



Health Sciences and Practice Mini Project

EXPLORING LEARNING & TEACHING ETHICS IN THE NURSING CURRICULUM

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Abstract

The aim of this project was to identify core ethics content, learning and teaching methods and process of facilitation in the United Kingdom pre-registration nursing curriculum. A questionnaire was devised to address the following themes: number of students, types of programmes leading to registration, learning and teaching methods, where ethics is taught in the programmes, shared learning, assessment, types and qualification of lecturers and subjects taught. Using a purposive sampling technique, questionnaires were sent to 61 institutions providing pre-registration nursing education where a named contact involved in teaching ethics was identified. Completed questionnaires were returned from 47 institutions (75% response rate).

The results indicated that the majority of ethics teaching is integrated into other nursing modules, and lectures, seminars, debates and case studies were the most common learning and teaching strategies. Some shared learning takes place with midwives, other health care students and medical students, but its use is not widespread. Ethics is usually assessed through essays and examinations, but 26% of institutions do not assess ethics as a discrete subject in either degree or diploma programmes. Ethics is taught mainly by specialist lecturers in nursing or healthcare departments and while the majority of institutions (81%) reported between one and ten members of staff with taught masters degrees in either ethics or law, 49% reported having between one and ten lecturers without any formal qualifications in ethics or law. There was broad agreement on the inclusion of ethical theory in the curriculum and clinically focused ethical subjects, but ethical issues raised by reproductive technologies and genetics were less likely to be included in the curriculum.

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1. Introduction

This project was developed by members of the Ethics Special Interest Group (ESIG) of the Health Sciences and Practice Network of the Learning and Teaching Support Network (LTSN)¹. Members of ESIG are involved in teaching ethics to students undertaking courses in Higher Education institutions (HEIs) leading to registration as health care professionals as well as an academic award. During the course of ESIG meetings it became apparent that members were using many and varied approaches to learning and teaching ethics but there was no clear consensus of agreement on the most appropriate strategies for learning and teaching in this subject. Furthermore the delivery of the subject differed amongst ESIG members. In some institutions ethics was taught in separate ethics modules with a team of specialist teachers, while in others the content was integrated into nursing theory and practice modules delivered by non-specialist teachers.

A comprehensive survey of ethics teaching undertaken by a working party of the Institute of Medical Ethics (IME) with the Royal College of Nursing (RCN) published in 1991, made eight recommendations for teaching of ethics in nursing, midwifery and health visiting (Gallagher and Boyd, 1991). These included:

- That ethics teaching in nursing education be taught as a separate module as well as in integrated teaching
- Teaching should be in small groups to facilitate student participation.
- That there should be formal assessment of the subject.
- Research should be carried out to determine the most appropriate method of teaching and formal assessment.
- Participation in multidisciplinary learning

¹ From May 2004, the Learning and Teaching Support Network (LTSN), and the TQEF National Co-ordination Team (NCT) merged to form the Higher Education Academy.

- That at least one member of staff should be designated responsibility for the co-ordination of ethics teaching.

It was interesting to note that more than twelve years later many of these recommendations had not been adopted in the institutions represented in ESIG.

2. Aim of the project

The overall aim of the project was to identify core ethics content, learning and teaching methods and process of facilitation in the United Kingdom (UK) nursing curriculum. The project had the following objectives:

1. To review methods of teaching and learning of ethics in the nursing curriculum and identify aspects of good practice.
2. To initiate discussion and interaction between teachers of ethics to nurses so as to collectively agree and specify current best practice and in particular, those activities that address the wider concepts of healthcare law and ethics.
3. By use of effective dissemination strategies, to raise awareness of this subject throughout the nursing ethics community and so to engage the community in a process of reflection and change

3. Nurse Education in the UK

Although some universities have offered degree programmes in nursing for a number of years, Nurse Education moved into Higher Education Institutions (HEI) in 1986. There are three main programmes of study for individuals to gain the necessary skills, competence and academic credit for registration as a nurse with the Nursing & Midwifery Council. Individuals educated to 'A' level or equivalent can follow a programme leading to the award of a first degree. Those educated only to GCSE level or equivalent more usually follow a programme leading to the award of a Diploma or Advanced Diploma in Nursing. A small number of HEIs

offer either direct entry to a Masters programme with registration or a “fast-track” programme for graduates. Students taking the latter usually hold a health related first degree, and follow an accelerated programme leading to registration. Higher education programmes leading to professional registration as well as the award of academic qualifications involve learning and teaching in the university and in clinical practice.

