



Evaluating moral reasoning in nursing education

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Renee McLeod-Sordjan

Pace University, USA

Abstract

Evidence-based practice suggests the best approach to improving professionalism in practice is ethics curricula. However, recent research has demonstrated that millennium graduates do not advocate for patients or assert themselves during moral conflicts. The aim of this article is the exploration of evaluation techniques to evaluate one measurable outcome of ethics curricula: moral reasoning. A review of literature, published between 1995 and 2013, demonstrated that the moral orientations of care and justice as conceptualized by Gilligan and Kohlberg are utilized by nursing students to solve ethical dilemmas. Data obtained by means of reflective journaling, Ethics of Care Interview (ECI) and Defining Issues Test (DIT), would objectively measure the interrelated pathways of care-based and justice-based moral reasoning. In conclusion, educators have an ethical responsibility to foster students' ability to exercise sound clinical judgment, and support their professional development. It is recommended that educators design authentic assessments to demonstrate student's improvement of moral reasoning.

Keywords

Ethics, moral reasoning, nursing, professionalism

Introduction

In this millennium, major socioeconomic factors and a complex health delivery system have created professional issues unique to nursing. The National League for Nursing (NLN) identified increased cultural diversity, end-of-life technologic advances, genetic mapping, and universal promotion of advanced directives as current trends that may promote ethical conflicts.¹ Presently, nurses are inadequately prepared for these conflicts. *The Future of Nursing: Leading Change, Advancing Health* implores nurse educators to teach students flexibility in response to changes in nursing science, technology, and current health system delivery models.² The Institute of Medicine (IOM) further states that the nursing education system should provide nurses with assessment tools of standards, quality, and safety of care “while preserving fundamental elements of nursing education, such as ethics and integrity and holistic, compassionate approaches to care” (p. 60). Despite implementing ethics education through best practices, recent research has demonstrated that millennium graduates do not advocate for patients or assert themselves during moral conflicts.^{3,4} Dierckx de Casterlé et al.⁵ in a systematic review of 1592 nurses revealed that practicing nurses experience barriers to practicing ethically with critical reflection and instead choose to use conventional reasoning. Thus, nurse educators must explore

evaluation techniques of current ethics curricula. The focus of this article will be the exploration of techniques to evaluate one measurable outcome of ethics curricula: the moral reasoning of nursing students.

Background

Professionalism and ethical practice are symbiotic. Professionalism entails a commitment to society that demonstrates scientific knowledge, accountability, and responsibility. Historically, more than 100 years ago, nurse leaders developed ethical codes and curricula that formed the basis of moral reasoning in nurses. Ethics education in nursing serves a vital role in insuring the development of professionalism in nursing. Multiple education pathways for entry to practice in nursing have created unique challenges for educators to provide a broad liberal art-inclusive curriculum.⁶ Yet, professionalism is rooted in ethical knowledge and moral reasoning skills framed by nursing's code of ethics. Codes of ethics refer to a set of principles and rules by which a profession is expected to demonstrate an oath to society and regulate the moral behavior of its members.^{7,8}

In 1893, the Nightingale Pledge was perhaps the first code of ethics provided to nurses. A modified version of the Hippocratic Oath served as a first statement of the ethical principles of nursing and initial professional contract with society. The original read,

I solemnly pledge myself before God and in the presence of this assembly to pass my life in purity and to practice my profession faithfully. I shall abstain from whatever is deleterious and mischievous, and shall not take or knowingly administer any harmful drug. I shall do all in my power to maintain and elevate the standard of my profession and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. I shall be loyal to my work and devoted towards the welfare of those committed to my care.⁹

The year of 1893 is monumental in the birth of nursing professionalism and ethics. Three nurses engaged in the social context of women's suffrage and healthcare reform formed the world's first international professional organization for women. Ethel Gordon Fenwick of England, Lavinia Dock of the United States, and Agnes Karll of Germany formed the International Council of Nurses (ICN) at the World's Congress of Representative Women.^{10,11} By 1899, Fenwick was elected President, and the first constitution of the ICN was ratified. The 20th century began with the first book for Nursing Ethics entitled *Nursing Ethics: For Hospital and Private Use*, written by American Isabel Hampton Robb.¹²

