CHAPTER 2

LITERATURE REVIEW

In this study, a number of related articles and studies were reviewed. The related information was grouped into three main aspects as follows:

2.1 Ethics Education

    2.1.1   Importance of ethics education in nursing profession

    2.1.2   Goals/objectives of ethics education

    2.1.3   Types of ethics courses

    2.1.4   Approaches to ethics teaching

2.2 Teaching and Learning Processes

    2.2.1   Teaching and learning strategies

    2.2.2   Teaching methods in theory course of ethics

    2.2.3   Clinical ethics teaching strategies

    2.2.4   Evaluation in ethics teaching

        2.2.4.1 Evaluation in theory courses

        2.2.4.2 Evaluation in practicum courses

    2.2.5   Factors influencing effective teaching and learning

2.3 Ethical Decision Making

    2.3.1   Definition of ethical decision making

    2.3.2   Theoretical foundations for ethical decision making

        2.3.2.1 Moral values

2.3.2.2 Ethical principles

2.3.2.3 Ethical concepts for nurses

2.3.2.4 Code of ethics for nurses

2.3.2.5 Patients' rights

2.3.3   Ethical decision making process

2.3.4   Ethical decision making models

2.1 Ethics Education

As a professional, a nurse accepts responsibility for making decisions and taking action regarding health and illness. Each statement about nursing practice today forms the basis of reasoning that nurses should study ethics. A study of ethics and issues that may arise in nursing practices can provide a nurse with the groundwork for a systematic approach to ethical behaviors as a nurse (Thompson & Thompson, 1992). It is generally agreed that a more comprehensive approach to ethics education is required (Stenberg, 1981; Thompson & Thompson, 1992). A comprehensive program may include ethical theory and principles, values and values clarification, moral reasoning, and ethical decision-making. As Snider (2001) mentioned, an understanding of ethical aspects of the professional role must be firmly included through early educational experiences.

2.1.1   Importance of ethics education in nursing profession

The nature of nursing practice, a rapidly expanding technology, a confusion of ethos and ethics within the profession, the multiplicity of nursing roles, and the locus of decision-making power in others would seem to provide a basis for the

inclusion of ethics in nursing education. To fulfill societal needs, nurses strive to meet universal human needs in caring for illness, promotion of health, and prevention of diseases (Peter, 2000; Stenberg, 1981). The nurses' roles raise ethical problems related to autonomy, coercion, role conflict, and personal identity. Thus, nurses need a part of their education devoted to make them thoughtful, critical appraisers of the ethical problem that occur in daily practice.

Ethics plays an important role for the nursing profession for a number of reasons. According to Peter (2000), there are two reasons for having ethics education. First, to be a competent and ethical nurse, it is advisable to study ethics. Nursing as a caring, helping profession is a fundamentally ethical activity based on the value of respect for patients. Therefore, throughout their education, nursing students should learn an ethics course in order to be ethical nurses. Secondly, patients and community expect their health care providers to respect patient's needs and rights. Additionally, Bandman and Bandman (2002) stated that the function of nursing ethics is to guide the activity of nurses on behalf of the presumed good. A preliminary but useful definition of ethics is concerned with doing 'good' and avoiding 'harm'. The potential for doing good or harm depends partly on factual knowledge and values. Studying ethics can help nurses to be more concerned with value differences among them and their patients and try to provide care based on patients' values. Thus, nurses must be knowledgeable of their responsibilities in respect to patients, profession, and society.

In summary, the goal of nursing is to care ethically for people with respect and dignity. Nurses must be knowledgeable of their responsibility with respect to

patients. Ethics education should increase nurses' effectiveness in providing care for persons, families, and society.

2.1.2 Goals/objectives of ethics education

There are several goals in ethics education. The overall goal for teaching of ethics to nurses is to produce a morally accountable practitioner who is skillful in ethical decision-making. The intermediate goals of ethics teaching are; (1) to examine personal commitments and values, (2) to engage in ethical reflection, (3) to develop skill in moral reasoning and moral judgment, and (4) to develop the ability to use ethics for reflection on broader issues (Fry, 1989; 1994). Similarly, Ericksen (1993) suggested that ethics education for nurses should include five goals: (1) to stimulate moral imagination, (2) to recognize ethical issues, (3) to elicit a sense of moral obligation, (4) to develop the analytical skills and decision-making abilities, and (5) to tolerate ambiguity and reduce disagreements.

Additionally, Stenberg (1981) mentioned that objectives for the teaching of ethics would be the same no matter which type of teaching chosen. Students should be encouraged to write their own objectives in addition to those of an instructor. The objectives of ethics teaching are to help students: (1) understand his/her own values and their sources, (2) be familiar with classical theory of ethics, (3) demonstrate the ability to identify ethical problems, and (4) develop a personal philosophy in ethics as a framework for nursing interaction.

In conclusion, objectives of teaching ethics can be proposed to help students understand their values and cultivate an ethical sensitivity. Finally, students are able to participate in ethical decision-making.

2.1.3   Types of ethics courses

There seem to be two ways of constructing ethics in curricula, a separate course and an integrated courses (Gaul, 1989; Leino-Kilpi, 2001; Stenberg, 1981). Stenberg (1981) stated that exposure to ethics during professional education can establish a habit of thought. Ethics teaching should begin in the early grades. If ethics is to be taught in nursing education, different frameworks must be considered: integration within the curriculum at each level, a separate course as a requirement or an elective course, or a combination of these two options.

The survey of Petrozolla (2002) revealed that faculties have chosen a variety of strategies to incorporate ethics content into their curriculum. The most common strategy is integration throughout the curriculum. Placement of an ethics focus within courses varies from the first to the last courses. Additionally, contemporary approaches to teaching ethics in curriculum include the integration of ethics contents throughout the programme of nursing, and ethics content in an identified course on nursing ethics or health care ethics.

Integrated course

The advantages of an integrated approach to ethics teaching include avoidance of undesirable duplication of content and avoidance of gaps in learning. The ethics content is also introduced to the student whenever applicable throughout students' progression in the programme (Fry & Johnstone, 2002). Stenberg (1981) also stated that integrated curriculum takes advantages to build even more complex and expanding viewpoints as the exposure to clinical situations increases.

The study of Ryden, Dukett, Crisham, Caplan, and Schmitz (1989) found that an integrated curriculum attempts to weave an identifiable strand of content throughout a programme of study. They claimed that integrating concepts or areas of contents which have been identified as being important rather than adding courses has been one approach. Furthermore, the study of Mustapha and Seybert (1989) suggested that nursing educators should consider an approach similar to the integrated curriculum with decision-making organization structure to facilitate students' moral reasoning development.

On the other hand, there are some disadvantages of the integrated approach. The integration of all contents may mean neglect of some teaching, the haphazard placement of material in an appropriate sequence, risk of scattering, duplication of material, or the failure to evaluate the ethics teaching (Stenberg, 1981; Ryden et al., 1989). Similarly, Gaul (1989) also claimed that this method of approaching ethical contents might lead to inconsistencies in the students' knowledge of ethical principles and theories and the ability to apply them if the faculties teach without careful monitoring. Stenberg (1981) suggested that in order to integrate ethics throughout a nursing curriculum, both a strong and unified commitment from the faculty and preparation in techniques of this particular subject are required.

