TEACHING ETHICAL ISSUES IN HEALTH CARE: INCORPORATING A PHILOSOPHY OF CARE INTO UNDERGRADUATE HEALTH PROGRAMS AT THE UNIVERSITY OF THE WESTERN CAPE

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Abstract

Context

There is a growing emphasis on ethics education in undergraduate and postgraduate curricula of the health professions. Approximately five hundred and eighty two health science students participate annually on an interdisciplinary core course i.e. Introduction to Philosophy of Care (IPOC).

Objectives

To describe in detail the IPOC course and to determine the students' perceptions and experiences of the course.

Methods

A survey was conducted and variables were rated on a 5-point Likert scale. Students also completed an open ended questionnaire to assess their learning and participation in the small group work.

Results

Lectures and small group work (28%), assignments (25%) and independent community visit (15%) were rated as the preferred method of teaching. Two thirds (77.5%) were satisfied with the course objectives, 83.4 % reported that they could apply the information and skills learnt to other courses, 81.9% stated that the course made them reconsider many of their former attitudes about care and that they gained a good understanding of the interdisciplinary partnership in care (87.8%).

Discussion

Developing a philosophy of care is an important aspect of a progressive health professional education. Staff development in the field of ethics is crucial to develop expertise and sustain programmes. The faculty has overcome the attitudinal, administrative and logistical barriers associated with interdisciplinary teaching and learning. However, to implement interdisciplinary programmes in the final year, where professional identity and turf is most powerful remains a challenge.

Conclusion

Students clearly support the IPOC course as an important interdisciplinary core course in their undergraduate health professional education.

Key words

Philosophy of care, ethics of care, principle ethics, interdisciplinary teaching and learning, curriculum development.

Introduction

Most health professionals are faced with ethical questions on a daily basis and often find themselves not sure of what is 'the proper thing to do' (Schneider & Snell, 2000). Teaching ethics and moral issues in health professional education is becoming an essential part of the undergraduate curriculum for health professionals (Kessel, 2003). Mastering the basics of ethics will guide health professionals through complex questions in this respect. Like many other faculties, academics in the Faculty of Community and Health Sciences (FCHS) at UWC, also grappled with how to instill ethical and moral reasoning in their students so as to prepare them when confronted with moral dilemmas and ethical questions during their student years and as qualified practitioners (Davies, 2002; Hutchison, 2002). This becomes even more challenging in South Africa with its recent history of apartheid where communities are divided along racial and class lines and where major disparities in the provision and accessibility of health care continue to exist (Popenoe, Cunningham & Boult, 1998).

After months of active advocacy and curriculum restructuring, an interdisciplinary core course, 'Introduction to Philosophy of Care' (IPOC), was introduced for all first year level students of the following health professional programs: Psychology, Social Work, Nursing, Dietetics, Human Ecology, Occupational Therapy, Physiotherapy, Natural Medicine, Sport, Recreation and Exercise Science. This paper describes in detail the IPOC course; its overview, outcomes and design. It also presents an evaluation of the students' perceptions and experiences of this interdisciplinary core course.

Course design

The main purpose of the course is to introduce some of the conceptual foundations which form the basis for sound ethical practice of health care professionals. The course essentially is to assist students to develop skills in understanding care as a social practice and to recognise different moral arguments about care. Also, it is hoped that students begin to reflect on courses of action they undertook, as well as on the decisions and choices they made in their own life, both for themselves and for those who are placed in their care. The course begins by introducing concepts of morality and values and its' relationship to health care from a culturally diverse society perspective. In this course students get acquainted with two approaches in field of ethics. The most established approach is called 'principle ethics'. It is laid down in several health professional codes. Principle ethics teaches the application of several principles to situations of care provision. The most well known are: respect for the client's autonomy, not harming the interests of the client, beneficence and equity or fairness.

The second approach is called the ethic of care. The ethic of care starts from an understanding of care as a social practice. Its aim is to arrive at an appropriate understanding of caring needs and how these should be taken care of. Its core values are attentiveness, responsibility, competence and responsiveness. The next section of the course deals with the concept of 'care'. Care is looked at holistically, in order to, perceive and understand its various dimensions at a basic level. Students are sensitised to the fact that care is provided in larger social structures, which is influenced by power relations and by policy (Tronto, 1993). By doing so, the students can develop a deeper understanding of care particularly in the South African context where the society continues to be divided along racial, cultural, and class lines. This understanding seeks to assist them to develop competent skills and so fulfil the needs and rights of their clients. Care receivers are dependent on the

quality of care of the health professionals, and thus on the quality of their judgement. The quality of care depends not only on the technical skills, the availability of resources and the knowledge of the individual discipline but also on the skills in dealing with moral dilemmas. Often technical skills and moral reasoning cannot be separated. They are joined in the understanding that the practitioner has of the client and her/his social context and in the choices and actions that are the outcome of that understanding. During the course these two approaches are continuously referred to. Its' basic thoughts are explained and students learn how to apply these to concrete cases as they should be practiced in the South African context.

