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Please cite the original version: Juujärvi, S. & Häkkinen M. (2020). The ethics of care and justice in nursing education. In Nikula, K., Sarlio-Siintola, S. & Kallunki, V. Ethics as a resource. Examples of RDI projects and educational development. Laurea julkaisut | Laurea Publications, Laurea University of Applied Sciences.

Available at: <http://urn.fi/URN:ISBN:978-951-799-580-1>:

4. The ethics of care and justice in nursing education

Soile Juujärvi & Mikko Häkkinen

The ethics of care and justice provide two complementary viewpoints on everyday ethics in human services and healthcare professions. The ethic of care is centred on maintaining relationships through responding to needs of other people and avoiding hurt, whereas the ethic of justice is centred on maintaining duties, equity and fairness through the application of ethical principles, rules and standards (Gilligan, 1982). Both the ethics of care and justice are manifested in the international codes of ethics for nurses. In accordance with the ethic of care, the codes explicate the promotion and restoration of health, prevention of illness and alleviation of suffering as fundamental responsibilities of nurses. The ethic of justice is inherent in respect to human rights and self-determination, with emphasis on impartial treatment of patients regardless of their background (ICN, 2012). The aim of this article is to describe how the ethics of care and justice can be integrated into the education of nurses to promote a holistic approach to everyday ethics. We wish to elaborate upon the role of ethics of justice and care in nurses' ethical decision-making and training based on the results from the COPE project, one aim of which was to develop a new pedagogical model for ethics education (Juujärvi et al., 2019).

Besides those expressed in the code of ethics, the ethics of care and justice represent lay theories that constitute different modes of problem-solving in nurses' ethical decision-making. According to the current view in moral psychology research, care-based and justice-based reasoning have developmental paths of their own and, consequently, the quality of one's moral thought depends on the current stage of one's moral reasoning development. At the most advanced stage of the care ethic, the individual is capable of balancing both the needs of oneself and several others and minimize hurt in relationships. Respectively, at the highest stage of the justice ethic, one is capable of taking a critical stand against unjust laws and practices in society and treating other people with dignity and respect (Juujärvi & Helkama, 2020). Both require critical and reflective thinking, which are also learning outcomes on Level 7 of the European Qualifications Framework, for master-degree programmes in higher education (see European Parliament Council, 2008). Because healthcare

professionals regularly encounter care- and justice-related issues in their professional practices, advanced ethical thinking is one of their core competences.

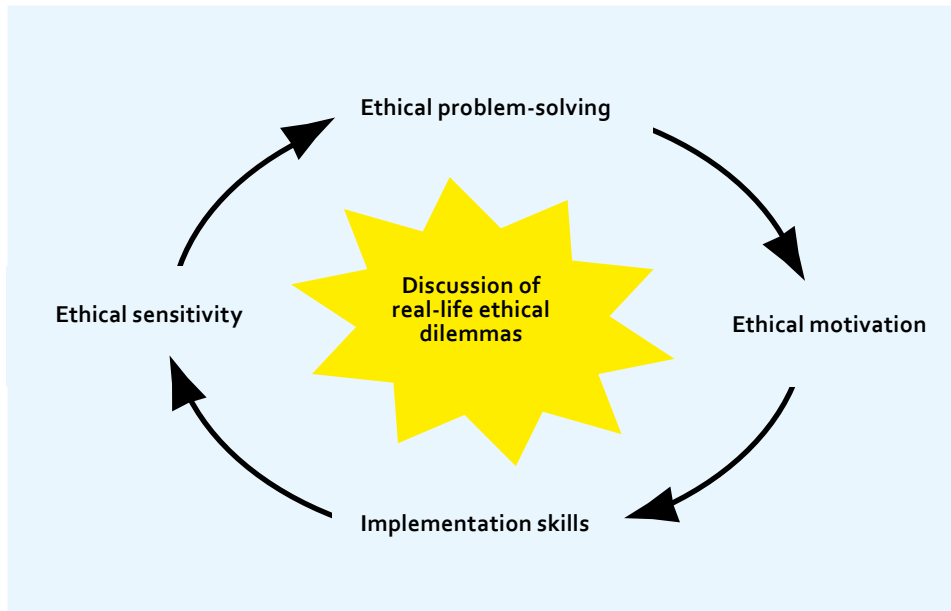


Figure 1. *The four components of ethical action*

According to Rest's (Rest & Narváez, 1994) four-component model, ethical action consists of ethical sensitivity, moral judgment (ethical problem solving), ethical motivation and implementation skills, and all of them are necessary for realizing it (see Figure 1).