In social context, professionalism arose in the era of women's suffrage, and the initial ethical code of the 20th century outlined nurses' responsibilities to the patient and physicians. For example, in 1916, Robb¹³ stated that "physicians' wishes were to be law to a nurse . . . her sole duty is to obey orders" (p. 250). In 1915, the curriculum for teaching ethics titled *Trained Nurse and Hospital Review* included admonishing students to accept meekly the customs and laws of the hospital.¹⁴ The focus of obedience to physicians was echoed in the first ICN *Code of Ethics* adopted in 1953 and the first American Nurses Association (ANA) code adopted in 1950.¹⁵ The deference of nursing professionalism as a responsibility to the physician shifted in paradigm to a responsibility to the patient through iterations of the ICN and ANA codes since the 1970s. Therefore, professional ethics are shaped not only within the discipline of nursing but also by philosophy, theory, history, societal expectations, and the prevailing state of healthcare practice.

Today, a postmodern feminism has shaped nursing codes of ethics that recognize nurses as having independent accountability and autonomy in practice apart from the medical society. In 2012, the ICN reaffirmed and revised the *Code of Ethics*. Tshudin¹⁶ implores nursing to integrate ethical codes at all levels of practice for meaningful application of autonomy and professional behavior. Moreover, nurses who have been educated to a level of safe practice are more likely to demonstrate professional virtuous behaviors.^{12,16} Rosenkoetter and Milstead¹⁷ remind nurse educators of the 1983 "Code of ethics for nurse educators" and

their obligation to educate nurses for a global society. Currently, nursing students must develop skills in ethical analysis and moral decision making to address societal expectations of technologic miracles that create ethical conflict in practice. In a systematic review of the literature on nurse ethics, Numminen et al.¹⁸ concluded further research should focus on the teaching process and evaluation of ethics outcomes.

The Essentials of Baccalaureate Education for Professional Nursing Practice serves to transform baccalaureate nursing education and meet the recommendations proposed by the IOM.¹⁹ Essential VIII entitled *Professionalism and Professional Values* defines professionalism as “the consistent demonstration evidenced by nurses working with other professionals to achieve optimal health and wellness outcomes in patients, families, and communities by wisely applying principles of altruism, excellence, caring, ethics, respect, communication, and accountability” (p. 36).¹⁹ Therefore, ethics is an integral component of nursing practice. Moreover, inherent in ethical practice and professionalism is accountability, including demonstrating professionalism via civility. Civility is better defined as the fundamental set of accepted behaviors for a culture upon which professional behaviors are based.²⁰ Yet, ethical curricula should involve more than just the content of professional codes of conduct and standards (e.g. ANA Code of Ethics for Nurses with Interpretive Statements, 2011, ICN Code of Ethics for Nurses, 2012, and AACN’s Hallmarks of the Professional Nursing Practice Environment, 2002). Instead, the development of moral agents with critical thinking, reflection, and moral reasoning should be the goal of baccalaureate education.⁸

Critical thinking and moral reasoning imply the ability to acknowledge and incorporate multiple perspectives when analyzing and identifying ethical issues. Four important aspects of critical thinking pedagogies which particularly encourage ethical development are identifying and questioning assumptions, weighing multiple opposing alternatives, formulating solutions, and fostering active engagement in ethical issues.²¹

Nurse educators are seeking those best approaches to teach ethics to nurses so that they may contribute fully to the moral issues arising in their practice. Fostering the fundamental pattern of ethical knowing and evaluating the student outcome of moral reasoning are essential to evidence-based practice in this area. Therefore, it is important to understand the conceptual and theoretical frameworks that link ethical knowing and moral development prior to any strategy for criteria to evaluate the outcome of moral reasoning in students.

