Moral Professional Personhood: Ethical Reflections During Initial Clinical Encounters in Nursing Education

Chryssoula Lemonidou, Elizabeth Papathanassoglou, Margarita Giannakopoulou, Elisabeth Patiraki and Danai Papadatou

Moral agency is an important constituent of the nursing role. We explored issues of ethical development in Greek nursing students during clinical practice at the beginning of their studies. Specifically, we aimed to explore students' lived experience of ethics, and their perceptions and understanding of encountered ethical conflicts through phenomenological analysis of written narratives.

The process of developing an awareness of personal values through empathizing with patients was identified as the core theme of the students' experience. Six more common themes were identified. Development of the students' moral awareness was conceptualized as a set of stages, commencing with empathizing with patients and nurses, moving on to taking a moral stand and, finally, concluding by becoming aware of their personal values and showing evidence of an emerging professional moral personhood. The notions of empathy, caring and emotion were in evidence throughout the students' experience. Implications for practice and nurse education are discussed.

Introduction

More than a therapeutic discipline, nursing is caring and nurturing in nature. Nurses focus on supporting and empowering the wholeness of the individual, aiming to restore balance and integrity. Ethics is therefore inherent in nursing. However, nursing ethics may be more than a set of rules and obligations. To be therapeutic agents, nurses build interpersonal caring relationships. In such therapeutic relationships, the ethical commitment of caring for and taking part in the suffering of the other dictates a lived and profound mode of ethics. Ethics therefore becomes an antecedent of caring.

Address for correspondence: C Lemonidou, Associate Professor, University of Athens School of Nursing, 123 Papadiamantopoulou Street, 11527 Athens, Greece. E-mail: clemonid@cc.uoa.gr

Nursing students need to develop their self-awareness as ethical agents in order to prepare for their future 'caring' commitments. However, the boundaries of what constitutes ethical conduct are often blurred, inasmuch as ethical norms may be too simplistic for the complicated contexts of caring and suffering. Intellectualization often falls short in generating solutions that are both reasonable and feel right. The presumption is that clinical experiences and course material support students' ethical development, but the specifics of this process and the means for enhancing it are still unclear. Few studies have addressed students' experience with care,[1–5] and the exploration of students' perceptions of ethics and issues of ethical development has been very limited. Although the theme of moral conflict has been identified[5,6] it has not been targeted specifically in previous investigations.

The present work aimed to explore issues of ethical development in Greek nursing students at the beginning of their studies and during their initial clinical encounters. Specifically, we aimed to explore these nursing students' perceptions and lived experience of ethics during their first clinical contacts, and their perceptions and understanding of encountered ethical conflicts and dilemmas. We also explored the impact of these experiences on the development of their moral 'self'.

Methods

Design

A phenomenological design based on journal narrative analysis was employed.

Participants and procedures

Permission to conduct the study was obtained by the University of Athens School of Nursing Board of Directors. The new nursing students were asked to keep a journal of their experiences during their clinical practice throughout a 13-week placement in public hospitals in Athens. Twelve male and 63 female students, with a mean age of approximately 20 years and no prior nursing experience, participated in the study. Oral consent to participate was obtained. Journal keeping was part of the students' clinical assignment. Consent to participate in the study and permission for the content of the journals to be analysed were obtained only after the course grades were finalized. The right to deny participation or to withdraw at any time during the study without consequence was explained, as was the lack of any expected benefit for participants. Anonymity and confidentiality were assured and the students were allowed to ask questions. Students who did not wish to have the content of their journal analysed were free to remove it from the list. Anonymity was not maintained during data collection. Journals were identified by students' names appearing on the cover page. In order to assure students' privacy, their names were not used in any part of the analysis or subsequent discussions. Only the investigators had access to the journals.

The students were instructed to provide an account of their inner dialogue, reactions and feelings resulting from their experiences during their first clinical

encounters in a hospital setting. No prespecified focus was determined. Participants were instructed to abstain from using either patients' or practitioners' names, or documenting other easily identifiable characteristics. Weekly meetings with their clinical instructors were scheduled to reinforce the participants' attention to recording their experiences in depth.

Narrative analysis

The journals were selected for analysis based on the richness of the accounts and reflections; those with no reference to feelings and thoughts were not included. Seventy-five journals were used out of a total of 110. The inclusion of journals was terminated on achievement of theoretical saturation (i.e. when the investigators believed that the inclusion of more journals did not add further to the themes discovered). Munhall and Boyd's method[7,8] of phenomenological narrative analysis was employed. Munhall and Boyd[8] propose engagement in the investigation of the phenomenon under study by reflection on participants' experience, by reflection on personal experience, and by locating and reflecting on experiential descriptions in the literature and the arts. Phenomenological reduction and bracketing are used to aid reflection on the lived experience. Participants' experience is gathered through phenomenological interviews or by other interpretive means, such as personal journals. Phenomenological analysis evolves concomitantly with data collection and encompasses intense and constant reflection on the emerging themes, as well as verification with the participants. Phenomenological description is used and the aim of the analysis is to identify those elements of the phenomenon that 'entail a relation which, if omitted, would annihilate the phenomenon' (p. 111).[8] For the present study, journal entries relating to matters of ethics were tagged and analysed separately as text, line by line, and then as a whole. Through this process, a number of common themes were extracted and referenced by verbatim vignettes. The phenomenon underlying the common themes was identified as the core theme of the experience. Investigators discussed and refined the common themes during several sessions.