4. Literature review

Ethical dilemmas are universal in healthcare as the scientific and technological advances improving patient care are often accompanied by difficult ethical questions. Approaches to teaching ethics to healthcare professionals have been debated in the literature for some years and it is evident that a wide variety of teaching and learning methods are used (Nilstun et al 2001, Holt & Long 1999). Approximately 300,000 nurses are employed in the National Health Service in the UK making them the largest group of health professionals (DOH 2000) and there is therefore a need to ensure that nurses are able to participate effectively in ethical decision making arising from their practice. Ethics is an important aspect of nurse education in the UK with ethical and professional practice being identified by the regulatory body, The Nursing and Midwifery Council (NMC), as a competency to be achieved for entry to the nursing register. Contemporary education for the preparation of first level registered nurses and those undertaking post-registration education will therefore address ethical aspects of healthcare in the curriculum, but the delivery of this component varies widely across the UK and the most appropriate way to deliver this aspect of the curriculum is open to scrutiny.

Underlying this debate on the effectiveness of learning and teaching ethics is the fundamental question of whether there is a discrete subject of nursing ethics. Milton (2004) for example describes nursing ethics as a subject that *“has philosophical underpinnings embedded within the discipline’s nursing theoretical perspectives”* (p309). Others such as Fry and Veatch

(2000) consider nursing and physician ethics to be part of a larger general system of bioethics. Allmark discusses this uncertainty of the discrete subject of nursing ethics versus a watered down version of medical ethics and law, and argues that multiple uncertainties within the realms of nursing and education influence the way in which ethics is taught.

“In nursing there are uncertainties about whether we are teaching ethics to professionalise, or because we are a profession. Also about whether there is something which is uniquely nursing ethics. In ethics there are competing paradigms of ethical theory and competing theories of moral development. In education there are competing epistemologies, theories of learning and models of curriculum planning.” (Allmark 1995 p377)

Within the literature diverse learning and teaching methods for ethics are described. As well as traditional methods such as lectures, tutorials and seminars, other methods include using case study analysis (Holland 1999), drama (Illingworth 2004), games (White and Davis 1987), and reflective practice (Leppa and Terry 2004). While ethics teachers have a range of learning and teaching strategies open to them, there is very little in the way of published evidence investigating which method is most effective either in terms of learning and teaching or for preparing practitioners address ethical issues in practice. A recently published international review of ethics teaching in nursing notes the numerous arguments and counterarguments concerning the most appropriate delivery of nursing ethics education and concludes that however ethics is taught, emphasis should be placed upon introducing students to identifiable realistic problems by using real world situations (Woods 2005). However decisions about learning and teaching strategies may be pragmatic and influenced by the number of students, the amount of time allowed for the subject in the timetable and the number of teachers and facilitators in the teaching team.

The use of inter-professional learning is also addressed in the literature. Hanson (2005) for example argues that teaching nursing and medical students together develops mutual respect and collaboration on ethical issues, which is in keeping with ethical dilemmas encountered in the work place. Gallagher (1995) suggests that ethics is “*the ideal forum for sharing issues of common concern in healthcare*”, but apart from descriptive accounts of learning and teaching experiences (see Edward and Preece (1999) for example), again there is little evidence of the efficacy of this approach.

While there is debate in the literature about the best ways to teach ethics there are few published studies exploring this in any detail. One Delphi study examined teaching ethics in UK mental health nursing courses (Parsons, Barker et al. 2001), and a further study used a longitudinal design to examine the effectiveness of ethics courses by exploring nursing students ethical understanding and approaches to practice through a four year programme (Noolan and Markert 2001). However in the UK there does not appear to be any clear picture of the learning and teaching methods for the ethical component of the nursing curriculum, who delivers it and what subjects are taught.

4. Method

4.1. Data collection

Members of the Ethics Special Interest Group (ESIG) identified the following themes for the questions:

- Number of students
- Types of programmes leading to registration
- Learning and teaching methods
- Where ethics is taught in the programmes

- Shared learning
- Assessment
- Types and qualification of lecturers
- Subjects taught

The first draft of the questionnaire was written by the lead researcher and distributed for comments and amendments via email to the steering group members. The final questionnaire consists of thirteen items was printed in booklet form (Appendix 1)

4.2 Sample

Sixty-eight institutions that offer nursing programmes leading to first level registration were identified from NMAS and UCAS websites. A purposive sampling technique was used to identify a key contact within each institution to whom the questionnaire could be sent. Key contacts were identified in 61 institutions using ESIG contacts. Institutions not represented in ESIG, were contacted directly and asked to identify a named contact in a position to respond on behalf of their institution. Contacts were not found in 7 institutions and therefore could not be included in the sample. Questionnaires were sent to all 61 institutions where a named contact had been identified. Non-respondents were sent two reminder letters, and 47 completed questionnaires were returned giving a response rate of 75%. Six responses were received from institutions in Scotland, two from Wales, two from Northern Ireland and 37 from institutions in England.

5. Results

5.1 Programmes and student numbers

In the sample 42 institutions (89%) offered degree programmes leading to registration, 41 (87%) offered diploma or advanced diploma programmes, 11 (23%) postgraduate certificate

or diploma programmes. Student numbers varied between institutions but as shown in Table 1 the larger student intakes were in the Diploma and Advanced Diploma Programmes.

