Moral Issues in Mentoring Sessions

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This article describes the results of research that investigated whether student nurses identified the moral aspects of everyday nursing care situations and, if so, how they dealt with them. We intended to elucidate the role of mentoring situations in moral development. Student written documents reflecting discussions during mentoring situations were analysed quantitatively and qualitatively. The students studied in one of the three nursing schools involved in the research. In only a small proportion of cases (<13%) did the students identify the ethical questions in those situations. The results indicate that the nursing students rarely identified moral issues, implying that there was little conscious moral reflection and deliberation in their mentoring situations dealing with their problematic experiences during their internship. Additional competences will be required for session leaders in order to allow mentoring situations to play a more prominent role in moral development.

Introduction

Ethics is an essential part of the nursing curricula in many countries.[1] The characteristics of nursing practice indicate that the moral development of nursing students is significant for nursing education. Caregivers and nurses face moral quandaries in their daily practice, some of which lead to difficult dilemmas. 'What is good care?' is therefore a leading question.

Hamric stated that we have to 'move beyond the rhetoric about the importance of ethics education toward concrete steps to incorporate this critical dimension into the clinical practices of our students.' [2]

As Hartrick Doane asserts '... ethics are lived and practised in every moment of nursing work and are therefore one of the most important aspects of nursing education ...'[3] This author also writes 'that creativity is an essential element of ethical nursing practice. That is, ethical practice involves a synergy of humanly involved caring, critical consciousness, and creativity'.[3] Ethics education must therefore be grounded in the everyday practices of nurses, paying attention to their development as moral agents within the contextual and relational influences shaping them.[4]

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However, this integration of ethics teaching into everyday practice appears to be a tough task. Dierckx de Casterlé *et al*. state that:

> More and more nurses are aware of the ethical dimension of their daily nursing practice and of the importance of this dimension in performing good nursing care, but at the same time there is a growing concern about the capacity of nurses to put this ethical dimension into practice ...[5]

These authors conclude that the results of most studies suggest that students, as well as registered nurses, experience difficulty in carrying out the ethical dimension of their function.[5] Woods also addresses this problem, asking if we are 'really delivering the good(s)'.

> In the last decade nurses have been more educationally prepared than ever to contribute to the issues that currently beset modern health care, but they *still* find that they are not fully able to do so ... This is curious because most student nurses now receive structured, formalized lessons in ethics that are considerably more carefully planned and reflective of the moral issues that confront nursing practice than in any previous era.[6]

Some authors deal with the question of the content and effectiveness of ethics education for nurses. Ketefian's meta-analysis of quantitative studies

> found that there is a positive, moderate and significant relationship between education and ethical practice. The higher the education level, the higher the ethical practice. It is not clear, however, precisely how educational programs foster or affect the processes involved in ethical practice, especially when the manner in which the education variable is defined in some studies does not appear to be directly targeted to the teaching of ethical behaviour in any explicit way. Further, it is still unclear how this noted phenomenon might be reflected in real life behaviour, as tests of ethical practice currently in use employ simulations. These questions still remain unanswered.[7]

According to Woods:

> Research also continues to show that the inclusion of such courses in the nursing curriculum does actually increase student nurses' moral reasoning abilities. However, do these courses really prepare them to respond effectively to the demands of the modern health care system? Is it possible that this phenomenon could be associated with a number of persisting ideas in nursing (i.e. that nurses are *still* obliged to follow the 'moral lead' of the medical profession), medicine (i.e. nursing ethics is but an offshoot of medical ethics) and/or society itself?[6]

In what way could ethics education improve the ethical competence of nurses? Hamric argues that an important dimension of ethics education is

> the task of integrating ethical dimensions of nursing practice into the clinical experiences of students ... Ethics comes alive for students in the translation of ethical principles and precepts into clinical practice reality. When this is done well, students gain a clear understanding that ethics is imbedded in the fabric of everyday nursing practice ... The goal for ethics education is to produce a morally accountable nurse skilled in detecting and responding to ethical issues in his or her practice.[2]

Additional elements of ethics education are mentioned by Doane *et al.*,[4] who state that, given the complexity of ethical situations, the task of nurse educators is to recreate nursing education to be a process that fosters and sustains skilled ethical comportment, assists in reconciliation of the personal and the professional, integrates rational thinking with subjective experience, and attends to the complex and multifaceted world of nurses' practice.[8]

Gastmans proposes three guidelines for nursing ethics education:

> The education of nurses should, first of all, promote the cultivation of an ethical sensitivity on the part of nurses. This refers to the capacity to discern the ethical meaning of a particular situation and to respond accordingly.

