

# Curriculum Design to Promote the Ethical Decision-Making Competence of Accelerated Bachelor's Degree Nursing Students

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## Abstract

Few nursing curricula offer a course dedicated exclusively to ethical decision making. More often, ethical decision making is integrated into nursing courses and clinical experiences along with other course content. This article describes an accelerated bachelor's degree nursing curriculum systematically organized to promote ethical decision-making competence from the first to the last nursing course. Examples of course objectives, ethical indicators, and teaching strategies emphasizing ethical decision making from trimester to trimester are outlined. A survey that assessed the similarities between critical thinking and ethical decision making perceived by faculty and students justified using critical thinking skills to measure ethical decision-making competence. *t*-Test calculations indicated significant improvement in the critical thinking scores of 100 students from four consecutive classes at the beginning and end of the nursing program. Examples of ethical questions examined by students are included. By integrating critical thinking skills throughout the nursing curriculum, faculty heightened the capacity of students to make and defend their own ethical decisions.

## Keywords

nursing, behavioral sciences, health communication, human communication, communication studies, social sciences, cultural communication, media and society, mass communication, intercultural communication, academics, curriculum, education, education theory and practice, educational measurement and assessment, educational research, higher education

The complexities of today's health care environment increasingly call for nurses to make ethical decisions. Health care consumers depend on the strong voice of nurses during ethically difficult situations (Bastable, 2008; Bosek & Savage, 2007; Butts & Rich, 2013). Whether the seemingly inconsequential delivery of a clean pillow case promised on a busy morning, or a much weightier decision about end of life care, nurses must combine the facts and alternatives of the situation with their own values and morals to decide what should be done and when. And yet, while there is considerable information about the ethical decisions made by practicing nurses (Fry, Veatch, & Taylor, 2011), little is available about how they developed those decision-making skills as nursing students (Benner, Sutphen, Leonard, & Day, 2010). Nor, did this author find a tool designed specifically to measure ethical decision-making competence.

## Current Condition of Nursing Education

Some faculty prefer to define ethical principles in an introductory fundamentals course, then review ethical theories in

a nursing concepts course. Others examine ethical codes and position papers in a clinical course *if* the occasion arises, and still others examine ethical decisions made by nurse ethicists at *any* point in the nursing curriculum. In addition, teachers who are keen clinicians may have little background in ethical decision-making and miss ethical teaching opportunities because of “lack of awareness” (Bosek & Savage, 2007, p. vii). Hence, the *aha!* moments when students realize there are no rote answers to their ethical questions can remain undefined, or unsupervised, or both (International Council of Nurses, 2006).

Benner's study of U.S. nursing education asked, “Are nurses entering practice equipped with the knowledge and skills for today's practice and prepared to continue learning for tomorrow's nursing?” only to find that, “in short, the answer [was] no” (2010, p. 31). The authors underscore the

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need for “ethical reflection to discern moral dilemmas and injustices” (p. 28). Their call for “radical transformation” in nursing education challenges nurse educators to integrate “ethical comportment” (p. 167) and ethical decision-making in both classroom *and* clinical settings (p. 30). Sullivan confirms the imperative that nurse educators prepare students “to enter and uphold the social contract with the public that they serve” (2005, p. 80).

## Purpose

The purpose of this article is threefold. First, to describe the design of an accelerated bachelor of science in nursing (ABSN) curriculum at Dominican College, Orangeburg, NY, that was systematically organized to promote ethical decision-making competence. Second, to link ethical decision-making and critical thinking to justify using critical thinking skills to measure ethical decision-making competence. And third, to measure the pre- and post-program critical thinking test scores of 100 students from four consecutive ABSN classes. Examples of course- and clinical objectives, teaching methodologies and learning activities, and students’ work—all intended to promote ethical decision-making—are included.

Overall, the aim is to inform faculty about the top-down steps of curriculum design from institutional mission to course objectives, and perhaps inspire faculty to integrate ethical decision making in their own curricula—regardless of the course of study.

## Theoretical Foundation

Rogers’ *Science of Unitary Human Beings* (1986) and Watson’s *Theory of Transpersonal Caring* (1988) were selected by faculty consensus as the theoretical foundation of the curriculum, several years prior to this study. With regard to ethical decision making, Rogers emphasized that when nursing interventions are derived from a “valid, scientific body of knowledge, they concur with the ethical standards of nursing practice and support human betterment” (Rogers, 1986, p. 4). She wrote that

... the education of nurses has identity in the transmission of nursing’s body of theoretical knowledge. (Rogers, 1986, p. 4)

Watson, on the other hand, emphasized that nursing is based on human values with a primary interest in the welfare of others—factors that supported the ethical decision-making competence the faculty in this study sought to promote (Watson, 1988). Armed with Rogers’ principles of holism and Watson’s tenets of caring, faculty outlined and sequenced all classroom and clinical nursing courses for the entire pre-licensure curriculum.