As an example, consider an account of ethical dilemma provided by Sofia, who works as a nurse in a day-care centre for elderly people.

Sofia was concerned about a couple in their eighties. The husband, Tauno, is in the early stages of Alzheimer's and still has a driving license. The driving license is important to his masculine identity as a "gentleman" and an owner of a quality car. The car is also necessary for everyday and free-time activities, such as shopping, going to see the doctor and socialising. Sofia has observed that Tauno cannot manage to drive perfectly anymore, but the couple ignore the issue. She wonders what her responsibilities are and how she should intervene in the situation (Juujärvi, 2018).

Above all, Sofia needs sensitivity to recognize an ethical issue hidden in ambiguous contexts of everyday life. She needs to notice that the husband cannot drive properly anymore, and this may cause danger to other people in traffic. In addition, situations with potential accidents would multiply over time at the pace of the disease. She may also notice that the wife seems to ignore the situation. Ethical sensitivity requires capacities in empathy, that is, putting oneself in the husband's and wife's shoes: how do they see the situation and feel about it? It also involves imagining future scenarios and considering potential consequences of alternative lines of action (Bebeau, 2002). What happens to each person involved in the situation if the husband continues driving and, alternatively, what happens instead if the doctor revokes his driving licence? In order to resolve

an emerging ethical dilemma, Sofia needs to determine which line of action would be ethically justifiable: to intervene or to not intervene in the situation. Consequently, she needs to assume responsibility for taking action and to determine how to feasibly carry it out. While this dilemma seems relatively simple on paper, it is rather complex to recognize and resolve in real life, because doctors, not nurses, are legally accountable for making decisions about drivers' health in the first place. In order to execute an ethical action, Sofia needs to reflect on her responsibilities as a nurse, such as preventing harm and suffering or protecting the right to live, and she has to decide to prioritize these values over other values and motivations, such as self-indulgence or compliance with prevailing practices. Finally, she may also need good negotiation skills to assure other people of the appropriateness of her proposal and to have the courage and perseverance to implement actions, despite potential impediments, such as opposing opinions from the couple or colleagues.

It has been argued that effective ethics education encompasses each component of ethical action (Juujärvi & Pessa, 2008; Rest & Narváez, 1994). Empirical studies on ethics education have focused primarily on the component of moral judgment (Bebeau, 2002). Discussions on ethically difficult situations, called *dilemma discussions*¹, have proved to be the most effective pedagogical tool to advance students' moral judgment and ethical problem-solving skills (Mayhew & King, 2008). Juujärvi and Pessa (2008) observed among students at Laurea that online discussions guided by teachers were more effective than face-to-face peer discussions or role-playing exercises based on real-life cases. In their study, students discussed ethical dilemmas they had encountered in their internships and had found hard to solve; nevertheless, their capacities in ethical sensitivity and in moral judgment increased. In ethics education, hypothetical dilemmas and cases are widely used to stimulate students' ethical reasoning. We argue that using discussions of real-life dilemmas as stimuli are more effective, because they also touch upon ethical sensitivity, motivation and implementation skills.

We have currently developed a pedagogical model for professional ethics education based on the blended learning approach, combining asynchronous online dilemma discussions with traditional classroom methods of lectures and group work (Juujärvi, 2018). Face-to-face discussions in a classroom enable brainstorming and dealing with complex issues, whereas networked interactions enable shared reflection, regardless of time or place (Graham, 2006). While online discussions as a method of blended learning has been discussed elsewhere (Juujärvi, 2018), we concentrate on the role of ethics of justice and care in nurses' ethical decision-making and training in the following sections.

THE ETHIC OF JUSTICE

Whereas the ethic of care is focused on maintaining relationships through response to the needs of others and avoiding hurt, the ethic of justice is focused on maintaining obligation, equity and fairness through the application of standards, rules and moral principles (Gilligan, 1982). Psychologist Lawrence Kohlberg (1984) argued that the evolving conceptions of justice provide the most valid framework for individuals' development in moral reasoning. Development in moral reasoning takes place through fostering of one's capabilities in role-taking, which results in understanding increasingly complex modes of co-operation between people.