Ketefian (1999) reported that many schools leave teaching of ethics to all faculty, which the idea that the faculties must assume responsibility for raising and addressing relevant ethical concerns appropriate to different areas of clinical practice. When this approach is used, experience shows that students gain a cursory understanding of ethic, although Duckett et al. (1997) found that in the programme

on integrated ethics contents indicated that students progressively increased their moral reasoning abilities throughout the programme of ethics education.

Ryden et al. (1989) described the process of developing an ethics multi-course sequential learning as a model for integrating content throughout the curriculum by using ethics education. The contents were presented via existing courses across various levels of nursing programs. The course was designed to provide coherent organization of content, visibility, and to prevent gaps and unnecessary duplication. The researchers claimed that this model has the potential to be used effectively by faculty members who are specialists in various aspects of nursing. However, a study of curricular approaches to teaching ethics by Bennett (1999) concluded that, although teaching ethics is valued in principle, the actual structuring and implementation of the curriculum related to ethics does not reflect as deep a commitment to teaching ethics. The lack of systematic plans for integrating ethics across the curriculum indicates that these attempts are not fully realized.

To conclude, the integration of all contents is a popular modality in nursing education. An integrated curriculum has profit in establishing a broader viewpoint of clinical practices in nursing. Ethics contents are introduced to students when it is more applicable throughout students' progression in the programme.

A specific course

A specific course in nursing ethics provides students with the necessity instruction, time, and experience to acquire a working knowledge of ethical theory and models. Only a small number of nursing schools offer courses in nursing ethics and/or required courses in moral philosophy. This approach creates several problems

(Gaul, 1989; Ketefian, 1989; Ryden et al., 1999). The main concern is that nursing curricula are already overcrowded and the requirement of one more course will unrealistically overload to the students. Adding a new course means increasing the number of nursing credits, and perhaps the length and cost of program, or deleting existing requirements. The second concern is the availability of qualified nursing faculty to teach ethical content. A knowledgeable faculty is essential, while there are increasing numbers of books, journal articles, and audiovisual aid that can be used to facilitate both faculty and students learning about ethics (Gaul, 1989).

Similarly, Stenberg (1981) mentioned that a separate course framework raises the question of who should teach ethics. Should students be required to get their philosophical basics in a course in the philosophy department and then study ethics in the nursing curriculum. The courses are now required by departments other than nursing. If ethics is taught exclusively outside of nursing, it will be of peripheral interest to nursing students.

Some studies lent support to the inclusion of a course in ethics in nursing curricula (Gaul, 1987; Krawczyk, 1997). Gaul's (1987) examined the effect of an ethics course on the variables of ethical action in the first and second semester. The result revealed that students who had completed an ethical course tended to indicate that when a correct ethical action was chosen it would be acted upon. The study of Krawczyk (1997) among in first-year and senior baccalaureate nursing students concluded that an ethics course with group participation and a decision-making element significantly facilitated nursing students' development of moral judgment.

In summary, whether ethics will be taught as a separate course or integrated course, the content of ethical concept, principles and theories should be presented in the beginning of professional education in order to encourage the student' progression of moral action.

2.1.4 Approaches to ethics teaching

There are several approaches in teaching of ethics. In this regard, three models will be presented, a model for content proposed by Stenberg (1981), and ethical concept approach and ethical issue approach, as proposed by Fry and Johnstone (2002).

A model for content

A model for content has been developed by Stenberg (1981) in using curriculum material, which would be satisfactory for both integration and a specific course. It is directed at assisting the incorporation of ethics into their professional lives. The model demonstrates the belief that personal and cultural input will still have a considerable direct effect after a formal study of ethics. A basis for beginning ethics teaching should include values clarification. Values clarification can be done again at the end of the experience to illuminate change and growth of the students.

The study of nursing codes should be specifically included to demonstrate their limitations in ethical decision-making. Even though they are frequently called ethics, nursing codes are primarily concerned with professional behaviors. The code inherent in nursing is respect for the life, dignity, and the rights of man unrestricted by consideration of race, creed, color, age, sex, politics, or social status. This is a good philosophy of ethics, but aside from a section having to do with holding

personal information in confidence, the rest of the code sets standards of behavior for nurses in relation practice, society, co-workers, and profession in general.

Ethical concept approach

Course contents based on this method of ethics teaching usually begin with the historical foundation of the nursing ethics. Historical document on the need for a code of ethics in nursing practice would also be discussed. It would be important to trace the development of the International Council of Nurses (ICN). Comparison of the code for nurses with other codes (for example, the Hippocratic oath and the Florence Nightingale pledge) should be read and reviewed (Fry, 1989; 1994).

By discussing the differences between the developments of codes of ethics for the practice of medicine and the practice of nursing, important distinctions usually give students nurse greater respect for and understanding of the values of both medicine and nursing. This respect and understanding are essential to the effective collaboration of nurses, physicians and other health professionals. The major focus in the ethical concept method of teaching is the value dimensions of nursing. The nature of values and value conflicts are explored and the differences between moral and non-moral values are emphasized.

Teaching ethics by focusing on ethical concepts provides students the opportunity to test their understanding by analyzing and discussing carefully in making correct decision. The values of nurses, patients, family members, physicians, and institutions are analyzed and the nature of ethical obligation is discussed. The patient care situations give the students experience in moral reasoning and demonstrate the roles of values in nurses' ethical decision making.

The ethical concepts method of teaching usually includes a description of traditional forms of ethical reasoning and the application of ethical rules and principles to types of situation. The acceptance and understanding of different value orientations, knowledge of the discipline of ethical skill all play a role in making decisions about patient care.

Ethical issues approach

This method of ethics teaching focuses on ethical issues that arise in nursing practice. These are usually dominated in the newspaper headlines and have become concerned to all members of society. Termination of life-sustaining treatment, abortion, surrogate motherhood, in vitro fertilization, euthanasia, assisted suicide, allocation of scarce health care resources, and the treatment of disabled infants and mentally retarded persons have all been topics of moral concern that are best discussed in a course designed for this purpose (Fry, 1989; 1994).

There are several advantages in this model. It can be easily adapted and changed depending on the issue to be discussed. The various issues can be taught as separate modules in basic nursing education in clinical courses. It also can be easily adapted to continuing education offerings in ethics and is often the preferred approach for short conference. Sofaer (1995) described an experimental approach to an educational program to teach nurses ethical issues. The appropriate topics were patient rights with dilemmas related to information given, communication dynamics with medical colleagues, patient advocacy, sudden death in the accident organ donation, and resuscitation for patients over seventy. Additionally, a study of Dinç and Görgülü (2002) found that students expressed a positive view relating to the

course contents. They determined that the content of the nursing ethics unit consisted of six subheadings; (1) definition of ethical concepts and principles, (2) explanation of basic theories of ethics, (3) ethical problems and dilemmas in nursing practice, (4) right and the ICN Code of ethics for nurses, (5) legal issue in nursing, and (6) case study discussion.