Verification

The main themes, analysis and the related vignettes were presented to an audience of the participating students, followed by discussion focused on individual themes. Participants' input at the follow-up session was transcribed and used for verification of the analysis. All themes and analysis were immediately verified by the participants, who posited being able to recognize their experience and reactions throughout the themes extracted and the related vignettes. Participants' reactions during the follow-up session fulfilled Munhall's[7] general verification criterion termed 'phenomenological nod'. Participants further elaborated on the results and provided several eloquent summary descriptions of their experiences, some of which are included in the results section. Burns' four criteria,[9] and Munhall's 11 criteria[7] of phenomenology were applied to ensure rigour of this analysis.

Results

Accounts of reflections on ethical matters and descriptions of ethical conflict were the most common category found among the participants' journal entries, despite the fact that they were required to record all experiences, feelings, thoughts and reflections that were meaningful and important to them, with no prespecified focus. Furthermore, as will be presented below, they were highly emotionally charged descriptions.

The students' reflections spanned all common ethical principles of nursing (beneficence, nonmaleficence, autonomy, justice, fidelity, respect). However, most concerned beneficence and respect for others as persons, together with the principles of assuring patients' dignity, autonomy, privacy and informed consent. However, the students seemed mostly unaware of the fact that their observations fitted into one of the above categories of principles of ethics. Nurses' humane, sensitive and individualized approach was viewed as a means 'to do good', and failure to do so was regarded as an ethical breach. Most accounts involving beneficence entailed circumstances where depersonalized and inhumane behaviour took place.

> [S]he [a nurse] was in and out of the rooms, repeating the same lines, with an air of indifference, not even breaking a smile . . . How much a smile would have helped them [the patients] to be more relaxed . . . more optimistic . . . Being a nurse or doctor, one is compelled, I think, to be warm and humane.

> He was in a lot of pain, crying and trying to escape. The doctor adopted a fierce look and said: 'Give us a break and let us do our job, man!' In the midst of this, the nurse was concerned only with keeping him still, holding him down . . . How negative the effects of such a behaviour can be for both patients and nurses!

Every written account was unique; however, a set of striking similarities in the way that students viewed, handled and reflected on circumstances was also present. The following are the main themes originating from the analysis:

- Empathizing with patients (core theme);
- Empathizing and identifying with nurses;
- Disillusionment with nursing practice on encountering ethical misconduct;
- Moral awakening and development of moral professional personhood;
- Moral conflict;
- Transcending the conventional ethics of the unit;
- Moral satisfaction through actualization of good practice.

Core theme: empathizing with patients

Despite the profusion of ethical reflections and their inclination to criticize the observed clinical practice, students did not seem to adopt a categorical stance of righteousness. Their ethical reflections were triggered by a feeling of uneasiness, of something 'not feeling right', rather than by a juxtaposition between a set of values and observed practice. It was through a process of identifying with patients that feelings were generated. This emotional input, being positive or negative, was used to validate the ethics of the incident. Furthermore, the act of identifying and empathizing with patients appeared to be natural and immediate. In their

first-person narratives, students appeared to be at the patients' side because they presented the events evolving around patients, who were the protagonists of most incidents.

> I was watching her face [the patient's] as they [doctors and nurse] entered the room. She was worried and restless, and became increasingly scared and frightened when listening to what they were saying. I could tell she did not really understand . . . I knew she wanted to ask questions but they left quickly. She tried to stop the medical director on his way out, but he smiled confidently and left. She was even more desperate when they left.

Similar narratives were very common and they were often followed by a description of the student's feelings and thoughts regarding the consequences of the incident on patients' well-being and possible scenarios of what a better course of action would be.

> I was saddened and infuriated. It was obvious that she needed help, and I wondered how could they just pass by and not notice what was going on. Or did they notice but really did not care? . . . It would be so important to her if they just smiled and showed a little bit of compassion . . .

The students' perceptiveness and insight regarding patients' feelings and needs were apparent, and they appeared to guide their ethical reflections. Although these encounters had taken place before the students were introduced to the notion of reflective practice, nonetheless they appeared to employ a mode of reflection. They located an incident that posed a problem, they reported their feelings in relation to the circumstances, and they tried to decipher how the situation could be improved. This rudimentary mode of reflection appeared to provide a means of making ethical assessments, realizing the value of ethical principles, and developing a set of personal values.