## Methods

### Curriculum Design Process From College Mission to Clinical Evaluations

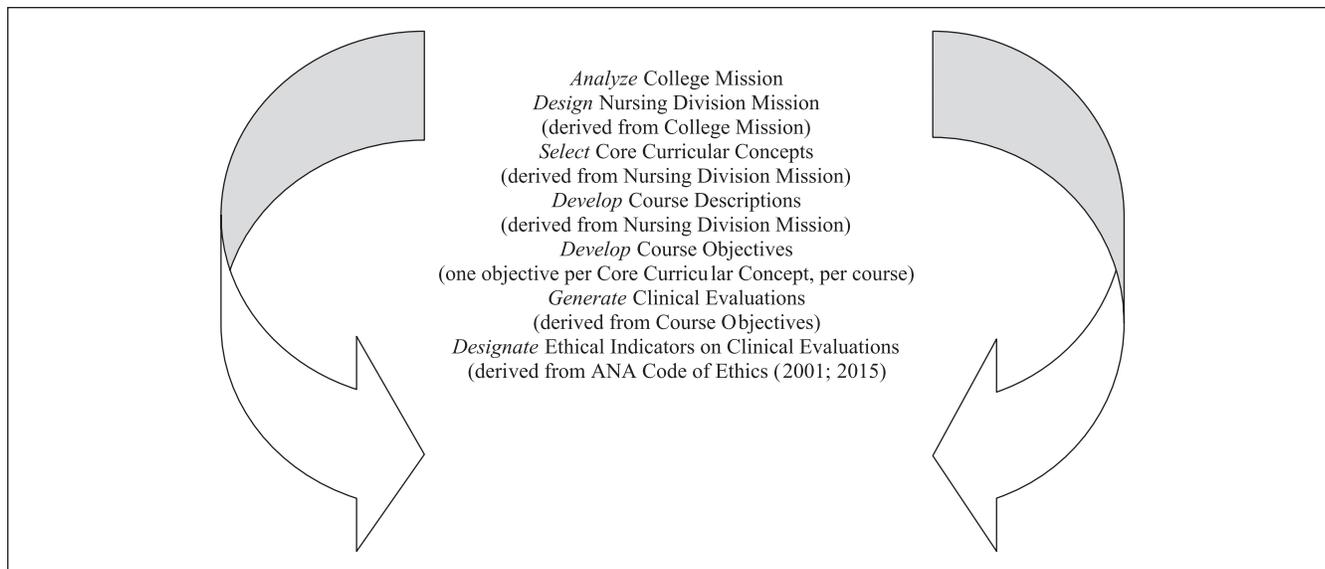
The curriculum committee, comprised of five full-time faculty members from the Division of Nursing, met with the entire full-time nursing faculty of 11 additional members over an 8-year period. The primary goal of these monthly, 3-hr meetings was to contemporize the curriculum of the accelerated and traditional bachelor’s degree nursing programs for synchrony with current issues in nursing, nursing education, and health care.

To summarize the curriculum design process, faculty *analyzed* the Mission Statement of Dominican College, noting the emphasis on empowering its “community of learners to . . . serve with integrity and to engage responsibly in the pursuit of a more just, ethical and sustainable world” (Dominican College, 2015b, p. 1). In turn, faculty *designed* the Mission Statement of the Division of Nursing to emphasize a “curriculum that assists students to learn ethical, civic, and social responsibility” and a commitment to “the development of culturally sensitive, caring leaders who promote moral courage . . .” (Dominican College, 2015a, p. 1). Then faculty *selected* seven core curricular concepts to support the objectives of each nursing course, for example, holism and caring (the theoretical foundation for each course); critical thinking (the basis for clinical reasoning); clinical-, technological-, and ethical competence (the tools of nursing practice); professional development (the key to professional and personal success); and leadership and research (the standard-bearers of evidence-based practice). Next, they *developed* the course descriptions and the course objectives for all 14 nursing courses in the curriculum. And last, they *generated* a clinical evaluation form based on the course objectives for each of the nine clinical nursing courses and *designated* at least one ethical indicator from the American Nurses Association (ANA) Code of Ethics (2015) on each form (see Figure 1).

To legitimize and facilitate the curriculum design process, faculty reviewed nursing- and education issues in current journal articles, investigated trends in other nursing curricula, and assessed prior students’ course evaluations and satisfaction surveys—all to determine by consensus, each core concept, each course description, and each course objective. The discussions and debates to reach consensus were lively and sometimes heated, and personified Rogers’ concepts of innovative change, increasing diversity, and energy transfer (Fawcett, 1989). Once completed, the entire curriculum was presented to the college-wide Committee on Instruction for final approval.