To sum up, ethics education is an essential component of the nursing curriculum. In order to enhance ethical decision-making skills of nursing students, the major ethics content should be put into nursing curriculum including ethical theories, ethical principles, professional code of ethics, and patient's rights. Contemporary methods of teaching ethics tend to focus on either the ethical concepts of nursing practice or the ethical issues that arise in practice. Teaching ethics presents an educational challenge in two dimensions: preparing cross-disciplined educators and developing a comprehensive plan.

2.2 Teaching and Learning Processes

Teaching is basically a sensory messaging process. The teaching involves a two-way interactive flow of messages between the transmitter and the receiver through direct or indirect sensory strategies that convey condition that influence learning. Teaching is an action-oriented, theoretically based process, the purpose of which is to promote learning. Learning is defined as an active process of interaction between the learner and the environment. Learning is dependent upon what the learner does, and involves how the individual thinks, and acts (Van-Hoozer, 1987).

Belvis (1989) also stated that learning is a change in behavior, perception, insights, attitude, or a combination of these that can be repeated when the need arises. Learning is always used in connection with behavior. In nursing, because it is a practical discipline, the cognitive processes of thinking are inseparably linked, for all practical purposes, with doing. In addition, Bandman and Bandman (2002) believed that ethical decision making was primarily a cognitive process and should be taught in nursing education programmes at all levels.

Learning is regarded as a social phenomenon involving other people. Thus, teachers must be a potent social force, arranging experiences that immerse the learner, both personally and socially, in dynamic interactions. The teacher is viewed as a growing organism, whose knowledge, skills, values, and attitudes are unique. Activities of the teacher are focused on planning and arranging optimum conditions under which the learner will be free to learn (Van-Hoozer, 1987).

2.2.1 Teaching and learning strategies

Teaching learning strategies are the material, persons, or events that embody and convey particular conditions that enable the learner to achieve knowledge, skills, and attitudes. Strategies motivate learners to use particular perceptual-cognitive processes. Learners perceive the transmitted symbols and codes by means of sense, process and translate the message cognitively, and exhibit it as observable behavior. The teacher receives feedback from learner behavior, gives feedback, and utilizes feedback to evaluate the effectiveness of strategies used. A teacher should consider the needs and characteristic of students, including developmental level, age, knowledge base, learning, and cognitive style (Van-Hoozer, 1987).

The nursing faculty employs teaching strategies based on the characteristics of learners, the attributes of strategies, and the expected outcomes. Teacher recognizes the total learning problems and needs (Craft, 1987). Thus, a nurse assumes professional teaching status consistent with a philosophy of teaching and learning dedicated to data-based decision making and accountability for the outcomes of teaching and learning. Van-Hoozer (1997) found that teachers also have preferences and tend to teach according to their own personal styles, cognitive styles, learning preferences, and modality strengths.

Thompson and Thompson (1989) suggested that ethics teaching should be in accordance with how adult learn, the type of knowledge to be taught. The same teaching methodology used in other discipline may be used in teaching ethics. They include lecture/discussion, simulation exercise values clarification, case analysis, self-study, team presentations, audiovisuals, ethics round, and individual counseling sessions.

2.2.2   Teaching methods in theory course of ethics

There are several teaching methods in a theory course of ethics. The essential methods include lecture, discussion, role-play, seminar, PBL, and case analysis. Each teaching method has different purposes, advantages, and disadvantages.

Lecture

Lecture is teacher presentation of contents to students usually accompanied by some types of visual aide or handout. The use of lecture is to clarify complex, confusing, or conflicting concepts. Lecture can be used to provide and cover background information not available to students from scattered sources. The

advantages of lecture include being time efficiently to cover complex material and should raise further student questions that lend themselves to other teaching methods (Rowles & Brigham, 1998).

Many contents of ethic are complex and abstract concepts, such as theories and principles of ethics. Lectures should be used to explain that contents. In addition, Bevis and Murray (1990) claimed that a lecture can cover a large amount of content in a short time and is suitable for almost any group size, as long as the lecturer can be seen and heard. The disadvantages of this method are numerous. Since lectures involve only one-way communication, there is a little or no proof that any learning is taking place. Students are largely passive and there is a little participation. However, lecturing is somewhat inappropriate in theoretical-practical subjects, such as nursing discipline.

Discussion

Discussion is highly interactive for an exchange of ideas. The advantages of discussion include immediate feedback and reinforcement, flexible sequencing of information, and branched organization of information. However, there are some disadvantages, including lack of participation by some learners, message delivered to limited number of learners at one time, and primarily auditory input (Van-Hoozer, 1987). Discussion should be used in some kind of ethics teaching such as case analysis and incident analysis.

Role play

Role-play is a dramatic approach in which individuals assume the roles of others, usually unscripted, spontaneous interaction (may be semi-structured) that are

observed by others for analysis and interpretation. Role-play can increase observational skills, improve decision-making skills, increase comprehension of complex human behaviors and provides non-threatening environment to try out unfamiliar communication and decision-making techniques. The disadvantages of role-play are that students may be reluctant to participate and a high time cost for faculty to develop scenarios (Rowles and Brigham, 1998). In ethics teaching, role-play should be used in patient care situations, which involve patients, patients' families, physician, and nurses.

Problem-based learning (PBL)

PBL is usually used as an approach to the entire curriculum, rather than focusing on separate disciplines or nursing specialties. PBL uses clinical problems and professional issues as the focus for integrating all the contents necessary for clinical practice. PBL can foster active and cooperative learning, the ability to think critically, and clinical reasoning. The most benefit of PBL is that students can utilize skills of inquiry and critical thinking. Contextual learning motivates and increases student responsibility for self-direction and peer learning. The disadvantages of PBL are requiring shifts of roles of faculty and students, extensive time needed to develop faculty, orientation to role of learner in the setting (Rowles & Brigham, 1998).

In addition, Widdershoven (1999) mentioned that the basic idea behind PBL is that students learn most effectively when they start from a problem. Concrete problems stimulate a process of reflection. The students determine what they want to discuss, and what they need to know. A PBL in ethics does not start with explaining theoretical principles of ethics; rather it will present a case in which the conflict of

autonomy versus beneficence. In discussing such a case, the students will ask question concerning who is entitled to make such a discussion, and need what weight has to be put on the consequences

Moreover, Magnussen, Ishida, and Itano (2000) suggested that PBL appears to be more effective in developing critical thinking skills. The researches claimed that PBL is a teaching strategy to develop students' problem-solving and clinical skills. The use of PBL promotes cognitive processes that support clinical reasoning and critical thinking skill. As, Bandman & Bandman (1995) decision-making is the final purpose of critical thinking in nursing process. Heliker also (1994) mentioned that PBL as an approach that promotes conceptual understanding, the development of reasoning skills, and self-directed learning strategies.

Therefore, PBL should be used in teaching ethics. This teaching strategy will be accustomed students to develop clinical reasoning, critical thinking, and problem solving skill as guides in making ethical decision.

