

# Strengthening Moral Reasoning Through Dedicated Ethics Training in Dietetic Preparatory Programs

Sarah J. Hewko, MHA, RD; Sarah L. Cooper, BN, BSc, RN;  
Greta G. Cummings, PhD, RN, FCAHS, FAAN

## ABSTRACT

Moral reasoning skills, associated with the ability to make ethical decisions effectively, must be purposively fostered. Among health professionals, enhanced moral reasoning is linked to superior clinical performance. Research demonstrates that moral reasoning is enhanced through dedicated, discussion-based ethics education offered over a period of 3–12 weeks. Current dietetic students and practicing dietitians seeking to strengthen their moral reasoning skills can undertake elective ethics education. Further research within dietetic preparatory programs is warranted to better inform the development and implementation of ethics courses.

**Key Words:** moral development, allied health occupations, ethics, professional, dietetics (*J Nutr Educ Behav.* 2015;47:156-161.)

Accepted October 11, 2014. Published online December 9, 2014.

## INTRODUCTION

Registered dietitians (RDs) have diverse employment opportunities in the public and private health care sector, at all levels of government, in not-for-profit community groups, and in industry. Across all settings, RDs will encounter issues that oblige them either to participate in or initiate an ethical decision-making process. Researchers suggest that between 59% and 92% of dietitians report having been exposed to ethical dilemmas in their practice.<sup>1</sup> The need for sound, ethical decision making and judgment is increasing as dietetic practice continues to advance technologically and societies continue to develop as melting pots of culture, religion, and beliefs. Individuals' capacity for ethical decision making is at least partly a product of their moral reasoning skills. Moral reasoning refers to the mental process of identifying an ethical action as right or wrong and determining a course of action (ie, sorting pros, cons, competing duties, and conflicting values).<sup>2</sup>

Dietitians must be members of a provincial regulatory body to be employed as RDs in Canada, and regulatory bodies require applicants to have successfully completed an accredited nutrition degree. The *Dietitians of Canada Accreditation Manual for Baccalaureate Programs in Dietetic Education*<sup>3</sup> states that a curriculum must include "opportunities for students to develop professional ethics and professional standards relevant to practice" and requires that evidence be presented demonstrating the curriculum's provision for discussion relating to professional ethics and standards. The Accreditation Council for Education in Nutrition and Dietetics in the US<sup>4</sup> requires that the curriculum of Didactic Programs in Nutrition and Dietetics "include opportunities to understand governance of dietetics practice, such as the Scope of Dietetics Practice and the Code of Ethics for the Professions of Dietetics." As a result of a recent vote<sup>5</sup> within the Commission on Dietetic Registration, which acts as the credentialing agency for the Academy of Nutrition and Dietetics in the US,

all RDs wishing to maintain certification must complete a minimum of 1 Continuing Professional Education Unit in Ethics within each 5-year recertification cycle.

The duties of regulatory bodies in Canada are dictated by provincial Health Professions Acts, which serve a similar purpose across provinces: to regulate self-governance of the health professions. In the US, legislation has been enacted in 46 states to regulate dietetic practice.<sup>6</sup> A code of ethics developed and enforced in Canada by provincial regulatory bodies serves in part to fulfill the legislated obligations of the college. The contents of the codes vary slightly from province to province but each adheres in principle to the 4 key precepts of biomedical ethics: autonomy, beneficence, nonmaleficence, and justice. Patients' autonomy is respected when they are empowered to make their own choices and act according to their own beliefs and values.<sup>7</sup> The principles of beneficence and nonmaleficence are naturally correlated.<sup>7,8</sup> Beneficence, simply put, is the ethical obligation to act in a way that benefits others.<sup>9</sup> Alternately, nonmaleficence is the obligation to "do no harm."<sup>7,8</sup> Justice in health care is associated with the equitable and fair distribution of costs and benefits as they relate to both individuals and the society in which they live. Discrimination on the basis of ethnicity, gender, age, or

Faculty of Nursing, University of Alberta, Edmonton, Alberta, Canada

Address for correspondence: Sarah J. Hewko, MHA, RD, Faculty of Nursing, University of Alberta, Level 3, Edmonton Clinic Health Academy, 11405 87 Ave, University of Alberta, Edmonton, Alberta, Canada T6G 1C9; Phone: (780) 264-1454; Fax: (780) 492-2551; E-mail: [skielly@ualberta.ca](mailto:skielly@ualberta.ca)

©2015 SOCIETY FOR NUTRITION EDUCATION AND BEHAVIOR

<http://dx.doi.org/10.1016/j.jneb.2014.10.001>

religion is unacceptable although families will certainly consider those factors in making personal health care decisions.<sup>8</sup> In a recent United Kingdom study<sup>1</sup> of bioethical experiences during their final clinical placement, half of all senior student dietitians reported issues related to a self-perceived lack of knowledge of biomedical ethics.