## Program and Student Characteristics

The ABSN option is a 12-month program, begun in 1994, for college graduates holding the minimum of a non-nursing



**Figure 1.** Curriculum design process from college mission to clinical evaluations.

**Table 1.** Accelerated Baccalaureate Nursing Curriculum: 58 Credits.

Summer: Trimester I	Fall: Trimester II	Winter/spring: Trimester III
NR 223: Introduction to professional nursing I <sup>a</sup> (5)	NR 331: Professional practice concepts (2)	NR 353: Nursing research (3)
NR 224: Introduction to professional nursing II <sup>a</sup> (5)	NR 340: Adult nursing I <sup>a</sup> (5)	NR 450: Adult nursing II <sup>a</sup> (5)
NR 229: Pharmacological agents (3)	NR 345: Family health nursing <sup>a</sup> (5)	NR 463: Community health nursing <sup>a</sup> (5)
NR 330: Maternal child health <sup>a</sup> (5)	NR 460: Psychiatric mental health nursing <sup>a</sup> (5)	NR 465: Nursing leadership and management <sup>a</sup> (5)
NR 335: Principles of health assessment (3)		NR 467: Nursing seminar (2)

Note. Values inside parentheses are the number of credits per course.

<sup>a</sup>Clinical Nursing Course.

baccalaureate degree. The 58-nursing credit program continues today in its originally conceived trimester format, from May to May (see Table 1).

Before starting the first nursing course in the ABSN option, 11 prerequisites must be completed: six sciences (general chemistry, biochemistry, anatomy and physiology I and II, microbiology, and pathophysiology), four social sciences (sociology, general psychology, developmental psychology I and II), and statistics.

Of the 100 ABSN students in this study, 76% were female, and the average age was 26 years. Their undergraduate GPAs ranged from 3.0 to 3.8. The majority were White, with no prior experience in health care and whose first language was English. Undergraduate majors included biology, finance, and teacher education. Three percent held master’s degrees in social work, biochemistry, and communication. Generally, they fit the description of accelerated nursing students in that they were highly motivated to learn new clinical skills and master complex material quickly (Korvick & Williamson, 2008).

### Ethical Decision-Making Course Objectives and Ethical Indicators

During the early stages of the curriculum design process, the faculty agreed that ethical decision-making competence meant identifying an ethical dilemma, formulating a relevant ethical question, then designing and defending a reasoned, principled opinion—orally and in writing (Davis, Fowler, & Aroskar, 2010; Porter-O’Grady & Malloch, 2013). They agreed that ethical decision-making competence should build from course to course and set out to add an ethical indicator to each *clinical* nursing course, for example, Introduction to Professional Nursing I and II (NR 233 and NR 224), Psychiatric Mental Health Nursing (NR 320), Maternal Child Health (NR 330), Adult Nursing I and II (NR 340 and NR 450), Family Health Nursing (NR 345), Community Health Nursing (NR 463), and Nursing Leadership and Management (NR 465). Each ethical indicator they added was derived directly from one of the nine

**Table 2.** Examples of Course Objectives and Ethical Indicators to Promote Ethical Decision-Making Competence.

Trimester I	Trimester II		Trimester III	
NR 223: Introduction to professional nursing I	NR 340: Adult nursing I	NR 450: Adult nursing II	NR 465: Nursing leadership and management	NR 467: Nursing seminar
<p><i>Course objective:</i> To demonstrate select communication, clinical, technical, and ethical skills important for beginning nursing practice</p> <p><i>Ethical Indicators:</i> To demonstrate compassion and respect for the dignity, worth, and uniqueness of the client (American Nurses Association [ANA], 2001; 2015)</p> <p>To articulate professional nursing values as they relate to professional nursing practice (ANA, 2001, 2015)</p>	<p><i>Course objective:</i> To demonstrate interpersonal, clinical, and technological skills consistent with the standards and guidelines of professional nursing practice</p> <p><i>Ethical Indicator:</i> To collaborate with the health care team to promote the health needs of adult clients (ANA, 2001, 2015)</p>	<p><i>Course objective:</i> To integrate ethical competence with clinical, technological, and communication skills when providing nursing care for adult clients</p> <p><i>Ethical Indicator:</i> To preserve the integrity and safety of clients by maintaining clinical competence and pursuing personal and professional growth (ANA, 2001, 2015)</p>	<p><i>Course objective:</i> To synthesize theories of leadership and management into professional nursing practice</p> <p><i>Ethical Indicator:</i> To delegate tasks consistent with the nurse's obligation to provide optimum client health care (ANA, 2001, 2015)</p> <p>To integrate the moral virtues and values of the nursing profession with quality health care (ANA, 2001, 2015)</p>	<p><i>Course objective:</i> To demonstrate proficient communication skills that indicate clinical, technological, and ethical competence</p>

provisions from the ANA Code of Ethics (2001, 2015), and addressed compassion, respect, professional values, integrity, and patient safety (see Table 2).

