The Nurse Educator's Perspective on Nursing Ethics education

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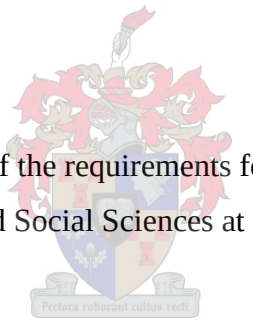

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Declaration

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Abstract

Nursing ethics education facilitates the teaching and learning of ethics in nursing. However, the extent to which ethics education is integrated as part of nursing education is uncertain, and this poses various challenges to educators and nursing students. This study aims to describe the status of, and nurse educators' perspective on nursing ethics education in Namibia. A qualitative approach was used, utilizing an open-ended semi-structured questionnaire administered to nurse educators teaching undergraduate students at tertiary institutions in Namibia. The study revealed that nursing ethics is offered twice during the four-year training period, and that ethics education during the period of the clinical placement is not well structured, despite some educators indicating that ethics is adequately integrated in nursing education. Notably, ethics education was found to be assigned to nurse educators irrespective of their area of expertise. Key challenges noted relate to the time allocated for ethics education, the assessment format, the cadre of nursing students and the community's expectations. The study ultimately recommends supervision of students in clinical practice by the educators, the strengthening of the Nursing Council's stewardship role, increased punitive measures to strengthen ethics adherence, and the introduction of local post graduate nursing courses. It also calls for evidence-based practices to ensure the integration of nursing ethics, especially in practice.

Opsomming

Verpleegsetiekonderrig fasiliteer die onderrig en leer van etiek in verpleging. Die mate waarin etiekonderrig as deel van verpleegopleiding geïntegreer is, is egter onseker, en dit stel verskeie uitdagings aan opvoeders en verpleegstudente. Hierdie studie het ten doel om die status van, en verpleegopvoeders se perspektief op verpleeg-etiekonderrig in Namibië te beskryf. 'n Kwalitatiewe benadering is gebruik, deur gebruik te maak van 'n oop-einde semi-gestruktureerde vraelys wat aan verpleegopvoeders geadministreer word wat voorgraadse studente by tersiêre instellings in Namibië onderrig. Die studie het aan die lig gebring dat verpleeg-etiek twee keer gedurende die vier-jaar opleidings periode aangebied word, en dat etiekonderrig gedurende die tydperk van die kliniese plasing nie goed gestruktureer is nie, ten spyte van sommige opvoeders wat aandui dat etiek voldoende geïntegreer is in verpleegonderrig. Daar is veral gevind dat etiekonderrig aan verpleegopvoeders toegewys word, ongeag hul gebied van kundigheid. Sleutel uitdagings wat opgemerk is, hou verband met die tyd wat vir etiekonderrig toegewys is, die assesseringsformaat, die kader van verpleegstudente en die gemeenskap se verwagtinge. Die studie beveel uiteindelik toesig van studente in kliniese praktyk deur die opvoeders aan, die versterking van die Verpleegraad se rentmeesterskaprol, verhoogde strafmaatreëls om etiek-nakoming te versterk, en die bekendstelling van plaaslike nagraadse verpleegkursusse. Dit vra ook vir bewysgebaseerde praktyke om die integrasie van verpleeg-etiek te verseker, veral in die praktyk.

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Abbreviations

HPCNA	Health Professions Council of Namibia
ICN	International Council of Nursing
IUM	International University of Management
MoHSS	Ministry of Health and Social Services
NQF	National Qualifications Framework
UNAM	University of Namibia
WHTC	Welwitchia Health Training Centre

CHAPTER 1: INTRODUCTION

1.1 Introduction

Consciousness of ethics is essential in all aspects of life, and in particular for the health professions. Ultimately the essence of the health profession is that it is a moral enterprise (HPCNA 2010). Knowledge and understanding of ethical principles are important in many sectors of health care, including nursing. One way to instil such knowledge is through ethics education, but what form should such education take, and how successful is it likely to be in giving future nurses a solid foundation for ethical decision-making? The aim of this study is to consider these questions in the context of nursing education in Namibia. In particular, this thesis will explore the perspective and experiences of nurse educators who are involved in nursing ethics education in the Namibian context.

1.2 Background and rationale

Ethics involves systematic reflection on moral problems and institutional practices (Van Niekerk and Benatar 2011, cited in Meyer 2011). Nursing ethics, according to Johnstone (2008, cited in Katz 2007:73) is "the examination of all kinds of ethical and bioethical issues from the perspective of nursing theory and practice, which in turn, rest on the agreed core concepts of nursing, namely: person, culture, care, health, healing, environment and nursing itself". Ethical reflection is an integral part of ethics in the nursing profession.

The Health Professions Council of Namibia (HPCNA) is the professional regulatory body of the health professions in Namibia, as mandated by the Nursing Act of 2004, Act No.8 of 2004. According to the HPCNA (2010), health professionals are required to work out for themselves a course of action with regard to ethics that can be best defended, guided by the HPCNA Ethical Guidelines for health professionals, which express duties in terms of the core ethical values and standards for good practices (HPCNA 2010). Recent disciplinary cases as a result of professional misconduct which were presented during HPCNA public hearings have brought ethics to the forefront of the public domain in Namibia. The Nursing Council, operating under the HPCNA, received a total of eight complaints against nursing professionals during the period April 2017 - March 2018 which indicates an increase of 27% in complaints compared to the previous year

(HPCNA 2018). This increase indicates increased awareness among the public on the expected professional conduct of nurses, and potentially calls into question the content and quality of nursing ethics education provided in Namibia, hence the significance of this study.

One of the challenges with regard to nursing ethics education is the increasingly diverse nature of modern society that gives rise to various challenges. Ethics, according to Garfolo and Huillier is about "learning…what is right and wrong; and then doing …the right thing - but the question is 'the right thing' for whom?" (2017: 215). Important considerations therefore include the need to contextualize nursing education content to the clinical setting, especially in Africa (Shaibu 2007, cited in Barchi, Kasimatis Singleton, Magama and Shaibu 2014). Barchi et al. (2014), recommend the development of a localized curriculum with the inclusion of national standards, practice guidelines and locally relevant cases as part of ethics education, while taking into consideration differences in cultures and beliefs.

In addition, nursing ethics education needs to include activities and content that actively engage student nurses (Aydt 2015), that provide a frame of reference for ethical reflection, and that enables professionals to consider various approaches in ethical problem-solving processes in daily practice. A study by Aydt (2015) recommended that the teaching of ethics education should go beyond merely teaching ethics and facilitate dialogue in the areas of practical wisdom and excellence of character. Bagnasco, Catania, Aleo & Sasso (2014) advocate that clinical training should include ethics and the practical application thereof, but Safari, Khatony and Tohidnia (2020) found that the integrated teaching of ethics in practice is rare. On this basis, the modification of the professional ethics curriculum and the strengthening of the capacity of educators to "nurture…professional ethics in the students" is recommended (Safari, et al. 2020:674), so that ethics education fulfils its role as an activity that fosters critical reflection (Monteverde 2014).

De Villiers' critical appraisal of nursing education in Namibia and South Africa recommends creative teaching-learning and student mentoring to assist student nurses in internalizing the profession's values (2015). Moreover, the study of Aktaş and Karrabul (2016) indicated that the teaching strategies preferred by students involved their active participation and the incorporation of ethical scenarios in daily nursing practice (cited in Mofokeng 2018). In other words, there is a need to bridge the gap between abstract theory and practice, and to thread ethical issues throughout the nursing programme, in addition to specific ethics courses (Song 2017).

As is clear from the above, the translation of knowledge and skills on ethics into practice is essential for the ethical practice of nursing. However, while a study carried out to determine the quality of ethics education revealed that both students and educators appreciate the positive contributions of ethic education as it relates to ethical awareness, knowledge and reasoning, it was unable to conclude whether this contribution should be attributed to the quality of ethics education or the teaching methods used (Avci 2017).

Furthermore, there is little consensus on the appropriate scope of ethics education (Avci 2017; Boon 2011; Canary, Taylor, Herkert, Ellison, Wetmore and Tarin 2014). Herkert (2002), for example, advocates for a blended approach that comprises of a stand-alone ethics course along with ethics offered across the nursing program, but a study by Corlett indicates that ethics and professional issues are often not regarded as part of nursing but rather as borrowed from other fields (2000: 501). This raises the question as to whether ethics is adequately integrated as part of the nursing profession in a way which addresses the unique aspects of this profession. An integrated approach to the teaching of ethics, on the other hand, poses the risk of ethics being diluted in the education program and increases the likelihood of students being taught by an "instructor who lacks the familiarity with professional ethics in teaching" (Maxwell and Schwimmer 2016:362). De Villiers (2015) highlights that nurse educators teaching ethics are often not specialists in ethics, and are sometimes assigned to teach ethics without having a real interest or an adequate background in ethics. The generalist view for nursing educator's requirements, including ethics educators, defeats the requirement that educators should be specialists in their field to be able to "elicit higher cognitive functions in students" (De Villiers 2015:214).

Notwithstanding the challenges identified above, nursing ethics educators play a crucial role in preparing students to apply theoretical knowledge to address challenging situations in practice (Corlett 2000). The ability of nurse educators to fulfil this role requires the development of different skill sets and knowledge in order to equip the educator. According to Aydt (2015), the literature recommends that nurse educators should be required to acquire the skills to teach nursing ethics through professional development, and that schools of nursing should have high expectations from nursing faculty and students.

This study focuses on the nurse educators' perspective and aims to obtain evidence on ethics education in nursing in the Namibian context, taking into account the diverse approaches to ethics

education discussed above, and the limited studies (Angermund and Plant 2017) available on the effective management of ethics in Namibia. In doing so, this seeks to enrich the field of nursing ethics education in Namibia.