Theoretical framework of ethical knowing

In 1978, Carper originally conceptualized the ethical pattern of knowing as a dimension in which morality and ethics intersect with society’s legal determination of professional duties nurses are accountable for.²² Chinn and Kramer¹⁴ define ethics as the epistemological discipline that structures knowledge of moral behavior while morality ontologically is the behavior itself. Moral behavior may be grounded by the values prescribed by code of ethics but on a subconscious level is also determined by the individual nurses’ background and situational experiences. Extrapolating this statement, millennium generation nurses may not view text messaging in clinical practice or disclosing patient details on social media as incivility or unprofessional behavior. Nurse educators would need to define these behaviors within the context of professionalism for the acquired prior values to be replaced by the professional values of nursing’s culture. Chinn and Kramer modeled a framework for ethical decision making¹⁴ (Figure 1). Moral dilemmas can be analyzed through clarification of values and exploring competing alternatives. Nurse educators utilize the attainable code of ethics as the values of nursing that are the basic expression of ethical knowing.²³ However, evaluating the acquisition of this integrated expression of ethical knowledge in practice is not addressed by this framework.

Conceptual framework of Kohlberg and Gilligan

For nurse educators to evaluate the acquisition of ethical knowledge development, moral expertise and development must be defined. As previously mentioned, nursing student moral reasoning must not merely

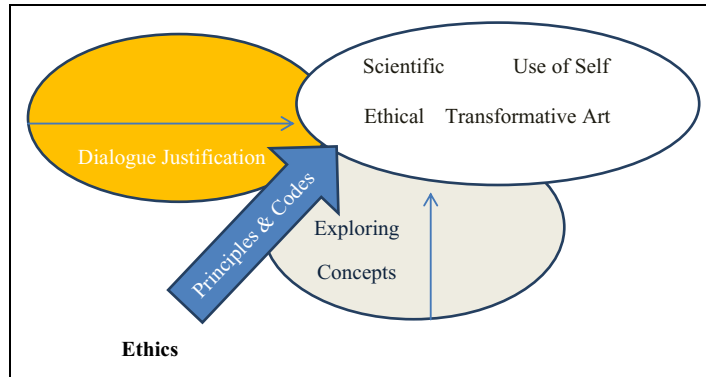


Figure 1. Ethical knowing and knowledge. Model of how nurses make use of ethical knowledge that is strengthened through dialogue and integrated as an expression of the four ways of knowing. Source: Adapted from Chinn and Kramer.¹⁴

be defined by mastering codes of ethics but by an ability to analyze and reflect on feelings, intuitions, and experiences. Moral reasoning is mastered by cognitive development of the ability to analyze conflicts using rules and make a rational justification of the choices. The theory of moral development utilized by educators to reflect this mastery is that of Kohlberg. Kohlberg's theory is based on the philosophy of John Rawls and the work of Piaget and Kant's model of moral autonomy.

Kohlberg's theory of moral development utilizes autonomy as a central feature in decision making. His research categorizes child stages of moral development and was based exclusively on adolescent male subjects. There are two stages present within three distinct levels of moral reasoning that sequentially occur: pre-conventional (pre-moral), conventional morality, and post-conventional (principled morality). Pre-moral stages are based on obedient or defiant behaviors influenced by authority, promise of reward or threat of punishment. Conventional morality stages are acceptance of the standards of society and described as conforming behaviors. Principled post-conventional morality stages are actualized by appreciating universal principles of justice, equality, civil liberty, respect, and dignity of human life.²⁴

Kohlberg's theory suggests that physical maturity and moral maturity are mutually exclusive. Lower stages of moral development cannot completely grasp universal principles of justice. However, life crisis and ethical problem solving can present opportunities for moral development. Kohlberg's theories have been criticized for their overemphasis on the virtues of autonomy and justice. Within the nursing perspective, his most notable critic was his Harvard protégé, Carol Gilligan. Gilligan challenged the validity of Kohlberg's work as women are socialized differently than males.^{3,14,24} Gilligan hypothesized that women introduce caring and focus on the needs of others when evaluating ethical dilemmas. The theory of caring is structured by three parallel levels borrowed from the parent Kohlberg theory; pre-caring, transcaring (which is bound by roles and rules), and person-centered caring. Gilligan initially interviewed women considering abortion, and thus, her original stages involved survival, maternal caring, and interdependence. Gilligan's²⁵ caring paradigm represents an orientation that stresses connectedness, relationships, interdependence, and attachment/detachment. Self-sacrifice, acceptance of nonviolence, and caring as a universal professional obligation are actualized outcomes of a person-centered caring nurse. Therefore, moral development is a process of understanding the interdependence of how caring benefits others and self.²⁶