In this article, the authors present evidence to support strengthening moral reasoning skills among dietitians through the inclusion of mandatory dedicated ethics education, distinct from instruction on professional ethics, in dietetic preparatory programs. The article begins with a description of current ethics education in North American dietetic programs. After that, the authors provide a brief description of the Theory of Moral Development and an instrument, based on this theory, designed to measure moral reasoning skills: the Defining Issues Test (DIT). Next is a review of existing research exploring moral reasoning skills among health professionals and soon-to-be health professionals and the impacts on moral reasoning of course-based ethics interventions in these populations. Associations between moral reasoning skills and clinical performance are reviewed, followed by evidence on necessary content and ideal delivery of ethics education. Because dilemma-based discussions are a key part of successful ethics education interventions, the authors conclude with a sample dilemma-based learning module based on Nutrition North Canada, which can be used by educators within ethics courses or units.

## DISCUSSION

### Current Status of Ethics Education in North American Dietetic Preparatory Programs

The authors located a single study of ethics instruction in dietetic education curricula. In a study of 186 US dietetics programs, Anderson<sup>10</sup> found that only 5.9% had required courses with *moral*, *ethics*, or *values* in the title. More than 72% of programs integrated a distinct ethics unit into another, related course. The remaining programs implied that ethics

teaching was woven throughout the required courses in the curriculum.<sup>10</sup> [Supplementary Tables 1 and 2](#) list courses with ethics content required for completion of accredited Canadian and (selected) US dietetic preparatory programs.

In the US and Canada, accreditation of dietetic education programs is nationally standardized; to date, this process has been overseen by Dietitians of Canada. In the 2013-2014 calendar year, many of the 16 accredited programs incorporated professional practice courses into the curriculum, which were designed to prepare students for the demands of a career as a dietitian. In addition, in line with the current global focus on food security and sustainability, many universities offered both required and elective courses designed to address topics of equity and respect for others. However, of the 16, only Université de Moncton<sup>11</sup> had a required course with *ethics* in the title and only 2 university nutrition faculties, University of Prince Edward Island<sup>12</sup> and Mount Saint Vincent University,<sup>13</sup> offered elective ethics courses.

### Kohlberg's Theory of Moral Development

In their theory of moral development, Kohlberg and Hersh<sup>14</sup> posited that moral reasoning skills are hierarchical and are generally acquired gradually over time.<sup>15</sup> Kohlberg and Hersh outlined 3 levels of moral development, each with 2 developmental stages: pre-conventional (obedience and instrumental egoism); conventional (interpersonal concordance and law and duty); and post-conventional (consensus building and social cooperation).<sup>2,16</sup> Those at higher stages of moral development are better able to understand increasingly complex moral arguments. In addition, they are more able to resolve conflicts that remain unresolved at lower stages.<sup>17</sup> Advancement from stage to stage, according to the authors, can cease at any point, depending on the intellectual and social environment in which an individual resides.<sup>15</sup>

In 1974, using Kohlberg and Hersh's<sup>14</sup> theory, Rest and colleagues developed the DIT, an instrument designed to measure moral judgment.

Initially, it was measured according to the P index.<sup>18</sup> The original DIT consisted of 6 scenarios, each of which contained a moral dilemma. Test takers selected their choice of action before ranking the relative importance of a dozen statements that may have influenced their action.<sup>18</sup> P scores ranged from 0 (low) to 95 (high) and correlate to Kohlberg and Hersh's 6 stages of moral reasoning. This score effectively represents the extent to which the test taker uses higher-order moral reasoning.<sup>19</sup> The test was revised and revamped in 1999 and uses a new index for measurement: N2. A sample story from the DIT2 can be found in the appendix of Rest et al.<sup>20</sup> In addition to representing the test takers' use of higher-order moral reasoning, the N2 score reflects the degree to which the test taker rejects biased or simplistic ideas.<sup>19</sup> For purposes of comparison, the N2 index was adjusted to have a mean and standard distribution equal to the P index<sup>20</sup> (ie, P scores and N2 scores are equivalent).

The DIT has been extensively used in studies of moral development; higher scores are strongly correlated with IQ, age, and education,<sup>15</sup> with participation in higher education having a much stronger impact than chronological age.<sup>18</sup> Thus, the authors' conclusion is that education enhances moral development more than incremental, age-related biological changes. Kohlberg and Hersh's<sup>14</sup> theory of moral development, upon which the DIT is based, has been criticized for being both androcentric<sup>21</sup> and ethnocentric.<sup>22</sup> A Canadian study examining the moral reasoning skills of Master of Business Administration students found no statistically significant difference between the moral reasoning skills of men and women, as measured by the revised DIT.<sup>23</sup> There is evidence that the DIT does not uniformly measure moral development across cultures, specifically across Western and Arabic cultures.<sup>24</sup> Reported average P scores range from 21.0 among North American junior high students to 65.2 among political science and moral philosophy doctoral students.<sup>15,25</sup> In a pilot study on moral development, Luby et al<sup>15</sup> found the average P score among sampled full-time practicing RDs to be 33.5. [Table 1](#) presents DIT scores among health professionals.

Download English Version:

<https://daneshyari.com/en/article/361462>

Download Persian Version:

<https://daneshyari.com/article/361462>

[Daneshyari.com](https://daneshyari.com)