1.3 Problem statement

Nurses require education on ethics in order to be better prepared to manage the ethical realities that they face (Barchi, Singleton, Magama and Shaibu 2014). The literature review of empirical studies indicates that nurses experience ethical challenges in situations where they are unable to provide the required care to the patients (Bagnasco, Catania, Aleo and Sasso 2014; Cameron, Schaffer and Park (2001) cited in Song (2017). Key ethical challenges include the moral distress experienced by nurses while fulfilling nursing responsibilities, resource limited settings in health care and the respect for patient's autonomy. The inclusion of ethics education as part of nursing education seeks to enhance nurses' reasoning abilities in this area (Haywood 1994, cited in Woods (2005). This further amplifies the importance of nursing ethics education.

Studies in nursing ethics indicated that "nurses do not always display the competencies necessary to engage in ethical reflection, ethical decision making, and ethical behaviour" (Cannaerts, Gastmans and Dierckx de Casterle 2014:2; Barchi et al, 2014). The increase in the complexity of health conditions and technological advances calls for continuous and increased education to allow nurses to keep abreast of developments.

The increase in the number of complaints related to professional conduct, as discussed previously, raises concerns over nurses' ethical awareness, in light of the complexity of ethical challenges in practice. This raises the question as to the effectiveness of ethics education in nursing. The limited number of studies on the perspective of nurse educators teaching ethics encouraged the researcher to undertake this study. This research investigates the nurse educators' perspectives on ethics education in nursing education at institutions of higher learning in Namibia.

1.4 Research aim

The study aims to describe the nurse educators' perspective on the effectiveness of ethics education in nursing education in Namibia.

1.5 Research objectives

The specific objectives of this study are:

I. To describe the current status of ethics education in nursing education in Namibia.

II. To explore the nurse educator's perspective on the teaching and learning of ethics education in nursing education in Namibia.

1.6 Outline of thesis

This chapter has presented the introduction to the study, including the problem statement, background and rationale for this study, as well as the research aims and objectives.

Chapter Two will provide a literature review relevant to the study, and will focus on the status of nursing education in Namibia, the various models and strategies in nursing education, and the role of nurse educator. Chapter Three will present the research methodology employed in the study. Chapter Four outlines the research findings, outlining key findings. Chapter Five provides a discussion of the research findings, and offers conclusions and recommendations.

1.7 Conclusion

In this chapter, I have presented the introduction, rationale, research problem and objectives of this study. In the next chapter, I will provide an overview of literature relevant to the study topic.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

In this chapter I will give a brief overview of the literature that relates to nursing education, and specifically ethics education in nursing. I will firstly provide an overview of nursing education in the Namibian context, before discussing various models of nursing education, as well as associated teaching methods and strategies. Specifically, I will discuss the facilitation and transmission model of teaching in nurse education. Thirdly, I will discuss ethics education in an ever-changing world, and consider the impact of these changes on nursing practice, including various debates about the appropriate mode of nursing ethics education. This will also allow for reflection on the key ethical principles guiding the profession and the embeddedness of ethics in nursing education. Finally, this chapter seeks to situate the nurse educator's role, alongside ethics education, as integral to nursing education.

2.2 Nursing education

Nursing education, as a form of andragogy - the art or science of helping adults learn (Conner 1997:2)- facilitates and gives meaning to the art and science of nursing (Bruce, Klopper and Mellish 2016). Mellish, Brink and Paton (1998) argue that andragogy, as the teaching of mature self-directed adults, ought to acknowledge their experiences and specific learning needs, as well as the application of new knowledge and skills.

In the Namibian context, nursing students from the various institutions of higher learning utilize public health facilities and acquire practical learning through their placements in various departments. Nursing education is offered at undergraduate and postgraduate levels, both resulting in professional nurse qualifications at university or college level. Health administrators in health facilities are required to create a workplace setting which facilitates training (Gastmans, 2002). Nursing educators support students through clinical accompaniment during their practical placements.

Nursing education in Namibia is supported by legal instruments such as legislation and policy documents. The National Health Act, 2015 (Act No. 2 of 2015), Nursing Act, 2004 (Act No. 8 of 2004) and the HPCNA Ethics Guideline provide guidance on the governance frameworks for

entities in Namibia, and this has implications for various professionals, including nurses in Namibia. The HPCNA Ethics Guideline provides a guide for nurses' education and professional practice. Additionally, the Patient Charter of the Ministry of Health and Social Services (MoHSS). in Namibia outlines the commitment of the Ministry towards patients and provides a frame of reference for the services that can be expected. This calls on professionals to comply with this social contract, thereby minimising the risk of failing to meet the expected standards of care. The Patient Charter serves as a guiding document, but requires strict implementation to enable patients to benefit from ethical health care. The MoHSS, in this regard, describes professionalism as "conducting oneself according to the ethics of one's profession and abiding by the set code of conduct as a core value of the Ministry (MoHSS Patient Charter.n. d).

Nursing education forms a corner stone for novice nurses and contributes towards their professional development. Ethics is an integral aspect of nursing practice, hence the importance of integrating ethics into the nursing curriculum (Lechasseur, Caux, Dolle and Legault 2018).

2.3 Models in nursing education

Models in nursing education depict the nature of teaching (Hughes and Quinn 2013). Literature on nursing education reveals that key models in nurse education are the Transmission Model and Facilitation Model of teaching (Hughes et al. 2013).

The Transmission Model of teaching depicts the student as a passive role player and the teacher as the transmitter of knowledge. This model of teaching is also referred to as the 'empty vessels model' as the students are portrayed as passive and as 'empty' vessels and the teacher merely transmits the information to fill up these vessels. This model typically emphasises the presentation teaching method; in other words, classroom teaching, which largely involves presentations by the nurse educators, with students as passive recipients of information. This is characterized by 'memorization, repetition, and recitation of information and 'a passive one-way transmission of knowledge' (Candela, Dalley & Benzel-Linley,2006)

Furthermore, Stanley et al. (2010) indicates that nurse educators are encouraged to focus on student–centred learning and 'rethink historically teacher-centered curriculum designs' in support of efforts to create 'a student learning environment'. Students' active participation supports

learning in order to attain the defined outcomes in light of the ever changing health care environment dimensions (Candela et al. 2006).

The National League for Nursing position statement of 2003 (National League for Nursing ,2005 in Stanley, 2010) recommended nursing schools "challenge their long-held traditions by designing evidence-based curricula that are flexible and responsive to students' needs". The teacher-centred program prioritized the content that the faculty want to transmit instead of what student needs to learn (Candela et al.2006). In line with andragogy, adult students bring along previous knowledge and experiences that may enrich the teaching and learning experiences of nursing students. In other words, students are not merely 'empty vessels', which is a potential difficulty with the Transmission model. In addition, the presentation teaching method may pose a challenge for nursing students, as traditional teaching methods, such as face-to-face lectures, in the context of limited classroom time, have not proven to be effective techniques to facilitate learning (Robinson-Smith, Bradley and Meakim cited in Greenawalt, O'Harra and Little 2017).

Alternatively, the Facilitation Model of teaching depicts the teacher as a facilitator, rather than a transmitter of information (Hughes et al. 2013). This model requires interaction between the nurse educator and student, in which the nurse educator takes on the role of a facilitator, acknowledges the knowledge and experiences of the students, and provides opportunities for students to share in the teaching and learning interaction. This is in line with Asubel's (1978) emphasis on establishing what the student knows (cited in Hughes et al. 2013:73). This model acknowledges the prior knowledge of students as part of the teaching and learning process. This learner-centred approach "shifts the focus from teaching to learning" (Candela et al. 2006). Nursing requires the application of knowledge and skills in the context of health care provision and not the mere reproduction of information acquired. This calls on the nursing student's self-motivation ability to take charge of their own learnings. According to Stanley et al. (2010) "nurse educators can no longer teach the way they were taught".

According to Roger, the Facilitation Model requires a student-centred approach, and a non-critical atmosphere that emphasizes learning that is relevant, and that allows student participation, involvement and self-evaluation (cited in Hughes et al. 2013). As a result, the Facilitation Model is criticized for being time consuming, and may pose a challenge to the teacher to finish the syllabus. This model requires that students participate, in addition to the educator ensuring that all

prescribed subject content is completed. The saturation of nursing content (Ervin, Bickes, & Schim, 2006; Giddens & Brady, 2007; Ironside & Valiga, 2006; National League for Nursing [NLN], 2005; Randell, Tate, & Lougheed, 2007 in Stanley etal. (2010) raises the question on which content should be included or excluded. The emphasis on content and the use of pedagogical practices is to the disadvantage of student-centred learning (Ironside ,2001 in Stanley et al.(2010)

The Transmission Model and Facilitation Model each bring value and benefit to nursing education and should not be seen as in opposition, but as appropriate in different learning situations. For example, the introduction of new subject content may require a Transmission Model to facilitate teaching and learning, while more common subject content may call for the Facilitator Model.

Having discussed the models in nursing education, I will now explain how these different models give rise to different teaching strategies with specific reference to nursing ethics education. According to Song, and as discussed in the previous chapter, nursing ethics education is "an indispensable element of the nursing curriculum for undergraduate students" (2018:12). Literature highlights the importance of teaching ethics as part of nursing education or as a separate ethics course (Song 2018; Yeom, Ahn, and Kim 2017). The teaching methods and strategies employed by the nurse educators in teaching ethics should reflect the agreed upon standards of the profession including theory, principles and professional codes (Kalaitzidis and Schmitz 2012). Sawatzky and Enns (2009) highlight the "apparent dearth of evidence specific to excellence in nursing education". This poses the question as to whether this should be a major concern in the nursing profession.

Teaching modalities in nursing education play a pivotal role, including in ethics education. Ethics courses that incorporate case studies, self-reflection, and group discussions strengthen ethical reasoning and analytical skills (Hutchinson et al., 2014; Popil, 2011 in Barchi et al., 2014). Additionally, the International Council of Nursing's (ICN 2012) code of ethics for nursing is recommended as a valuable teaching tool in developing countries, when taught using locally relevant case materials, problem-based teaching methods and the promotion of use of the International Council of Nursing Code of ethics in nursing practice (Barchi et al. 2014). The study by Zhang et al. (2019: 89) on the comparison between inquiry-oriented teaching and a lecture-based approach in nursing ethics education found "significant improvement in ethics related to decision-making in the inquiry-oriented teaching group, in comparison to the lecture-based

teaching group". Ethical behaviour should also be observed, experienced and practiced as part of the education process, in light of ethics being abstract, and the difficulty of correlating principles taught in theory and clinical practice (Bagnasco, Catania, Aleo and Sasso 2014). This seems to suggest that the Facilitation Model, as opposed to the Transmission model, may be most appropriate for teaching ethics in nursing.