## Teaching Strategies

Faculty endorsed Stephen Brookfield's time-honored "hands-on-survival manual," *The Skillful Teacher* (1990, 2006). They were energized by his suggestions to engage students in dialogue that explored their values, tested-out their ideas, and strengthened their "ethical" voice—each to confirm what they valued and defend what they believed. And, they supported Swallow's premise that a reasoned defense of one's decision to invested listeners was an essential component of ethical decision-making competence (2011).

In addition, faculty were mindful of the American Association of Colleges of Nursing's (AACN, 2008) recommendation that ethical decision-making competence should be firmly embedded in each nursing course. They selected teaching strategies that promoted ethical decision-making competence, assuring that the corresponding learning activities increased in complexity from course-to-course (see Table 3).

## Critical Thinking and Ethical Decision Making

During the early stages of curriculum design, faculty confirmed the definition of critical thinking by Assessment Technologies Institute (ATI) as a dynamic, purposeful, analytic process that

results in reasoned decisions and judgments (ATI, 2000). They also agreed with Rubenfeld and Scheffer that consistently demonstrated habits of the mind such as "discriminating, information seeking, applying standards, logical reasoning, predicting, and transforming knowledge" were vital to solving problems (2000, p. 358; 2015). And, they concurred with the behaviors of critical thinkers proposed by Paul and Elder (2006):

- to *ask* clear, pertinent questions and identify key problems
- to *analyze* and interpret information by using abstract thinking
- to *generate* reasonable conclusions and solutions that are tested according to sensible criteria and standards
- to *remain open-minded* as they consider alternative thought systems, and
- to *solve* complex problems by effectively communicating with other people (p. 4).

At the same time, faculty endorsed Matthews' algorithm for ethical decision making such that, by the end of the nursing curriculum, each student would have the opportunity to

- *identify* an ethical dilemma in health care or nursing practice that held personal or professional interest, then develop a simple question directly related to the dilemma identified;
- *review* professional standards of practice, organizational policies, and/or legal precedents directly related to the identified question;

**Table 3.** Examples of Teaching-Learning Strategies to Foster Ethical Decision-Making Competence.

Trimester 1	Trimester 2		Trimester 3	
NR 223: Introduction to Professional Nursing I	NR 340: Adult Nursing I	NR 450: Adult Nursing II	NR 465: Nursing Leadership and Management	NR 467: Nursing Seminar
<p><i>The Living Care Plan:</i> Index cards, each citing a patient problem or related goal or an intervention or evaluation, including outcome criteria, are distributed—one card to each student standing in the classroom. Students then move their position in the room until the cards they hold are organized into a logical, coherent Nursing Care Plan</p>	<p><i>Level 3 Cognitive Ability Test Questions:</i> Four 50-question tests require decision making at Level 3 Cognitive Ability, i.e., to synthesize, prioritize or evaluate patient information (Silvestri, 2012, p. 4). Medication calculation questions are embedded in patient situations</p>	<p><i>Comprehensive Predictor (ATI, 2010):</i> Each student completes this 180-question standardized test during the 3rd trimester. A required score of 70% predicts a 91% chance of NCLEX success. If the 70% is not achieved on the first try, the student completes an individualized remediation plan, then retakes the test for as many times as it takes to achieve an 80%</p>	<p><i>The Change Project:</i> Each student designs, implements, and evaluates a change project at a clinical agency, aiming that the change be adopted formally by the agency. Students are evaluated for the communication-, collaboration-, and accountable behaviors they used to effect the change</p>	<p><i>Letter to the Editor:</i> Each student analyzes the pro and con viewpoints of an ethical question, then summarizes his opinion in a Letter to the Editor of a relevant nursing journal</p> <p><i>Oral Defense:</i> Each student defends his ethical opinion to classmates and faculty using Power Points for the pro and con viewpoints and a schematic drawing of the decision-making process as it evolved (Swallow, 2011)</p> <p>See Table 6. Examples of Ethical Principles and Questions Selected by Students</p> <p>See Figure 2. Example of One Student's Schematic Drawing . . .</p>

- *define* the choices available to a nurse, then answer the question from its pro and con viewpoints, including the benefits, burdens, and risks for each;
- *state* one's ethical opinion in an oral presentation and in a Letter to the Editor of a relevant professional journal or publication;
- *consider* comparable decisions of others when defending one's opinion in a formal oral presentation; and
- *survey* classmates for agreement or disagreement (2008).