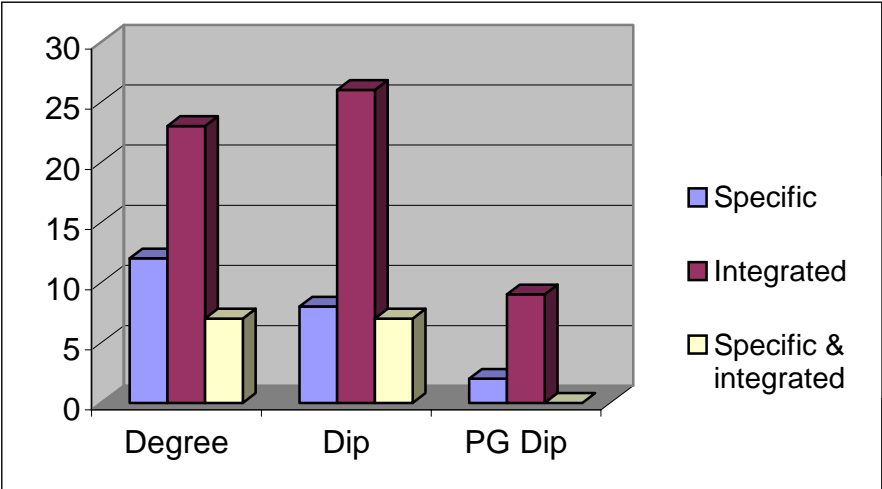
Table 1: Student numbers across the programmes.

	Min	Max
Degree	10	500
Diploma/Advanced Diploma	15	900
Post Grad Certificate/Diploma	10	80
Total across all programmes	40	1000

5.2 Teaching and Learning methods

Although some institutions reported teaching ethics in specific modules, the majority of ethics teaching was integrated into other modules across all programmes (83% in degree programmes, 63% in Diploma and Advanced Diploma programme and 75% in postgraduate programmes). In some institutions ethics was taught in specific modules as well as the content being integrated into other modules (see Figure 1).

Figure 1: Types of modules



Ethics was taught in specific modules in some institutions (29% in degree programmes, 20% in Diploma and Advanced Diploma programme and 17% in postgraduate programmes), and in some degree and diploma programmes ethics was taught in specific modules and integrated into other nursing modules (16% in degree programmes and 16% in Diploma and Advanced Diploma programmes).

Where ethics was taught in specific modules, 17 respondents gave the title of the modules which fell into two main groups:

- i) Those with titles simply mentioning ethics and/or law: *“Legal and Ethical Perspectives”, “Ethical Practices in Health and Social Care”, Law and Ethics”, “Principles of Ethics and Law”, “Introduction to Ethics and Law”, “Ethics in Healthcare”, “Moral and Ethical Issues in Healthcare”, “Moral Philosophy and Ethics”, “Ethics and Law”, “Healthcare Ethics and Law”, “Law and Ethics in Healthcare”.*

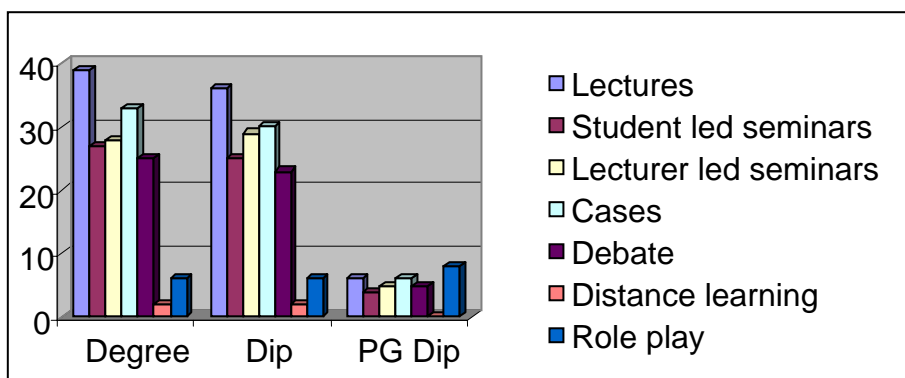
- ii) Those which included a practice or professional description: *“Legal, Ethical Professional Issues”, “Legal and Ethical Frameworks for Professional Practice”, “Professional and Ethical Practice”, “Legal and Ethical Issues in Professional Practice”, “Ethical Issues in Professional Practice”, “Professional Issues in Nursing”, “Practice Ethics”, “Introduction to Legal and Ethical Issues in Practice”, “Law and Ethics in Nursing Practice”, “Ethical Issues in Nursing”.*

Thirty-nine respondents indicated that ethics was integrated into other modules across the programme, of which 12 stated that it was included in all modules in the programme. An extensive range of titles of modules where ethics was integrated into other nursing modules was given including:

*“Professional Perspectives in Nursing”, Contemporary Issues in Nursing”,
 “Foundations of Professional Practice” “Nursing in a Diverse Society”, Health and
 Healthcare in Contemporary Society”, Context of Care”, “Frameworks for Care”,
 Refining Professional Practice and Knowledge”, Foundations for Nursing Practice”,
 “Foundations in Healthcare”,” Implementing Nursing Care of the Critically Ill
 Patient”*

A range of teaching and learning strategies are used for ethics as shown in Figure 2.