Kohlberg's ethic of justice is focused on maintaining obligation, equity, and fairness through application of moral principles and established standards, whereas Gilligan's ethic of care is focused on interdependent relationships, needs of others, and avoiding harm. Both modes of care and justice development are

necessary for interpersonal morality. Care development relates to the dynamics of personal relationships while justice development extends those relationships to the community and society.²⁷ The outcomes of Kohlberg's and Gilligan's moral development theories are autonomy, justice, and caring. Caring can be viewed as beneficence (to do no harm) and non-maleficence (that treatments impose no harm). Thus, the alternative orientations of moral reasoning account for the four major principles of bioethics: autonomy, beneficence, non-maleficence, and justice.

Literature review of moral reasoning

Literature review demonstrates that both Kohlberg's moral orientation of justice and Gilligan's orientation of care are utilized in moral reasoning.^{26,28} Kohlberg's cognitive development framework potentially encompasses care and justice.^{26,29,30} Moral reasoning is dependent on the formation of principles utilized for decision making when faced with an ethical dilemma. Moral reasoning refers to cognitive deliberation on a moral conflict, when faced with an ethical dilemma.^{23,31} In alternative words, moral reasoning is the determination of the morally justified choice between equally competing options. There have been limited studies on the effects of ethics education on the development of students' moral reasoning.³²

Gender and moral reasoning

The most important predictor of moral orientation is the type of dilemma rather than gender.^{26,33} Juujärvi²⁶ examined 59 Finnish students of practical nursing, social work, and law enforcement in a longitudinal qualitative study. Care-based moral reasoning was measured by the Ethics of Care Interview (ECI) validated by Eva Skoe. ECI consists of one real-life conflict generated by the participant and three standardized dilemmas (unplanned pregnancy, marital fidelity, and care for a parent).²⁸ Colby and Damon's validated Moral Judgment Interview (MJI) was utilized to capture the aspects of care and justice included in Kohlberg's framework.³⁴ Practical nursing contributed 16 subjects (13 women and 3 men). Care reasoning progressed in 50% of the practical nursing students. Moreover, care and justice correlated and integrated into moral thought. There was no statistical difference in development of care and justice between genders. The finding that both genders of nursing students use care-based moral reasoning was supported by Juujärvi et al.²⁷ Self-determination, reflection, and real-life ethical conflicts positively support care development when measured by ECI and the Defining Issues Test (DIT).^{27,31}

Applicable to nursing is the concept that care-based moral reasoning differs among the genders as nursing remains a predominantly female profession. Care-based reasoning has been implicated in being more central to the ego development of women.^{26,28} Overall, ECI demonstrates no gender differences in competence and moral reasoning.^{26,28,30} However, Skoe²⁸ demonstrated that women score higher than men on affective empathy (i.e. sympathy and emotional distress). Men scored higher on cognitive perspective taking. When evaluating the influence of gender on justice-based reasoning, women appear to score better than men. Duckett et al.³⁵ found a statistically higher moral reasoning score among baccalaureate female nursing students on admission and graduation. This finding was echoed in a study of 243 second-year medical students.³⁶ Hren et al.³⁶ utilizing an independent sample t-test reported that female students scored higher than males on post-conventional moral reasoning (37.6 ± 11.0 vs 31.2 ± 22.4 , $p < 0.001$).

Care reasoning

Care and justice has been consistently correlated high, suggesting underlying development in moral reasoning. Skoe and Lippe³⁰ found with a Norwegian sample of 144 participants that care development was more strongly related to ego development ($r = 0.58$) than justice development ($r = 0.20$). Care was again

measured with ECI, while justice was measured by Rest's DIT. Care reasoning was reported to be more relevant to personality or identity development than justice reasoning, for both genders. However, literature supports care reasoning being more central to moral reasoning for women in comparison to men.²⁶