### Measuring Ethical Decision Making

During the search for a specific tool to measure ethical decision-making competence, faculty noted that the critical thinking competencies cited by ATI (2000) shared vocabulary—and in some instances behaviors—with the steps of Matthews' decision-making algorithm (2008). It was then that they asked themselves if the same tool that measured critical thinking could also measure ethical decision-making competence. And if so, this could be good news since each nursing student already completed a standardized critical thinking assessment at the beginning and the end of the nursing program. They concluded that justification for using critical thinking scores to measure ethical decision-making competence was needed.

### Critical Thinking Assessment Test

Designed by ATI, the standardized Critical Thinking Assessment, *which was* already in use, tested six cognitive skills routinely associated with critical thinking: interpreting, analyzing, inferring, explaining, evaluating, and self-regulating (2000). Indeed, the 40-question, 1 min-per-question test was administered in paper-and-pencil form to each entering and exiting student in the ABSN program. The first test was completed 3 weeks after the program started, and the second, 1 week before the program ended. The test had a global alpha reliability of .694 for all 40 items, with demonstrated construct and content validity. Readers can refer to the Interpretation of the Critical Thinking Assessment: Nurse Educators Guide by ATI (2000) for a more detailed description of each cognitive skill.

### Linking Critical Thinking and Ethical Decision-Making

As the search for a tool to measure ethical decision making progressed, the curriculum committee decided to survey the full-time *nursing* faculty, plus a sample of graduating nursing students, for any perceived similarities between critical thinking and ethical decision making. They designed a survey of six sets of behaviors; each set paired a critical thinking

**Table 4.** Faculty and Student Survey.

Directions: Please assess the behaviors listed in each of the boxes below for similarity of meaning. Draw a circle around the number that most closely expresses your view. Rate each item according to the following scale: SA: strongly agree, A: agree, ?: uncertain, D: disagree, SD: strongly disagree.

	SA	A	?	D	SD
<ul style="list-style-type: none"> <li>To utilize the critical thinking skill of interpretation means: To understand, comprehend, decipher, and explain the meaning of written materials, verbal and non-verbal communications, empirical data, and graphics (ATI, 2000, p. 1).</li> <li>To identify and explain an ethical dilemma: there must be at least two choices, from which one must be made (Matthews, 2008).</li> </ul>	5	4	3	2	1
<ul style="list-style-type: none"> <li>To utilize the critical thinking skill of analysis means: To examine, organize, categorize, or prioritize variables such as signs and symptoms, evidence, facts, research findings, concepts, ideas, beliefs, and points of view (ATI, 2000, p. 1).</li> <li>To consider whether all choices identified in the dilemma are equally available for registered nurses to act upon. Are all choices legal? Is there a federal, provincial, or case law/Act governing the choices? Is there a professional standard guiding the choices? Are there policies guiding the choices? (Matthews, 2008).</li> </ul>	5	4	3	2	1
<ul style="list-style-type: none"> <li>To utilize the critical thinking skill of inference means: To draw conclusions based on evidence, to differentiate between conclusions/hypotheses that are logically or evidentially necessary and those that are merely possible or probable, and to identify knowledge gaps or needs (ATI, 2000, p. 1).</li> <li>To define the choices available to you as a registered nurse. What are the values . . . [and] ethical principles related to this choice? (Matthews, 2008).</li> </ul>	5	4	3	2	1
<ul style="list-style-type: none"> <li>To utilize the critical thinking skill of explanation means: To explain, in writing or orally, the assumptions and reasoning processes followed in reaching conclusions, and to justify one's reasoning/conclusions in terms of evidence, concepts, methodologies, or contextual considerations (ATI, 2000, p. 1).</li> <li>To consider an ethical theory as validation (Matthews, 2008).</li> </ul>	5	4	3	2	1
<ul style="list-style-type: none"> <li>To utilize the critical thinking skill of evaluation means: To assess the credibility of sources of information, the strength of evidence, the relevance, significance, value, or applicability of information in relation to a specific situation, and to assess information for biases, stereotypes, and clichés (ATI, 2000, p. 1).</li> <li>To consider similar or comparable decisions (Matthews, 2008).</li> </ul>	5	4	3	2	1
<ul style="list-style-type: none"> <li>To utilize the critical thinking skill of self-regulation means: To continuously monitor, reflect on, and question one's own thinking; to reconsider interpretations or judgments as appropriate based on further analysis of facts or added information; and to examine one's own views with sensitivity to the possible influence of personal biases or self-interest (ATI, 2000, p. 1).</li> <li>To make and validate the decision as to whether the intended outcome produces the most good and the least harm. (Matthews, 2008).</li> </ul>	5	4	3	2	1

skill identified by ATI (2000) with a step of ethical decision making from Matthews' algorithm (2008). Content validity for the survey was established by a panel of health care professionals comprised of full-time and part-time classroom and clinical nursing faculty, each holding a master's or doctoral degree in nursing or higher education (see Table 4).