¹ In everyday language, 'dilemma' refers to a situation in which a choice has to be made between two equally undesirable alternatives, or more generally, to a difficult situation (Oxford Dictionary of English). In the research tradition of moral psychology, moral dilemmas have usually been defined as difficult situations in which two or more moral values collide and the individual is unsure about the right thing to do (Juujärvi & Helkama, 2020).

According to the recent understanding by Rest et al (1999), individuals' comprehension of justice issues progresses through three successive schemas from adolescence to adulthood, which are described briefly as follows:

The personal interest schema focuses on personal advantage and interchange with others. Co-operation and reciprocal relationships are limited to one's own group and close people. A person thinks it is morally binding to keep promises and to fulfil expectations in family and work roles. *The maintaining norms schema* emerges when a person recognizes that co-operation among strangers is inevitable for social order. Co-operation needs to be governed by common agreements, rules and laws that must be upheld and respected. A professional feels obliged to follow duties and codes of ethics, to keep mutual agreements and contracts and to advance the welfare of other people, clients and communities. Finally, *the postconventional schema* emerges when a person realizes that laws and social practices, even though commonly agreed in the society, can be biased against certain groups and individuals and may violate their fundamental rights. Therefore, maintaining status quo in society is not justifiable for its own sake, but laws and practices are open to rational critique and can be challenged by emerging knowledge and evidence. A professional believes that communities and societies should be built on moral ideals sharable by all members. She or he can distinguish ethical values from other values and advance them through her or his work (Juujärvi & Helkama, 2020, Rest et al., 1999).

According to Bebeau and Thoma (1999), the above moral schemas provide a general framework within which ethical codes and concepts are understood and interpreted. The moral schemas make different aspects of professional ethics salient and prone to learning, as Figure 2 illustrates. Professionals' moral stances and ethical decision-making on the same issue may vary, depending on the moral schemas accessible to them. Effective ethics education should promote students' progress towards the schemas beyond their current understanding. This means that educators need to identify schemas behind students' thinking and courage them to adapt more encompassing perspectives embedded in higher schemas. Thought-provoking discussions and debates reveal students' different conceptions of justice and justice-related ethical concepts, such as the right to self-determination, confidentiality or informed consent and thus transform their thinking, helping it become more inclusive. Achieving the postconventional schema is a critical step for professional development, because it equips nurses with critical understanding of prevailing healthcare practices. In the hierarchical healthcare contexts, nurses' decision-making is often subjected to doctors' decision-making. Previous studies show that nurses tend to conform to current norms and practices, even when those compromise their personal values and patients' rights (for a review, see Goethals, Gastmans, & Dierckx de Casterlé, 2010).

In the COPE project (Juujärvi, 2018), we have observed that grasping moral theories emphasising common good, such as Kantian ethics, utilitarianism and theories of social justice, aids students to shift from conformist thinking towards the postconventional schema. Dilemma discussions are again useful, because they provide students the opportunity to hear arguments from their peers and teachers that may be more comprehensive than their own. Teachers can also recommend that students apply a specific theory for solving the targeted ethical dilemma under discussion.