'Just striving to survive': empathizing and identifying with nurses

The students' caring attitude and disposition to empathize extended to the nursing staff. They attempted to justify the nurses' suboptimal ethics by attributing their stance to excessive stress, burnout and defence mechanisms. Nonetheless, power struggles were also stated as presumed sources of unethical conduct.

> The patient was suffering. But she [the nurse] was suffering [from burnout] too, the whole day she was 'suffering', maybe for a month, maybe for more. . . . How could one expect her to help others? Is this what is going to become of us?

> At the beginning, I was offended by nurses laughing and their cruelty to patients. Now I realize that they are striving to survive day in and day out.

Empathizing did not include physicians. In the event of a physician's breach of an ethical principle, the students were generally judgemental and did not seek for extenuation. This is evident in the following account of a student's criticism of a physician's unacceptable behaviour towards a patient who was asking for more information:

This [the incident] was very bad. He [the physician] looked annoyed and rather aggressive, and looked down on the man [patient] as on somebody who was stupid. All he did was to repeat: 'Be patient! We'll let you know in time', without providing any information. Had he never heard about patients' right to information, and about respect? I was disgusted.

Moral awakening and the development of moral professional personhood

Clearly, these early clinical experiences were revelatory in nature for many participants. They related having realized for the first time the value of caring, of ethics, and of life itself. They seemed awed by these newly obtained realizations, which included both of the major themes above, as well as minor issues, such as the value of a smile, of a touch, of listening and so on. These 'discoveries' appeared to have been elicited through the same process of empathizing with patients and with staff: 'Before this experience I was ignorant about many things . . . for example the value of life . . .'

Although the participants were able immediately to discern nonethical from ethical conduct, concluding what would be ethical in the situation at hand required a certain process. The students' value system regarding an ethic of care appeared to be somewhat immature. Their personal moral values seemed to be emerging and maturing while they were being exposed to clinical incidents. At our follow-up discussion, they asserted that, although they could sense 'what was wrong', they were 'deprived of a role model for doing the right thing'. They therefore had to search within themselves and 'project themselves to the situation experienced'. Moral reflection was motivated by examples of 'good' and 'bad' nursing. However, 'bad' examples were recorded more amply and triggered richer reflections. A dialectic between the situation, rules of ethics and what really felt right to them, and presumably to patients, was often recorded. These early clinical experiences therefore appeared to serve as a means of realizing and refining a set of personal values, referenced to real situations and validated by emotion.

> Entering the room, the nurse just mouthed, sternly, two words to the patient: 'Turn over!' He was obviously stunned and intimidated, and obeyed . . . She gave him an injection without one more word and left the room quickly. I felt numb and ashamed to witness an important nursing task being performed in a bureaucratic and abrupt manner, actually hurting the patient . . . I felt that she actually hurt him and that this would have a lasting effect on him . . . But how can one take care of patients when treating them not as animate beings, as humans, but as if they were inanimate paperwork, cases and 'chores'? . . I later realized that, whenever we took the time to engage in their care a little more, patients always became relaxed and co-operated willingly. I suppose that patients always want to be cured and, if given the opportunity to understand, they will always go along with treatment . . . We cannot deprive them of their right [to decide]. This is why informed consent, about which we have been taught in class, is always so important.

Occasionally, ethical reflections took an existential turn. Students reflected on the meaning of life, of caring, of death, and of disease in relation to their future role as nurses, and, sometimes, in relation to their 'suitability' for the profession. These were commonly regarded as critical issues and students expressed

increased anxiety and uncertainty about whether they could manage the ethical and psychological requirements of nursing, and whether they would be able to fight burnout and weariness and continue doing the right thing.

Moral conflict

The students demonstrated an ability to identify even subtle ethical issues. The number of incidents that actually posed an ethical concern was therefore noteworthy. They perceived ethical conflict both when observing nursing procedures and when they assumed the role of care provider, either by performing simple technical tasks or by engaging in communication with patients.

> I checked his vital signs and the blood pressure was high. He asked me about his blood pressure, and I probably blushed because I did not know what to say. I needed to say the truth and he had the right to know, but, at the same time, I was concerned not to frighten him with the actual value. So I made a compromise and I replied that his blood pressure was 150 [in reality it was over 170]. He became agitated and insisted that this was too high; it could not be right . . . [Later the nurse scolded the student for telling the patient, and the student became really puzzled, providing a page of reflections on patients' rights to know, at least, their vitals signs.]