Thirteen full-time, two part-time nursing faculty, and 29 graduating accelerated nursing students indicated on a 5-point scale whether or not they perceived any similarities between each set of behaviors. "Strongly agree" was assigned a value of 5 points and "strongly disagree" was assigned a value of 1 point. With this schema, the higher the score the more positive the rater's perception of similarity between critical thinking and ethical decision-making.

The 15 nursing faculty who completed the survey "strongly agreed" or "agreed" that 80.0% of the critical thinking skills and their corresponding ethical decision-making steps were similar in meaning. The 29 students who completed the survey "strongly agreed" or "agreed" that 88.8% of the same skills and steps were similar in meaning. Both faculty and students perceived the highest similarity between the critical thinking skill and ethical decision-making step for interpretation and self-regulation at 87% and 92% respectively. In addition, students also rated the paired sets of critical thinking and ethical decision-making for analysis and evaluation at 92%.

Once the perceived similarities between the critical thinking skills and ethical decision-making steps were confirmed

**Table 5.** *t*-Test Calculations.

Class	<i>n</i>	National <i>M</i> /class <i>M</i>	<i>t</i> -test calculation	Significance for two-tailed test
#1	29	70.3%/76.1%	<i>t</i> = 2.048, <i>df</i> = 28	Significant at .05 level
#2	20	70.3%/74.9%	<i>t</i> = 2.093, <i>df</i> = 19	Significant at .05 level
#3	27	70.3%/75.9%	<i>t</i> = 2.056, <i>df</i> = 26	Significant at .05 level
#4	24	70.3%/75.7%	<i>t</i> = 2.069, <i>df</i> = 23	Significant at .05 level

by the faculty and students surveyed, the decision to use pre- and post-program critical thinking test scores to measure ethical decision-making competence was made.

### t-Test Calculations

Each class completed the same 12-month 58-credit ABSN curriculum that included completing the ATI Critical Thinking Assessment test during the first and last accelerated nursing course. The *t*-test calculations for the pre- and post-program critical thinking test scores of four consecutive accelerated classes—100 students—indicated significance at the .05 level for a two-tailed test. In addition, the mean Critical Thinking Assessment test exit score for each of the four classes exceeded the national mean by 4.6% to 5.8% (see Table 5).

### Discussion

The teaching strategies and clinical indicators faculty instituted across the curriculum promoted the ethical decision-making competence of four consecutive classes of accelerated nursing students.

The perceived similarities between critical thinking and ethical decision making justified using pre- and post-program critical thinking scores to measure students' ethical decision-making competence. From the beginning, the faculty in this study took guidance from Butts and Rich (2013) who wrote that

practical wisdom and moral ways of being do not just happen—they must deliberately be formed with education and intelligent habits of practice . . . Knowing textbook ethics is critical, but taking care to deliberately form one's character is of significant importance for nurses. (p. xv)

### Limitations

While the findings of this study are heartening, they are limited by the one-school sampling, the one-program sampling, and the small size of the sample. And yes, the perceptions of faculty and students were used to justify using critical thinking scores to measure ethical decision-making competence. However, a tool *specifically designed* to measure ethical decision-making competence is preferable, and one exclusively for nursing students would be even better.

### Implications for Nursing Faculty and Nursing Education

The systematic effort to incorporate ethical decision-making competence across the nursing curriculum in this study began when students followed the steps of the nursing process to identify patient problems, then examined the ethical decisions made by others, and finally designed and defended their own ethical opinions.

During their final capstone course, students examined the ethical questions listed in Table 6. While it is not the intention of this article to discuss these questions in depth, their diversity and that the students independently selected ethical questions pertaining to the most common ethical principles of autonomy, beneficence, justice, veracity, and distributive justice are indeed noteworthy.

Also during the capstone course, students submitted a schematic drawing of their own ethical decision-making process. Intended as an exercise in reflective thinking, few, if any, words were required. Instead, the drawing was meant to convey—in symbols—the decision-making process as it unfolded. An example of a schematic drawing is seen in Figure 2.

On their capstone course evaluations, students wrote enthusiastically about the opportunities to “explore diverse ethical points of view” and that they “loved the ethical issue presentations—they made me think.” Here were reasons to believe that the nursing curriculum paved the way for these students to begin their nursing careers with an appreciable level of ethical decision-making competence.