2.4 Ethics in nursing education

2.4.1 The evolution of the nursing environment

Daily, nurses face situations that requires ethical decisions (Rumbold 2008). Nurses are continuously in contact with patients and the family, and nursing ethics ought to guide the activity of nursing that is largely concerned with doing good and avoiding harm (Bandman and Bandman 2002). Ethics therefore has a prominent place in nursing (Gastmans 2002) and provides professionals with a framework when deciding on an appropriate course of action (Rumbold 2008).

Literature has discussed nursing as a moral enterprise from as early as the 1980's (Bandman and Bandman 2002). The writing of the Nightingale Pledge paved the way for the formalization of nurses' oaths to behave ethically (Pera and Van Tonder 2016). This pledge constitutes a solemn pledge to the profession, and a commitment to aid the physician and those committed for care (McBurney and Filoromo 1994). This oath represents a social contract, and is made in the public domain at the end of the nursing education program. However, nurses are required to provide services in a continuously changing environment that gives rise to complex ethical challenges. Nursing, as a profession, has evolved through the years due to the influence of environmental factors, socio-cultural factors, social values and attitudes, and scientific and technological developments (Mellish, Oosthuizen and Paton 2010). In addition, the role of a nurse is interactive as it requires interaction with other professions. The well-established status of the nursing profession, as a distinct profession, is an improvement on previous views of a nurse as a mere subordinate in the nurse-doctor relationship, where value is placed on productivity and effectiveness (Song 2017). According to Cribb (2013, cited in Song 2017) other positive trends include the development of the professional role of nurses and the ethical shift from treating people as passive consumers to establishing a respectful and equal relationship with clients.

According to Bruun, Pedersen, Stenager, Mogensen and Huniche (2019) ethical dilemmas are an inseparable part of clinical practice and the handling thereof may cause distress. Recent developments in health care and technology such as organ transplants, genetic engineering and in-vitro fertilization provide choices and opportunities while posing complex ethical challenges for nurses and other health professionals in practice. While debate still continues on the most appropriate content and teaching approaches for ethics education (Nolan and Smith 1995), such education is vital in equipping nurses with the necessary skills and knowledge to deal with ethical dilemmas. Ethics education aims to produce morally accountable nurses, supported by research indicating that ethics education can contribute to the enhancement of student nurses' moral reasoning (Görgülü and Dinç 2007).

2.4.2 Theory and practice in nursing ethics education

The study of ethics consists of the triangulation and interplay of cases, laws and customs, philosophy, and theories of morality (Toulmin 1981, cited in Bandman and Bandman 2002). A defensible ethics education according to Gallagher "necessarily involves meaningful engagement with feeling, thinking, acting and being" (2016:1). This reiterates the importance of both theory and practice in the teaching and learning of ethics. The teaching of nursing ethics requires "the knowledge and skills of teachers of ethics" (Görgülü and Dinç 2007: 750) to instil a sound theoretical knowledge base in the field of ethics (Bagnasco Catania, Aleo and Sasso 2014), as well as solid experience of clinical practice. Barchi, Singleton, Magam and Shaibu (2014) argue that ethics education can increase the ethical perspectives and reflective skills of nursing students in a safe learning environment. Ethics education, that includes the introduction of ethical theoretical principles, should include the cultivation of virtuous attitudes and affective capacities (Gastmans 2002). Emphasis is thus placed on overcoming and reducing the abstract nature of ethics to allow for the application of ethics in practice.

The 1992 Joint Commission on Accreditation of Healthcare Organization's supplement on the accreditation manual for hospitals requires that mechanisms ought to be in place regarding the provision of education on ethical issues (Bandman and Bandman 2002). The study by Mofokeng (2018) on student nurses' perspectives of ethical issues in clinical practice, recommended in-service education in the clinical practice on ethics, the use of innovative teaching strategies such as case-based and problem-based learning, and the use of reflective diaries to facilitate critical

reflection to enhance the students' critical thinking and assertiveness in clinical practice. The study by Song (2018) highlighted that reflection contributes to the bridging of the gap between theory and practice, and according to Barchi et al. (2014) the use of problem-based learning approaches used in combination with local ethics cases has shown to increase nurses' ability to identify ethical issues.

A crucial part of the development of ethical consciousness among health practitioners, as alluded to above, is "reflection instead of ready-made knowledge" (Bruun, Pedersen, Stenager, Mogensen and Huniche 2019:12). Ethics education of nurses proves to strengthen students' ethical judgement irrespective of whether they are trained by problem-based learning or conventional methods, but greater improvement was noted when using the problem-based learning method was used (Lin, Lu, Chung and Yang 2010). The study by Nolan et al. furthermore found that students agreed on the importance of ethics education and preferred practical based courses that will assist them in practice instead of focusing on "intellectual debate about definitions and concepts" (1995:517)

The case study by Song (2017) on ethics education in nursing indicated that it is important for ethics to be embedded in the nursing curriculum with emphasis to be given to everyday ethical conduct. This should be offered throughout the duration of the nursing education program by all educators involved at the theoretical and clinical level. Song found that the multifaceted issues that affect nursing students should be recognized and integrated in a safe learning environment (2017).

De Villiers (2015) recommends that ethics educators provide for concrete outcomes for clinical teaching and learning. The absence of concrete proof of outcomes attained raises questions on ethics education integration as part of the theory and practice of teaching and learning. In addition, Vanlaere and Gastmans state that an adequate ethics education curriculum contributes towards the shaping of nurses as "skilled companions" (2007:758). According to Woods, however, a "nagging feeling remain[s]" that questions the effectiveness of ethics education in light of the inadequate number of nurses emerging with adequate ethical awareness (2005:6).

2.4.3 The incorporation of ethics education into the nursing curriculum

Attention should be paid to the way educators teach nursing ethics in support of improving the "the quality and effectiveness of education in nursing ethics" (Bagnasco, Catania, Aleo and Sasso 2014:743). However, Görgülü and Dinç argue that there is no consensus on whether ethics should

be integrated into nursing education as an integral component, or as a separate course (2007). De Villiers found that ethics education is "highly autonomous" to individual institutions and offered in a variety of modes with respect to time allocation, integration and curriculum, and over a spectrum of academic years (2015).

With respect to this debate, the integration of ethics as part of general nursing education facilitates the understanding of the relevance of ethics to the nursing profession, while a separate course allows for in-depth discussion (Song 2018), and is largely preferred by scholars who are in support of using experts in ethics, with the aim of equipping the students to be able to make responsible ethical decisions in practice (Maxwell and Schwimmer 2016) and to develop critical thinking and moral decision-making skills (Khatiban, Falahan, Amini, Farahanchi and Soltanian 2019). While many favour integration so that ethics is understood as inherent to the nursing profession, this may result in the subject being taught by people with no-in-depth understanding of it, and the subject content, which may not be examined, is consequently devalued in the eyes of those studying it (Nolan and Smith 1995). Evidence of outcomes is essential to substantiate the effectiveness of ethics education in nursing, in light of the criticism on the abstract nature of ethics. According to Savulescu, Crisp, Fulford and Hope (1999), there is a need to justify that ethics is a teachable subject that can be evaluated and thereby reveal that which was taught. Nolan and Smith (1995) highlight key challenges in the teaching of ethics, including ethics courses being developed without the inputs from experts in philosophy, insufficient time allocation, reluctance of those teaching the courses and an overloaded curriculum which does not allow for student's reflection. In addition, difficulties with clinical ethics education includes the difficulty in assessing the teaching and learning thereof and the lack of a conceptual framework in the teaching of nursing excellence (Sawatzky, Enns, Ashcroft, Davis and Harder, 2009).

2.4.4 Interdisciplinary teaching

Historically the medical ethics model was commonly used in the teaching of ethics education for nurses. However, often the teaching of nursing ethics rather than medical ethics is recommended, as it provides a "firm foundation for ethical decision making in nursing practice" (Cameron and Schaffer 1992). The writings of Hanson (2005), on the other hand, support interdisciplinary teaching of ethics for nursing and medical students. This highlights the different roles played by the health professionals and the influence ethics may have on their perspectives in practice. Ethical

competencies among the various professions allows for “intra- and interdisciplinary ethical debate”, rather than one-sided debate focused on nurses (Gastmans 2002). Nurses are required to be able to participate in interdisciplinary discussions on ethical issues. This is in contrast to the traditional view that nurses should not participate in ethical decision-making that focused on the duties and obligations of nurses (Dinç and Görgülü 2002).

According to Grundstein-Amando (1992, cited in Nolan and Smith 1995:508), students from different disciplines define ethical problems differently, and this is attributed to different values and motivations, with nurses being motivated by the “fundamental values of caring” while doctors are concerned with “diseases and its cure”. According to Agledahl, Førde and Wifstad (2010:110) “doctors are defining the problem in terms of concrete bodily functions and test results” as part of the clinical approach of concretising the patients’ complaints. The study by Agledahl, Førde and Wifstad (2010) found that doctors sometimes disregarded patients’ personal values and prioritized the treatment of physical and mental functions of the patients. This is further worsened by the process of prioritizing patients’ medical problems and the ethical principle of beneficence as the single moral value in clinical practice prioritized above the other principles (McGuire et al. 2005; Blondeau et al. 1998 in Agledahl, Førde & Wifstad 2010). This contributes towards the debate on the shared training of health science students.

Edward and Preece (1999) advocate for shared teaching of nurses and doctors to cultivate a positive relationship in the clinical setting, while cognisant of the different perspectives of the patient’s best interest. This could be beneficial in contributing to a team spirit in the clinical setting and increased tolerance for diverse views on patient care. This contributes further to elevating ethical discussions among multi-disciplinary members.