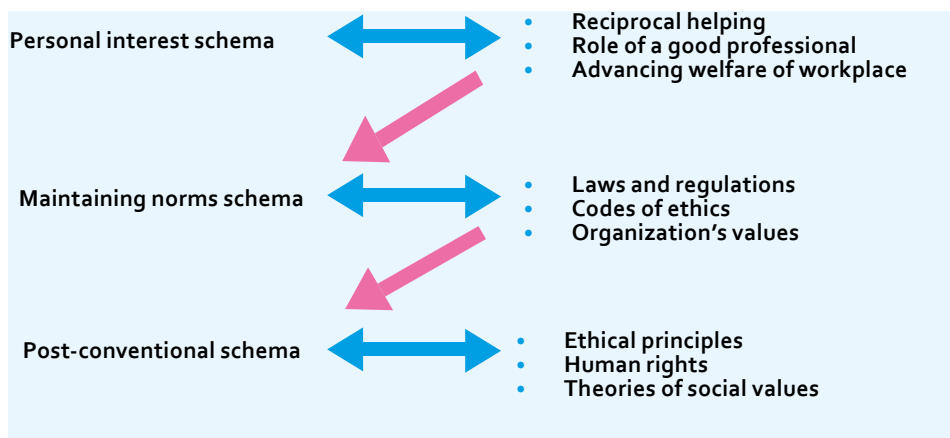


Figure 2. Developmental schemas of justice reasoning

As an example, let's take the ethical dilemma generated by Sofia for the online dilemma discussion. Tauno is in his eighties and has been diagnosed with Alzheimer's disease. Sofia knows that people with early stage Alzheimer's, especially those with a long history of driving experience, are eligible to operate a car, but she has observed that Tauno's skills have deteriorated, causing close calls on his way to the day-care centre and in the neighbourhood. While she has recognized an ethical dilemma, she must decide what she should do and justify her decision. The ethic of justice also involves legislation and ethical codes authorized by professional communities. Therefore, it is important to get to know what the law obligates and what her duties as a nurse include in the situation. When looking into the ethical codes of nurses, the principles of self-determination (respecting Tauno's will) and fair treatment (preventing violation of other people's rights) are relevant to the case, but they contradict each other.

When pondering the ethically most appropriate line of action, elaboration of ethical theories would be helpful for Sofia. In particular, Kant's ethics shed further light on the issues of self-determination, and utilitarianism provides justification for restricting individuals' rights at the expense of the common good (Juujärvi, Myyry & Pessa, 2007). The ethic of justice emphasizes that professionals' choices must be based on reasoned laws and ethical principles, and they must be arguable to others, clients and colleagues. The professional understands that as an occupant of the official role in a public organisation, she or he also has duties towards all citizens, such as respecting human rights and enhancing the reputation of the healthcare institution.

THE ETHIC OF CARE

The ethic of care has been defined as 'an approach to ethics originating predominantly from feminist writing, which focuses on close personal relationships and emphasises emotional commitment as a basis for acting, rather than reliance on abstract rules and principles' (Tadd, 1998). The ethic of care has typically been viewed as a counterpart to the ethic of justice, providing complementary viewpoints to the same ethical dilemma. In short, the ethic of justice represents *universalistic* thinking aiming at a generalisable solution that can be applied to other similar cases, whereas the ethic of care represents *particularistic* thinking that considers unique features of people and situations in detail (Blum 1988; Juujärvi & Helkama, 2020).

The care vs. justice distinction originates from the studies by Gilligan (1982), who observed that moral conflicts women faced in their everyday lives were centred on issues of care and responsibilities in relationships; these conflicts were not captured by the academic research of that time centred on issues of justice. Since

then, an extensive body of research has evidenced that people apply both care and justice ethics when solving moral conflicts in their everyday lives, and these considerations complement rather than contradict each other (Juujärvi & Helkama, 2020). In the COPE project, Juujärvi, Ronkainen, and Silvennoinen (2019) recently found that primary nurses in geriatric rehabilitation wards used both the ethics of care and justice when facing ethical dilemmas related to the discharge of frail patients. Within the ethic of care, they used empathic understanding to build rapport between nurses, patients and their families, whereas particularistic thinking was important in discharge planning when nurses gathered detailed knowledge on patients' idiosyncratic features and situations at their homes. Consequently, nurses considered the ethic of justice when assessing whether a prolonged stay at the hospital was justified or not, in light of diminishing resources of public healthcare services (Juujärvi et al., 2019).

Following Lawrence Kohlberg (1984), who established the developmental stages for the ethic of justice, Gilligan (1982) also proposed developmental stages for the ethic of care. Eva Skoe (1993) constructed the Ethic of Care Interview to measure the level of care reasoning development. The accumulating research has validated three main stages: (1) caring for self, (2) caring for others and (3) caring for both self and others. In addition, there are two transitional stages (1.5 and 2.5), when the person's moral reasoning is more or less out of balance. Central to the development of care is the increasingly complex understanding of interdependence of self and others and responsibilities in human relationships (for a review, see Skoe, 2014).

In her dissertation study, Juujärvi (2006) showed that nursing and social services students followed the developmental path, and two-thirds of them progressed in care development across a two-year period. In their longitudinal study, Juujärvi, Myrsky and Pessa (2012) pointed out that the capacity of affective empathy predicted students' care development. In other words, students who were more empathic at the beginning of their studies achieved greater gains in care development during education. Juujärvi, Pessa, and Myrsky (2011) specified that nursing and social services students solved ethical dilemmas through care reasoning, and their current developmental stage was reflected in their solutions. Students at advanced stages (2.5 and 3) were more capable of integrating the viewpoints of several people and of using social networks as a recourse for clients' well-being than students (Juujärvi, Myrsky & Pessa 2011).