> ... greater attention should be devoted to the cultivation of virtuous attitudes and affective capacities.

> Special attention should be paid to the contextual embeddedness of ethical behaviour ... Educators are responsible for imparting knowledge to students, ensuring that they develop the needed skills to recognize moral considerations in the professional context.[9]

Woods argues that,

> although nursing ethics has established itself as a vital and key topic in any nursing curriculum, carefully planned adjustments are still needed to current educational approaches to nursing ethics at all levels to enable newly qualifying nurses finally to 'deliver the (ethical) goods' as comprehensively and effectively as they desire.[6]

The literature shows that it is generally accepted that: ethics is an integral part of nursing care; nursing students need appropriate ethics education; and a general idea has developed concerning what this education should consist of and how it should be taught. What still remains is the question of whether we really accomplish what we aim for in ethics education. This implies the need for more research concerning the effects of ethics education and to continue to build a 'body of empirical work'.[10] Many scholars stress the importance of integrating ethics teaching with actual practice. An educational tool that could serve this goal is so-called mentoring sessions in which students and the educator reflect on practical situations that participating students have experienced. These sessions form part of most curricula in Dutch nursing schools. They could also contribute to nurses' competences of moral sensitivity and moral deliberation, but it is not known whether they actually do so.

Background

In this study we focus on the role of mentoring situations in moral development and, secondarily, on the ethical competences of nursing students in some nursing schools in the Netherlands.

During their education, student nurses continually develop their competences in handling all types of issues. In the curricular objectives and related competences drawn from nursing practice profiles in the Netherlands, we find the required competences described.[8,11] These standards are applied in professional training at bachelor's level.[12] It is claimed that:

In order to ensure that nursing care is based on an integration of clinical expertise, results of scientific research and desires of patients, it is necessary that nurses not only are skilled, but that they can observe emphatically and *reason morally* ... The nurse is *morally and legally accountable as a person* for her [or his] conduct, but also has a responsibility towards the entire profession, for instance in the form of codes of ethics, the practice profile and the disciplinary boards. This responsibility cannot be separated from developments in society. It is important that nurses, as professionals, respect and maintain nursing values and standards, yet react in a flexible manner to societal, technological and *moral developments in society*.[12] (Translated from the Dutch by the present authors; italics added.)

In the past, nursing schools in the Netherlands increasingly prepared their students for these challenges by adding ethics and moral development to the curricula. Yet, it is clear that moral development ought to be more than simply 'transmitting ethical views and theories'; it requires the formation of (future) caregivers as persons.

The research group Ethics of Care at the Christelijke Hogeschool Ede (CHE) developed the view that the systematic discussion of practical experiences in mentoring sessions, such as supervision, constitutes an important educational activity aimed at the integration of knowledge, skills and (moral) attitude.[13] However, it can be questioned whether these learning exercises actually help students to deal adequately with moral questions.

Clarification of concepts

For our research context, we use 'moral' and 'ethical' interchangeably. Ethics is defined here as reflection on the moral values, norms and virtues that define good help or care, and their meaning for moral dilemmas. Morality is taken to be a set of values, norms, rules and habits that are practiced within a certain community; that is, the moral practice of a group of people.[14] In this sense, we can speak of the morality of the nursing profession in a certain country or culture. In the dynamics of everyday nursing care it is not always clear what is the good thing to do and moral dilemmas frequently present themselves. We give one example:

As a nurse, I often know the result of an examination before the patient does. It is my professional duty not to disclose anything to the patient, which is the task of the physician. Last week, however, I experienced a dilemma. The PA results [pathology results] of a patient to be discharged were available. She had to be given radiotherapy as aftercare. The attending gynaecologist was required to tell her this, in the form of a bad news session. Everything was organized to make sure the session would take place an hour later. The patient objected because she thought we were being too pushy and went home. The PA results could wait until the following week, the patient believed.

The dilemma in this situation is the question of whether the nurse should have insisted that the patient stayed and indicated to her that the information was so important that this should not wait another week. This would to some extent imply a disclosure of the results of the examination.

