by the respective deans/directors to contact their first-year and senior students and members of staff who were teaching ethics. In this study, the sample totalled 180 nursing students; approximately 60 were first-year students, with the remainder being seniors. They were drawn from the three baccalaureate programmes.

Table 1 presents a comparison of the programmes. All are accredited by the National League of Nursing (NLN) and include approximately two years of foundation courses and two years of nursing courses. They had approximately 80 students in each class with a clinical group ratio of one faculty member to eight students. The programmes had as a goal or terminal objective to prepare nurses to make moral decisions. Programmes A and B have the same religious affiliation and programme C is a state-run programme.

The three curricula included the required science courses, and English, history, psychology, etc., but one difference was that programme A required a three-credit ethics course and the others did not. In addition, programme C required a one-credit physical education course (a requirement of state-funded colleges). Programme A required seniors to take the ethics course during a semester of clinical experience. Programme B integrated ethical issues into nursing theory courses and this was evident in the course syllabi. Ethical issues were not covered in theory courses or planned for in clinical seminars in programme C; however, if a student brought an ethical issue to a clinical seminar, the issue could be discussed.

Verification of the amount of ethical content was gained from the three curricular plans, a review of the course syllabi, and taped interviews with faculty members who were teaching ethics in each programme. The taped interviews were transcribed for review. The nursing students completed two instruments: a student data sheet and the DIT. The student data sheet developed by the investigator asked such questions as grade point average, demographics, and if their programme included an ethics course. This latter question verified those that were

Table 1 Comparison of three baccalaureate nursing programmes

Area	Programme A	Programme B	Programme C
National League of Nursing accredited	Yes	Yes	Yes
2-year foundation courses	Yes	Yes	Yes
2-year nursing courses	Yes	Yes	Yes
80 students in each class	Yes	Yes	Yes
8 students per faculty member in clinical groups	Yes	Yes	Yes
Affiliation	Religious	Religious	State
Terminal objective relating to self-direction as a desired goal	Yes	Yes	No
Ethics content of course	Required as part of course	Integrated into theory courses	No formal teaching
Qualifications of faculty members who were teaching ethics	STD ^a	PhD	MS ^b

^aDoctorate in Sacred Theology.

^bMaster of Science.

in programme A and sought whether or not students had enrolled in an ethics course as an elective, although none had done so.

The DIT was developed by Rest,⁶ and is based on his work with Kohlberg at Harvard. The DIT has a most extensive database focused on a measure of moral judgement and has demonstrated repeated high reliability and validity. Cross-cultural studies in over 20 countries show more striking similarities than differences to American samples. The DIT is a paper and pencil test, which takes about 40 minutes to complete. The tool presents six moral dilemmas followed by 12 items that represent different ways of stating the critical issue in the dilemma. Each of the 12 statements are ranked on a five-point Likert-type scale. Respondents are next asked to identify the four most important items from the previous 12 statements.

An example of one of the six dilemmas concerns a female patient who is dying of a cancer that could not be cured; she has only six months to live. She is in terrible pain and very weak. A reasonably high dose of morphine would make her die sooner. She asks the doctor to give her an overdose. This dilemma is followed by questions to determine the respondents' reasoning in making this moral judgement.

Two checks of the internal reliability of the subject answering the tool are built into the DIT. The first check is called the M-score and refers to the number of 'meaningless' items the subject has chosen. Rest⁶ recommends that subjects with M-scores greater than 8 should be eliminated from the study. The second reliability indicator, the consistency check, is composed of two parts. The first identifies subjects who are randomly marking circles without reading the items or

without understanding the directions. The second part checks for subjects who have ranked the same number on the scale on more than nine occasions, when they would fail the consistency check. Over 1000 studies have been reported using the DIT. Rest *et al.*⁹ published a book referring to about 500 studies using this test. Test-retest reliability for both the P (level of principled judgement) and the D scores have ranged within the high 70% or 80% levels, and validity testing has been done. The construct validity of the DIT has shown that 'experts' in moral philosophy have higher moral judgement scores than other groups. This tool continues to be reliable and is widely used.¹⁰ The Center for the Study of Ethical Development at the University of Minnesota scores and processes over 35 000 questionnaires each year. There have been extensive longitudinal, cross-sectional and sequential studies to corroborate the trend that, in general, people do change and that this change is in the direction postulated by developmental theory.⁶

There are other tools that measure moral development, particularly the Nursing Dilemma Test developed by Crisham,¹¹ but this does not have the reliability and validity of the DIT.

Three ways of teaching ethics

Faculty members teaching the three programmes were very helpful, telling the students the previous week that an investigator would be requesting their voluntary participation in a survey. The faculty members who were responsible for teaching ethics in each school agreed to participate in taped interviews.