In their reflections students advocated for sensitivity, subtlety, discretion and a caring attitude. They also argued the need for professionalism. They did not favour casual and undisciplined behaviour and were particular in pointing out recklessness, even when it did not have an impact on care. Jokes involving patients, even when they were not present, were regarded as unacceptable and immoral, and were critically rejected. When humorous remarks were made to comatose patients or concerning the death of a patient, most students were especially shocked and hurt. Joking was probably the only category of incident for which students did not seek extenuation and they were categorical in their judgements, for example, about nurses in an intensive care unit:

> Their behaviour was arrogant, ironic and mocking of patients. They commented about them and laughed . . . This kind of behaviour deprives patients of their personality – as if they were objects and not fellow human beings in need of help.

Disillusionment with nursing practice on encountering ethical misconduct

Students who witnessed either a violation of patients' rights or a nonadherence to codes of ethics described these situations as very grave. Their eloquent descriptions were charged profusely with negative feelings, suggesting an emotional involvement, even when they had not taken part in the incident. They appeared to perceive these incidents as traumatic because they destroyed their expectations and image of nursing. At our follow-up discussion they asserted having been hurt and feeling defeated because their expectations were shattered. This was the only category of incidents for which the students expressed strong negative feelings.

> I could not believe it when the nurse just uncovered him and started to care for his wounds in a room full of patients, speaking loudly. I was ashamed on their account

[patient's and nurse's], and I tried to . . . obstruct the view with my body . . . After this was over I felt tired and depressed and really lonely. I never want to be a nurse if I am to become like this!

The students related a variety of negative feelings in response to ethical transgressions: a sense of failure, despair, disappointment, turmoil, agitation, nervousness, embarrassment, shame, anger, depression and shock. Some of them re-examined their decision to become nurses, or even considered leaving nursing: 'Everything I thought of as good about this profession was shattered. I now realize nursing is not for me.'

The students' vulnerability was evident throughout their written accounts. Some tended to take in negative situations personally. By sharing their negative feelings with their fellow students they often discovered with relief that others had had similar experiences and reactions. A sense of fellowship seemed to develop, based on common negative experiences, rather than on a sense of pride and expectations for the future.

> I was not the only one feeling bad. The rest of my peers also had a sense of failure and uneasiness regarding their choice of profession. Their conclusions were similar: lack of interest in patients, hastiness and recklessness in nursing procedures . . . At least I am not alone.

Transcending the conventional ethics of the unit

Although profoundly affected by unethical behaviour, students also disagreed strongly when they realized that the culture of the unit fostered such transgressions. This was clearly conveyed through the ample use of rhetorical questions and expressions of exasperation, including the use of exclamation marks. They were constantly wondering 'how can such things happen?' Nonetheless, although realizing what the right response would be, they seldom took any action. They appeared to be caught in the middle of their personal and newly surfaced values and those legitimized by the culture of the unit. They felt in a vulnerable and insecure position and they perceived barriers to being moral. Their student status and their feelings of being 'isolated' and 'outsiders' were identified as barriers for actualizing their perception of morality. Even though they reported being 'stuck' in the middle of opposing values, some did try to overcome the situation. Some rose above the circumstances by performing moral acts of empathy that were not part of the culture of the unit, which gave them a deep sense of satisfaction. Others transcended the conventional ethics of the unit by imagining what their future actions as professional nurses would be and became determined to pursue doing 'the right thing' in the future. The students' motivation to become ethical agents advocating for patients' welfare against all odds was evident.

> I need to be the best professional I can be, and never mind other doctors and nurses.

> I observed such countless mistakes, with regard both to procedures and to ethics and professional deontology, that most of my journal is a critique. Unfortunately, since I have been a witness to these circumstances, I cannot keep silent, nor can I forget. My only hope is that when I find myself in the same position I will have the courage and the motivation to strive for a better ward, a better hospital.

Moral satisfaction through actualization of good practice

The realization that they contributed to patients' welfare or alleviation of suffering, either through direct care delivery or by engaging in communication, was an immense source of satisfaction for these students. They related feelings of achievement, joy, contentment, increased self-esteem and happiness. These were further enhanced by the reactions of patients and family members who expressed their gratitude. These favourable incidents appeared to strengthen their determination to be more fully and meaningfully engaged in patient care.

> It was really gratifying to help this woman to breathe by positioning her in bed, and this was confirmed by her husband's thanks when he stopped us in the corridor. At times like this, I really feel we can have an important impact on these persons' lives.

Another source of satisfaction was observing the humane and caring attitude of nurses. Nurses' sensitivity and compassion for patients were judged very favourably.

Synthesis and discussion

Attempting to go deeper into these themes, an additional set of major concepts arose. The main findings of this investigation were the evident development of moral awareness in new nursing students during their first clinical placement and the central role of empathy. Broadly defined, empathy is the ability to perceive the needs, emotions and context of the other, and is therefore regarded as the foundation of the interpersonal therapeutic relationship in nursing.[10,11] The notions of caring and emotion were also evident throughout the students' experiences.