Moral reasoning and ethics education

Moral reasoning develops over time and increases with exposure to ethics education. Wilson in a convenience sample, nonexperimental design concluded that moral reasoning for baccalaureate students exceeded diploma students.³ Benner et al.³⁷ state that formation of professional values and identity occurs over time with transformation through experiential learning. Experiential learning helps "students develop notions of good from their practice that transform their understanding of nursing's social contract to care for vulnerable patients" (p. 166).³⁷ Consistent with Benner et al.,³⁷ Park et al.³² concluded higher levels of moral sensitivity in senior students ($n = 440$) when compared to freshman students ($n = 506$). When measured by the Korean version of DIT, patient-centered care, professional responsibility, conflict, and benevolence improved. The study failed to demonstrate a statistical difference between freshman and seniors, but senior scores were higher. The study had similar DIT scores as Duckett et al.,³⁵ however, the sample of 348 nursing student seniors in the study by Duckett et al.³⁵ improved their moral reasoning. This suggests that either Korean education needs to stress moral reasoning as Park et al.³² allude to, or when sample size increases, the statistical significance of moral reasoning progression in 4 years disappears. Duckett et al.³⁵ acknowledged that the specific effect of the curriculum on nursing moral reasoning was unknown. Therefore, more research needs to be done on evaluating student outcomes.

Moral reasoning is associated with improved decision-making ability in clinical practice and research.^{38,39} Auvinen et al.³⁸ conducted a study of 104 Finnish nursing students. Utilizing DIT as a measure, there was a statistically significant increase in principle-based moral reasoning between senior nursing students when compared to first-year students ($p = 0.018$). Graduating students who had met ethical problems in practical training had a higher P% score ($n = 46$, P% score $M = 47.1$, standard deviation (SD) = 13.5) than those who had not ($n = 7$, P% score $M = 40.6$, SD = 12.1). This difference was attributed to exposure to ethical dilemmas and conflicts in training. Research conducted utilizing graduate and doctoral nursing students confirmed higher scores in DIT and suggested that moral reasoning is not fixed and continually improves.⁴⁰

In sum, the literature review of moral reasoning indicates that development occurs progressively over time and is supported by exposure to ethical dilemmas during the course of nursing education. It appears that types of dilemma must include care and justice principles to capture the perspectives of male and female students. The measurement of moral reasoning by ECI and DIT yields information about the nursing student's development in ethical decision making that can be utilized to capture progression of learning outcomes.

Criteria for evaluating moral reasoning

The conceptual framework of both Gilligan and Kohlberg theories help frame the context for evaluating moral reasoning. The review of literature demonstrated that the moral orientations of care and justice are utilized by nursing students to solve ethical dilemmas. The applications of care- and justice-based moral development have been validated by research utilizing ECI and DIT. Moral reasoning when enhanced by education in training leads to improved moral judgment in practice.^{32,38} The model for evaluating moral reasoning in students should be based on Rest's DIT and Skoe's ECI.

The DIT, developed by James Rest, is most frequently utilized in research on moral education outcomes.^{35,38} DIT operationalizes Kohlberg's theories into a conceptual model of four components of moral thinking stages:

- Moral sensitivity—interpretation of situation in terms of possible actions;
- Moral reasoning;
- Professional ethical development;
- Moral implementation—executing the plan of action.^{38,39,40}

The DIT⁴¹ comprises six ethical dilemmas, with 12 arguments representing different Kohlberg stages attached to each. Subjects must first evaluate the relative importance of each argument in resolving the dilemma, and then rank the four most important arguments. The six dilemmas are as follows: (1) Should Heinz steal a drug from an inventor in town to save his wife who is dying and needs the drug? (2) Should a man who escaped from prison but has since been leading an exemplary life be reported to authorities? (3) Should a student newspaper be stopped by the principal of a high school when the newspaper stirs controversy in the community? (4) Should a doctor give an overdose of pain-killer to a suffering patient? (5) Should a minority member be hired for a job when the community is biased? and (6) Should students take over an administration building in protest of the Vietnam War? The short form of DIT, namely, DIT-1 consists of only the first three stories.

