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Ethical-moral courses of action and active citizenship in health students

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Abstract

Introduction: The practice of active citizenship, ethical-moral courses of action and civic, moral and ethics education are essentials for ethical decision making in health. **Objective:** To determine if gender influences students' ethical- moral course of action. **Methods:** Descriptive study with a non-probabilistic sample of 85 students enrolled in the 1st cycle of the health degree. **Results:** Of the participants surveyed 61.2% were found to say that action should take into account their moral principles, with ethical/ moral subjectivism prevailing; 44.7% consider that one should "Do what will have the best consequences for the greatest number of people", with the principle of utilitarianism being significant; 55.3% think that "An action is ethically good" if "It is in accordance with morality", thereby highlighting subjectivism/relativism; 45.9% believe that "ethical-moral values" "are relative and vary from society to society" agreeing with relativism as an explanatory principle for action. Males showed a greater tendency to support their decision-making with the principle of objectivism, (Fischer=.010). **Conclusion:** The results suggest that students' ethical-moral education is required to promote an ethical-moral course of action in their professional practice. Thus, universities with their health courses should be at the forefront of this education, making their graduates ambassadors/interveners of a way of knowing and of being as well as promoters of the dignity of the citizen of the modern world.

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1. Introduction

Citizenship is a dynamic feature which should evolve following the progress of modern societies. The reinforcement of the idea of building solidarity and inclusive societies unleashes rising expectations of citizens in their rights and freedoms as well as the enforcement of civic participation as an integration via a social project that is intended to be equitable, binding, inclusive and fair. These postulates, therefore place new challenges on contemporary schooling.

A school exclusively oriented to knowledge cannot guarantee that the subjects of this education are both competent in performing professional duties and socially able to manage the space of rights and duties that society provides them. Hence, the gap felt by all who educate and aspire to develop other skills which need to be developed in young people, particularly in terms of ethics and moral education, character building, in short, of an education for values including training for active citizenship (Silva, 1999).

These facts mark out schools of higher education in health in a geostrategic transdisciplinary context, given the need to educate for ethical decision making and resolution of ethical dilemmas that health care often imposes. Thus, the assumption that “...the ethical concepts, morals, values, constitute the essential basis of our ethical-behavioural acting, either as individuals or as professionals or as researchers...” is accepted (Pedro, 2014, p. 484).

For this reason, the study of ethical-moral way course of action for health students is an issue that needs to be explored if we are to know how the ethical training of students occurs. It is closely related to moral education and to the development of critical thinking and reflection at university, playing a major role in the process of socialization, active citizenship and professionalization. (Frinkeler, Caetano & Ramos, 2012).

Ethical knowledge, considered moral behaviour, goes beyond simply knowing the rules or ethical codes of the profession, including voluntary actions which are deliberate and subject to judgment calls. This component is considered moral knowledge. It involves constant ethical judgment and implies confronting values /standards/interests/principles. Ethical knowledge does not describe/prescribe the decision, rather it provides insight about the possible choices to be made and why (Carper, 1978 cit in Silva & Batoca, 2003 cit in Cunha et al, 2013).

In this context, understanding of the issues on ethical knowledge requires distinguishing between various concepts, namely citizenship, ethics, morals, values, professional duties. They must therefore be conceptually clarified, enhancing differences as to their use in different normative-legal contexts to be established with significant consequences for the construction of theoretical knowledge and current practical knowledge (e.g. professional codes of ethics). (Pedro, 2014, p.497).

Strictly speaking, there is “citizenship” to designate a membership status of individuals to a politically articulated community and which grants them a set of rights and obligations. Although it is strongly “connected” to the dialectical notion of public and individual rights and duties, it has undergone many modifications as to its scope and nature especially in the last decade. Traditionally citizenship was understood as identity and belonging - at local,

regional and national level. More recently it has come to have an international and global scope.