Moral awareness development

Moral development includes evolving thoughts, feelings, and behaviours regarding standards of right and wrong, and encompasses intrapersonal and interpersonal dimensions. As indicated by the results of this study, moral development may be distinct from the development of moral awareness. Moral awareness involves being conscious of one's moral rules and conscience, and taking an active, responsible and deliberate stance on these by forming considered judgements. Moral awareness, as conceptualized here, is closely linked to, but more inclusive of, the notion of moral sensitivity.[12] More than being receptive to salient moral cues,[13] it involves the notion of interpretation and personalization of moral values, which help the individual to navigate consistently through morally challenging situations. Moral awareness is necessary for the formation of the moral 'self'. In the caring disciplines such as nursing, medicine and psychology, moral awareness is important for the formation of a moral professional personhood. In this article, the concept of 'moral professional personhood' refers to the set of moral reasoning, interpersonal, theoretical and caring skills, as well as the rules and characteristics of one's moral 'self', which allow a nurse to function as a moral agent.

Contemporary theories may be helpful in comprehending issues of moral development and moral awareness in students. Kohlberg's[14] theory posits that people progress in their moral reasoning through a series of stages, which can be classified on three levels: preconventional, conventional and postconventional. The first level involves children's normative behaviour in order to conform to the rules set by some authority figure, and to avoid punishment. The second level, which is the one most prevalent in society, is orientated towards gaining the approval of others and, ultimately, abiding by the law and doing one's duty. The third stage, which is not reached by many adults, involves the notion of mutuality and a genuine interest in the welfare of others. At this stage, respect for universal principles and the demands of individual conscience are developed. Kohlberg considers justice as the key to moral development. His theory of justice includes 'the Golden Rule' and is viewed as an extended form of empathy and of social interest. Gilligan[15] extends Kohlberg's theory by introducing the notion of an interpersonal ethic or 'ethic of care' as a distinct moral orientation, which is especially prevalent in women. The perception of a woman's self is 'tenaciously embedded in relationships with others' and women's judgements of what is moral are 'insistently contextual'. From a different perspective, Rest[16] focuses on ethical decisions and proposes a four-step model for individual ethical decision making: the person recognizes a moral issue, makes a moral judgement, resolves to place moral concerns before other concerns, and acts on the moral concern.

The subject of moral growth among health science students is one of contrasting evidence. Previous data suggested that, over time, medical students may show and perceive little change in their moral development[17–19] since commencing their studies. Using Kohlberg's moral judgement interview, Patenaude *et al.*[20] reported a decline in the moral development of medical students after three years of study, which was in line with previous findings.[21] Nonetheless, progress in the moral reasoning of nursing students has been reported between course entry and exit.[22] The effect of clinical experiences *per se* on nursing students' values has not been studied. The observations reported here suggest an increasing self-awareness about themselves as ethical agents and ethical thinkers in new nursing students after 13 weeks of clinical practice.

These students' moral awareness development appeared to comprise various sequential subprocesses, which are described below as a continuum of stages. Although almost all the participants showed evidence of these subprocesses, nevertheless, their succession was individualized. Some students appeared to experience several of these processes concomitantly, whereas others progressed more gradually, while some never reached the point of manifesting the development of moral professional personhood.

At the beginning, the students appeared to identify and empathize with patients and they expressed heightened compassion for their suffering. Their thoughts and actions were driven by their emotions and by compassion. The second step towards their professional moral awareness development was their identification with nurses. They began to situate themselves in relation to their future role and standpoint of nursing. They actively projected themselves into the nurses' situations and sought to understand their motives, feelings and circumstances. They perceived nurses as sufferers, together with patients, and therefore they assumed a caring stance towards them. Concurrently, an imaginary projection towards their

future role as nurses gave rise to questions and doubts about their ability to cope with the job. At this point they became aware of their vulnerability and of the requirements of the nursing profession and, concomitantly, they started differentiating themselves from doctors. Their criticism and relentless stance probably suggest that they viewed doctors as members of an opposing culture, and therefore they were not interested in comprehending their circumstances. Previous work has illustrated that students may perceive physicians' and nurses' moral imperatives differently.[23] These may be indications of an early socialization process into the culture of nursing. At the next stage, the students started to take a moral stand. This was the point where professional empathy and their moral professional personhood began to emerge. They started developing an awareness of their moral values in line with real clinical situations, and they developed their ability to discern ethical versus unethical contact based on their personal reflections and moral reasoning, rather than on standard norms. When confronted with morally challenging situations, moral conflict was, inevitably, experienced. Moral conflicts often appeared to foster the process of moral awakening, by thrusting participants forward into a challenging situation. However, the occurrence of moral conflict may also have been a crucial point of divergence. Students may have become disillusioned by the profession of nursing, thereby being emotionally and morally hurt, or, conversely, they may have become committed to nursing. In the latter case, the students acted upon their values by providing effective care, from which they derived moral satisfaction. The reasons why students may progress differently at the stages outlined earlier are not clear. Future focused longitudinal investigations could provide insight into why a commitment to nursing may be fostered in some students or decline in others. The framework of expectations, personality factors and extraneous (family, peers) factors, as well as gender differences presumably account in part for differential progress among students. In the present study, no adequate comparison between male and female students was feasible.