Seminar

A seminar is a meeting for an exchange of ideas in some area and guided discussion of concepts. There are many advantages of the seminar, such as active student engagement with content, allowing teachers to role model concept clarification and expert problem solving, not typically requiring additional supplies like handouts or audiovisual aids, and enabling students to learn group problem-solving techniques. However, some disadvantages may arise, such as the requirement that students possess adequate knowledge for active discussion and comprehension, the need for student preparation, which takes a high amount of time,

and students possibly requiring instruction on how to participate in the seminar (Rowles & Brigham, 1998).

In ethics teaching, seminar can be used on ethical issue/dilemmas, ethical decision making to solve ethical dilemma. Based on the study of Adachi, Miyabashi, and Miyawaki can be concluded that seminar in nursing ethics provides opportunities for nurses to review his or her practice, to look back on their own nursing and to think about what ethical problem are.

Case analysis

Case study analysis is the in-depth analysis of a real-life situation as a way to illustrate class content. A case analysis applies didactic content and theory to real or simulated life or both. The teaching method of case analysis has several advantages such as problem solving can be practiced in a safe environment without the threat of endangering a patient and typically, lecture material can be presented in a more practical context. This teaching strategy can stimulate critical thinking and associate the practical with the theoretical to help many students to recall. However, it is more effective when used with complex situations that require problem solving and not appropriate when concrete 'facts' are the only content. Developing cases is a difficult and time-consuming skill for many and the option of published cases should be considered (Rowles & Brigham, 1998). A study by Suttharangsee et al. (2004) in 'Ethics education in nursing education institutes in Thailand' found that lecture, discussion, and situation analysis were mostly used as teaching methods. In addition problem based learning (PBL), seminar, and role-play were rarely used.

Furthermore, some studies claimed that one of the most effective teaching strategies in ethics teaching is case analysis (Dinç & Görgülü, 2002; Gaul, 1989). Case analysis could be done individually, or in groups, or in the form of debate. Ethical theories and principles that are philosophical in nature may tend to provide very confusing reading material for a student. Case analysis will stimulate a desire to acquire knowledge based on perceived need. The study of ethics requires a tolerance for ambiguity, an awareness, and appreciation for the position of others. Repeated exposures of students to opposing positions should increase tolerance for ambiguity that will accompany ethical decision making in nursing practice (Gaul, 1989).

Gaul (1989) argued that teaching methodology of nursing ethics courses is an area of some debate, but the agreement is that there should be exposure to ethical principles and theories as well as opportunities to apply them in some form of case analysis. Practice in identification of the ethical components of clinical decision-making should also be included. Written responses to current controversial events that require documentation of a selected position is another useful methodology. These are less rigorous than a formal paper and may be required frequently throughout the course. The content of the situations is readily available from clinical practice and from the popular and professional media such as newspapers, television, radio, and magazines and journals. Analysis of these situations may enable students to learn to question the ethical components of clinical practice.

It can be concluded that ethics teachers should choose teaching strategies that embody for learning based on what the students is expected to do under particular circumstances and to what extent. Various types of teaching and learning methods

can be effectively employed to assist students' professional development in ethical decision-making skills. In order to get more understanding in nursing ethics, some methods, at least lecture, discussion, PBL, and case analysis should be included.

2.2.3 Clinical ethics teaching strategies

Good clinical ethics teaching strategies have been developed. These strategies are similar to traditional clinical teaching strategies for nursing practice, and use the clinical setting rather than the classroom. These strategies are clinical conference, case study presentation, and ethics rounds (Fry & Johnstone, 2002).

The clinical conference

This ethics teaching strategy involves a presentation on an ethical issue affecting patient care (i.e., termination of treatment, selective termination of pregnancy, organ retrieval from anencephalic newborns), followed by discussion in an interdisciplinary context. The issue selected for discussion is usually related to a clinical area holding the conference. The relevant ethical, legal, and social dimensions of the issue are discussed and various arguments for and against the issue presented (Fry & Johnstone, 2002). Rossignol (2000) reported that a standard and expected component of nursing practice is the clinical conference. It was found that faculty used a students-centered model to structure conferences and encourage students' verbal participation.

Case study presentation

This ethics teaching strategy helps students analyze the nature of the ethical problems in this situation and distinguish the moral values from the non-moral values involved. The patient care situation is carefully chosen by the instructor to

demonstrate the human dimension of an ethical conflict by focusing on the values of patients, nurses and other health care worker. This strategy emphasizes the role that nursing plays in ethical decision-making. It is an excellent approach to be used for students in their initial exposure to the clinical setting because it sensitizes students to how nurses function in clinical situations (Fry & Johnstone, 2002).

Ethics rounds

The use of 'ethics rounds' with nurses in the clinical setting is a relatively new strategy for teaching ethics. It uses traditional clinical rounds teaching with a focus on the ethical dimensions that patient care rather than on clinical diagnosis and treatment. 'Ethics rounds' is an excellent ethics teaching strategy because it is interdisciplinary. House staff, staff nurses, and students are all usually involved. Anyone who is skillful in ethical decision-making can do the presentation of the ethical issue. Students are asked questions about the nature and scope of the ethical problems, type's arguments for and against options, and are urged to come to some consensus, with the patient, on actions chosen.

One advantage of the 'ethics rounds' approach is that it exposes students to the culture of the clinical setting. Students learn how to work together. This method gives students experience in openly discussing an ethical question related to patient care and in presenting their own view. By actually going through the process of an ethical analysis with the patient, the student gains communication skills that will increase decision-making ability.

In addition to the clinical ethics teaching strategies above, clinical experience for nursing student is an important aspect of professional education. A study by

Windsor (1987) found that many aspects of the clinical environment affect the quality of students' experience. The instructor, staff nurses, and peers emerged as important variables in clinical environment. Van-Hoozer (1987) suggested that clinical teachers must deal with issues and responsibilities involving both students and clients. To be effective, a clinical teacher should possess certain supervisory, instructional process, and professional skills. Furthermore, Widdershowen (1999) stressed that clinical ethics teaching is about both cognitive skills and character development. It aims to make students more aware of ethical issues, gives them tools to analyze these issues, and motivates them to put ethics into practice.

2.2.4   Evaluation in ethics teaching

Evaluation is the process of judging the value of worth of an individual characteristics obtained by measurement or assessment (Quinn, 1995). Albanase and Gjerde (1987) suggested that evaluation should be an integrated part of nurse-teacher's activities. It is through conducting evaluation that nurse-teachers can determine where to focus their efforts and improve teaching.

It has been suggested that if learning of ethics by health professionals is to be taken seriously then it should be an examinable topic (Evans, 1987 cited in Sofear, 1995). However, Sofear (1995) also mentioned that the application of learning in the clinical setting is less easy to evaluate.

2.2.4.1 Evaluation in theory courses

There are several learning evaluation methods in theory course of ethics. According to Bourke and Ihrke (1998), basically, the time frames of evaluation can be described as formative or summative.