In this article, we speak of moral quandaries in situations where a person does not conduct himself or herself according to a valid norm because of:

- A misunderstanding;
- Circumstances in which the pertaining norm can be realized only with difficulty;

- Ignorance;
- A decision that needs to be taken whereby two ethical norms and values conflict;
- A person who does not agree with a certain norm in a certain situation or expresses serious doubts.[15]

The research problem

The overall aim of the research undertaken was to improve educational efforts in mentoring that focused on the moral development of student nurses. During their internships, the students were confronted with moral dilemmas. They had attended courses on ethics and therefore the question arose whether they were able to discern the moral aspects of daily practice and also knew how to deal with them. In their third and fourth years, the students follow an internship involving supervision. An educator is actively involved in this in the third year. In the fourth year, they have supervision with only sporadic involvement of an educator. These situations are together typified here as 'mentoring sessions'. Written situation sketches submitted by students are discussed methodically in small groups of three or four. The students themselves choose situations in which they have been confronted with a difficult question or a problem from their own experience during their internship. Their written situation sketches are sent to their group members in advance. The students individually write their reflections on the group discussion, indicating what they have learned from it and also send these to each other.

We assumed that a proportion of their sketches would deal with moral questions and be qualified as 'moral' or 'ethically meaningful'. We also assumed that an examination of the sketches and the written reflections on the discussions would reveal how the students perceived the situations they presented and whether, in their analysis, they had displayed adequately how they would deal with these situations.

The main research question was: How do students in mentoring situations deal with the moral questions they encounter in their nursing practice? On the basis of the central research question, we formed the following subquestions:

- What dilemmas do nursing students present during their mentoring sessions and which moral issues play a role in these?
- Which of these moral issues do students identify and report in their written reflections?
- Do the reflection reports make clear that moral issues are identified in the mentoring sessions and that these are discussed?
- Do students formulate learning goals and learning points in the reflection reports regarding the handling of moral issues?

We hoped the results would be helpful in improving nurse education by contributing to recognizing and dealing with moral questions in nursing practice.

The research design

The research undertaken was descriptive and contained qualitative as well as quantitative methods for gathering and analysing data. The research tools were the written

documents drawn up by the students for their mentoring sessions concerning the submitted situation sketches and their reflections on the discussions. The documents analysed belonged to third and fourth year full time nursing students at the CHE, the Gereformeerde Hogeschool Zwolle (GHZ) and the Hogeschool Utrecht (HU), all of which are colleges for professional nursing education at baccalaureate level. A single, random sample was drawn from the total number of mentoring groups. The researchers requested the contributions of the selected mentoring groups after they had finished their internship. By this procedure we could avoid the possibility that part of the data would not be available for analysis.

The research documents can be classified as unsolicited documents because they were drawn up for purposes of their learning exercises and not requested by the researchers. Writing these documents is part of the normal procedure in this learning exercise. In this way, the documents may be qualified as authentic.

The research took place in two parts, one with third year nursing students and one with fourth year students from the above colleges. The data were analysed by two separate groups of students using the same procedure under the supervision of the researchers. Research project A concerned four mentoring groups of fourth year students at the CHE and the GHZ. These two colleges co-operate with implementing the nursing curriculum. The students therefore followed the same programme and shared membership of the mentoring groups. Research project B concerned 10 groups of third year students, of which six groups attended the CHE and GHZ and four attended the HU. All 10 groups underwent supervision with an instructor being present as the supervisor. The supervision procedures followed by the three schools were similar.

Permission

This research did not involve any intervention in the ordinary curriculum. Documents written by the students in the regular programme were analysed. Prior to the sampling, but after the end of the mentoring sessions, all students were given the opportunity to withdraw from the research project. Permission to carry out the study was obtained from the heads of the three nursing schools involved.

Data analysis

The documents were processed according to student group. Those containing the descriptions of problematic situations that the students had submitted during the mentoring sessions, together with the subsequent written reflections on the problems discussed, were sorted according to the type of dilemma described. The collected material was anonymized by a secretary in order to assure the privacy of the students. The researchers received the anonymous version.

The data were analysed according to standard methods for qualitative research, using the following eight steps:

- Selection of information on the basis of relevance;
- Fragmentation of relevant texts;
- Labelling;

- Ordering and reducing labels;
- Determining validity of labels;
- Defining core labels;
- Determining intersubjectivity;
- Answering the research question.[16]

If the description of a problem situation corresponded with one of the three ways in which moral dilemmas are revealed, that situation was categorized as involving a 'moral issue'.