The assignment is structured in such a way that allows students to learn about their own communities and other communities. Students are expected to visit an institution of care in their own community where they observe activities and conduct interviews with service providers and community members at the institution and present their findings to the class. The following questions relating to the core values of the ethic of care that is observed at the institution of care is included:

- What are the needs that are being addressed in the facility visited
- Who defines these needs?
- Who takes responsibility for meeting the needs addressed in the caring facility visited?
- Who do you think should be responsible for the care provided?
- Who are the actual care givers?
- How well can they / do they do their task?
- What resources do they need in order to care competently?
- How do the care receivers respond to the care they are given?
- How well does the ethic of care as it exists at the institution meet the needs of the care receivers

Course outcomes

Table 1   Specific outcomes, the associated assessment criteria and assessment tasks.

Specific Outcomes	Assessment Criteria	Assessment Tasks
1. Analyse and describe 'care' as a social practice and your position as a future health care professional in the larger social power structures, e.g. gender, class and race, and how these are informed by policy making.	• Define care and understand the various dimensions of care. • Know the ethic of care approach and its four core values. • Understand some of the barriers to good care. • Describe the link between gender, race and class discrimination to the care process within SA social, political and health context and how this has been influenced by policy. • Apply the ethic of care approach to a South African case study.	Written Class Test: Week seven
2. Demonstrate knowledge of the basic moral concepts, ethics and human rights relevant to service providing and an awareness of the ethical responsibilities of health care workers in South Africa.	• Define morality and ethics and distinguish between the two. • Define values, and distinguish between the different types of valuing. • Understand the meaning and importance of ethics in daily life and its relevance to professional work. • Define moral judgments, ethical issues and ethical problems. • Understand the origin and basic and tenets of 'principle ethics'. • Describe the Human Rights Standards for health professionals, Batho Pele principles and the Patient Rights Charter.	Written Class Test: Week seven
3. Demonstrate the ability to analyse the skills needed to deal with moral dilemmas in day to day caring practices	• Analyze the four elements of the ethic of care i.e. attentiveness, responsibility, competence and responsiveness through the use of case studies, small group and plenary discussions. • Determine the perceived nature of the ethical problem. • Gather as much sound information as possible. This includes medical, as well as legislation, social/psychological aspects relevant to the case. • Decide on the ethics approach that will best get at the heart of the problem. • Explore all the practical; alternatives and then decide what should be done and how best it could be done. • Act on the conclusions about what ought to be done	Presentation of the assignment: Week six and seven. Written Class Test: Week seven
4. Demonstrate skills and professional conduct such as punctuality, participation and attendance when working in interdisciplinary groups.	• Attendance of classes • Participation in group activities and plenary feedback sessions	Peer Evaluation: Student reflection on learning and group participation: Week seven

Course organization

Annually an average of five hundred and eighty two students participates in the course since 2001. The students are divided into approximately seventeen interdisciplinary classes of an average of forty students each. A lecturer from each discipline is allocated to a class to facilitate learning. The classes meet over one term i.e. once a week for two hours for eight weeks at the same time. Each class is divided into smaller interdisciplinary groups of eight students each. A task team consisting of the co-ordinator, administrator and lecturers facilitating the course meet regularly to plan, evaluate and monitor the course. The course co-ordinator is responsible for the writing and production of the student manual and lecturer's guide. The manual provides students with information about the course, content, outcomes, assessment criteria and methods. Each class session is structured in manner that is student-centered in which students can relate their own personal experiences, beliefs, values and concerns regarding 'care' and locate them in a larger socio-political context. To that end, the course primarily relies on small group discussions, reading, analysis of case studies and a completion of a series of exercises designed to allow critical thinking, team work and enhancing presentation skills.

Evaluation methods

At the end of the 2005 course, all students (n=657) were required to complete anonymously the standard faculty course evaluation on the following aspects:

teaching and learning methods, course objectives, group interaction, logistics and prescribed readings. These aspects were rated on a 5-point Likert scale. The lecturer administered the course evaluation for his/ her class. The data was analysed and averages were calculated for the Likert scale responses. This was done centrally by the university computer centre for each class and for all the classes combined. The combined results for seven classes are reported and discussed in this paper. In addition, students completed an open ended questionnaire specifically designed to assess their learning and participation in the small group work during the class sessions. The author randomly selected one class and analysed their responses in relation to the contribution of the course to their learning and professional development; their experience, participation and contribution in the group tasks; and their recommendations about the course.