Formative Evaluation

Formative evaluation is conducted while the event to be evaluated is occurring and focuses on identifying progress to word purposes, goals, objectives, or outcomes to improve the activities, courses, or students learning. Formative evaluation emphasizes the parts instead of eternity (Bourke& Ihrke, 1998). Formative evaluation can be used to evaluate students through students' participation in class presentation, discussion, or seminar in during ethics courses.

Bourke and Ihrke (1998) mentioned that one advantage of formative evaluations that the events are recent, thus grading accuracy and preventing distortion by time. Disadvantages of formative evaluation include making judgment before the activity is completed and not being be able to see the result before judgment are made. Formative evaluation can also be intrusive or interrupt the flow of outcomes. There is also a chance for false sense of security when formative evaluation is positive and the final results are not as positive as earlier predicted.

Summative Evaluation

Summative evaluation refers to data collected at the end of the activity, program, or course. A summative evaluation is most useful at the end of a learning module or course. Summative evaluation of learning outcomes in a course usually results in assigning a final course grade (Bourke & Ihrke, 1998). In ethics courses the summative evaluation can be attained by examination in order to evaluate students' achievement. In examination, the common selection-type items include matching and multiple choices and supply-types item include short answer and essay (Kirkpatrick, DeWitt-Weaver, &Yeager, 1998).

Bourke and Ihrke (1998) mentioned that the advantages of evaluating at the end of activity are that all work has been completed and the findings of evaluation show results. The major disadvantage of summative evaluation is that nothing can be done to alert the result.

In addition to the both evolutions, repots are usually used to evaluate students' achievement. Papers or written reports can be used to demonstrate organization skills, critical thinking, and written communication while encouraging creativity. The effective domain as well as higher levels of the cognitive domain can be measured. In-depth information can be obtained through the writing of papers. Writing papers requires students to integrate their ideas with those found in other sources. This helps students clarify their own thinking about topics and learn to write better. However, the major disadvantages to written report is the time involved in writing them and grading them. Another disadvantages is that faculty can become distracted from the content if the papers reflects poor writing skills (Kirkpatrick, DeWitt-Weaver, & Yeager, 1998). In ethics courses, reports could be applied in writing case study analysis, writing assignment of ethical issues and dilemmas, or can be used as final report in the end of the ethics course, as summative evaluation.

According to Thompson and Thompson (1989), the theory portion of ethics content can be tested in written essays or objective tests like any other theory. Term papers can be used to explore the students' grasp of one or two aspects of ethics theory. The same techniques may be appropriate for values clarification. Understanding, rather than memorizing of facts or theories, is important here. Case studies are appropriate ways to test analytical skills.

The study of Dinç and Görgülü (2002) determined that the examination of the nursing ethics unit consisted of three aspects: effective measurement of knowledge, the written essay, and grading criteria and level. The study revealed that more than half of the student's evaluated the examination system used for the nursing ethics unit as adequate. A study by Suttharangsee et al. (2004) among 12 nursing schools, found that most education institutes in Thailand used multiple-choices, followed by report and participation in discussion as evaluation methods.

2.2.4.2 Evaluation in practicum courses

Nursing is a profession that requires intellectual and technical skills to provide quality patient care. Faculty or instructor, self-evaluation, peers, patients, nursing staff, and any combination of these people may serve as evaluators (Gomez, Labodzinky, & West, 1994). Similarly, Windsor (1997) found that nursing students indicated their relationship with instructors, staff nurses, students, and patients were important in their clinical experience. In addition to helping students learn, these people helped provide a pleasant atmosphere in which to work.

Faculty or instructor

Faculties or instructors have the most knowledge pertaining to the purpose of evaluation and the objectives. They also have responsibility for performing clinical evaluation (Gomez, Labodzinky, & West, 1994). However, Orchard (1994) states that faculty can only one sample behavior because faculty must provide adequate supervision and direction to ensure that their clinical students are able to deliver safe nursing care. The faculty must be aware of differences between their own values system and those of their students because can bias the evaluation process (Gomez,

Labodzinky, & West, 1994). Moreover, Thompson and Thompson (1989) suggested that in the clinical setting, the learners' approach to client care, co-workers, and faculty could be evaluated in terms of ethical behaviors. Therefore, Windsor (1987) found that the instructors were expected to demonstrate professional behavior for students. Professional behavior included ethical behavior.

Students

The student is another source of evaluation data as self evaluation. Initial involvement of the students tends to facilitate behavior changes and provide a positive environment for learning and improvement. Students may be biased about their performance and share only favorable evidence about themselves. To perform self-evaluation, an understanding of what is being evaluated is required. The goal of self-evaluation is to be objective rather than subjective about the quality of ethical performance (Gomez, Labodzinky, & West, 1994).

Peers

This group offers data the same level of understanding of clinical evaluation performance. Peers evaluation develops collaborative skills, builds on communication skills of giving feedback, and develops professional responsibility. However, peers may be biases in providing only favorable information because of not wanting to cause trouble for someone of having unrealistic expectations of the student. Maturity of the peer must be considered when this source of data is used (Gomez, Labodzinky, & West, 1994).

Nursing personnel or nursing staff

Nursing personnel or nursing staff tend to provide data from an informed perspective and add reliability and validity to the evolution process. This evaluators may be part of preceptor program, especially for advanced students. Among the disadvantages of using nursing staff is that the expectation in clinical area may differ from the objective of the performance evaluation. If nurses are used in the evaluation process, the nurse must be oriented to the school of nursing's evaluation instrument, the role of evaluation, and the weight of the input to final decision about students' performance. Evaluation is also time consuming for busy nurses, but this may be part of the nurse's career development, clinical ladder, or joint appointment responsibility (Gomez, Labodzinky, & West, 1994). Usually, in practicum courses in Indonesia is a joint responsibility between faculty and nursing staff. Thus, in the clinical setting, nursing personnel and nursing staff should evaluate of ethical behavior of students similar to Thompson and Thompson's (1989) suggestions that ethical behaviors can be evaluated in term of ethical mandates in nursing, when the nursing students approach to client care, co-workers, and faculty.

Patients

The patients provide data from the consumer of product point of view. Their inputs provide information that has to be weighed for its values. They are making judgments from personal experience. This information may be acquired from follow-up patient satisfaction questionnaires and release interviews with patients before their discharge from the hospital or health care providing facility. to maintain

some level of validity and reliability these interviews must be conducted by someone other than direct care providers (Gomez, Labodzinky, & West, 1994).

2.2.5   Factors influencing effective teaching and learning

Many of factors influence teaching and learning effectiveness. The unique nature of the learner, including physical and emotional state, age, social and cultural background, experience, developmental level, is primary concern. Learning takes place more readily when the individual's attributes, or qualities and perception of learning are considered. The knowledge, skill, and judgment of the teacher about selecting teaching strategies are critical to effective teaching and learning. Determining teaching strategies for learning experiences requires careful, critical analysis and evaluation (Van-Hoozer, 1987).