Figure 2: Learning and Teaching strategies



Lectures were the most popular learning and teaching method (98% in degree programmes, 85% in Diploma and Advanced Diploma programme and 86% in postgraduate programmes). Case studies were also used by most of the participating institutions (70% in degree programmes, 64% in Diploma and Advanced Diploma programme and 75% in postgraduate programmes) as were lecturer led seminars (70% in degree programmes, 71% in Diploma and Advanced Diploma programme and 63% in postgraduate programmes), and debates (63% in degree programmes, 58% in Diploma and Advanced Diploma programme and 63% in postgraduate programmes). Student led seminars were popular in degree programmes (68%) and in Diploma and Advanced

Diploma programmes (61%). Distance learning was used rarely as a learning and teaching strategy (5% in degree programmes, 5% in Diploma and Advanced Diploma programme and not at all in postgraduate programmes).

As well as those listed, respondents also identified the following other learning and teaching methods: Problem Based Learning, Work Based Learning, Group Discussion, Enquiry Based Learning and the use of videos, slides, film and art.

5.3 Where is ethics taught in pre-registration nursing programmes?

In the majority of institutions, ethics teaching was incorporated into all three years of each group of programmes as shown in Table 2.

Table 2: Where ethics is taught

Programmes	Degree		Dip/Adv Dip		PG Dip/cert	
	N	%	N	%	N	%
Year 1	32	80%	31	84%	9	82%
Year 2	31	76%	29	81%	8	67%
Year 3	31	75%	29	81%	7	79%

5.4 Shared learning

Fewer than 25% of the respondents identified shared learning between students taking pre-registration nursing programmes and students taking other health related programmes (Table 3).

Table 3: Shared learning.

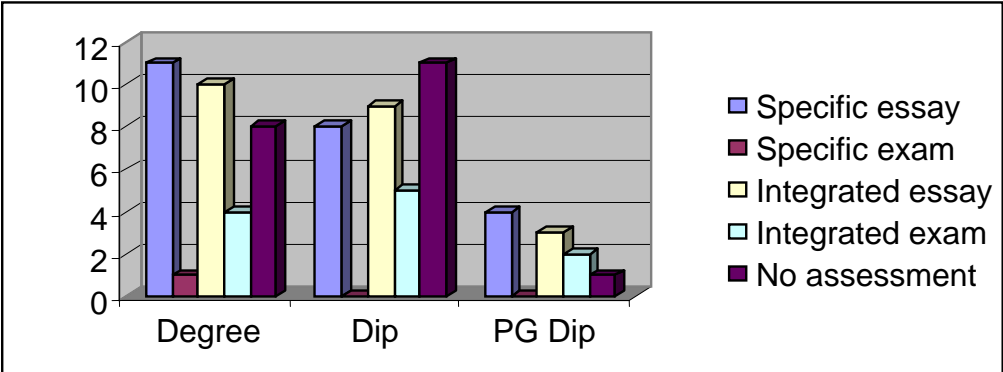
Programmes	Degree		Dip/Adv Dip		PG Dip/cert	
	N	%	N	%	N	%
Midwifery programmes	8	20%	8	21%	2	20%
Other health related programmes	6	15%	3	8%	2	22%
Medical Students	6	15%	2	5%	2	22%

Shared learning was also identified between degree students and podiatry, pharmacy, veterinary nursing and social work students. Shared learning in one institution took place between students taking Diploma and Advanced Diploma programmes and operating department practitioner students and in a further two institutions with social work students.

5.5 Assessment

As Figure 3 indicates, ethics knowledge was assessed by examinations, essays or in some institutions ethics was not assessed at all as a discrete subject (26% in degree programmes, 26% in Diploma and Advanced Diploma programme and 10% in postgraduate programmes).

Figure 3: Assessment strategies



A further 7 institutions offering degree programmes and 5 offering Diploma and Advanced Diploma programmes used a combination of examinations and essays to assess student learning. Table 4 summarises the methods of assessment used in participating institutions.