2.5 Nurse educators

Furthermore, nurse educators have a dual role to play as academics, being experienced health practitioners who can provide students with practical scenarios relevant to their practical setting while simultaneously relating theoretical ethical concepts. Nurse educators are developed by professionals who teach prospective nurse educators to become professionals by using relevant content, teaching modalities and teaching strategies in an effective learning environment (Meyer and Van Niekerk 2017). Nurse educators play a pivotal role in the education of nurses.

Nurse educators contribute towards establishing a conducive environment to foster critical thinking (Vanlaere and Gastmans 2007). The role of nurse educators, as noted by Mann, Gordon and Macleod, is crucial in creating a learning environment that can inhibit or encourage reflection and reflective thinking (2009). Educators can model the practice of reflection as a teaching strategy as part of nursing education. Gastmans (2002) suggests that nurse educators impart knowledge to the students and that the health care administrators create the clinical environment conducive for training.

The four key requirements for nurse educators, according to the World Health Organization (WHO 2016) are a recognized nursing education, a legally recognized practicing nursing qualification, clinical nursing experience and formal educational training. The WHO recommends a recognized nursing education that includes both theory and practice, registration with the regulatory body, a minimum of two years' practical experience across the scope of practice within the last five years and formal teaching preparation. In addition, the nurse educators' characteristics, their assessment of learning outcomes and students' behavioural changes, and their provision of constructive feedback are essential parts of the teaching and learning process. Core competencies according to the National League for Nursing (2005) in Brown and Sorrell (2017: 208) include the ability "to facilitate learning, facilitate learner development and socialization, use assessment and evaluation strategies, participate in curriculum design and evaluation of program outcomes, function as a change agent and leader, pursue continuous quality improvement in the nurse educator role, engage in scholarship, and function within the educational environment".

In other words, educators are required to do more than merely teach the curriculum. They must articulate the curriculum, develop assessments such as tests and assignment, engage with students, and utilize various teaching strategies to accommodate different learning styles (Brown and Sorrell 2017). Nurse educators are required to use the principles of teaching to improve the effectiveness of teaching (Dinç et al. 2002). Experienced nurse educators will be able to provide practical scenarios relevant to the nursing profession. However, according to Ousey and Gallagher (2010) nurse educators often have weak links with current practice due to the limited time spent in clinical practice (cited in Leonard, McCutcheon and Rogers 2016).

The transition from clinician to educator requires skills and wisdom to ensure the easy adoption of the new role as an educator. According to Hughes et al. (2013) nurse educators, new to the

profession, experience tension in the new role as a "stranger in a strange land". This may be due to the lack of understanding of operations in academia, or the lack of road maps due to inadequate preparation for the new role as nurse educators. Other factors are the lack of guidance in the early stages to "learn the ropes", fear of failure, especially the fear of not being able to answer students' questions, as well as anxiety about the teaching of large groups and controlling student behaviour. According to Schoening (2009) in Hughes et al. (2013) the transformation in the new role is facilitated through letting go of the need to have all the answers. The use of the Facilitation Model potentially alleviates these types of adjustments.

In this regard, Malcolm Knowles, states that adult educators should be *"facilitators of knowledge and not teachers*" (cited in Mellish et al. (1998). The educators should be, and in most cases, are the facilitators of the nursing ethos curriculum (educational programme) and follow up (clinical accompaniment) with the students in their practical settings.

A study on ethics education in undergraduate studies in South Africa and Namibia (De Villiers 2015) indicated that the key challenge with nursing ethics education is that nursing ethics educators are not specialized in ethics, as also discussed earlier in this chapter. De Villiers further confirmed that limited data exists on the challenges experienced by nurse educators in ethics education in South Africa and Namibia (2015). The generalist view of the nurse educator as 'a jack of all trades' with broad skills sets, including ethics educators, "defeat[s] the requirement" that educators should be specialists in their field, to be able "elicit higher cognitive functions in students" (De Villiers 2015: 214-215). One respondent in a study by Görgülü et al. pointed out that "teaching ethics requires first and foremost the knowledge and skills of teachers of ethics" (2007:750). On the other hand, Song recommends that ethics education should be taught by experienced nurse practitioners and not merely experts in ethics (2018).

This raises questions as to the characterization of excellent nurse educators as "possessing sound knowledge of their own domain" (Kreber 2002, cited in Sawatzky et al. 2009: 261). Specialized training in ethics is not a requirement for teaching nursing ethics in Namibia, unlike other fields of nursing specialization that do require a specialized qualification (De Villiers 2015). According to Teodoridis et al., specialists are "likely to excel at taking advantage of new knowledge in their domain of specialty" (2018). In contrast, generalist performance is viewed as relatively poorer when the pace of changes increases.

According to Ludlow specialization is the norm in modern age and is valued more than generalization (2014). Generalist are preferred in slow paced industries while fast paced industries may benefit from employing specialists (Teodoridis and Vakili 2018). According to Song (2018: 749), with respect to nursing ethics, "over 90% of curricula is taught by nursing educators who are not experts in ethics" and the majority indicated that they were not competent to teach ethics to nursing students. Literature indicates that students who lack a foundation in ethics theories and lack an understanding of the formulation of ethical ideas were prone to take up the values of others instead of developing own values (Nolan et al.1995). Görgülü et al. propose that nurse educators be required to improve their ethical knowledge to prepare nursing students for current and future moral issues and to continue to search for innovative ways to make theory more applicable to practice (2007). Excellence in nursing education is vital for the future of nursing practice (Sawatzky et al. 2009).

Ultimately, however, the mixture of specialist and generalist education may provide opportunities for productive collaboration. Welbourn, for example, critiques the notion of ethicists teaching ethics to health professionals, since health care professionals are in close contact with health care and will be better placed to "enable students to see that ethics is a practical subject to be applied in every day practice" (cited in Nolan and Smith 1995: 509). According to Sawatzky, Enns, Ashcroft, Davis and Harder, excellence in teaching expands beyond mere theoretical knowledge and encompasses the ability to motivate students to engage in "self-regulated learning and reflections" (2009: 264). Song recommends that nurse educators create a conducive learning environment "that better reflects professional nursing practice" and utilize scaffolding strategies as part of the teaching process that reflects the multifaceted nature of student's understanding of nursing ethics (2018:16).

Further research into the effectiveness of nurse educator's teaching (Song 2017) and the evaluation of their students is needed to evaluate ethics teachings based on outcomes and the evaluation methods used (Aydt 2015). According to Burns (1982) in Hughes et al. (2013) students perceive teaching to be effective when the educator gains credibility from competence, character, intention, honesty and fairness, and is qualified by experience to know what they are talking about.

The limited research on the ethics nurse educators' perspective calls for further studies aimed at improving the effectiveness and quality of education in nursing ethics (Bagnasco et al.2014).

2.6 Nursing ethics framework

As is clear from the above, various challenges accompany ethics education in nursing. Key challenges in teaching nursing ethics include finding the appropriate balance of theory and practice, considerations for the time that should be allocated for teaching and learning, and the extent to which ethics should be embedded in the general curriculum (Song 2018: 13). These challenges are important to consider, as nursing education is embedded in the ethic of caring and is different from other higher education disciplines (Sawatzky et al. 2009).

A further challenge is the diversity of contexts in which nursing education takes place. The study by Barchi et al. (2014) recommends the creation of localized curricula material and the use of local cases. Song recommends that educators need to highlight "culturally specific ethical views" as part of teaching ethics (2018:16). Integration of ethics within the social context is crucial to take into consideration the multifaceted issues that influence the student's understanding of ethical principles (Song 2017). This is essential in light of the problematic nature of the universality of ethical principles that influence our understanding of ethical issues. Yildiz (2019) recommends that educators be 'educated and experts in knowledge and communication skills of ethics'. Furthermore, clarification of ethics in the context of nursing education is needed in order to better understand ethical aspects of nursing.

Ethical guidance provided to nurses are largely in the context of the nurses' roles, duties, responsibilities, behaviours, professional judgement and relationships with patients, other people who are receiving nursing care or services, co-workers and allied professionals in combination with the laws, regulations and professional standards of countries that govern nursing (International Council of Nurses, 2012), values, duties, rights and responsibilities, regulated by national legislation and international agreements and detailed in professional codes (Kangasniemi, Pakkanen, Korhonen, 2015) and general duties of health professionals (HPCNA, 2010).The key dimensions of ethics allows for various approaches to nursing ethics education. This calls for purposeful efforts to ensure the inclusion of essential aspects of ethics as it relates to the nursing profession.

The study by Song (2018) identified the use of the principled based approach as part of teaching as a challenge and attributed it to the fact that Western principles are often embedded in the Code of Ethics. In the African context a lot of emphasis is increasingly placed on the spirit of "Ubuntu"

which is a communitarian rather than an individualistic ethic, which is largely a Western perspective. Nurse educators in ethics need to take these complexities into account.

2.7 Conclusion

The literature reviewed highlights nursing as a moral practice and the inclusion of ethics education in nursing education. Whether ethics should be included as a separate core subject or integrated through all subjects is contentious, as is the evaluation of the effectiveness of ethic education. It was noted that various debates exist about the most appropriate way to present ethics education, and that there is lingering concern over the quality of ethics education. The role of nurse educators is undoubtedly valuable in the teaching and learning of nursing students. Ethics education required continuous education and training of nurse educators to ensure effective ethics education and adequate support to students in facing emerging ethical issues in practice. The expertise and competence of ethics educators is essential in this regard. Additional studies in the teaching of nursing ethics are recommended by Görgülü et al. (2007) and Song (2016) to contribute toward this topic and further assist nurse educators.

Accordingly, this study will contribute towards knowledge in this regard by focusing on nurse educators and their perspective on ethics education in the Namibian context. In the next chapter, I will outline the research methodology with discussions on the research setting, research population and study population. A description of the sampling and data collection tool is provided along with the steps which have been taken to pre-test and pilot the data collection instrument.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter will present the research methodology, setting, research instrument, research population, as well as the inclusion and exclusion criteria. The chapter is concluded with the data analysis and ethical considerations. The research methodology was guided by the nature of the study. The researcher's interest is to gain insight into the perspective of nurse educators as facilitators of nursing ethics education. Emphasis was placed on attaining information about the nurse educator's perspective of the status of ethics in nursing education in Namibia and the teaching and learning of ethics in nursing education in Namibia. The study aims to pave the way for future research studies focusing on ethics in nursing education in the Namibian context.