According to Guinee (1978), factors of effective teaching fall into four basic categories; the critical tasks, characteristics of learners, nature of contents, and learning activities or kinds of strategies, resources, materials and learner experience to facilitate achievement of the critical task. Each learner is unique, with particular hereditary and social background, understanding, skills, values, and attitudes. The kinds of learners that nurses teach vary in age, developmental level, and health status. The teaching function of the professional nurse usually involves groups as well as individuals.

Therefore, it is essential that the teacher should be able to apply knowledge of the individual learner to groups of learners. The teacher must be alert to common group needs, yet sensitive to individual needs.

2.3 Ethical Decision Making

The goal of ethics teaching is to produce a morally-informed, knowledgeable, sensitive and accountable nurse who has the ability to make ethical decisions in practice. The ability to make ethical decisions is essential to moral excellence in professional nursing practice (Fry & Johnstone, 2002). To achieve these goals, the students must learn to integrate their personal values and beliefs with knowledge of ethics conceptual approaches to ethics and standards for ethical behavior. Hamric (2000) stated that ethics education is an important mechanism for nurses to gain knowledge of ethical decision-making frameworks. In addition, Catalano (2003) mentioned that ethical decision-making is a skill that can be learned.

2.3.1 Definition of ethical decision making

Ethical decision-making is a skill that involves mastery of the theoretical material and practice based on understanding of underlying ethical principles, ethical theory or systems, a decision-making model, and the profession's Code of Ethics. An ethical decision process provides a method for nurse to answer key questions about ethical dilemmas and to organize his or her thinking in a more logical and sequential manner (Catalano, 2003).

Ethical decision-making is a systematic process, which is spiral in nature, which each step being revisited as often as is required and modeled by the dynamic of changing facts, evolving beliefs, unexpected consequences, and participants who move in out of the process. Determining which principles and theories guide the people involved enables the nurse to help clarify the issues and facilitate the process

of coming to an ethical decision (Burkhardt & Nathaniel, 2002). Similarly, Fry and Johnstone (2002) mentioned that ethical decision making is systematic process that can be enhance by an orderly process that consider the methods of ethics and the context within which ethical questions arise in patient care.

Therefore, ethical decision-making can be defined as systematic process or strategy or method in dealing with ethical dilemma used by nurse in nursing practices based on ethical concepts and principles to moral action.

2.3.2 Theoretical foundations for ethical decision making

There are several theoretical foundations for ethical decision making that are essential in nursing practice such as moral values, ethical concepts for nurses, ethical principles, code of ethics for nurses, and patients' rights.

2.3.2.1 Moral values

Values are ideals, beliefs, customs, modes of conduct, qualities, or goals that are highly prized of preferred by individuals, group, or society (Burkhardt & Nathaniel, 2002; Taylor, Lilis, & LeMone, 2001). Individual values are reflected in individual attitudes; they influence choices, behaviors and action, and at the same time serving as motivators. Additionally, Van-Hoozer (1987) mentioned that values are among the most important learned responses. Hendel & Steinman (2002) concluded that values are learned and hence can be taught deliberately in educational programs. Values education incorporates many complex elements: values clarification, judgment, decision, and action.

'Moral values' is a special case of values. Moral values can be differentiated from other types of values through the special circumstances in which they are

actualized. Moral values reflect preferences or dispositions in situations concerned with circumstances of right or wrong, ought or ought not, in human behaviors (Omery, 1989). Fry and Johnstone (2002) mentioned that professional values in nursing are those promoted by professional codes of ethics, professional codes of conduct, professional competency standards, and the practice of nursing. Nurses learn about professional values, both from formal instruction and from informal observation of practicing nursing, and gradually incorporate professional values into their personal values system.

Omery (1989) mentioned that sources of 'moral values' of nurses may be nonprofessional or professional. 'Non-professional moral values' are related to preferential standards of conduct for nurses that originate outside of nursing. Professional moral values serve as a standard for the conduct of nursing. Codes for nurses assist them in evaluating or determining personal professional moral values. Professional moral values may be internalized via education and socialization. As students, nurses may have been exposed to formal classes that were designed to identify the moral values of the nursing profession.

The study of Altun (2002) revealed that nurses' personal and professional values play an important role in the degree of burnout experienced. Once nurses are aware of values that motivate them, they are more capable of accepting patients' attitudes and behavior, and nurses' ability to solve problems and make decision will become enhanced. Nurses who deal with values effectively are more likely to be promoted and achieve personal satisfaction.

Values clarification is in addition to nurses' understanding and respecting what moral, beliefs the clients bring to the care situation. It follows that nurses would also benefit from knowing their own values, both professional and personal. Therefore, one reason for nurses to study ethics is to begin to identify their own moral positions and biases, and to explore ways to prevent these biases (Thompson & Thompson, 1992). Grunstein-Amadore (1992) found that nurses and doctors acted out of different values. Nurses placed the highest values on caring perspective, but doctors value above all the patients' rights and the scientific approach. The study suggested that there is a need for development of a new foundation based on common professional attributes of nurses and doctors.

In summary, moral values are significant in upholding such things as human life, freedom and self-determination, welfare and well-being. The moral values of nurses can be professional or nonprofessional. These values operate when a nurse encounters an 'ought' and 'ought not' situation. Moral values can be derived from ethical concepts and principles such as there in code for nurses. Values clarification is important for nurses who strive toward making ethical decisions.

2.3.2.2 Ethical principles

Ethical principles are guides to moral decision making and moral action, and center on the formation of moral judgments in professional practice (Beauchamp & Childress, 2001). Additionally, Fry and Johnstone (2002) mentioned that the ethical principles important to nursing practice are beneficence and non-maleficence, justice, autonomy, veracity and fidelity.

Beneficence and non-maleficence

The key principles underpinning ethical practice in heath care are beneficence or obligation to do good, non-maleficence, or to avoid doing harm (Beauchamp & Childress, 2001). Acting on these principles can mean helping others gain what is beneficial to them. In nursing, the avoidance of harm is balanced by the provision of benefit. It is established by standards of nursing practice and professional code of ethics. Nurses should be very clear about the boundaries of their obligation to provide benefits and avoid harm (Fry & Johnstone, 2002).

Justice

Standards of justice are needed whenever persons are due to benefit or be burdened, in case of properties or circumstances. The principle of formal justice states that equals should be treated equally and that those who are unequal should be treated differently according to their needs (Beauchamp & Childress, 2001). Fry and Johnstone (2002) suggested that nurses must decide what is a just or fair allocation of health care resource. Once the boundaries of obligation to provide benefit and avoid harm are determined, nurses should be concerned about how benefits and burdens ought to be justly distributed among patient populations.

Autonomy

The ethical principle of autonomy claims that individuals ought to be permitted personal liberty to determine their own actions according to plans that they have chosen (Beauchamp & Childress, 2001). To respect persons as autonomous individuals is to acknowledge their choices, which stem from personal value and beliefs. Fry and Johnstone (2002) mentioned that one of the problems that

arises in applying a principle of autonomy in nursing care is that patients often have varying capacities to be autonomous, depending on internal and external constraints.