Results

A 90.6% response rate was achieved (253/279). The results given in Table 2 clearly demonstrated that the majority of students strongly agreed or agreed with most of the questions asked. Students rated the lectures and small group work equally (28%) as the preferred method of teaching that they learnt the most from, followed by the assignments (25%) and the independent community visit (15%) was the least preferred method. Among those students viewing the course most favourable, 77,5% were overly satisfied with the course objectives, 83.4 % reported that they could apply the information and skills learnt to their other courses, 81.9% stated that the course made them reconsider many of their former attitudes about care and that they gained a good understanding of the interdisciplinary partnership in care (87.8%). Group interaction was favourably rated ranging from 76.7% for student/ teacher partnership, student contribution in class (83%) and the freedom to express views in class (87.4%). Students were generally satisfied with the class size (89.7%), amount of content covered (83%) and the time allocated for questions and discussion (83.4%). Prescribed readings were rated 83.8% for contributing to the course and 68.4% for being interesting. Table 3 illustrates the emerging themes from the open-ended questions, i.e. understanding the concept of 'care'; professional development; interdisciplinary learning and recommendations; and the corresponding students' response.

Table 2   Responses of students (N=253).

Questions	Strongly Agree (%)	Agree (A)	Neither A nor DA (%)	Disagree (DA) (%)	Strongly disagree (%)	No Response (%)
The lecturer motivated me to do further independent study.	20.2	54.2	0.4	15.0	5.9	4.3
The design of the course let me learn at my own pace.	17.0	59.7	0.4	12.3	7.9	2.8
A student / teacher partnership in learning was encouraged.	28.5	48.2	1.2	11.5	3.6	7.1
Each student was encouraged to contribute in class learning.	34.4	48.6	1.6	8.7	5.1	1.6
I was free to express and explain my own views in class.	43.5	43.9	0.8	6.3	4.0	1.6
The size of this class was appropriate to course objectives.	30.4	59.3	0	4.0	3.2	3.2
There was sufficient time in class for questions and discussions.	39.9	43.5	1.2	9.5	4.3	1.6
The amount of content covered was reasonable.	21.3	61.7	0.4	8.7	6.3	1.6
The assigned readings significantly contributed to the course.	28.1	55.7	0.4	8.3	5.5	2.0
Assigned readings were interesting and held my attention.	26.5	41.9	0.8	17.8	10.3	2.8
This course built understanding of philosophy of care concepts and principles.	36.8	48.2	2.0	4.7	2.8	5.5
This course caused me to reconsider many of my former attitudes about care.	28.5	53.4	0.4	9.5	6.3	2.0
Overall, I was satisfied with the objectives of this course.	20.2	57.3	0.4	13.0	5.9	3.2
I could apply information/skills learned in this course to other courses.	31.6	51.8	0.4	6.7	6.3	3.2
I gained a good understanding of the importance of interdisciplinary partnerships in care.	33.6	54.2	0.4	6.3	2.8	2.8
This course helped me understand the philosophy of care in the South African context.	28.5	46.2	1.2	7.5	1.2	15.4

Table 3 Emerging themes and students' response.

Emerging Themes	Students' Response
Understanding the concept of "care"	• "I think it taught me a lot about care, not only the definition, but also how to apply it. The examples also helped a lot and showed me how quickly one can forget the ethics of care." • "This course gave me a better understanding of care and how to respond to peoples needs." • "It taught me teamwork, to respect for the views and opinions of others, and I got a new understanding for "Care"." • "I learnt a lot more especially on moral, values and ethics. It expanded my knowledge." • "Made me realize that I am actually always required to show care. It made me understand more clearly now I know what is expected of me."
Professional development	• "This course has also aided me in the preparation of life skills & how to handle people in their different situations." • "Each session gave a clear indication of what care needs to represent in our professional positions as health workers." • "All the students in our group were from different professions and we worked together. I learned a lot from the other students. They made me feel part of the group and as a professional." • "It made me more aware of the situation of others. It made me understand and better my teamwork skills. Also it has taught me that it is very important to listen to someone else's perspective, for this will broaden your knowledge and help solve the problem."
Interdisciplinary Learning	• "All the students in our group were from different professions and we worked together. I learned a lot from the other students. They made me feel part of the group and as a professional." • "It made me more aware of the situation of others. It made me understand and better my teamwork skills. Also it has taught me that it is very important to listen to someone else's perspective, for this will broaden your knowledge and help solve the problem." • "It helped me to work better in groups. The overall course really did change my perception about how things operate in clinics, hospitals, etc. " • "When I first met my fellow group members, I felt a bit uncomfortable because they seem like those kind of upper class students which came from the model C schools. During the course I have learned that group participation can easily change ones way of thinking. Such mistakes can also let you treat other people with disrespect." • "One always acquires some knowledge by being interactive with other people. This course allowed this through group work and also through the assignment."
Recommendations	• The majority of respondents felt that the programme was "a good idea"; "great program" and "would recommend it to anyone" and that it was "well organized" and that it "should stay as it is". • Many of the respondents mentioned that the course gave them "a picture of the realities and problems that communities face" and that more "practical" community based experiences should be incorporated into the course. • Some respondents felt that an "individual assignment is a better option" as opposed to a group assignment. • A few respondents suggested that the "time is too short" and that "program should be a year course or semester based". • Some respondents indicated that because of the nature of the programme, a "good" and "energetic" and "well prepared" facilitator is needed.