The P% score demonstrates moral reasoning development derived from the DIT, which indicates the relative weight placed by the participant on post-conventional arguments in solving moral dilemmas. Two other scores D and N are based on empirical weights for each item derived from scaling analysis using rating data. In particular, the D score indicates the preference for principled reasoning over conventional reasoning. The tool has high reliability and an internal consistency with Cronbach's alphas of 0.77–0.79.⁴¹ Finally, DIT demonstrated a high correlation between cognition and moral comprehension ($r = 0.60$).⁴¹

Rest et al.⁴² have validated a newer version entitled DIT-2. DIT-2 utilizes five dilemmas. The five dilemmas of DIT-2 are as follows: (1) a father contemplates stealing food for his starving family from the warehouse of a rich man hoarding food, (2) a newspaper reporter must decide whether to report a damaging story about a political candidate, (3) a school board chair must decide whether to hold a contentious and dangerous open meeting, (4) a doctor must decide whether to give an overdose of pain-killer to a suffering but frail patient, and (5) college students demonstrate against US foreign policy. DIT-2 is shorter with similar reliability and consistency (Cronbach's alphas = 0.74–0.81). The norms for DIT-2 include a P% score for undergraduate education ($n = 32,989$, $M = 35.09$, $SD = 15.21$) and graduate education ($n = 15,496$, $M = 41.06$, $SD = 15.22$). Pricing for DIT is US\$181 per 100 students for the paper version and US\$125 per 100 students for the electronic version. Therefore, the cost of tracking the progression of students' moral reasoning is less than US\$2 per test.

The four dilemmas of ECI have inter-rater correlations ranging from 0.87 to 0.96, and have Cohen kappas ranging from 0.63 to 1.0 in other studies.^{28,43} Identity and moral reasoning were highly correlated. As mentioned earlier, ECI consists of one real-life conflict generated by the participant and three standardized dilemmas (unplanned pregnancy, marital fidelity, and care for a parent) (see Appendix 1). This is a qualitative approach where open-ended questions are scored according to the levels of Gilligan's framework. The tool is scored and requires inter-rater reliability with another scorer.

Bebeau³⁹ suggested DIT should be a regular part of the curriculum as a measure of outcome. As an outcome measure, it can be utilized for constructive feedback as well as checking the progression of students throughout their programs. Ethical concerns would of course include privacy and confidentiality of individual student responses from future potential employers. The use of ECI in undergraduate education may not be as quantifiable because of the qualitative approach. The use of the ECI questions in reflective journaling would improve self-directed learning in care-based moral reasoning. However, since care development and justice development represent different, albeit interrelated, pathways to moral reasoning, it behooves nursing educators to have both forms of objective measurements. Figure 2 depicts a model of a proposed process and active learning strategies for use of this outcome criterion in nursing education.

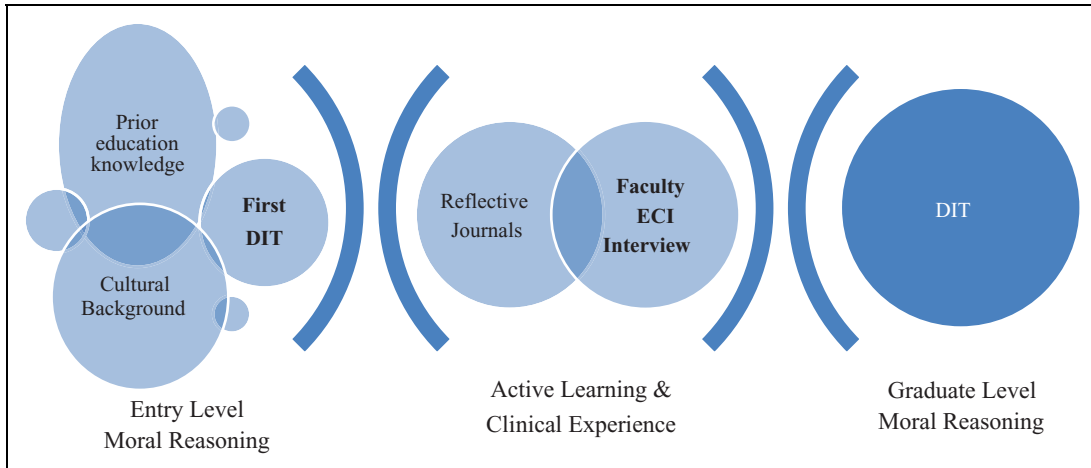


Figure 2. Proposed model of moral reasoning evaluation. Represents the three stages of the process. Smaller circle in entry level moral reasoning represents additional cognitive and genetic factors of moral development not accounted for in conceptual framework.

DIT: Defining Issues Test.