On the other hand, the concept of citizenship today tends to refer to other spaces within and beyond nationality. It also involves a psychological and social dimension with a strong focus on labour issues and social solidarity, to add to the civic intervention embodied *in the right to have rights* and the fulfilment of duties. “The more restrictive, more political and more legal of citizenship may perhaps be in line with the French tradition and the broader, more flexible definition and with more psychological contours in line with the Anglo-Saxon tradition. What is certain is that today we cannot speak of a citizenship but of citizenship as a plural and multidimensional concept.” (Santos, p.26)

In the face of rapid and profound social changes, education for citizenship becomes increasingly necessary and urgent. This includes *civic education* (which deals with public ethical principles) and *moral education* (which deals with the principles private ethics and personal decisions) (Santos, p.27).

Education for citizenship is thus a tributary of values, morals and ethics. “Value is the content of a motivation. ...As the value is expressed in acting and thereby gains a concrete existence, it becomes ...the object of reflection.” In this way, acting confers value on value, i.e. it is acting that makes value exist (Renaud, 1994 cit in Magalhães, 2010). Ethical values constitute the foundation of group identity. They are the norms accepted by a professional group and provide a framework for assessing attitudes and beliefs that influence behaviour (González-Serna, 2013).

Thus the paradigm of knowledge transmission is changing from static knowledge to a contact with the “living social issues” of life in society, with discussions of values and intervention in the social reality of the community. The participation of young people is important for the results it brings, the knowledge it reveals and by the participation itself, which is the truly distinctive element of education for citizenship. It is the possibility of intervention and change, transformation, integration-*emancipation*, tradition-*creation* (Santos, p.28) that is the secret to the success of education for the civil, political and social citizenship of our time.

In the professional context, professional duties are defined as a moral obligation or what one is obliged to do or avoid or what is imposed on the moral conscience, the laws or customs, belonging or relating to a profession (Dictionary of the Portuguese Language, 2014), and these should also ensure respect for ethical principles of autonomy, beneficence, non-maleficence and justice (Caballos, 2010).

Finally, the term ethics comes from the Greek *ethos*, whose spellings evoke *êthos* – where animals were kept, having evolved into “the place where acting burgeons, that is, within man” (Renaud, 1994, p. 10) and later it came to mean, with Heidegger, the habituation of the being, and – *éthos*, which means behaviour, customs, habits, character, way of being a person. The word *moral*, which derives from the Latin *mos*, (*plural, mores*), refers to customs, norms and laws, (Pedro, 2014, p. 485).

“...Although there is a prevalence of ethics in relation to moral, we do not consider perceiving an ethic without moral or a moral without ethics, as both are absolutely necessary and complementary to each other...because both ethics needs morals and morals needs ethics: in normative sense, because it is the raw material of critical reflection and the foundation of morality, and because it needs the deeply questioning and communicative nature of that

condition of its evolution. In truth, what this means, in our view, is that they have different functions, but are interdependent, in that one cannot exist without the other.” (Pedro, 2014, p.497).

This author even advocates that “the importance that each of these concepts integrates [is] undeniable either for the *human ethical saying* or for the *doing* within the different contexts in which the subject is encompassed.” For this to happen, in addition to imparting knowledge and training techniques during the course, teachers must implement strategies to help students develop a practical understanding of ethical-legal ideals and standards of the profession and empower them to act competently when facing new situations (Pacheco, 2011).

2. Methodology

This is a descriptive study with a non-probabilistic sample of 85 students of the first cycle of training in health course, 72 females (84.7%) and the remaining male (15.3%). The average age was 20.96 years (SD=3.03).

Data collection was based on the *Part I* and *Part II* the “*Mapping Ethical Knowledge Questionnaire*” (*QMCE* by Cunha; Cunha, M.C., Rodrigues & Nunes, 2013), available online at the ESSV website from 18 March to 10 April 2013. The study received a favourable opinion from the Ethics Committee at the Viseu School of Health and the data collection was authorized by the president of the school.

The *QMCE* - Part I on biographical and academic data, which is made up of five questions; - *Part II with regards to the Mode of Action/Ethical Actions Scale*.

Statistical analysis was processed using the Statistical Package for Social Sciences program (SPSS), version 22.0. The significance level adopted was $p < 0.05$.

3. Results

In response to the statement “In their action individuals should”, 61.2% of the participants surveyed said that action should take into account their moral principles, with ethical/moral subjectivism prevailing.