Veracity

The principle of veracity is defined as the obligation to tell the truth and not to lie or deceive others. Truthfulness is generally expected as a part of the respect that is owed to persons. Individuals have the right to be told the truth and not to be lied to or deceived (Fry & Johnstone, 2002). They also stated that nurses are obligated to be truthful in culturally appropriate ways because not to do so may undermine the patient's trust and the overall therapeutic effectiveness of the nurse.

Fidelity

The principle of fidelity is defined as the obligation to remain faithful to one's commitment. The commitments are obligation, implicit in a trusting relationship between patient and nurse, such as keeping promises and maintain confidentiality. Fry and Johnstone (2002) suggested that in order to be faithful in one's commitment to the patient, nurses should carefully consider the information that should be kept confidential and what the nurse can reasonably agree to keep confidential. The nurse should also consider when keeping a promise is a legitimate expectation in the nurse-patient relationship and when it is not.

2.3.2.3 Ethical concepts for nurses

Advocacy, accountability/responsibility, cooperation, and caring are among the ethical concepts that provide a foundation for nurses' ethical decision making (Fry & Johnstone, 2002). Each concept can be explained as follows:

Advocacy

Advocacy is frequently defined as the active support of an important cause. The role of the advocate is to speak on the patient's behalf. The term advocacy is also used to describe the nature of the nurse-patient relationship (Fry & Johnstone, 2002). Corley (1998) identified patient advocacy as a unique responsibility of the nursing profession. Additionally, Bandman and Bandman (2002) stated that the nurse who understands the advocacy role promotes, protects, and thereby advocates patients' interests and rights in an effort to make them whole and well again. The foregoing model of advocacy seems consistent with values in the International Council of Nurses' Code of Ethics for Nurses (ICN, 2000). The code indicates that nurses will take appropriate action to safeguard individuals when their care is endangered. This means that the advocate role of nurses requires nurses to act based on ethical norms to protect patients from harm. It is clear that nurses are in a strong position to advocate patients' rights and interests (Fry & Johnstone, 2002).

Accountability and responsibility

The concept of accountability has two major attributes: answerability and responsibility. Accountability can be defined as being answerable for one's action, and entails giving satisfactory reasons and explanation for one's actions or how one has carried out one's responsibility. In the ICN code of Ethics for Nurses (2000), the responsibility of the nurse is to promote health, prevent illness, restore health, and eliminate suffering. Fry and Johnstone (2002) stated that nurses are accountable when they explain how this responsibility has been carried out, justifying the choices and actions according to accepted moral standard or norms. Accountability is a

concept central to professional nursing practice, a concept from which important values are derived and principles formulated. Along with advocacy, accountability helps form a conceptual framework for ethical dimension of nursing practice (Fry & Johnstone, 2002). It can be said that accountability is an important ethical concept because nursing practice involves a relationship between the nurse and the patients.

Cooperation

Cooperation is a concept that includes active participation with others to obtain quality care of patients, and collaboration in designing approaches to nursing care. The ICN Code of Ethics for Nurses (2000) indicates support for cooperation by its statement; 'The nurse sustains a cooperative relationship with co-workers in nursing and other fields'. Quinn (1983) stated that cooperation could help unite nurses and other healthcare workers toward the shared goal of improving patient care. Cooperation helps nurses meet the requirements of professional practice.

Caring

The ethical concept of caring is valued in nurse-patient relationship and caring behaviours are often considered fundamental to the nursing role. As an ethical obligation, the significance of caring is always interpreted in terms of special duties between individuals. Caring is universally considered fundamental to the nursing role, where human health is concerned, and its relevance to patient well being continuous to be analyzed (Fry & Johnstone, 2002).

The study of Forrest (1989) found that nurse-related factors include such things as individual beliefs, educational experiences about caring, feeling good about nursing work, and one's own experiences in caring for others or being cared

for. Patient-related factors include whether or not the patient is hard to care for or confirms to the nurse's caring behaviours. Other factors that influence nurses' caring include time to care, administrative support for caring behaviours, and the physical environment where care takes place (Forrest, 1989; Harrison, 1990). Harrison (1990) proposed that nursing educational programmes must emphasize and teach caring philosophy and behaviours to students.

2.3.2.4 Code of ethics for nurses

Code may have important symbolic and regulating functions for professional practices, including nurses. The code as a symbolic function is to remind nurses and those in other professions of the status and the importance of nursing in health care. The regulating function of the code is to influence standards and practice in nursing (Bandman & Bandman, 2002). Similarly, Fry and Johnstone (2002) stated that the code sets parameters of acceptable ethical practice and demonstrate to the public what is required of nurses. Bandman and Bandman (2002) mentioned that the code provides a moral basis for justifying nursing action through its function of; (1) upgrading nursing by investing it with rights and responsibilities, (2) setting accountable moral standards, (3) influencing licensure standards, (4) influencing educational and curricular standards of performance and conduct, and (5) appealing through its manifesto-like principles for legal incorporation and public acceptance.

The International Council of Nurses (ICN) Code of Ethics for Nurses (2000) is the most important aspect of nursing practice. The four elements of the ICN Code of Ethics for Nurses include; nurses and people, nurses and practice, nurses and co-workers, and nurses and the profession. The ICN Code of Ethics for Nurses is a

guide for action based on social values and needs. To achieve its purpose the code must be understood, internalized, and used by nurses. It must be available to students and nurses throughout their study and work lives (Fry & Johnstone, 2002).

A significant number of national nurses' associations throughout the world have developed a code of ethics for their members or are in the process of developing one. While, the majority of national nurses' associations use the Code of Ethics for Nurses, other associations have developed their own codes of ethics (Fry and Johnstone, 2002). Similarly, the Indonesian Nurses Association also has a nursing code of ethics. The code was developed and approved at the National Congress on Nursing in 2000 (Indonesian Nurses Association, 2000), Code of ethics for nurses in Indonesia. The code is grouped into five parts:

Nurses and clients

(1) Nurses provide nursing service with respect to human dignity, the uniqueness of the client, regardless of nationality, race, age, sex, political influence, religion, and social status.

(2) In providing nursing care, nurses maintain good atmosphere, with respect to cultural values, custom, and religion of the client.

(3) Nurses assume major responsibility for the individual who needs nursing care.

(4) Nurses hold in confidence all information except as needed by an authorized party and in accordance with the law.

Nurses and practice

(1) Nurses always maintain and improve nursing competences through continuing education.

(2) Nurses always maintain the highest standard of nursing care with professional truthfulness in applying nursing knowledge and skills according to the client's needs.

(3) Nurses make decisions based on adequate information, and consider the capabilities and qualifications of individuals when doing consultation.

(4) Nurses maintain the integrity of nursing profession through professional conduct.

Nurses and society

(1) Nurses and citizens share the responsibility for initiating and supporting action to meet the heath care needs of the public.

Nurses and co-workers

(1) Nurses maintain cooperative relationship with other nurses and heath care team and maintain a harmonized working environment to meet health care goals.

(2) Nurses act to protect clients from incompetent, unethical, or illegal health care conducted by others.

Nurses and the profession

(1) Nurses play a major role in determining standards of nursing practice and nursing education and implementing it in activities of nursing practice and education.