Discussion

This survey set out to determine the perceptions and experiences of students participating in this interdisciplinary core course. A high response rate was achieved which means that the findings can be considered reasonably representative (Pope and Mays, 1995). The mixture of close and open ended questions has its advantages in this kind of exploratory research. It provides guidance whilst also allowing the space for the respondents to express their views. The limitation of this approach, of course, is the loss of depth of information which usually requires more in-depth and time consuming techniques such as focus group discussions or unstructured interviews. Even though there was an overwhelmingly positive response for both the open and closed ended questions there remain significant areas that need to be addressed.

In a study conducted by Kessel (2003), it was found that 75% of the United Kingdom's undergraduate medical schools and 52% of postgraduate institutions

had included the teaching of ethics in their curricula. However, the content and nature of teaching was "patchy" and "often minimal" in the curriculum. This trend also seems to exist in the curricula of the health professional programmes in the FCHS. On scanning the curricula of the nine health professional programmes, only two programmes, Social Work and Physiotherapy offer ethics as a credit bearing module at the final year level. Whilst it is apparent that the health professions are in agreement that ethics education needs to be an integral part of their curriculum, it does not mean much if it is offered once in their entire programme with a low credit weighting. There needs to be considerable investment of time and commitment to ensuring transference and application of the knowledge gained in IPOC to other professional courses, ii) increase the credit weighting and time spent on the course and iii) implementing an interdisciplinary course on ethics during the final year of study which essentially will build on what was taught and learnt during the first year.

Staff development to teach this module becomes crucially important as every year departments appoint new staff members to teach the IPOC course. The rationale for this is that all faculty staff should be given the opportunity to work in an interdisciplinary team and become familiar with the course content which forms the foundation and ethos of the faculty. However, these lecturers are not necessarily equipped or trained in the field of ethics. This lack of knowledge and skills plays out in the classroom where lecturers lack the confidence and are unprepared. Davies (2002) agrees that this is easily picked up by the learners who may develop a negative attitude toward the course. The respondents in Davies (2002) study points out that because of the nature of the course which at times is very abstract, a highly skilled and well prepared facilitator is needed. Our survey

showed that despite the rotation in staff the students agreed that the lecturers motivated them and that good student / teacher partnerships developed. However, this may not be the case in the next run of the course when new staff will be involved in the teaching of the course. The faculty should revisit its staffing policy to allow for the development in expertise in this field that would ensure quality in teaching and delivery and sustainability of the course.

There seem to be agreement in the literature that the optimum format for learning is one that encourages student participation in small group discussions led by a knowledgeable facilitator. In a study conducted by Blumenthal, Jones and Mc Neal (2001), nearly all students rated small group work as a positive experience which in fact resonates with the findings in our study. Once again the challenge is to build on this experience in the other main stream courses during the senior years of study. The FCHS has managed to overcome the attitudinal, administrative and logistical barriers associated with interdisciplinary teaching and learning. However, it faces yet the challenge to implement it in the final year of study, where the discipline specific professional identity and turf is most powerful.

Conclusion

There is a growing emphasis on the importance of ethics education in the undergraduate and postgraduate curricula of the health professions and developing a philosophy of care is an important aspect of a progressive health professional education. The responses of the students clearly support the *Introduction to Philosophy of Care Course* as an important interdisciplinary core course in their undergraduate health professional education. It is hoped that students further develop their ethical sensibilities and apply these to their own life situation

and to what they will learn during their education and in their professional life in years to come.

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