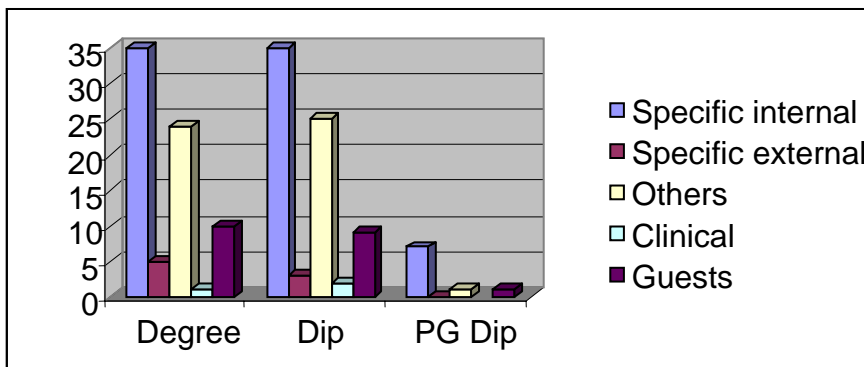
Table 4: Assessment strategies

Programmes	Degree		Dip/Adv Dip		PG Dip/cert	
	N	%	N	%	N	%
Essay for specialist module	11	27%	8	19%	4	40%
Exam for specialist module	1	2%	0		0	
Essay for integrated module	10	24%	9	21%	3	30%
Exam for integrated module	4	10%	5	12%	2	20%
Not assessed	8	26%	11	26%	1	10%

5.6 The lecturers

As illustrated in figure 4, specialist internal ethics lecturers within nursing or healthcare departments undertake the majority of ethics teaching although other nursing lecturers also participated in ethics teaching.

Figure 4: The lecturers



In some institutions external lecturers from outside nursing or healthcare departments were involved in ethics teaching, however very few clinical staff and no chaplains taught ethics in the responding institutions (Table 5).

Table 5: The lecturers

Lecturers	Degree		Dip/Adv Dip		PG Dip/cert	
	N	%	N	%	N	%
Specialist ethics lecturers within dept	35	85%	35	88%	7	70%
Specialist lecturer outside dept	5	12%	3	8%	0	
Other nursing lectures	24	59%	25	63%	1	13%
Chaplains	0		0		0	
Medical or nursing clinical staff	1	2%	2	5%	0	
Guest speakers	10	24%	9	23%	1	12%

As indicated in Table 6, 40% institutions have 1 to 5 of members of staff teaching ethics in the nursing curriculum with first degrees in philosophy or law, and 74% of institutions have a similar number holding taught masters degrees in ethics or law. A further 36% have between one and five members of staff with higher research degrees in ethics or law (MPhil or PhD), but 38% of institutions have between one and five members of staff with no specialist qualifications in ethics or law.

Table 6: Lectures and their qualifications

No of lecturers	1-5	6-10	>10
Bachelors degree in philosophy or law	17 (40%)	0	0
Taught Masters	31(74%)	3 (7%)	1 (2%)
Research Degree	16 (36%)	0	0
No specialist qualifications in ethics or law	16(38%)	4 (10%)	1 (2%)

5.7 Subjects Taught

The questionnaire contained a list of common theoretical ethical perspectives and clinically focused subjects, and respondents were first of all which were taught in their institutions.

Table 7 summarises the findings.

Table 7. Subjects taught

Subjects taught	Degree		Dip/Adv Dip		PG Dip/cert	
	N	%	N	%	N	%
Theoretical perspectives						
Classical ethical theories	27	66%	25	64%	5	56%
Care based ethical theories	29	71%	25	64%	3	33%
Ethical principles	36	89%	34	87%	7	79%
Principles of law	33	81%	31	80%	6	67%
Rights	34	83%	31	80%	3	33%
Autonomy	35	85%	34	87%	6	67%
Clinically focused issues						
Consent	38	93%	37	95%	8	89%
Confidentiality	38	93%	37	95%	8	89%
Abortion	26	64%	22	56%	2	22%
Euthanasia	32	78%	31	80%	3	33%
Advanced directives	28	68%	26	67%	3	33%
Organ transplantation	23	56%	22	56%	3	33%
Reproductive technology	18	44%	16	41%	2	22%
Genetics	14	34%	14	36%	2	22%
Allocation of resources	26	63%	24	62%	3	33%
Research Ethics	33	81%	29	74%	6	67%

The majority of institutions included some ethical theory in their teaching across all pre-registration programmes. In addition, clinically focused issues such as consent, confidentiality, research ethics and euthanasia were taught in over 78% of institutions in degree programmes and in more than 74% of diploma and advanced diploma programmes. In fewer than half the institutions, the ethics of reproductive technology and genetics were taught across all programmes and with the exception of consent, confidentiality and research ethics, clinically focused subjects were taught less frequently in postgraduate programmes.

The same list of subjects was presented again and using a five point Likert scale, respondents asked to rate the importance of including these subjects in the pre-registration nursing curriculum. Table 8 summarises the findings.

Table 8: Subjects that should or should not be included in the curriculum.