Empathy

The notion of empathy was evident throughout these experiences, as illustrated by the main theme. Although empathy is a common human experience,[24] nursing empathy may be more disciplined and care orientated. Inasmuch as these students exhibited a caring attitude and a strong motivation to enhance patients' welfare, the mode of empathy echoed in these narratives may be considered as nursing empathy, which may or may not involve emotion. Previous qualitative work exploring conceptualizations of empathy among nurses suggested that the mode and degree of empathy can vary.[24,25] The experience of empathy among these participants was that of an immediate projection of self to the situation of others, causing strong emotional reactions and motivating either appropriate caring behaviour and/or related reflection. Furthermore, the theme of empathy was closely linked to the experience of morality. Students tended to identify with patients,[3] and the formation of student–patient relationships[26] has previously been identified. Although empathy is amply referred to as a means for humanizing health care practices,[27,28] the relationship between empathy and ethics has received less attention. Reynolds *et al.*,[29] and Fairbairn[30] suggest that empathy is

the key to both perceiving the moral aspects of care and providing adequate care. These tenets have not been either qualitatively or empirically explored; however, they appear to be supported by the results of this study. Based on these findings, an in-depth investigation of the meaning, antecedents and consequences of nursing empathy is warranted. A critical question relates to how empathy is taught. These narratives may also point to an effective way of teaching empathy through an imaginative identification with the individual in need of care. Furthermore, although this investigation did not aim at theory verification, these students' experiences appear to be in accordance with Kohlberg's notion of justice and Gilligan's ethic of care, as outlined earlier.

Caring

The notion of caring was embedded in all the themes identified and appeared as a precondition for shaping these experiences. Caring was experienced as a motivation to help; and was therefore ascribed high moral value. The students adopted a somehow idealistic caring stance, so they suffered when confronted with 'real' nurses. The experienced gap between theory and practice in nursing education has been previously addressed,[31] and it may reflect a symptom of a fast evolving discipline. Being the very 'philosophical and ontological foundation' of nursing,[32,33] caring is equated with nursing in most contexts. However, its boundaries may still be unclear. Research evidence suggests that students' conceptualizations of caring evolve as they progress through their education[34,35]; the same process is also true for professional nurses.[32] Technical and professional factors, accountability, psychosocial factors and self-giving have been identified as discrete dimensions of caring by nursing students in previous reports,[34–36] and appear to be in accordance with the views of these participants.

Emotion

In line with the centrality of emotion in the experiences explored here, emotional involvement has also been identified as a factor in caring.[37–39] In a qualitative study of students' caring experiences, compassion, commitment, courage and conscience – all of which have substantial emotional attributes – were identified as means for actualizing care.[40] Previous work has also revealed emotional elements in students' experiences with patients.[4,41] Nonetheless, the role of emotion in validating ethics and caring practices, and consequently in moral development (as discussed here based on the results of this study) has not been reported elsewhere. Indeed, these participants' ethical reflections appeared to be initiated by strong emotions, either positive or negative, which motivated them to contemplate deeply on the situation. Moreover, even moral satisfaction was experienced through emotion, together with the cognitive knowledge that one has done the right thing. Moral satisfaction, as described by the participants, had a strong interpersonal component, and was precipitated by situations of successful and effective caring, which is in accordance with Gilligan's theory of moral development. Strong feelings of achievement and contentment fostered the students' confidence in the merits and values of nursing.

The issue of students' psychological vulnerability, as suggested by the present

results, has been approached in previous work.[2,41] Already identified themes of moral distress among new graduates (vulnerability, alienation from self, lost ideals)[6] are in accordance with these participants' experiences. Some of the participants involved in our study, however, literally 'suffered' to the degree of examining the prospect of leaving nursing. The possibility of enthusiasm, idealism, and empathy subsiding and giving rise to despair and depersonalization is therefore highly visible.

Limitations

A limitation of the current study was that the focus on ethics was not prespecified clearly during the period of journal keeping, because we initially sought to explore the lived experience of clinical placements in general. However, the profusion, profoundness and intensity of matters related to ethics in the students' accounts provided the motivation for this work. Nonetheless, a presumed advantage of this approach may have been that the theme of ethics emerged spontaneously rather than having being imposed on the students. Nevertheless, a more focused approach would have enhanced the richness of the data. The use of interviews concurrently with journal keeping would have served to amplify the depth of exploration. Another limitation concerns the consent process. The students may have felt compelled to participate because their instructors were also the investigators. However, this is less likely to have distorted the results because the participants were unaware that ethical issues would be explored. Furthermore, as also posited by the participants, these results provide some degree of 'evaluation of the culture of the unit', thereby evoking an ethical concern regarding consent of all the involved parties. Considering that journals were kept as part of a student assignment, the control of subjectivity for both students and professors was challenging. The fact that three of the five authors were not involved in the grading process, nor were they involved in the course, provided partial control of investigators' subjectivity. However, the fact that the students were mostly unaware of the specific focus of the study at the time of journal keeping makes this a less important threat to the validity of the study.