For the statement “When facing ethical and moral dilemmas people should...” 44.7% of respondents were found to consider it necessary to “Do what will have the best consequences for the greatest number of people”, with the inherent principle of utilitarianism. However, the course of action of was not consensual for the participants because 28.2% chose “fulfil their duty” and deontological ethics and 25.9% chose “act in accordance one’s conscience”, accepting ethical and moral subjectivism.

Regarding the third point, the majority of the participants (55.3%) believes that “An action is ethically good” if “It is in accordance with morality”, thus valuing subjectivism/relativism.

With regards to the final statement, 45.9% of the respondents were found to believe that “ethical-moral values” “are relative and vary from society to society”, agreeing with relativism as an explanatory principle for their action.

As for statistical inferences regarding gender (Fischer=.010), by the adjusted residuals (-2.8; 2.8), it was found that only the first statement “Acting according to impartial and universal criteria”, the differences were significant,

reporting that the male gender has a greater tendency to support their decision-making on the principle of objectivism (cf. Table 1).

Table 1 – Course of action by gender

Statements	Assessment of Actions	Female =72		Adjusted residuals	Male = 13		Adjusted residuals	Total= 85		
		n	%		n	%		n	%	
(1) In their Action Individuals should...	Act according to universal and impartial criteria	Objectivism	13	18.1	-2.8	7	53.8	2.8	20	23.5
	Fulfil their duty	Deontological ethics (Kant)	9	12.5	1.3	-	.0	-1.3	9	10.6
	Follow their personal interests and inclination	Subjectivism /Ethical egoism	3	4.2	N/A	1	7.7	N/A	4	4.7
	Take their moral principles into account	Subjectivism	47	65.3	1.8	5	38.5	-1.8	52	61.2
(2) When facing ethical-moral dilemmas, people should...	Act according to their conscience	Ethical/moral Subjectivism	19	26.4	.3	3	23.1	-.3	22	25.9
	Do what will have the best consequences for the greatest number of people	Utilitarianism	33	45.8	.5	5	38.5	-.5	38	44.7
	Do what will have the best consequences for themselves	Utilitarianism	1	1.4	N/A	-	.0	N/A	1	1.2
	Choose to fulfil their duty	Deontological ethics	19	26.4	-.9	5	38.5	.9	24	28.2
(3) An action is ethically good if ...	It is in accordance with morality	Subjectivism/relativism	38	52.8	-1.1	9	69.2	1.1	49	55.3
	It is performed with good intentions	Deontological ethics (Kant)	18	25.0	1.4	1	7.7	-1.4	19	22.4
	It produces pleasure/happiness	Utilitarianism	4	5.6	N/A	0	.0	N/A	4	4.7
	It has good consequences	Utilitarianism	12	16.7	-.6	3	23.1	.6	15	17.6
(4) Ethical-moral values...	Are relative and vary from society to society	Relativism	35	48.6	1.2	4	30.8	-1.2	39	45.9
	Imply impartiality and consensus	Objectivism	10	13.9	-1.5	4	30.8	1.5	14	16.5
	Are individual and subjective	Subjectivism	15	20.8	.5	2	15.4	-.5	17	20.0
	Are universal and objective	Objectivism	12	16.7	-.5	3	23.1	.5	15	17.6

4. Discussion

Morality is a social phenomenon. In truth, much of our moral issues involving relationships with others, as the rules *not to kill, not to steal, not to endanger the lives of others*, etc. can illustrate. It is also a personal phenomenon because it is normal that, given the moral norms that we should supposedly follow, we wonder about their reason for existing; if there are good reasons to follow them or if they are necessary. Moreover, many of the problems we are called to solve are real moral dilemmas, that is, situations where someone is placed before two moral demands that cannot both be fulfilled because to comply with one implies not complying with the other.

It is also a universal given that our self-interest – *to have a good life*, to live in harmony with ourselves, to develop our capabilities as rational beings – requires that the means to achieve these ends are moral and not immoral, as it implies living well with others.