3.2 Research design

This section describes the research design that guided the researcher. A qualitative research design was used, which is appropriate to explore social phenomena occurring in the natural context (Malterud 2001, cited in Grossoehme 2014). A qualitative approach was preferred over a quantitative approach, as it enabled the researcher to provide an in-depth exploration of the variables in the study (Orb, Eisenhauer and Wynaden 2001). While a quantitative approach begins with "preconceived ideas about how the concepts are interrelated, qualitative research has few preconceived ideas" (Brink et al. 2015:11). The qualitative research design is therefore useful in advancing the knowledge base and provides more insight into the perspectives, attitudes and experiences associated with people and their natural environments (Queirós, Faria and Almeida 2017). Additionally, a qualitative approach, according to Etikan, Musa and Alkassim, aims to attain "depth of the understanding" (2016: 3).

The data collection tool consisted of a semi-structured questionnaire administered to the twelve research participants, with open ended questions with the option to probe for more clarity on responses.

The administration of the nursing schools included in the study gave me permission to contact the Heads of Departments at the various campuses to obtain the contact details of the participants. Eligible participants included nurse educators teaching final year students and ethics educators

(irrespective in which academic year the module is offered). A total of eight (8) Heads of Department were contacted and asked to provide the details of eligible nurse educators. Six responded providing names of eligible participants who were approached to participate in the study. The three Heads of Departments at three campuses who did not respond (even after reminders) were assumed as opting not to partake in the study.

A total of twenty-four (24) eligible participants were identified by the Heads of Departments. After invitations were sent out, twelve (12) respondents agreed to participate in the study. The questionnaire was administered to the participants. The majority of questionnaires were administered telephonically, and one interview was done in person. The decision was taken to administer the questionnaire in this way due to the current pandemic and the need to adhere to social distancing.

3.3 Research setting

The research setting, according to Brink, et al. refers to where the research data were collected (2012). The research study was undertaken during the period 5- 15 March 2021 and the participants were interviewed at a time convenient to the participants, who were based at the International University of Management (IUM) Windhoek main campus, University of Namibia (UNAM) campuses in Keetmanshoop, Rundu and Oshakati, and Welwitchia Health Training Centre (WHTC) campus in Nkurenkuru.

3.4 Research population

The target population for this study was confined to nurse educators at training institutions of higher learning in Namibia involved in teaching nursing at the undergraduate level. The study population was selected from the target population and was limited to nurse educators teaching fourth year nursing at undergraduate level and nurse educators teaching ethics as a core subject (irrespective of the academic year in which it was offered). The researcher was cognisant that ethics education is offered as early as the first year of study or integrated in all subjects throughout the nursing study program. The nurse educator population was well defined and relevant to the inclusion criteria.

3.5 Sampling

Sampling allowed the researcher to select a population that represents the study population from the predefined population of nurse educators at tertiary education level. After the delineation of the target population of nurse educators at institutions with nursing departments, eligible participants were identified. The parameters of the eligible criteria were adhered to with regard to the sampling of the participants. The sample consisted of 24 nurse educators of which 12 participated. The sample size included participants based in six (6) regions (Kharas, Khomas, Kavango-west and Oshana regions) of the fourteen (14) regions of the country.

Table:1 Respondents as per participating institution

Participating institution	Respondents
Institution A	Respondent 1 Respondent 2
Institution B	Respondent 3
Institution C	Respondent 4, 5, 6,7,8,9,10,11,12
Total	12 Respondents

According to Morse (2000) the sample size is determined by the scope of the study, the nature of the study, quality of data, the use of shadowed data and the research study design. Ethics in nursing education is a subject that requires participants from the nursing departments tasked with the teaching of nursing students. The nurse educators are thus the most significant respondents for the research topic, as they have insight and experience related to the topic and are therefore suitable to articulate the information required for the research study. The researcher invited all identified eligible nurse educators in line with the inclusion criteria to participate in the study aimed at ensuring data adequacy. A total of twelve (12) of the twenty-four (24) identified respondents agreed to participate in the study.

Recent trends indicate a move away from small sample sizes of 20 and 30 (Brink et al. 2012). A small sample size for qualitative research implies that findings may be “idiosyncratic” and poses the risk of participant’s identity being revealed (Brink et al. 2012:129). The researcher opted to include the total population sampling considering the small size of the population in order to reach

the study objectives. According to Etikan, Musa and Alkassim (2016) total population sampling is a technique that involves the entire population that meets the inclusion criteria.

The researcher utilized a non-probability approach to sampling which largely relied on the researcher's judgement in identifying the most suitable participants. The use of non-probability sampling allowed for the selection of the target population through non-random methods and is commonly used in qualitative research (Brink et al. 2012). This poses the potential risks of sampling bias of participants and considering that, the researcher adhered to the inclusion criteria of the defined population in an effort to overcome and compensate for potential bias. According to Brink et al., the larger the sample and more homogenous, the less chance for sampling errors (2018). In order to avoid under-representation in sampling, all eligible nurse educators from the main and satellite campuses of the participating institutions were included in the study. The campuses are located in urban and rural areas and this diversity will enrich the study.

The purposive sampling method allows for the most suitable individuals (Kumar 2016) who are most knowledgeable about the research topic to provide the information. An equal opportunity was granted for the eligible participants who met the inclusion criteria to be part of the study. The characteristics of the participants were known to the researcher and the most representative sample was identified that can provide the primary data in order to achieve the research objective.

The study targeted nurse educators at tertiary institutions and the researcher were able to clearly define the sample for the study. The researcher included the fourth-year nurse educators and ethics educators since they would be in a position to share their perspectives on the teaching and learning of ethics as part of nursing education.

3.6 Inclusion criteria

According to Brink et al. eligibility criteria describe the population and specify the criteria for inclusion (2012). The study was limited to academic institutions with nursing departments offering nursing undergraduate qualifications at National Qualifications Framework (NQF) level seven (7) or higher. The nurse educators were limited to those involved in teaching fourth year undergraduate nursing students and those lecturing nursing ethics, irrespective of the academic year of study, considering that the nursing ethics education programmes includes ethics as a core subject as early as the first-year level or takes an approach to ethics education which integrates

ethics in all nursing subjects. This limited the study to three training institutions, namely International University of Management (IUM), University of Namibia (UNAM) and Welwitchia Health Training Centre (WHTC) in Namibia. The research participants from all campuses of the three training institutions were subjected to the inclusion criteria.

3.7 Exclusion criteria

The exclusion criteria are the criteria used to exclude certain elements from the research population (Brink et al. 2012). This study excluded nurse educators from training institutions offering certificates, and diploma nursing bridging programmes, that lead to the credential of Enrolled nurse, Auxiliary nurse and Registered nurse qualifications at National Qualifications Framework level six (6) or lower. The recent mushrooming of institutions offering nursing programmes poses a challenge in establishing these institutions' standing with regulatory authorities in relation to their NQA levels and accreditation with the HPCNA. Various qualifications are offered to nursing professionals at NQF level 6 and lower and the study focused on NQF level 7 and higher.

3.8 Research instrument

The research instrument for the study was a semi structured questionnaire consisting of predetermined questions which were followed up with probing questions. The use of a semi-structured questionnaire allowed for a conversational atmosphere and an informal tone when responses were solicited from the participants.

The semi-structured questionnaires consisted of three sections. Section A elicited the demographic data of participants including years of work experience and level of academic teaching at the university. Section B focused on the structure of theoretical teaching and learning of ethics. Section C contained questions on reflections and challenges with regard to ethics education. The questions which made up the data collection instrument were primarily based on the information generated from the literature review in conjunction with the observations and experiences of the researcher.

Furthermore, an information leaflet containing information on the research study and the ethical principles guiding the study was shared with each participant. In addition, the informed consent form was shared prior to the interview. With due consideration for the current Covid-19 pandemic, the semi-structured interviews were conducted in line with the Covid-19 guidelines on social distancing. The interviews were conducted telephonically with the exception of one interview

which was conducted face to face. All interviews were arranged at a date and time convenient to the respondents. The interviews were recorded with permission from the participants.

3.9 Reliability

The process of data collection requires that the researcher maintain the reliability and validity of the data collection instrument. The reliability of the research instrument according to Brink et al. (2012) refers to the ability of the instrument to accurately yield similar results when used by others in a similar setting.

The data collection instrument was carefully structured, subjected for review and tested for consistency in responses. The instrument was pilot tested prior to use during the study. The researcher transcribed the interviews from audio recordings allowing the researcher to re-check the accuracy of the data. The transcripts of the research findings were cross referenced against the literature review and the generated themes. Regular consultations were held with the research supervisor to discuss the study and reach consensus on the consistency and efficacy of the research process.

The broad themes generated from the research findings were cross checked and verified, and evidence that refutes the data was acknowledged. The researcher was conscious of using unobtrusive methods when administering the semi-structured interview to the research participants.

3.10 Validity

Validity, according to Brink et al., determines the consistency of the findings as they relate to the reality (2012). Validity is complex and indicates whether the instrument measures what it was supposed to measure (Bell 2014). In order to ensure validity, the data collection instrument included various areas relevant to the study and incorporated comments from experts in the field. This assisted the researcher in avoiding ambiguity in the instrument and encouraging credible conclusions when interpreting the data gathered in the questionnaire. The critical review by a research expert strengthened the content validity of the instrument (Kumar 2016). The researcher refined the instrument to strengthen the quality of the data collected.

The research included nurse educators from three institutions of higher learning involved in nursing education to obtain authentic insights into the subject and to ensure external validity in

terms of the application of the results. The research participants were nurse educators experienced in lecturing students at undergraduate level. The data generated apply to both the urban and rural context and to various training institutions.

According to Denzin (1989) authenticity is established through "context-rich and meaning full descriptions" (cited in Brink et al. 2018:111) The instrument included concepts relevant to the study and the research study objectives and was subjected to review by three research experts.