Subjects taught	Strongly agree		Agree		Uncertain		Disagree		Strongly disagree	
	N	%	N	%	N	%	N	%	N	%
Theoretical perspectives										
Classical ethical theories	18	39%	19	41%	8	17%	1	2%	0	
Care based ethical theories	23	50%	17	37%	6	13%	0		0	
Ethical principles	34	72%	13	28%	0		0		0	
Principles of law	31	67%	12	26%	3	7%	0		0	
Rights	34	74%	10	22%	2	4%	0		0	
Autonomy	39	83%	8	17%	0		0		0	
Clinically focused issues										
Consent	43	92%	4	8%	0		0		0	
Confidentiality	43	92%	4	8%	0		0		0	
Abortion	19	41%	23	50%	4	9%	0		0	
Euthanasia	23	49%	19	41%	4	9%	0		0	
Advanced directives	24	52%	21	46%	1	2%	0		0	
Organ transplantation	23	50%	19	41%	3	7%	0		0	
Reproductive technology	19	41%	19	41%	6	13%	2	4%	0	
Genetics	19	41%	18	39%	9	20%	0		0	
Allocation of resources	31	67%	14	30%	1	2%	0		0	
Research Ethics	30	65%	10	22%	6	13%	0		0	

The majority of respondents agreed that the theories and clinically based subjects listed should be taught in the pre-registration nursing curriculum. Ethical principles was the theoretical perspective most respondents agreed should to be included in the curriculum (72% strongly agree, 28% agree), and respondents felt less strongly about classical ethical theories (39% strongly agree, 41% agree, 17% uncertain, 2% disagree) and care based theories (50% strongly agree, 37% agree, 13% uncertain). Respondents also agreed that principles of law should be taught (67% strongly agree, 26% agree, 7% uncertain), autonomy (83% strongly agree, 17% agree) and rights (74% strongly agree, 22% agree, 4% uncertain)..

Two clinically focused ethical issues were considered to be particularly important consent and confidentiality (92% strongly agree, 8% agree). Fewer respondents agreed that reproductive technologies (41% strongly agree, 41% agree, 13% uncertain, 4% disagree) and genetics (41% strongly agree, 39% agree, 20% uncertain) should be taught.

6. Discussion of the findings

The results of this survey indicate that ethics teaching in the pre-registration nursing curriculum tends to be integrated into other nursing modules. The IME report recommended that ethics be taught in a separate module as well as integrated into other modules (Gallagher and Boyd 1991), however this not evident in the current curriculum. The changes to the nursing curriculum identified in *Making a Difference* (Department of Health 1999) adopted a competency-based approach to nurse education and many institutions adopted integrated nursing modules in response to this. Integrating ethics in this way may allow students to consider the ethical aspects of nursing as they arise, but there is also a possibility that insufficient time will be available to fully discuss complex ethical issues. As Woods (2005) reminds us, even now in modern nursing education

“nursing ethics may be considered by some to be no more than yet another topic to be slotted into the curriculum, and not as a subject that needs a considerable amount of time devoted to it with a well-planned and delivered curriculum” (p6).

The results show traditional approaches to learning and teaching and assessment of learning in ethics. Lectures, student and lecturer led seminars, case studies and debates were all popular methods, although very few institutions reported using role play or distance learning. Pre-registration nursing programmes tend to have large numbers of registered students (up to 900 in institutions responding to this survey) and the learning and teaching strategies reported by respondents may influenced by the need to accommodate large groups of students. Infrequent use of distance learning is not unexpected, as pre-registration nursing programmes tend to be full-time and must consist of 4,600 hours to conform to the regulations of the NMC.

The findings indicate that pre-registration nursing students in participating institutions infrequently engage in shared learning with other health professionals. The use of the broader

term 'shared learning' was selected rather than the more restrictive description of 'interprofessional learning' in an attempt to capture learning that while shared may not be truly interprofessional. While shared learning was more common in degree programmes, only 15% of institutions shared learning with medical students, and for diploma and advanced diploma students this only occurred in only 5% of institutions. The IME report (Gallagher and Boyd 1991) indicated that 16 of the 147 institutions in the sample included some form of multidisciplinary learning, but this was largely spent in informal discussions. The report recommended that multidisciplinary learning be encouraged, to help students to discuss ethical issues arising in practice more constructively. Interprofessional learning is identified as one of the key elements essential to the modernisation of education and training in the NHS Plan (DOH 2000) and in ethics, interprofessional learning is considered to be important to develop mutual respect and collaboration on ethical issues to improve patient care (Hanson 2005). Support for interprofessional learning in ethics is evident in the literature (Gallagher 1995; Glen 1995), but difficulties in timetabling, student attendance and facilitation are acknowledged (Edward and Preece 1999).

The findings indicate that ethics teaching is assessed through use of essays and examinations either at the end of a specialist ethics module or integrated into the assessment of another nursing module, but a more disturbing finding is that approximately a quarter of responding institutions reported that ethics was not assessed. It may be argued that the purpose of nursing students learning about ethics in healthcare is to enhance nursing practice (Allmark 2005) or even to assist students to become moral agents seeing ethics as something they are, not just something they follow (Doane 2002). Failing to assess the subject may reduce the value placed on it by students and lecturers and opportunities for students to develop skills in critical thinking are missed. However, a limitation of the study is that the questionnaire did not give the option for respondents to describe other methods of assessment that may be used

in institutions and it is possible that more creative methods of assessment are masked by the categories provided.