In terms of global relevance, the ethics of health care in developing countries and the need to broaden nursing curricula beyond delivering patient care to one or two patients at a time has intensified. International nursing research by investigators from different countries and cultures, who know how to generate ideas for providing “existing products and services to those in need is often equally or more important” (Nuffield Council on Bioethics, 2002, p. 5). As a result, ethically responsible curricula must teach nursing students to not only identify but also anticipate globally diverse ethical problems and design morally reasoned solutions.

And, as nursing curricula are already filled with so many required courses and clinical hours, online computer programs are proving to be an efficient approach to teaching students to make ethically accountable decisions. As students

**Table 6.** Examples of Ethical Principles and Questions Selected by Students.

Ethical principle	Question
Autonomy: 27.5%, <i>n</i> = 8/29	<ul style="list-style-type: none"> <li>• Should competent children make their own medical decisions?</li> <li>• Should family members be present during CPR?</li> <li>• Should an alcoholic receive a liver transplant?</li> <li>• Should RNs be forced to work overtime?</li> <li>• Should dying patients receive a feeding tube?</li> <li>• Should family decide when to terminate medical treatment?</li> <li>• Is preimplantation genetic diagnosis for gender selection ethical?</li> <li>• Should organ donation be based on presumed consent?</li> </ul>
Beneficence: 34.5%, <i>n</i> = 10/29	<ul style="list-style-type: none"> <li>• Should the RN's ethical beliefs about assisted reproductive technology be evaluated prior to employment?</li> <li>• Should RNs provide futile care to terminal patients?</li> <li>• Should RNs be notified about the patient's HIV status?</li> <li>• Should New York State legalize marijuana for medical use?</li> <li>• Should RNs with chronic pain use medical marijuana?</li> <li>• Should critical care RNs initiate organ donation discussion with families?</li> <li>• Is embryonic stem cell research ethical?</li> <li>• Should the RN addict be terminated from employment?</li> <li>• Should RNs with substance abuse addictions lose their license?</li> <li>• Is whistle blowing worth the risk?</li> </ul>
Justice: 20.6%, <i>n</i> = 6/29	<ul style="list-style-type: none"> <li>• Is health care a right or a privilege?</li> <li>• Should ICUs permit 24 hr visitation?</li> <li>• Should non-compliant transplant recipients receive a second transplant?</li> <li>• Should the United States recruit foreign RNs?</li> <li>• Should the Associate of Applied Science (AAS) in nursing be eliminated?</li> <li>• Should hospitals protect RNs against workplace violence?</li> <li>• Should advertisements for pharmaceuticals be permitted on TV?</li> </ul>
Veracity: 3.5%, <i>n</i> = 1/29	<ul style="list-style-type: none"> <li>• Does genetic testing lead to unnecessary medical treatment?</li> </ul>
Autonomy and beneficence: 6.9%, <i>n</i> = 2/29	<ul style="list-style-type: none"> <li>• Should human papilloma virus vaccination be mandatory for preteen girls and boys?</li> </ul>
Justice and distributive justice: 3.5%, <i>n</i> = 1/29	<ul style="list-style-type: none"> <li>• Should undocumented immigrants residing in the United States be entitled to health care?</li> </ul>
Autonomy, beneficence, and non-maleficence: 3.5%, <i>n</i> = 1/29	<ul style="list-style-type: none"> <li>• Should RNs participate in assisted suicide?</li> </ul>

Note. CPR = Cardiopulmonary Resuscitation; RN = Registered Nurse.

learn to make ethical decisions in clinical situations, this instructional method simulates real-life situations in the context of nursing practice and duly warrants further faculty investigation (Park, 2013).