Implications for education, practice and research

Although nursing students may have great potential for humanizing care by demonstrating their empathic mode of ethics, at the same time they run the risk of being profoundly traumatized by an opposing clinical culture. Indeed, moral compromise, distancing, fatigue and negative emotions have been identified in students exposed to suboptimal ethics.[19,42] Furthermore, the formation of professional fellowship based on shared negative, rather than positive, experiences of nursing, as observed in this group of students, may have serious implications for the future and culture of nursing. Presumably this may account for low morale among nurses, low nursing personnel retention, and increased incidence of professional burnout, and may reinforce circumstances of low nursing autonomy. The phenomenon of fellowship among nurses has been studied little; nonetheless, based on these accounts, we deem that it merits further exploration. Below are

outlined some implications for education and practice generated by active input of the participants:

- Providing students with the opportunity and motivation to reflect on their clinical experiences may promote awareness of personal values, as well as clarification of the motivations and circumstances of others and of staff, therefore placing the experience into perspective and partially alleviating psychological distress.
- Active and continuous psychological and peer support throughout clinical practice may be needed to foster and refine students' perceptions of morality and to support them in actualizing these views, thus minimizing moral and psychological distress.
- Active role modelling by clinical preceptors may be a potent tool for nurturing students' moral development, by bridging the gap between personal values and the conventional ethics of any unit.
- The ways of enhancing empathy and teaching it to students are still obscure. Approaches to increase empathy in medical students include them 'shadowing' patients[43] and providing student hospitalization experience.[44] Although less elaborate, storytelling and reflection, too, may be a means of developing empathy and morality in nurses, as also suggested by Fairbairn.[30]
- More research is needed on the nature and development of empathy in the interpersonal caring relationships of nurses, in order to inform future efforts to teach empathy, and to enhance clinical morality and quality of care.[28]
- A combination of journal writing and interviewing may be useful in future attempts to elucidate students' experiences during clinical practice. Furthermore, informed consent from all involved parties may be required in the future.
- The process of nursing students' ethical development needs to be explored through prospective follow-up studies, preferably employing empirical and qualitative methods.

Conclusion

This phenomenological study of students' accounts of initial clinical experiences suggested the occurrence of moral awareness development and their ability to perceive ethics through a process of empathizing. Students' readiness to empathize and their experience of ethics as a non-negotiable personal imperative to 'do good' were juxtaposed with their moral distress and suffering. Great caution is therefore needed in supporting such individuals to navigate their clinical training.

Acknowledgements

References

[1] Gunby SS. The lived experience of nursing students in caring for suffering individuals. *Holistic Nurs Pract* 1996; **10**(3): 63–73.

[2] Jones CM, Johnston WD. Distress, stress and coping in first-year student nurses. *J Adv Nurs* 1997; **26**: 475–82.

[3] Landeen J, Byrne C, Brown B. Exploring the lived experiences of psychiatric nursing students through self-reflective journals. *J Adv Nurs* 1995; **21**: 878–85.

[4] Araujo Sandala ML. Taking care as a relationship: a phenomenological view. *J Adv Nurs* 1999; **30**: 808–17.

[5] Yong V. 'Doing clinical': the lived experience of nursing students. *Contemp Nurs* 1996; **5**(2): 73–79.

[6] Kelly B. Preserving moral integrity: a follow-up study with new graduate nurses. *J Adv Nurs* 1998; **28**: 1134–45.

[7] Munhall PL. *Revisioning phenomenology: nursing and health science research.* New York: National League for Nursing Press, 1994.

[8] Munhall PL, Boyd CO. *Nursing research: a qualitative perspective.* New York: National League for Nursing Press, 1993.

[9] Burns N. Standards for qualitative research. *Nurs Sci Q* 1989; **2**: 44–52.

[10] Alligood MR. Empathy: the importance of recognizing two types. *J Psychosoc Nurs (Ment Health Serv)* 1992; **30**(3): 14–17.

[11] White JS. Empathy: a literature review and concept analysis. *J Clin Nurs* 1997; **6**: 253–57.

[12] Wilson JQ. *The moral sense.* New York: Free Press, 1993. Cited in: Fry S, Johnstone M-J. *Ethics in nursing practice: a guide to ethical decision making.* Oxford: Blackwell Science, 2002: 2.

[13] Fry S, Johnstone M-J. *Ethics in nursing practice: a guide to ethical decision making.* Oxford: Blackwell Science, 2002.