Limitations

The author acknowledges that this review was limited to measures of moral reasoning of nursing students that reflected the framework of Kohlberg and Gilligan between 1995 and 2013. Earlier reviews of the literature revealed several measures of moral reasoning deemed irrelevant for this article. Among the most prominent was the Nursing Dilemma Test, based on DIT, it includes six vignettes specifically for nursing.⁴³ The reliability is unacceptable with a Cronbach's alpha of 0.57, but it does demonstrate a strong correlation to DIT ($p < 0.01$).

Implications for nurse educators

The development of moral reasoning has its theoretical foundation in the frameworks of Gilligan and Kohlberg. Ethics and professionalism in nursing can be improved through experiential learning in the classroom. Yet, it is not enough to teach ethical principles and codes. Bridging the theory to practice gap requires nurse educators to develop evaluation of student outcomes. An important outcome for nursing students is the ability to advocate for patients and demonstrate professionalism in all aspects of practice. It is the responsibility of nurse educators to design authentic assessments to demonstrate a nurse's ability to utilize everyday moral reasoning prior to graduation.

Conclusion

Nurse educators have an ethical responsibility to foster students' ability to exercise sound clinical judgment using ethical standards, and support their professional development. The National League for Nursing (NLN) recognized the ongoing challenges faced by educators and students that include incivility, violence, and inappropriate use of social media. Moral reasoning is a component of moral judgment that must be modeled and can be improved by education. Yet, with multiple educational pathways to the entry level of nursing, the nursing profession would benefit from consistent evaluation of the outcomes of

moral reasoning. As educators, we may not be able to insure that our students behave or act morally. However, to fulfill the NLN *Ethical Principles for Nursing Education* core values of caring, integrity, diversity, and excellence, we should insure that transformation from pre-moral and pre-caring stages has occurred in our graduates.

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Appendix I

The Ethics of Care Interview (ECI)

The ECI dilemmas

Real-Life

1. The question is asked in several ways:
 - Have you ever been in a situation where you weren't sure what was the right thing to do?
 - Have you ever had a moral conflict?
 - Could you describe a moral conflict?
2. Followed by a consistent set of questions:
 - Could you describe the situation?
 - What were the conflicts for you in that situation?
 - What did you do?
 - Did you think it was the right thing to do?
 - How did you know it was the right thing to do?

Unplanned pregnancy/Lisa/Derek

Lisa is a successful teacher (social worker/police officer) in her late 20s who has always supported herself. Her life has been centered on her work, and she has been offered a permanent position for next year. Recently, she has been involved in an intense love affair with a married man and now finds that she is pregnant.

Derek is a married, successful teacher (social worker/police officer) in his late 20s. His life has been centered on his work, and he has been offered a permanent position for next year. Recently, he has been involved in an intense love affair with a single woman who has just told him that she is pregnant and that it is his child.

What do you think Lisa/Derek should do? Why?

Marital fidelity/Betty/Erik

Betty/Erik, in her/his late 30s, has been married to Erik/Betty for several years. They have two children, 8 and 10 years old. Throughout the marriage, Betty has been at home, looking after the house and the children. For the last few years, Betty/Erik has felt increasingly unhappy in their marriage relationship. She/he finds her husband/his wife demanding, self-centered, and insensitive as well as uninterested in her/his needs and feelings. Betty/Erik has tried several times to communicate her/his unhappiness and frustration to her husband/his wife, but he/she continually ignores and rejects her/his attempts. Betty/Erik has become very attracted to another man/woman, Steven/Carol (Seppo/Maarit) a single teacher (social worker/police officer). Recently, Steven/Carol has asked Betty/Erik for a more intimate, committed relationship.

What do you think Betty/Erik should do? Why?

Care for a parent/Kristine/Chris

Kristine/Chris, a 26-year-old woman/man, has decided to live on her/his own after having shared an apartment with a girlfriend/friend for the last 3 years. She/he finds that she/he is much happier living alone as she/he now has more privacy and independence and gets more work and studying done.

One day her mother/his father, whom she/he has not seen for a long time as they do not get along too well, arrives at the doorstep with two large suitcases, saying that she/he is lonely and wants to live with Kristine/Chris.

What do you think Kristine/Chris should do? Why?

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