Two of the interpretation vectors of the answers found here enable us to know firstly what people think with

regards to the question of what makes an action *morally right*, and secondly, to understand how respondents would answer the pertinent question of *why we should act morally*.

The incidence of responses in (4) appears to highlight cross-cultural and transsubjective values, valuing consensus and impartiality in the value appreciation of the actions.

Morality seems justified for the respondents, that is, they seem to be willing to give up their own interests, sometimes in favour of the best consequence of their actions (integrating a consequentialist perspective), sometimes following ethical principles commonly accepted as duties (integrating a deontological perspective). Although they propose different guidelines and criteria for the moral evaluation of their actions, we learn from Mill (1861) to value the consequences of an act, and from Kant (1785) to value the good intention of the agent and his respect for the duty. However, it seems to be consensual to consider impartially the interests of human beings and guide actions by the value of human dignity in the universal sense as fundamental conditions of morality and ethical action.

The respondents seem to adopt the attitude of refuting ethical egoism with the possible inference that they consider it incompatible with the moral point of view. Responses (2) (4) seem to show a very impartial attitude of people who do not think only of their personal interests or the interests of the group/society to which they belong.

The theory of normative egoism leads to the acceptance that “*All people should always act on the basis of their own interests*” and thus helping others would not be a basic moral duty because we only perform actions that have good consequences for us. Questioning this view, authors like Singer (1993) have currently raised the following problem: *is selfishness compatible with the moral life? Or, why should we act morally?* Some answer that when we act altruistically it is better for us, we become more fully human, self-realized. That a life without genuine and spontaneously altruistic actions has no great value and hardly gratifying.

If Peter Singer is right, choosing an ethical life is a good way to have a life with meaning. Seeing things ethically is a way of transcending our subjective concerns and to identify with as an impartial point of view as possible and thus to be in possession of people better ethical action in our personal and professional contexts.

Pacheco (2011) argues that it appears that there is a gradual increase in students’ ethical competence throughout the course, both in their ability to identify an ethical problem, and how they reflect and make decisions and even how they act when facing situations. In turn, Rosenstock (2011) states that only knowledge and understanding of ethics will allow citizens to exercise their professional role in society with competence and security, making it therefore crucial to assess the level of students’ ethical knowledge.

The results indicate that reviewing students’ education and ethical/moral knowledge must be incremented by the academy as a strategy promoting ethical behaviour to foster active citizenship.

5. Conclusion

The statistical results, based on probabilistic calculations suggest that health students have appropriate

ethical/moral knowledge relative to the training cycle they are attending, showing that educational intervention promotes empowerment for the ethically driven exercise of the profession. This reflects a consistency between the knowledge bound by the cycle of instruction and the benchmark required for future professional practice. Nevertheless, the results can be improved by *ethical/moral education*.

The results of a study carried out with health students in Korea also showed that students are aware of the seriousness and variety of bioethical issues. It is also noted that ethical behaviour can be enhanced and improved by academic education. Therefore, ethics should be a required course rather than an optional one Choe, Song, Kang (2013).

Generally speaking, it appears that there is a gradual increase in students' ethical competence throughout the course, both in the ability to identify an ethical problem, and in how to reflect and make decisions and even act in the face of certain situations. Pacheco (2001). Thus, the pedagogical project of education for the profession should facilitate student learning. Macedo (2013). It is important that health students have an appropriate theoretical base so that in the clinical setting they will have the correct references for their decision-making process. In this sense, ethical/moral education is of particular importance because it allows students to be guided in the field of clinical practice in a real context during their internship.

The main limitation of this study is the size sample as it consisted of only 85 students. In the future we intend to apply this questionnaire to larger a sample in order to validate the information obtained, due to the methodological limitations inherent in the *n* sample. However, the *Mapping Ethical Knowledge Questionnaire* was found to be useful in assessing students' ethical and moral course of action in higher education in the health field.

The diagnosis of students' ethical/moral course of action is this study's contribution. Although we recognize that this research offers just a partial view of the complexity of that act, it stresses the importance of research on education and on ethical and moral knowledge, knowing this dynamic relationship may lead to considering enhancing civic education, ethics and morals in universities/health courses promoting active citizenship.

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