[14] Kohlberg L. *The psychology of moral development: moral stages, their nature and validity.* (Essays on moral development, vol. 2.) San Francisco: Harper & Row, 1984.

[15] Gilligan C. *In a different voice: psychological theory and women's development.* Cambridge, MA: Harvard University Press, 1982.

[16] Rest JR. *Moral development: advances in research and theory.* New York: Praeger, 1986.

[17] Branch WT. Supporting the moral development of medical students. *J Gen Intern Med* 2000; **15**: 514–16.

[18] Self DJ, Schrader DE, Baldwin DC, Wolinsky FD. The moral development of medical students: a pilot study of the possible influence of medical education. *Med Educ* 1993; **27**: 26–34.

[19] Satterwhite RC, Satterwhite WM, Enarson C. An ethical paradox: the effect of unethical conduct on medical students' values. *J Med Ethics* 2000; **26**: 462–65.

[20] Patenaude J, Niyonsenga T, Fafard D. Changes in students' moral development during medical school: a cohort study. *CMAJ* 2003; **168**: 840–44.

[21] Self DJ, Baldwin DC. Does medical education inhibit the development of moral reasoning in medical students? A cross-sectional study. *Acad Med* 1998; **73**(Suppl 10): 91–93.

[22] Duckett L, Rowan M, Ryden M *et al.* Progress in the moral reasoning of baccalaureate nursing students between program entry and exit. *Nurs Res* 1997; **46**: 222–29.

[23] Joudrey R, Gough J. Caring and curing revisited: student nurses' perceptions of nurses' and physicians' ethical stances. *J Adv Nurs* 1999; **29**: 1154–62.

24 Kunyk D, Olson KJ. Clarification of conceptualizations of empathy. *J Adv Nurs* 2001; **35**: 317–25.

25 Baillie L. A phenomenogical study of the nature of empathy. *J Adv Nurs* 1996; **24**: 1300–308.

26 Suikkala A, Leino-Kilpi H. Nursing student–patient relationship: a review of the literature from 1984 to 1998. *J Adv Nurs* 2001; **33**: 42–50.

27 Shapiro HM, Curnan MG, Peschel E, St James D. *Empathy and the practice of medicine: beyond pills and the scalpel.* New Haven, CT: Yale University Press, 1993.

28 Olson J. Relationships between nurse-expressed empathy patient-perceived empathy and patient distress. *Image J Nurs Sch* 1995; **27**: 317–22.

29 Reynolds W, Scott PA, Austin W. Nursing empathy and perception of the moral. *J Adv Nurs* 2000; **32**: 235–42.

30 Fairbairn JG. Ethics, empathy and storytelling in professional development. *Learn Health Soc Care* 2002; **1**(1): 22–32.

31 Severinsson E. Bridging the gap between theory and practice: a supervision programme for nursing students. *J Adv Nurs* 1998; **27**: 1269–77.

32 Cheung J. Caring as the ontological and epistemological foundations of nursing: a view of caring from the perspectives of Australian nurses. *Int J Nurs Pract* 1998; **4**: 225–33.

33 Watson J, Smith M. Caring science and the science of unitary human beings: a trans-theoretical discourse for nursing knowledge development. *J Adv Nurs* 2002; **37**: 452–61.

34 Watson R, Deary JI, Lea A. A longitudinal study into the perceptions of caring among student nurses using multivariate analysis of the Caring Dimensions Inventory. *J Adv Nurs* 1999; **30**: 1080–89.

35 Watson R, Deary JI, Lea A. A longitudinal study into the perceptions of caring among student nurses. *J Adv Nurs* 1999; **29**: 1228–37.

36 Lea A, Watson R, Deary JI. Caring in nursing: a multivariate analysis. *J Adv Nurs* 1998; **28**: 662–71.

37 Henderson A. Emotional labor and nursing: an under-appreciated aspect of caring work. *Nurs Inquiry* 2001; **8**: 130–38.

38 Smith P. *The emotional labour of nursing: how nurses care.* London: Macmillan, 1992.

39 Staden H. Alertness to the needs of others: a study of the emotional labour of caring. *J Adv Nurs* 1998; **27**: 147–56.

40 Wilkes ML, Wallis CM. A model of professional nurse caring: nursing students' experience. *J Adv Nurs* 1998; **27**: 582–89.

41 Loftus AL. Student nurses' lived experiences of the sudden death of their patients. *J Adv Nurs* 1998; **27**: 641–48.

42 Bellini ML, Baime M, Shea AJ. Variation of mood and empathy during internship. *JAMA* 2002; **287**: 3143–46.

43 Henry-Tilman R, Deloney LA, Savidge M, Graham CJ, Klimberg VS. The medical student as patient navigator as an approach to teaching empathy. *Am J Surg* 2002; **183**: 659–62.

44 Downie R. Towards more empathic medical students: a medical student hospitalization experience. *Med Educ* 2002; **36**: 504–505.