In contrast to the findings of the IME study (Gallagher and Boyd, 1991), ethics is taught mainly by specialist lecturers within nursing and healthcare departments and 81% of participating institutions had between one and ten members of staff with taught masters degrees in either ethics or law. While 49% of institutions reported having between one and ten lecturers without any formal qualifications in ethics and law, the responses to the questions are not mutually exclusive, therefore institutions had a mix of lecturers with qualifications in ethics or law and some without.

Overall there appeared to be broad agreement over teaching both theoretical perspectives and clinically focused subjects. All institutions included ethical theory and principles of law, and the majority of respondents agreed that theoretical perspectives should be included in the curriculum. The debate over which is the most appropriate theoretical approach continues in the philosophical, ethical and clinical literature, but irrespective of which approach is included, theory is considered to be central to addressing ethical questions. Woods (2005) states that if ethics is to be useful for practice it cannot be antitheoretical and engaging with ethical theory and ethical discussion will help students develop better founded beliefs to draw upon when facing ethical dilemmas in practice (Allmark 2005).

While respondents agreed on the whole with the range of clinically focused subjects to be taught, the ethics of reproductive technology and genetics were less frequently taught, and respondents were less sure of their inclusion in the curriculum. As this survey focused on ethics in the nursing curriculum, it is possible that ethical questions raised by reproductive technologies may be seen to be outwith the experience of nursing students. While it is

unlikely that students will meet this issue directly in practice during their programmes, questions raised by these technologies such as cloning, assisted conception for post-menopausal women, pre-implantation genetic diagnosis and so called saviour siblings receive much attention in the media. More interesting is the reluctance to include genetics in ethics teaching in light of the emphasis on this in the White Paper on genetics (DOH 2003). Furthermore, a recently published project commissioned by Department of Health identifies a common core competency framework for nurses, midwives and health visitors entitled 'Fit for Practice in the Genetics Era' (Genomics Policy Unit, 2003) which includes consideration of ethical aspects of genetics.

As well as the issues regarding the wording of the question on assessment two further limitations of the study should be acknowledged. Firstly, in some institutions a surprising number of students appeared to be registered on post-graduate programmes and it is therefore possible that some of this data relates to ethics teaching in post-registration courses rather than pre-registration courses. Secondly, as the survey is exploratory and descriptive in nature inferences cannot be drawn from the data particularly regarding the efficacy of learning and teaching in ethics, but the findings do provide a basis for further and more focused research in this area.

7. Conclusion.

Ethics is addressed in the UK pre-registration nursing curriculum either in separate modules or integrated into other nursing modules. The findings of the survey would suggest that traditional learning and teaching strategies and methods of assessment are used however it is acknowledged that the large numbers of students registered on pre-registration programmes may influence this. Despite support in the literature for interprofessional education in ethics, this was found to be infrequently used as a learning and teaching strategy in participant

institutions. Ethics teaching is mainly carried out by specialist lectures in nursing and healthcare departments and while some teaching is carried out by lecturers who do not have qualifications in ethics and law, the overwhelming majority of institutions reported having between one and ten members of staff with taught masters in ethics or law. A range of ethical theories and clinically focused subjects are taught and there was broad agreement on the importance of these subjects with the exception of reproductive technologies and genetics which were less likely to be included in the curriculum.

The first objective of the project, to review methods of teaching and learning of ethics in the nursing curriculum and identify aspects of good practice has been achieved with the completion of the survey. The response to this survey was encouraging (75%) and therefore while acknowledging the limitations of the study, it does represent a reasonably accurate description of ethics teaching in the UK pre-registration nursing curriculum. However, some issues such as learning and teaching strategies, methods of assessment and efficacy of learning and teaching need more focused and detailed investigation to identify and disseminate best practice.

To achieve the second and third objectives, preliminary findings from the research have been presented at a meeting of the Higher Education Academy, Health Sciences & Practice Ethics Special Interest Group in February 2005. A poster showing the findings was also presented at the Higher Education Academy Festival of Learning 5th and 6th July 2005 in Leeds, and at the launch of Interdisciplinary *Ethics Applied* a Centre for Excellence in Learning and Teaching, at the University of Leeds on 16th September 2005. At each event there was an opportunity to raise awareness of the subject, initiate discussion, reflection and interaction between ethics teachers.

The report will be made available on the ethics theme pages of the Health Sciences and Practice web pages of the Higher Education Academy and each institution that participated will also receive a copy of the report. A paper focusing on three interesting findings emerging from the project i) the use of traditional approaches to learning and teaching, ii) the differences in the assessment of learning and iii) the lack of shared learning will be submitted to the journal *Nurse Education* today for publication

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EXPLORING LEARNING & TEACHING ETHICS IN THE NURSING CURRICULUM

This project, funded by the Learning and Teaching Support Network, aims to identify the ethics content, learning and teaching methods and process of facilitation in the UK pre-registration nursing curriculum.