3.11 Rigour

According to Brink et al. rigour depicts the openness, methodological congruency, and thoroughness of the data collection and the analysis process (2018). This called on the researcher to undertake the study with openness to the participants' inputs and the research process. According to Brink et al. (2018) the researcher is required to dismiss preconceived perspectives in order to ensure that rigour is ensured. Rigour infers that a high standard was maintained and that the study was conducted in a systematic manner (Baillie 2015). The researcher maintained detailed notes and recorded interviews during the data collection procedure. Multiple codes were assigned to the respondents and this facilitated the objective review of the data generated. In addition, the study findings were submitted for scrutiny to the supervisor to ascertain how the data generated shaped the conclusions and recommendations.

3.12 Confirmability

Confirmability, according to Brink et al. ensures that the research finding, conclusions and recommendations are backed by evidence (2018). The researcher maintained records of the data collection and analysis process and reviewed for consistency. In order to achieve triangulation, the researcher cross referenced the findings against the available literature. In addition, the researcher subjected the data generated to review in terms of the interpretation and the actual evidence as part of researcher triangulation.

3.13 Trustworthiness

Trustworthiness concerns the credibility of the data collected from participants (Lincoln and Guba 1985). The researcher obtained permission from the relevant institutions and was introduced to the participants by the heads of the nursing departments at the various campuses. The individual respondents were contacted thereafter and informed that ethical clearance was obtained, and

consent was sought from the individuals. The same data collection instrument was used for all interviews, and that provided a consistent framework for the interviews with all participants.

The research study was limited to a defined population of nurse educators to allow for the generalization of results in similar settings. The construction of the questionnaire was guided by the literature review and included key aspects relevant to the topic.

3.14 Pretesting

Pretesting according to Brink et al. (2015) allows the researcher to investigate the feasibility of the study and detect possible flaws. The data collection instrument was pretested with two respondents who were not part of the study population and submitted to two research experts for review. This was aimed at identifying flaws and ambiguity. The participants were asked to comment on the time required to complete the questionnaire, ambiguity in the wording, and general impressions on the type and layout of questions. Modifications were made to the data collection instrument based on these comments. The data collection instrument was thereafter submitted to the Stellenbosch University Research Ethics Committee for approval.

3.15 Data analysis

The researcher identified broad thematic areas to classify the qualitative data, assigned codes to the themes and classified the responses according to the identified key themes. The process was concluded by integrating cross-cutting issues and the use of direct quotes from the recorded responses (Kumar 2016).

The generated data were coded and categorized under the identified themes. Codes allow for the clustering of key issues to facilitate the drawing of conclusions (Bell 2014). The researcher assigned numerical labels to the responses under each question. Recurring codes were grouped under the broad themes. The generated themes were cross checked with the research supervisor and an expert in the field of ethics.

The triangulation of the data was accomplished through the literature review conducted on the topic. The researcher used various reference sources in drawing conclusions. The study utilized research reports, scientific articles, mainly from peer reviewed sources, and articles on the research topic. According to Brink et al. (2012:99) triangulation is the “use of multiple perspectives to collect and interpret data about phenomena”.

The completed interviews were recorded, manually transcribed, and thereafter stored in cloud storage. The data generated was documented in detail and submitted by the researcher for review by the supervisor.

3.16 Ethical considerations

Ethical considerations were taken into account in relation to various aspects of the research including data collection, the process of informed consent, participants' safety, and confidentiality considerations. The researcher was cognisant of scrutinizing her own conduct with regards to bias, the appropriateness of research methodology and the reporting of information (Kumar 2016).

The study was guided by the Stellenbosch University Health Ethics Policy. Approval was obtained from the Stellenbosch University Social, Behavioural and Educational Research Ethics Committee and the Ministry of Health and Social Services Research Ethics Committee. The researcher sourced permission from the respective training institutions who referred the researcher to the heads of departments of the different campuses after permission was obtained. The researcher shared the information leaflet with participants prior to data collection. In addition, the researcher requested individual consent from the participants who were invited to the study.

Key ethical principles guided the researcher throughout the study. This includes the principles of right to confidentiality and anonymity, respect for autonomy, right to non-maleficence and privacy, beneficence and informed consent.

3.16.1 Right to confidentiality and anonymity

The researcher assured the respondents that the information collected would be used for the purpose for which it was obtained, and that confidentiality would be maintained. Efforts were made to protect the identity of the respondents by assigning codes to each participant. The collected data were summarized in a manner that does not allow for the information to be presented in an "identifiable form" (Bell 2014). In order to protect the anonymity of the respondents, the completed questionnaires and transcripts were stored in secured cloud storage with access limited to the researcher and authorized persons.

3.16.2 Respect for autonomy

The researcher clearly explained the purpose of the study and reassured the respondents that their participation was voluntary. In addition, respondents were encouraged to participate and were assured that they may opt to withdraw at any stage of the study without any consequence or penalty.

3.16.3 Non-maleficence and privacy

The principle of causing no harm was maintained throughout the study. The settings in which the questionnaires were completed duly considered the comfort and privacy of the respondents. The time required to administer the semi-structured questionnaire was explained to the respondents, so as to cause minimal inconvenience.

3.16.4 Beneficence

The researcher adhered to the principle of preventing harm and encouraged the participants to make an informed decision regarding their participation in the study. Rumbold (2008) argues that "the best interest of any individual is allowing for autonomy on which course of action to take". The researcher assured the participants that their participation will contribute to the existing body of evidence on nursing ethics education in Namibia and stated that the data would be presented in such a manner that it cannot be traced back to an individual participant. Participants were briefed on the purpose of the study, aimed at decreasing possible emotional harm, and the efforts made by the researcher to gain ethical clearance and permission to undertake the study were communicated to them.

3.16.5 Right to informed consent

Permission was sourced from the respondents after ensuring that all relevant information was provided to them. The participants were informed that the interviews will be audio recorded after which participants had the option to opt in to join the study after going through the information leaflet. In addition, ethical clearance was obtained from the Social, Behavioural and Educational Research Ethics Committee of Stellenbosch University prior to the commencement of the study. The information leaflet contained information in line with the Stellenbosch University guidelines.

3.17 Summary

The nature of the study motivated the use of a qualitative approach that allows for the collection of text rich data. The nurse education programme is offered at various levels and the study limited the participation to educators facilitating nurse education at NQA level 7 or higher.

The research instrument was developed taking into consideration the aim of the study and issues relevant to the topic. The area of nurse ethics education is quite broad and the scope was limited in order to achieve the research objectives. Ethical consideration was adhered to in order to protect the participants from possible harm and to ensure the validity and reliability of the study.

3.18 Conclusion

This chapter has presented the research methodology of the study. Included in this chapter was information about the research design, research setting, research population inclusion and exclusion criteria, sampling and data collection tools. The chapter contained discussions on the pilot testing, reliability, validity and data collection. Furthermore, the chapter outlined the process of data analysis and discussed ethical considerations. The next chapter will introduce the analysis and interpretation of the research findings.

CHAPTER 4: FINDINGS

4.1 Introduction

In this chapter, the findings from the data collection process are presented, and are broadly classified under demographic data, the nurse educator's perspective on the teaching and learning of ethics, and challenges experienced in this regard. This is in line with the two objectives of the study, namely, to describe the current status of ethics education in nursing in Namibia, and to explore the nurse educator's perspective on the teaching and learning of ethics education in nursing in Namibia. As described in the previous chapter, a qualitative research approach was used. Open-ended questions were asked, after which interviews were transcribed verbatim from the audio recordings, uploaded on NVivo and presented in a written format.

4.2 Demographic data

A total of three training institutions meeting the inclusion criteria were included in the study. The majority of respondents were females, representing 83% of the sample (10) while the minority were males, representing 17% of the group (2). Notably, all respondents were Registered Nurses by profession. The three institutions based in the Kharas, Khomas, Kavango West and Oshana regions were a part of the study, with two participants from Institution A, one from Institution B and nine from Institution C, respectively. Below is the description of the distribution of respondents according to age, work experience and highest qualification.

4.2.1 Age distribution of respondents

All respondents were above 30 years of age with a range from 32 to 75 years. Out of 12 participants, 17 % (2) were aged 30 - 40 years, 33% (4) were 41 -50 years, 33% (4) were aged 51-60 years. Seventeen percent (2) of respondent were above 60 years. (See Figure 2 below).

Table 2. Age distribution of respondents (n=12)

Age	Number of respondents
30- 40	2
41- 50	4
51-60	4
61 and above	2

4.2.2 Work experience of respondents

All the respondents had clinical work experience ranging from one (1) to (30) thirty years. Of the respondents 33% (4) had less than 5 years' work experience in academia, while 42 % (5) had 5-10 years' work experience. The minority of respondents 25% (3) had work experience in academia that ranged above 20 years, while 42% (5) had between 5 - 10 work years' experience, 17% (2) had between 2- 4 years' experience and 17 % (2) had one-year work experience or less. (Figure 3).