(2) Nurses are active in developing a core of nursing profession.

(3) Nurses participate actively in establishing and maintaining conducive working environment in order to achieve quality of nursing care.

The study of Han and Ahn (2000) on 'An analysis and evaluation of student nurses' participation in ethical decision making' within 100 nursing students, found that all students were able to identify ethical dilemmas, apply Code of Ethics for Korean Nurses, and apply ethical principles in their decision making.

In summary, the ethics code of nursing is essential, because it can provide a moral basis for professional nursing practice. The integration of ethical principles and ethical concepts in the code of nurses provides useful guidelines in making ethical decision in nursing practice.

2.3.2.5 Patients' rights

A right is a justified option or permission to do, to have, or to claim that which one regards as one's due. Rights result from interests and desires. To have rights is to have a form of moral standing. The importance rights is the conceptual link between being a right holder and being a person. The rights are essential for the following reasons; (1) they gives the person freedom to either exercise his/her rights or not to exercise it; (2) they makes others responsible to facilitate one's exercise of rights in appropriate ways; (3) rights, in accordance with rationally defensible principles of justice, help to maintain equality, impartiality, and fairness; (4) enforceable rights can help a person in the exercise of his/her rights; and (5) rights can help person get compensation (Bandman & Bandman, 2002). In Indonesia, Women Health Workshop by The Consumer Foundation League of Indonesia and the Ford Foundation (1997) has formulated Indonesia Patients' Rights as follows:

1. The right to have accessible and appropriate basic health services.

2. The right to freedom from discrimination, regardless of gender, skin color, religion, and ethnic group.

3. The right to have information and knowledge concerning: (a) health status, (b) treatment preferences, (c) medical treatments given, (d) time and expenditure needed, and (e) risk and success probability of treatments given

4. The right to choose health care setting and physician.

5. The right to be treated with dignity, guarantee of privacy and confidentiality.

6. The right to participate in decision making

7. The right to lodge a complaint.

2.3.3 Ethical decision making process

Nurses in any health care setting can develop the ethical decision making skills necessary to make sound ethical decisions if they learn and practice using an ethical decision making process. The chief goal of the ethical decision making process is to determine right and wrong in situations where clear demarcation are not readily apparent (Catalano, 1996; 2003). Catalano (2003) proposed five steps of ethical decision-making process, as follows;

Step 1: Collect, analyze, and interpret the data

Obtain as much information as possible concerning the particular ethical dilemma. Among the issues important to know are the client's whishes, the client's family's wishes, the extent of physical or emotional problems causing the dilemma, the physician's beliefs about health care, and nurse's own orientation to issues concerning life and death. After collecting information, the nurse needs to bring the

pieces of information together in a manner that will give the clearest and sharpest focus to dilemmas.

Step 2: State the dilemma

After collecting and analyzing as much information as is available, the nurse then needs to state the dilemma as clearly as possible. In this step, the nurse should also identify whether the problem is one that directly involves the nurse or is one that can be resolved only by the client, the client's family, or the physician. Recognizing the key aspects of the dilemma helps to focus the nurse's attention on the important ethical principles.

Step 3: Consider the choices of action

After stating the dilemma as clearly as possible, the next step is to attempt to list, without consideration of their consequences, all possible courses of action that can be taken to resolve the dilemma. The brainstorming activity in which all possible courses of action are considered may require input from outside sources such as colleagues, supervisors, or even experts in the ethical field.

Step 4: Analyze the advantages and disadvantages of each course of action
Some of the courses of action develop during the previous step are more realistic than others. The identification of these actions becomes readily evident during this step in decision making process, when the advantages and the disadvantages of each action are considered in detail. Along with each option, the consequences of taking each course of action must be thoroughly evaluated.

Step 5: Make the decision

The most difficult part of the process is actually making the decision and living with the consequences. By their nature, ethical dilemmas produces of opinion and not everyone will be pleased with the decision. In the attempt to solve any ethical dilemma, there will be a question of the correct course of action. The client's wishes almost always supersede independent decisions on the part of health care professionals.

2.3.4   Ethical decision making models

Gaul (1987) stated that ethical decision making in nursing is further complicated by issues of bureaucracy, control, and power. Because of this ethical decision making in nursing engenders tremendous cognitive dissonance. One of the aims of ethics education is to create a state of cognitive disequilibrium that, which guidance, helps the students achieve the next highest level of moral development. The hopes of educators are that students exposed to an ethical educational experience will have less cognitive dissonance when engage in ethical decision making and greater confidence in their decisions.

There are several models of ethical decision-making. In this regard, three models of ethical decision making are presented based on Murphy (1984) and Swider, McElmury, and Yarling (1985) who claimed that three categories of nurses' responsibilities may all be appropriate in different instance, but at times, they conflict or may be mutually exclusive. The three categories of nursing responsibilities, derived from the nursing literature, were used to classify the ethical

decision making of students, which are patient-centered model, physician-centered model, and bureaucratic-centered model.

Patient-centered model

Decisions based on patient-centered model reflect nursing responsibility to the patient/family. When patients' right and interests are in conflict with those of the physician and the institution, nurses see themselves as advocates of the patient and protectors of the patient autonomy.

Physician-centered model

Decisions based on physician-centered model reflect nursing responsibility to a physician's attitudes or authority, or those of the medical community. The nurses who follow this model see themselves as accountable only to the physicians and perceive that their most important duty is to maintain trust within the physician-patient relationship.

Bureaucratic-centered model

Decisions based on bureaucratic-centered model reflect nursing responsibilities to the authority of the hospital or the institutional system that employed the nurse. Nurses are supposed to follow orders, rules, or policies of the institution and should not cause any trouble within the institution.

Additionally, Swider, McElmurry, and Yarling (1985) depicted an ethical dilemma in nursing practice. The study examined the priorities reflected in decisions reported by 775 senior baccalaureate-nursing students in Korea. It was found that of the 1,163 decisions, 9% were in the patient-centered category, 19% were in the

physician-centered category, 60% were in the bureaucratic-centered category, and the rest of ethical decision-making could not be categorized into any model.

The study of Wipamat (2000) on 'Nurses' ethical dilemmas and ethical decision making in providing care for HIV/AIDS patients in Songkla Province' found that nurses identified three models of ethical decision making; the patient-centered model, the physicians-centered model and the bureaucratic-centered model. Her study used five vignettes. The result of this study showed that majority of subjects identified that patient-centered model for every vignette except one vignette, which was the bureaucratic-centered model.

In brief, the results of each model of ethical decision-making have varied. Examining the ethical decision making models made by nursing students is important in achieving a better understanding in professional nursing practice.

Having review about various articles and studies, it can be conclude that ethics education should stimulate nursing students to be nurses who be able to increase the effectiveness in providing care for persons, families, and society. The goal of ethics teaching is to produce morally accountable nurses who are skillful in ethical decision-making. Nursing students using appropriate teaching method can learn ethical decision-making skill as systematic process in dealing with ethical dilemma. A case study analysis seems to be the most appropriate method in ethics teaching, which could help students analyze the nature of the ethical problems and distinguish the moral values.