Despite the enormous popularity of Gilligan's ground-breaking book *In a Different Voice* (1982), many scholars in ethics and moral psychology took the stand that the ethic of care does not represent an independent theory of its own but instead describes an ethic of relationships as a part of justice or virtue-based theories. This would suggest that ethical conflicts in relationships could be adequately handled through issues of trustworthiness, promise keeping, sympathy and goodwill. According to care theorists (e.g., Noddings, 1984 and Tronto, 1993) this is not, however, the case. Let us again consider Sofia's example. While the ethic of care aims to enhance people's wellbeing and relationships and prevent their hurt and suffering, the nurse needs to employ particularistic thinking in mapping the ethical dilemma. Sofia would piece together specific characteristics of Tauno and his situation, rather than see him as a standard case of a male patient with Alzheimer's disease. She would recognize Tauno's vulnerabilities and further consider how she and other healthcare workers could optimally respond to Tauno's authentic needs, both immediately and in the long run. While relationships are crucial for the ethic of care, she would assess how alternative lines of action would affect Tauno's relationships with his wife and other people, especially if his driving licence were revoked. If Sofia adopts the reflective ethic of care perspective in her decision-making, she would likely think that the occasional offense of a client to be inevitable at the expense of others' needs. Hurt should, however, be minimized, and additional efforts to repair and maintain relationships needs to be made. Nevertheless, in the scope of the care ethic, nurses' actual deeds and their consequences are those that count, rather than their rational judgments.

THE ETHIC OF CARE IN EDUCATION AND ORGANIZATIONS

To summarize so far, previous studies indicate that care reasoning constitutes a conceptual bedrock for nurses' ethical decision-making. The ethic of care, however, does not receive the attention it deserves in nursing education. This partly reflects the development in academic nursing research since Gilligan's 1982 publication. The ethic of care was initially regarded as essential for nursing ethics, because it described difficulties nurses encountered in healthcare contexts dominated by medicine and justice-based ethical theories (Woods, 2011). The nursing practice builds on careful consideration of the nurse-patient relationship, which is not only natural behaviour for nurses as a female-dominated profession but also an intentional professional accomplishment, requiring ethical competence (Tschudin, 2003). Martin Woods (2011) concludes in his review that, despite its promise, the ethic of care has been interpreted as a recommendable attitude for nurses, rather than as a proper mode of ethical decision-making, and consequently, justice-based ethical theories continue to overrule care-based ethical theories. While the ethic of care has traditionally been relegated to the individual sphere of women's lives, the ethic of justice governs the public sphere, including professional obligations. The dominance of the ethic of justice has led to a distorted view of human beings as rational and autonomous individuals, ignoring vulnerabilities and dependencies such as sickness and frailty in old age (Barnes, 2011; Tronto, 1993).

We argue that the ethic of care is an important aspect of nursing practice, and consequently, it should be a legitimate part of nursing ethics and education. According to our observations in further education, nurses often apply the ethic of care to ethical issues they encounter, but they refer to it as 'human thinking' or 'personal opinions', as opposed to professional thinking and evidence-based practice. It seems that the ethic of care is not fully appreciated as a basic value of nursing, and managers and employees in healthcare organizations have not yet understood its relevance to the quality of service. The tendency to see ethical issues in caring as inferior to organizational efficiency demands has intensified, especially in institutional elderly care, and has manifested in severe ethical and managerial crises in Finland (Juujärvi & Häkkinen, 2019) and other Western countries (Woods, Phibbs, & Severinsen, 2017). Nurses feel desperate when they are not allowed to satisfactorily respond to the needs of patients due to organizational constraints such as strict procedures and tight schedules, narrow job descriptions and a lack of multi-professional collaboration (Salin & Juujärvi, 2019). Unresolved ethical conflicts in the workplace further deteriorate nurses' occupational well-being and predispose them to job transfer (Juujärvi, Nummela & Sinervo, 2020).

In order to amend the continuing shortage of nurses, healthcare educators, practitioners and managers, we need to acknowledge the ethic of care as the core value of nursing and make special efforts for it to flourish in educational institutions and work organizations (Tronto, 2010). In this article, we have proposed online dilemma discussions as one viable method for exploring ethical quandaries, in term of the ethics of care and justice and equipping nurses with improved argumentation skills needed for decision-making in healthcare organizations.

ACKNOWLEDGEMENTS

This article is based on outcomes from the Competent Workforce for the Future Project (COPE), supported by the Strategic Research Council at the Academy of Finland under Grant number 303608.

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