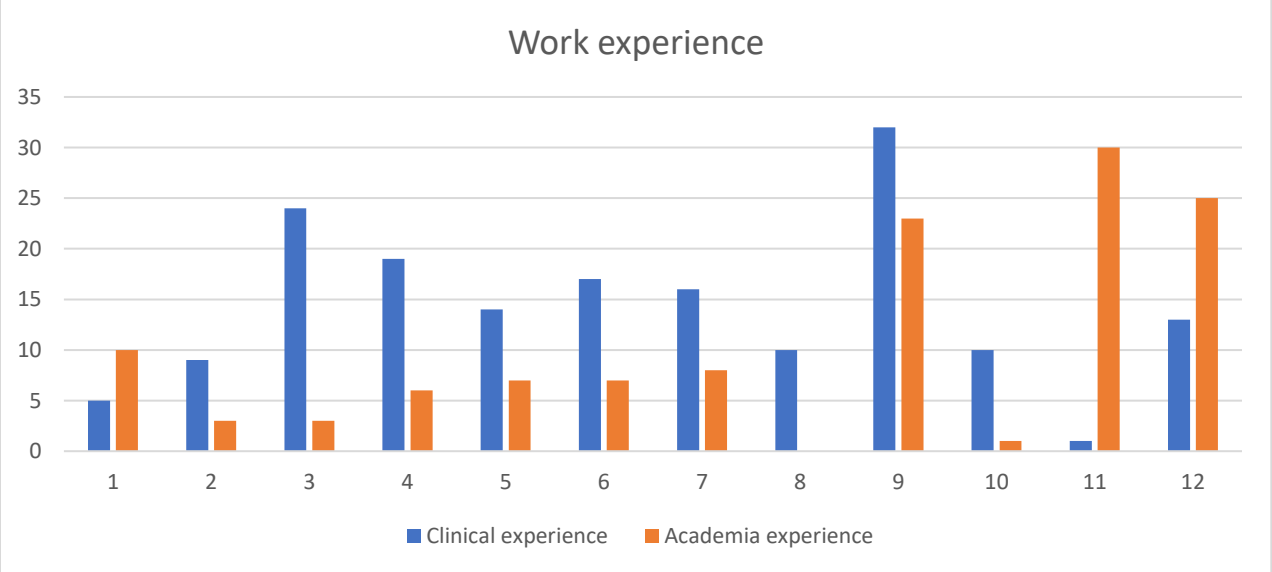

Figure 1. Work experience distribution of respondents (n=12)

4.2.3 Qualification distribution of respondents

The majority of the respondents, 42 % (5), held Master's qualifications in the field of Public Health while 17% (2) held Master's degrees in Nursing Science and Mental Health qualifications. The qualifications Bachelor of Nursing Science, Doctorate of Psychiatric Nursing and Doctorate in Public Health, represented 8% (1) each of the total respondent population. (Figure 4). Public health qualifications dominated the field of studies among nurse educators, representing 50% (5).

Table 3: Highest qualification distribution of respondents (n=12)

Qualification	Number of respondents
Ph.D. Nursing Science	2
Doctorate Public Health	1
Doctorate Nursing Science	1
Master Nursing Science	2
Master Public Health	5
Bachelor Nursing Science	1

4.3 Data analysis process

The researcher conducted data cleaning, created a project and uploaded data utilizing NVivo. The data were uploaded on Excel, relevant rows and columns were created and identification codes were created for all respondents, after which the data were uploaded in NVivo from the Microsoft Excel document. Additionally, the data were reorganized according to the research question and a data exploration were conducted.

The classification of the demographic data were created that specified attribute values for each respondent. The open-ended questions were coded to case nodes, and themes were generated in line with the research objectives. The visualization of data were presented in tables and figures representing the findings. The data were presented in a non-linear format along with evidence

including direct quotes from the respondents. The content analysis allowed the researcher to understand the patterns and perspectives of the respondents on the research questions.

4.4 Main findings

Following direct and indirect content analysis, the table below presents the summary of themes and subthemes which are then described in detail in the text. Qualitative findings are also accompanied by descriptive statistics to give a clear picture of the study findings.

Table 4: Summary of themes and subthemes

Themes	Subthemes
Objective 1: Status of nursing ethics education, Theme 1: Ethics education	Subtheme 1: Theoretical teaching and learning
	Subtheme 2: Clinical placements
	Subtheme 3: Positioning of ethics education
Objective 2: Nurse educator's perspective on the teaching and learning of ethics Theme 2: Teaching and learning	Subtheme 1: Teaching methods and teaching aids
	Subtheme 2: Nurse educator's requirements
	Subtheme 3: Ethics educator's requirements
	Subtheme 4: Reflection
Theme 3: Nursing ethics education challenges	Subtheme 1: Teaching and learning
	Subtheme 2: Nursing students
	Subtheme 3: Clients
	Subtheme 4: Nurse educators
Theme 4. Recommendations	

4.4.1 Objective 1: Status of ethics education as part of nursing education

The first objective of the study was to describe the current status of ethics education in nursing education in Namibia. The researcher explored the respondents' views on how ethics education is offered as part of the nursing education program and the positioning of ethics education. In this

section an overview of the findings with regard to the status of ethics education in nursing education is presented.

Theme 1: Ethics education

Subtheme 1: Theoretical teaching and learning

All the respondents agreed that ethics education is offered at least twice over a period of two years during the four-year training course. The respondents shared that the ethos of nursing is offered from the inception when the students join the institution, and before they complete their training.

The following responses from various respondents are demonstrative of how and when ethics is incorporated into the curriculum. Respondent 1: "*The theoretical aspect of ethics education is offered in the first year of studies as the Philosophy of caring module. For the fourth year they [the students] do professional practice as a year course. This relates more to the acts and the legal issues."*

Respondent 6: *"[Ethics education] is offered at entry level and at exit level".*

Some respondents expressed that at Institution A and B, ethics education is incorporated in all the nursing modules. Respondent 2: "*a person must not only be taught ethics as a subject, but there are principles of ethics that are taught across all modules".*

Respondent 12: "*In the clinical practice, we are trying to make the students understand that there is an integration of theory and practice. There is a lot of emphasis on integration when the student comes in contact with the patient, with emphasis on behaviour and professionalism".*

However, two respondents expressed that ethics is confined to theory and shared uncertainty on the integration of ethics. Respondent 3: "*It [is] theoretically, with no practical aspect unlike other modules. Ethics is offered through the module of Ethos of Nursing. It is offered to students over two years of the four years, for ethics, and is mainly theoretical and I think it is reinforced enough*".

Respondent 4: *"I don't really have a concrete answer since I do not directly teach it [ethics] even though it is a component of my subject".*

Respondents expressed viewpoints on ethics that place emphasis on the adherence to ethical principles and the law. These beliefs were clearly explained by the following response.

Respondent 3: "*We teach that a nurse should be a law-abiding citizen*"

Respondent 10: "*Professional ethics is about moral principles that governs an individual and provides guidance on how to behave in the career of nursing*".

Respondent 10: "*It is about the principles that governs behaviour, and we are dealing with people's lives".*

Subtheme 2: Clinical placements

Respondents from Institution A and C shared that clinical placement is a part of ethics education. Some respondents from Institution A indicated that all the nurse educators who supervise the students in practice consider all ethical aspects including the assessment of the application of ethics. In addition, some respondents agreed that ethical principles are part of most procedures, including the administering of medication that requires that patients clearly understand the purpose and administration of the medication and that informed consent is obtained. Examples of how ethical principles are a part of many nursing procedures is clear in the following responses.

Respondent 1 said: "*It is not formally structured. We don't have a specific program; we treat it as "trap end tref" teaching moment. When a teaching moment arises, it [ethics education] is addressed".*

Respondent 12 stated: *"It is not really structured because you are applying the [ethical] principle."*

Respondent 9 said: *"The students are exposed to areas where they can know what is ethical and safeguard the patient".*

However, two respondents argued that ethics education is different compared to the other nursing modules where "*students get a patient and manage the case*" (Respondent 3). Furthermore, one respondent from Institution B expressed that ethics education is adequately offered even though it is mostly theoretical and not practical, when compared to other modules. In addition, some respondents stated that the practical aspect of ethics education is not structured. Respondent 12

stated "*it is not really structured because you are applying, not a procedure on how you will apply or put ethics in practice "*

Respondent 3 said: *"but with ethics you will agree with me that it is difficult to say let us go and do. Yes, we enforce the behaviour; It is the way that it is done; with ethics, we do not have a clinical part apart from reinforcing'.*

Furthermore, some respondents stated that not all educators supervise the students in practice. Respondent 8 indicated: "*We collaborate, we follow up, the university lecturers maybe does not have time"*.

Respondent 8 shared: "*We don't follow them in the clinical [practice] to say we are having an observation of a clinical ethical cases for ethical guidelines or something like that from the nursing point of view".*

Furthermore, one respondent stated that the students spend a lot of time with the registered nurses in practice and stated that the registered nurses are responsible for teaching the students in the clinical area. Respondent 8 stated: "*It is the responsibility and accountability of each registered nurse to advance themselves to acquire the knowledge that the student needs; registered nurses have a threefold role to [do] teaching, do research and administration [and] in all three the registered nurse is guide[d] by ethics in practice".*

Respondent 7 said: "On *the job training is done so that they can practice. This can include practices that have ethical aspects".*

Some respondents indicated that ethics education at Institution C is formally structured in clinical practice and reference was made to a form that is in in place to monitor the professional behaviour of students. The nurse in charge is required to complete the forms when the student's behaviour is not aligned with expected professional conduct, and this is submitted to the training institution. Respondent 10 shared: "*We have preceptors and they are aware of it [ethics]… and understand professional ethics, they do not only look at the logbooks and the dressing but also observe the students' professional conduct".*

Respondent 8 said: "*When those lecturers go out in the clinical [context] to follow them [the students] up and observe them. They teach them, explain the rights of the patients, right to information and right to consent; you ensure that the ethical principles are observed".*

Some respondents were inconclusive on the inclusion of ethics education in practice. Respondent 11 stated: "*I am not teaching that subject, but during the teaching they sort of, I think, give practical examples, because ethos has no clinical component, Ethos does not have a clinical component but in all the modules e.g., psychiatric nursing and community health nursing, general health nursing we were encouraged to apply the ethical components in our respective modules".*

Some responses were less definitive. Respondent 4, for example, said: "*I don't really have a concrete answer since I do not directly teach it even though it is a component of my subject (midwifery). The specific lecturer teaching ethics will have a clear answer. I am not able to say if it is fine or not."*

Respondent 11: "*I cannot say that since I am not in the position [as ethics educator]." The respondents confirm the unintegrated approach to ethics education in the various nursing modules.*