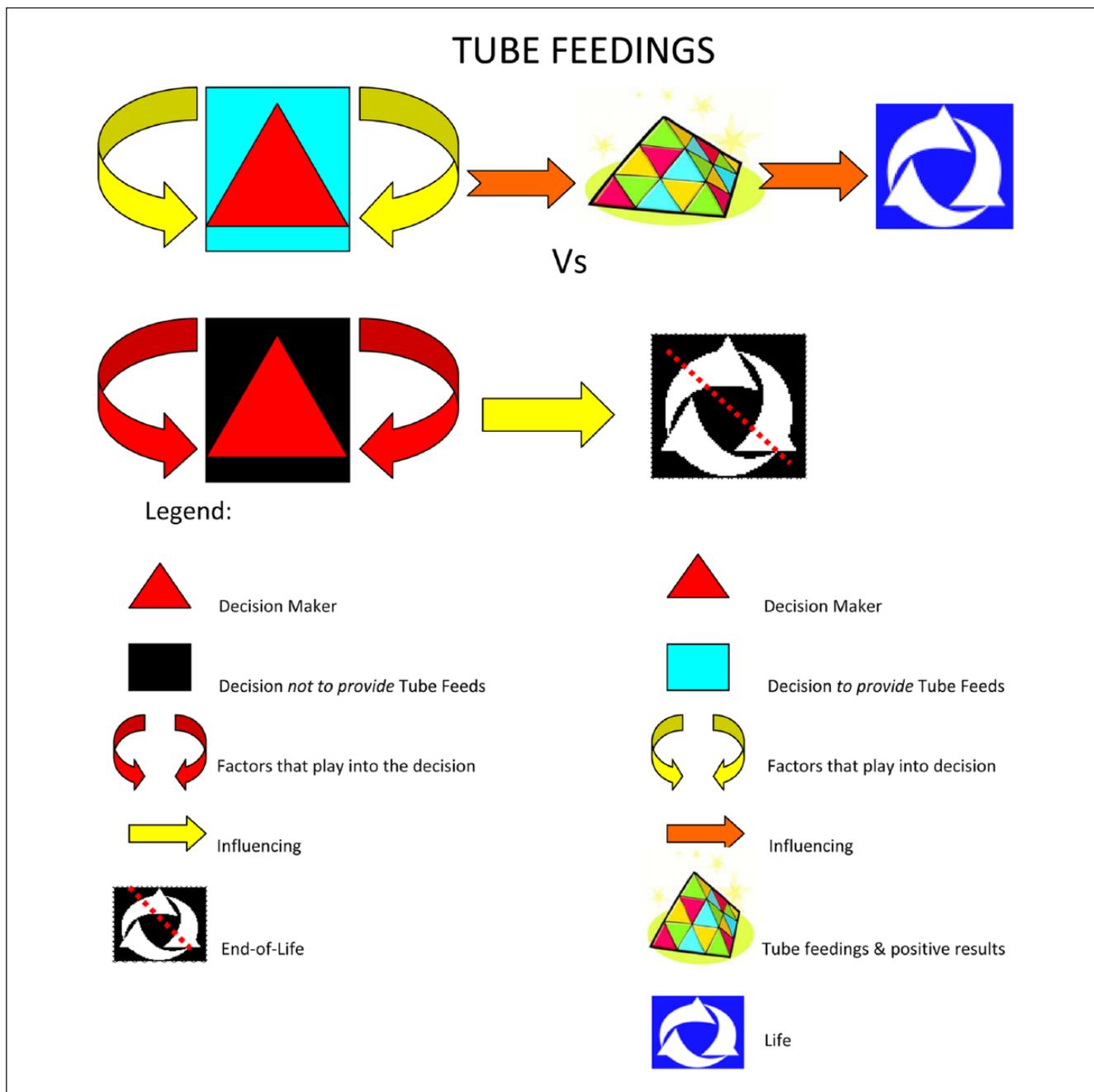
## Future Directions

Next on the horizon is measuring the peaks and troughs of students' ethical decision-making competence throughout the nursing curriculum, and time-teaching learning strategies to be consistent with those highs and lows. Matching ethical decision-making teaching strategies with students' learning styles, and measuring critical thinking at different levels during the curriculum—perhaps prior to starting the nursing program—could build on the curricular developments made so far. Assessing ethical decision-making competence at scheduled intervals after graduation could determine the longevity of the teaching and learning effectiveness. A prerequisite bioethics course is another possibility. And then there are the big policy issues such as how a

country spends money to disperse health care, or what nurses world-wide tolerate in their work environment, or how nurses intentionally distribute health care by culture, gender, or religion (Cipriano, 2015). The feasibility of interdisciplinary ethical decision-making courses is real. And most importantly, faculty must conduct ongoing assessments of ethical issues in health care to assure that their course content stays up-to-date and consistent with the newly released ANA Code of Ethics with Interpretive Statements (2015).

## Conclusion

Faculty answer a critical need in nursing education when they teach students how to identify ethical issues, how to ask related questions, and how to design and defend their own reasoned opinions. When faculty educate nurses to think critically in ethically difficult situations, their professional voices are strengthened (Pavlish, Brown-Saltzman, Hersh, Shirk, & Nudelman, 2011). Ethical decision-making competence is the



**Figure 2.** Example of one student’s schematic drawing for examining the ethical question: Should dying patients receive a feeding tube?

“meat and potatoes” of effective nursing education and nursing practice. In the end, the words of Bevis still ring true:

There is a compelling splendor about both teaching and nursing that demand the highest forms of endeavor, for their ends are linked to the magnificent miracle of human thought and the quality of human life. They have a common core of caring about the human condition and an obligation to its improvement that confers a radiant beauty on the meanest of tasks in their service.

They are a societal trust. And, for those who combine these two tasks into the teaching of nursing, there is a moral commitment to society’s needs that requires industrious constancy in improving care so that this trust will be steadfastly and excellently honored. It is to this trust that our revolution is dedicated. (1990, p. 1)

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