An ethicist taught the obligatory three-credit nursing ethics course on programme A. This person was not a nurse, and was on several hospital ethics committees. This course was taught on a weekly basis for a full academic term. Senior students participated; they were simultaneously enrolled on a clinical course. The ethicist felt that the students' clinical experience was helpful in stimulating their recognition of ethical dilemmas. The class format was composed of lecture material, case studies from the Hastings Center, and a time for class participation. Each student had to take a stance on an ethical issue and defend that position in a written paper and present orally to the class his or her rationale for that position. A wide scope of ethical content was covered. Students on this programme were confronted with examples of many ethical dilemmas in class; they heard different points of view and had practice in taking a stance on ethical issues.

Programme B integrated the ethical content into nursing theory courses during the last four semesters. It was usually scheduled near the end of the term and faculty staff used a lecture format or a video such as *Code gray*, shown to a large class. The faculty members' experience was in a clinical specialty area, such as adult health nursing. The amount of class time devoted to ethics varied for each nursing course; usually one class period was scheduled to have ethical content related to that particular specialty. The amount of class time was 12–15 hours in total (compared with the students in programme A who, in a three-credit course over 14 weeks, would have had 42 hours of exposure to ethical material). There was no planned student involvement other than class attendance. Kohlberg⁵ found that students need to be involved in ethical decisions in order to advance to higher levels of moral judgement.

In programme C, ethical issues were discussed in clinical seminars only when a student voiced an ethical concern. No formal class time was scheduled for ethics over the four years. There was no definite clinical conference time devoted to ethical issues; the clinical experience determined what was discussed. The format was discussion and student participation in seminar groups. The clinical faculty members were qualified in a particular clinical specialty. A clinical faculty member recalled a recent ethical question that a student had introduced for discussion in a clinical seminar: should a 26-year-old man be allowed to refuse chemotherapy for his cancer because he and his wife had decided to spend their remaining time together travelling?

Results and discussion

The DIT was scored at the Center for the Study of Ethical Development at the University of Minnesota and a mean score was determined for each group. Data analysis was conducted to determine if a difference existed between first-year and senior students in the same programme, since this was a developmental cross-sectional study, given that education had been identified as a strong correlate for advanced levels of ethical judgement. The three senior groups who were at the same educational level were compared to see if the nursing ethics course of programme A provided the appropriate environment to make a difference in moral judgement.

Moral judgement P score

For the three programmes in this study, the senior students scored higher than their corresponding first-year students. This is similar to other research findings; in particular, Rest⁶ has shown that the development of moral judgement, as measured by the DIT, seems to advance as long as the person is still receiving education. At whatever point people stop their education, their moral judgement score stabilizes. An analysis of variance was carried out for the three senior student groups using the DIT P scores. There was a statistically significant difference ($F = 7.95, p < 0.001$).

The Scheffe Procedure and the Student–Newman–Keul Procedure¹² showed that programme A was significantly different to programme C. Programme B was grouped with both programmes A and C. The mean DIT P scores for the six groups are shown in Figure 1. The seniors have higher means than the respective first-year students. The planned ethics course with group discussion and decision-making undertaken by the seniors on programme A could account for their significantly higher moral judgement levels. Only the seniors in programme A had experience in making ethical decisions and taking a stand on an ethical issue.

Moral judgement D score

The DIT moral judgement D score is a score of overall moral judgement. The mean DIT D scores for the three senior groups are shown in Figure 2. Programme A senior students scored higher than those in programme B, while the seniors in

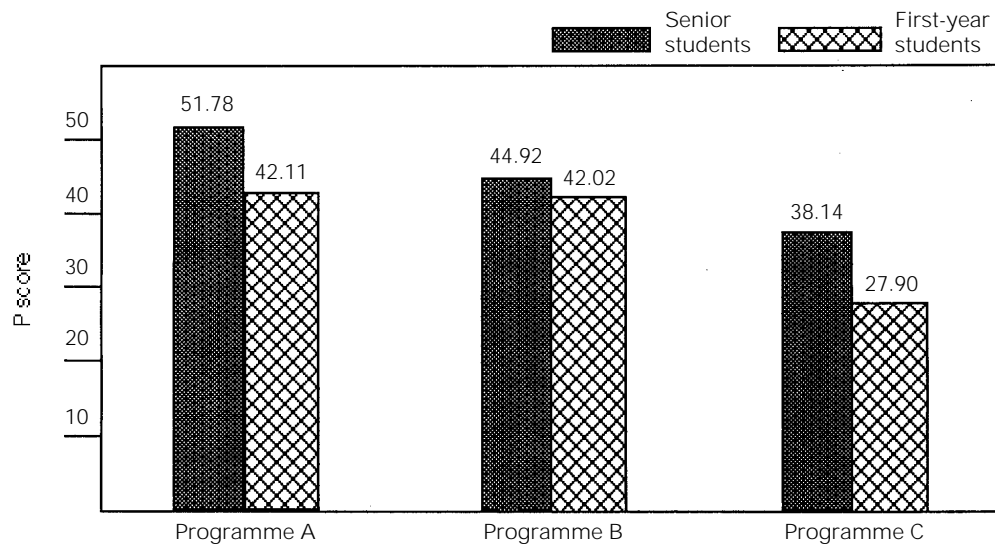


Figure 1 Moral judgement P score for three groups of senior students and three groups of first-year students