The qualitative analyses of the data of the two research projects A and B were carried out separately, but according to the same procedure. In each project, labels were attributed to data and core labels were defined. Even though the quantitative results could not be grouped together because the two research groups used slightly different terminology in their labelling, we did observe that the answers to the research questions were similar enough to reinforce each other.

Results

Research project A (fourth year students)

A total of 141 documents from senior students were analysed. The problem labels generated by the analysis and their percentages are listed below.

- Psychosocial (32%);
- Professional (19%);
- Relating to supervision (18%);
- Relating to students' role (14%);
- Relating to moral issues (17%).

An example of 'relating to students' role' is: 'When AA worked her shift, she said that she felt a lot of pressure having to combine work, school and research.' A 'psychosocial' example is: 'I believe supervision for sure is a good occasion for this, to help each other to gain insight into one's feelings.'

Of the total number of problematic situations, 17% were considered to have a primarily moral quality. At the same time, only two students actually recognized these moral issues as being moral in their written reports. The subjects of their recognized moral dilemmas were:

- To which extent do I allow for other values and norms?
- How do I handle a moral dilemma as a Christian nurse?
- How do I deal with the death of patients?

These two students, from one mentoring group, showed that moral dilemmas were recognized in the mentoring situation and were subsequently discussed.

The following quote gives an example of moral issues that students recognized as such:

... the role of the nurse as practitioner was put forward during discussion when we dealt with ethical dilemmas during our internships. Once we discussed quite extensively how to deal with the death of patients. These ethical dilemmas were not solved by simply

talking about them once, for each caring situation is different again. By engaging in these talks, I did learn how others handle such situations and I noticed a great deal of common understanding among our group. By talking about this, I gained more insight into how I can handle such an ethical dilemma.

Research project B (third year students)

The documents from this student group revealed portions of text on which further analysis was based. From the total material analysed, 1435 fragments were identified and then labelled and grouped under core labels. The following core labels were defined, the percentages again showing the proportions of submitted issues related to each core label:

- Aspects relating to supervision (31%);
- Conduct and skills within the internship (26%);
- Personality and characteristics of the students (20%);
- Attitude and position of the students (19%);
- Contact with patients (4%).

Moral issues were not labelled separately in this first categorization, but issues that were characterized as moral could be identified in these five labels.

Of the 1435 fragments analysed, 157 (11%) were designated by the researchers as having moral characteristics. These moral issues were then categorized on a subject basis into seven groups:

- Dealing with a difficult patient (34%);
- Responsibility (21%);
- Lack of clarity and/or disagreement on views on nursing (20%);
- Dealing with faith (10%);
- Privacy or not being prejudiced (9%);
- Professional conduct (4%);
- Other (2%).

Some of the moral fragments were placed in two groups. Of these selected 167 text fragments, only 21 (13%) were explicitly identified by the students themselves as of a moral nature. At the same time, the students dealt differently with the issues that the researchers had identified as moral. Pragmatic solutions were sought (69 fragments); the moral issues were taken personally by the students (20 fragments); a personal perspective on a moral issue was given (16 fragments); the moral issue led to the formulation of learning goals (15 fragments); the moral issue was recognized as ethical and discussed as such (14 fragments); the moral issue was not dealt with owing to shortage of time (2 fragments).

Of these relatively few cases in which the issues at stake had a primarily moral character, only a small part was dealt with as a moral issue and/or led to a specific learning goal.

Summary of results

Our analysis of the documents shows that the third and fourth year students submitted a range of issues for discussion during mentoring sessions. The types of issues show

substantial congruency between the two groups. The data also indicate that the degree to which certain questions came to the fore differed between the two student groups. For both groups, the internship itself was a subject that regularly held their attention in mentoring sessions. It appears that many third year students submitted issues that related to their own conduct, the competences they require, and their contact with patients. The third year students paid considerably more attention to aspects that have to do with the mentoring situation itself than the fourth year students, although these also brought questions that pertain to their professional conduct. Clearly, supervision is a learning process of its own.

The fourth year students relatively frequently reported on issues relating to psychosocial problems, while the third year students submitted issues that had to do with the characteristics and personalities of the students.

Overall, an answer can be given to the question on which moral issues were submitted and recognized as such during the students' mentoring practice. A random sample was taken from the total available student nurse population; it is thus plausible to generalize the results of the analysis to the entire group of students from which the sample was taken.