The objectives of the research are:

4. To review methods of teaching and learning of ethics in the nursing curriculum and identify aspects of good practice.
 5. To initiate discussion and interaction between teachers of ethics to nurses so as to collectively agree and specify current best practice and in particular, those activities that address the wider concepts of healthcare law and ethics.
 6. By use of effective dissemination strategies, to raise awareness of this subject throughout the nursing ethics community and so to engage the community in a process of reflection and change
- The questionnaire should be completed by the person who co-ordinates ethics teaching in the **pre-registration** curriculum or another member of staff conversant with the delivery of this subject.
 - The questions relate to any programmes offered by your institution leading to first level nursing registration, these may be diploma and advanced diploma programmes or degree programmes (BA, BSc, BN etc). A few institutions offer postgraduate programmes which are also pre-registration programmes and lead to nursing registration. These may be in the form of shortened programmes for existing graduates or direct entry Masters Programmes. The 'post grad cert/dip' boxes relate to these programmes only.
 - Completing this questionnaire should take no longer than ten minutes of your time
 - Please return the questionnaire in the enclosed envelope

Thank you for helping us with this project

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EXPLORING LEARNING & TEACHING ETHICS IN THE NURSING CURRICULUM

1. Which nursing programmes leading to **first level registration** with the NMC are offered at your institution?

Please tick all that apply

	Yes	No
Degree		
Diploma/Advanced Diploma		
Post Graduate Certificate/Diploma		

2. Approximately how many **pre-registration** students begin each programme each year?

	No of students
Degree	
Diploma/Advanced Diploma	
Post Graduate Certificate/Diploma	

3. How are the subjects of ethics and law taught in your **pre-registration** nursing programmes?

	Degree	Dip/Adv dip	Post grad cert/dip
Specific ethics module			
Specific law module			
Specific ethics & law module			
Integrated into other modules in the programme			

4. If ethics is taught as a specific module please give the title of the modules

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.....

.....

5. If ethics is integrated into other modules in the programme please give the titles of the modules into which it is integrated

.....

.....

.....

Appendix 1

6. What learning and teaching methods are used for ethics in the **pre-registration** nursing programmes?

Please tick all that apply

	Degree	Dip/Adv dip	Post grad cert/dip
Lectures			
Student led seminars			
Lecturer led seminars			
Case studies			
Role play			
Debate			
Distance learning			
Other: please specify			

7. Does any shared learning take place with students on other programmes?

Please tick all that apply

	Degree	Dip/Adv dip	Post grad cert/dip
Midwifery Programmes			
Other PAM programmes			
Medical students			
Other: please specify			

8. How is ethics assessed in the **pre-registration** nursing programmes?

	Degree	Dip/Adv dip	Post grad cert/dip
Essay type assignment at the end of a specialist ethics or law module			
Examination at the end of a specialist ethics or law module			
Essay type assignment integrated into the assessment of another nursing module			
Examination integrated into the assessment of another nursing module			
Not assessed as a discrete subject			

Appendix 1

9. Where in the **pre-registration** nursing programmes is the subject of ethics taught?

	Degree	Dip/Adv dip	Post grad cert/dip
Year 1			
Year 2			
Year 3			

10. Who teaches ethics in your institution?

	Degree	Dip/Adv dip	Post grad cert/dip
Specialist ethics lecturers from within the nursing/ healthcare department			
Specialist ethics lecturers from outside the nursing/healthcare department			
Other nursing lecturers			
Chaplains			
Medical or nursing clinical staff			
Guest speakers			

11. What ethics related qualifications do the members of staff who teach ethics possess?

Please indicate the total number of staff for each level of qualification

	No. of staff
Bachelors degree in philosophy or law	
Taught masters (MA/MSc, LLM) in ethics or law	
Research degree (MPhil/PhD) in ethics or law	
No specialist qualifications in ethics and/or law	

Appendix 1

12. How do you feel about the following subjects being **included** in the pre-registration nursing curriculum?

	Strongly agree that it should be included	Agree that it should be included	Uncertain if it should be included	Disagree that it should be included	Strongly disagree that it should be included
Classical ethical theories					
Care based ethical theories					
Ethical principles					
Principles of law					
Consent					
Confidentiality					
Abortion					
Euthanasia					
Advanced directives					
Organ transplantation					
Reproductive technology					
Genetics					
Rights					
Allocation of resources					
Research ethics					
Autonomy					

13. Which of the following are **actually taught** in your pre-registration nursing curriculum?
Please tick all that apply

	Degree	Dip/Adv dip	Post grad cert/dip
Classical ethical theories			
Care based ethical theories			
Ethical principles			
Principles of law			
Consent			
Confidentiality			
Abortion			
Euthanasia			
Advanced directives			
Organ transplantation			
Reproductive technology			
Genetics			
Rights			
Allocation of resources			
Research ethics			
Autonomy			