programme C had the lowest score. In determining if an obligatory ethics course with group discussion and participation made a significant difference in the level of moral judgement of senior students, an analysis of variance was carried out. The Scheffe Procedure showed that programme A seniors scored significantly higher than the other two senior groups on the overall index of moral judgement, the DIT D score ($F = 6.12$, $p < 0.003$). The three senior groups were at the same educational level, but the required ethics course and the method of teaching ethics

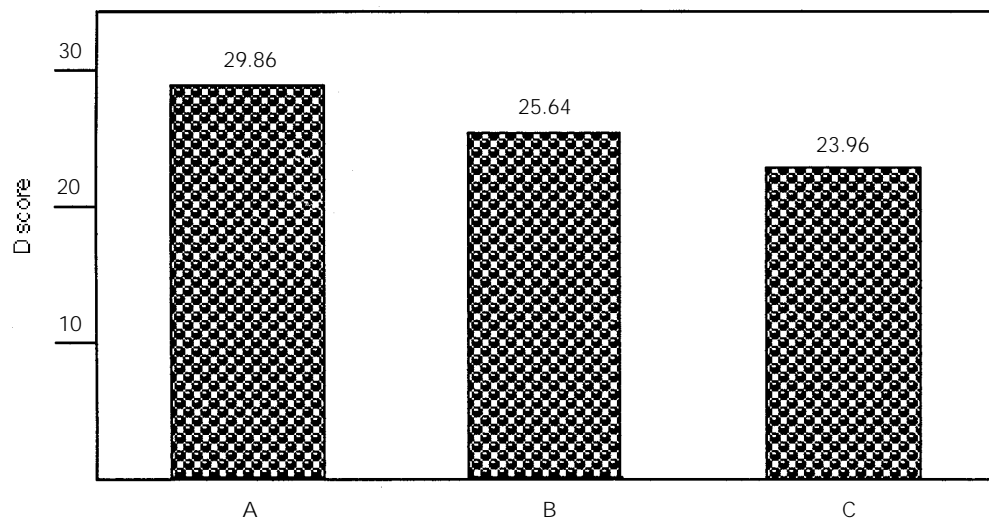


Figure 2 Moral judgement D score for three groups of senior students

was documented as different for the senior students in programme A.

Students in programmes B and C did not have planned opportunities for group participation and ethical decision-making. In this study, only the students in programme A had the necessary conditions for moral development as suggested by Kohlberg.⁵

Munhall⁷ reported a mean D score of 25.06 for a group of seniors but it was not reported whether these students attended an ethics course or any planned preparation in making ethical decisions. Felton and Parsons¹³ reported a mean D score of 25.78 for seniors and 28.21 for graduate students. The mean for the seniors in programme A was 29.86, which is higher than the mean for the graduate students in Felton's study.

The seniors in programme A achieved higher values on both the D and P scores than the seniors in programmes B and C, although the three groups were at the same educational level. The students in programme A had more than twice as much class time (42 hours) devoted to ethical content than the seniors in programme B. Although one cannot be certain that the ethics class or its format of group discussion and decision-making was the reason for the higher moral judgement levels, the students on programme A were more prepared to make ethical decisions.

Recommendations

More research needs to be done to determine how to help nursing students feel confident in dealing with the many ethical issues of today. The senior students in programme A, who attended an ethics course, scored significantly higher on both the moral judgement D and P scores than those on the other two programmes. Nursing faculties should review their curricula for ethics content or set up ethics courses. If a separate course is not required, then plans should be initiated to ensure that there is some ethics content in the future and that adequate hours are allocated for its study.

The content of an ethics course is important, but the class format could be even more important. Nursing students need to be involved in discussions and to participate in making ethical decisions. According to Kohlberg,⁵ an environment that provides opportunities for group participation, shared decision-making and the assumption of responsibility for the consequences of actions tends to stimulate moral judgement development. The lecture method may be satisfactory for the teaching of scientific facts and nursing procedures, but lecturing has not been shown to stimulate the development of moral judgement.

Systematic efforts in curriculum design are needed to ensure that students develop the necessary knowledge base and have the experiences they need to make them more self-confident about ethical decision-making. Nursing faculties need to develop the teaching methods of group discussion and decision-making regarding ethical issues. Krawczyk and Kudzma¹⁴ have planned clinical ethics seminars to ensure that students have the opportunity to discuss ethical issues. They need practise in taking a position on an issue and in defending that decision. Nursing students require practise in making ethical decisions just as they need practise with other nursing skills.

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