A reasonable proportion of the issues submitted by both third and fourth year students were identified as moral by the researchers. In distinct contrast, the students themselves rarely typified these issues as moral. It is interesting that third year students recognized dilemmas as moral more frequently than the fourth year students. The students seldom identified learning goals as a moral issue. Even though at all three colleges ethics is a distinct module in the curriculum, very few students actually seemed to apply their ethical knowledge by identifying moral issues and thereby did not consciously draw on elements from their ethics education.

Discussion

The results of the two research projects were not completely identical because they concerned two separate year groups of students and mentoring sessions. For this reason, the rules holding for reliability of inter-assessment were followed. Label designation was not based on a particular model because no suitable model was available; it resulted from the researchers' analyses and interpretation of the texts. It is therefore interesting that the analyses of the labels in the two studies in relation to the fragment content demonstrates congruency with respect to the main conclusions of both parts of this research project. We conclude therefore that, in the context of mentoring sessions, students at the three Dutch nursing schools rarely identify the moral aspects of the problematic situations they experience in their internships. That the third year students did so more often than the fourth year students could be due to the presence of an educator during the mentoring sessions of the former group but not of the latter. We did not study the mentoring sessions themselves, thus there is no particular evidence for this conclusion.

If they are not identified, the moral aspects of a given situation cannot be discussed and the students will not be trained to give an ethical account of their professional activities. Mentoring situations do not play a significant role in enhancing the competences of explicit identification, deliberation and dealing with moral questions in everyday nursing care.

This does not mean that, in their conduct, the students would not use the ethical principles that are part of the curriculum, or that the mentoring situation in fact helped them to do so. They demonstrated no explicit ethical reasoning. However, we must expect students of professional colleges to use the conceptual knowledge and skills gained during their previous studies and to be able to integrate theory and practice. These results suggest that the students had difficulty in establishing the link between theory and practice regarding moral issues in their professional practice. The conclusion must be that students must gain greater proficiency in making moral issues explicit and reflecting on them. In this way, they learn how better to undergird and justify their own conduct with the aim of contributing to good care. This is a challenge for mentors and supervisors, including the possibility that they must achieve greater proficiency in making moral issues more explicit in practice related problems.

Our conclusion is supported by the fact that, with respect to the other (non-moral) issues that the students submitted, we see a similar inability to link theory and practice. This could mean that students, when engaged in mentoring practices, on the whole do not fully use the knowledge they have gained in previous learning endeavours in their curricula. It means also that students may need to have better previous education whereby they can learn to apply ethical knowledge more explicitly.

The documents analysed were not solicited and are therefore authentic. Unsolicited documents are on the whole of better quality as research tools than solicited documents because people who know beforehand that their writings will be analysed may engage in socially desired reporting of certain events. This drawback has been avoided in this instance. Hence, we presume that the issues submitted by the students present a reliable picture of what they face and what they consider to be relevant enough to discuss.

One drawback in this research project is that the sources were indirect. What exactly had been discussed and how much attention had been given to each subject and issue (in time and depth) cannot be determined from the analysed documents. The reflection papers were not transcripts of what was discussed or verbatim reconstructions of what took place. We looked at the issues solely from what the students considered to be relevant. As a consequence, another explanation of the findings to the one given above could be that the students did not explicitly describe moral situations as such, although these may have been recognized during the mentoring sessions. However, given the open atmosphere, it is more likely that the results reflect that the students did not consciously and explicitly deal with the moral aspects of their experiences in internships.

Recommendations

By instruction and the additional training of supervisors in the field of moral issues and moral reflection, we would expect them to coach the students more adequately in mentoring sessions. The same holds for training on the job. Supervisors could then become better role models for students in handling moral issues in practice. Follow-up research on the process of mentoring sessions is recommended. Our results show that much time is lost in discussing procedural matters, which means too little time is available in the sessions to deal with the issues submitted, which runs the risk of not meeting the goals of the mentoring process.

A type of action research could be applied. By way of video monitoring and/or participant observations, the conduct of a mentoring session could be discussed with

students in order to determine whether moral aspects that were not dealt with properly need added attention. This would also allow more insight into a supervisor's role. Further research is required on the moral conduct of nursing students, as well as those beginning nursing practice, in order to determine whether they possess the expected moral competences.

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Conflict of interest statement

The authors declare that there is no conflict of interest.

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