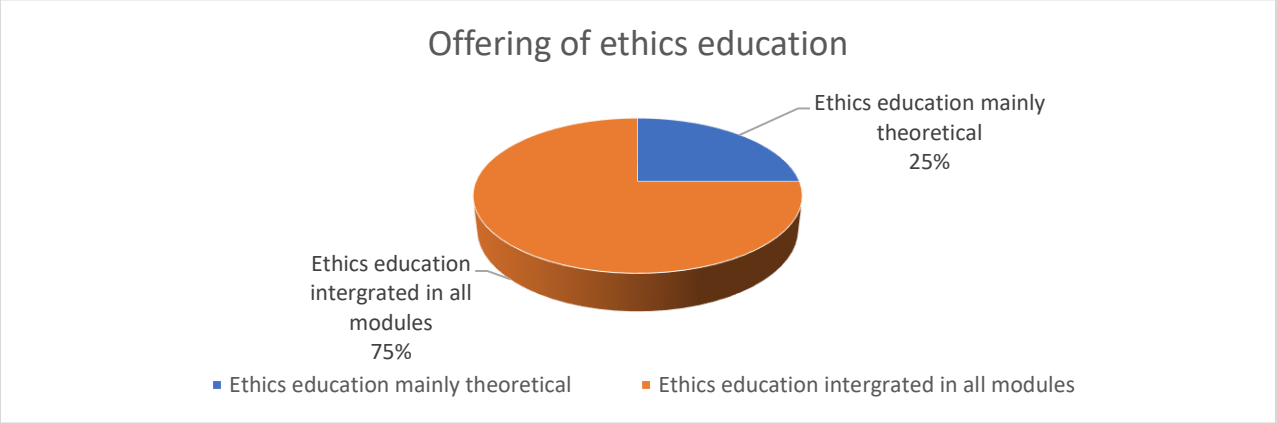

Figure 2. Offering of Ethics education

Subtheme 3: Positioning of ethics education

The majority of respondents 83% (n=10) indicated that ethics education is well positioned as part of nursing education. Respondent 2 shared: "*Students do not need to wait to go to the clinical*

setting for them to learn about the ethical component. These are things that are incorporated in all subjects. I would say yes; it is well offered in the nursing education program."

Contrastingly, two respondents expressed difficulty in confirming the effective positioning of ethics education. Respondent 1 stated: "*It is difficult to say. You don't know how much the lecturers are integrating during the four years. You do not know"*. This was attributed to the different challenges that students confront in practice, the uncertainty on the nature and content of the guidance provided to the students, different role models, how busy the wards are, and the different personal and professional values. Other considerations were the knowledge and skills level of the educators and the level at which they integrate ethics education. In addition, one respondent shared that efforts are made to strengthen the integration of ethics education at Institution A.

Respondent 11 shared: "*I cannot elaborate on whether they get enough of that [ethics education] before they leave the training. It will be better when we get the answer not from the lecturer but from the recipients of health care".*

Respondent 8 strongly believed: "*For me it [ethics education] is a priority compared to the fundamental courses that are offered in the nursing program"*.

4.4.2 Objective 2: Nurse educator's perspective on the teaching and learning of ethics

The second objective of the study was to explore the nurse educator's perspective on the teaching and learning of nursing ethics in Namibia. Furthermore, the researcher explored the nurse educators' views on the preferred teaching aids and teaching methods used for theoretical and practical teaching and learning. In this section an overview of the findings of the study with regard to teaching and learning methods, teaching aids, nurse educators' requirements and reflections are presented.

Theme 2: Teaching and learning

Subtheme 1: Teaching methods and teaching aids

Teaching methods

Various teaching methods were discussed including role modelling by the educator, formal lectures, case studies, case scenarios, assignments, demonstrations, online and group discussions, role play, group work and online Moodle and Panopto lecturers.

Table 5: Teaching methods in the classroom setting

Teaching methods	Respondents
Lecturing	R10, R8, R7, R4, R3, R2, R1
Role play	R7, R5, R2, R1
Assignments	R10, R4, R1
Scenarios, case studies	R10, R7, R4, R3, R2
Role modelling	R2, R1
Demonstrations	R8, R4
Group work	R10, R5

Conversely, one respondent stated that, there are no specific teaching methods preferred at institution A, and indicated that consideration is made for the educators to explore different teaching methods based on the subject content. Furthermore, some respondents stated that ethics education requires a different teaching style. Responses included:

Respondent 2 stated: "*One can play around with what one has to make teaching and learning pleasant and enjoyable for the students and lecturers. If role play is the most suitable for the content, as well when you offer content that are tradition[al] lecture[s], you can explore these teaching methods".*

Respondent 10 said: "*There are some activities that cannot be given in a group work like an activity of an off-duty sheet. In the post Covid- 19 era the teaching mode is online through Moodle and Panopto, now we use Moodle*".

Respondent 8 indicated: "*There are many methods that we can use, currently the preferred methods is online. That is what the university is asking us to do".*

Teaching aids

On the question of the preferred teaching aids as part of ethics education a diversity of views were expressed.

Table 6. Teaching aids

Teaching aids	Institution A	Institution B	Institution C
1. Internet videos with relevant case studies	✓		✓
2. PowerPoint presentations and role modelling	✓	✓	
3. Role play	✓	✓	✓
4. Demonstrations, scenarios, case studies and assignment	✓	✓	
5. Pamphlets, pictures and slides posted on Moodle			✓
6. Legal acts, policies and guidelines			✓

Respondent 11 stated: *"I prefer mostly to use cases reported in the media about the ill treatment of patients and negligence of patients. We reflect on that, I took cases not only from [the] local [context] but also from elsewhere".*

Respondent 8 shared: "*With the first years I would have group discussion[s]. It is not the same like the final year. I will do a lot of presentations [with the first years] compared to the final years".*

Respondent 9 stated: "*Sometimes when I teach theory the lack of tangible material is a challenge on its own".*

However, some respondents from institution B and C indicated not using teaching aids. Respondent 3 said: " *We do not have much visual aids that we use to teach. There are normally no visual aids".*

Respondent 8 shared: *"I probably will have to develop (visual aids). I haven't thought of it".*

The researcher asked the respondents to indicate the source documents used as part of ethics education and a variety of sources where discussed.

Table 7. Ethics education sources

Source documents	Institution A	Institution B	Institution C
Textbooks	✓	✓	✓
Articles	✓		✓
Videos	✓		
Study guide, course outline		✓	
Legal instruments			✓
Policy documents			✓
Rules and regulations, codes of conduct			✓

Key source documents discussed were the regular use of textbooks and internet-based articles that are relevant. Some respondents noted the use of videos, study guides and legal and policy documents. The following are relevant related responses:

Respondent 1 said: "*We don't have local literature."*

Respondent 6 stated: "*Situations may differ, what is shown in the book may not be the same [as] that which is in the community. Covid- 19 is not in our books but we are required to implement. We cannot say that it is not in our books so we can teach it. We teach the student how to apply*".

Subtheme 2: Nurse educator's requirements

A variety of views were expressed on the requirements for nurse educators, and on ethics education. Respondents indicated that nurse educators are required to have a nursing education

qualification. In addition, most respondents stated that nurse educators are required to have a Master's Degree and a minimum of 3-5 years' work experience. Furthermore, some respondents indicated that tutors or assistant lecturers are able to teach without a Master's Degree qualification. Other requirements expressed by the respondents indicated that a nurse educator must be a nurse by profession and that a confidential report from the applicant's employer is generally required from the current employer that will influence the modules that will be allocated to the educator. Respondent 7 said: "*What I am knowledgeable [about] is that a lecturer in our organization should ideally have a Master's Degree in [a] nursing related field and nursing falls under general nursing science".*

Some respondents expressed that all nurse educators are able to teach ethics. Respondent 10 stated: "*We all went through the ethical principles. I think everybody can be qualified to teach ethos of nursing*."

In addition, respondents expressed that educators who teach specialized subjects are required to have a specialized requalification, such as specialized postgraduate qualifications for subjects such as Critical Care and Community Health Nursing in addition to a nursing qualification. Respondents expressed that at institution A and B, nurse educators will be expected to have a specific qualification plus a nursing teaching qualification. In addition, one respondent stated that a post graduate qualification in a specific area will confirm that the educator has an in-depth understanding of the subject and the practical aspects thereof. Respondent 4 stated: "*If you have lecturer who is not well informed and maybe do not know, this makes it more difficult for the students to understand. We need to have specialized people on the subject matter. You do find yourself in a situation when you have to teach and you are not well or don't have the good experience or a good explanation to make the student understand".*

Respondent 8 shared: "*You cannot be a midwifery or community lecture if you haven't done midwifery at your studies"*.

Respondent 6 said: *"There is no way that you can teach something which you don't know. It is better if you have experience. Even though experience can mean a lot of things and you might be in the field and never witness that specific case."*

Some respondents indicated that some educators are assigned additional modules, even though they are not experts in those areas. Furthermore, respondents indicated that due to limited capacity, any nurse educator may be assigned to teach ethics. The following comments clearly demonstrate how some instructors may be assigned teaching tasks not consistent with their qualification or experience.

Respondent 4 said: "*Some of us were given modules that we are really not experts in those subjects."*

Respondent 2 expressed: "*You will find that you have to teach a module in which you are not a subject expert*".

Respondent 3 shared: "*When I started to teach the subject, I was not asked whether I have done ethics*".

In addition, respondents stated that specific requirements should be required for post graduate level educators when they teach students that specialize in that field, but that this not required at undergraduate level. Respondent 8 indicated: *"In the first place, the lecturers themselves have already had the basic training on that module of ethics. So, I don't think it should be [a requirement]".*

Respondent 9 said: *"They need to have it not only up to a Master's level but up to doctoral level to be able to give it to the students*".

Respondent 11 expressed: *"It is needed or else we have everybody, nurse educators, without a specific qualification such as advance qualification in ethics and what will the person offer to the students, because ethics is lacking among today's professional nurses. A nurse educator should have an additional qualification if there is something [qualifications] like that".*

Subtheme 3: Ethics educators' requirements

On the question of specific requirements for ethics educators, respondents from Institution A, indicated that a nurse educator will be required to have qualification in Ethos at National Qualification Framework (NQF) level nine (9) to be able to teach ethos at NQF level eight (8). In addition, nurse educators must have undergone clinical practice and training. Respondent 2 noted that this is *"so that you will know what it takes to be in the hospital environment, how people build*

and maintain relationships with the client [and] …the health care practitioners, how do you interact with the health care practitioners [and] with that experience … relate to the students in that regard".

Respondent 1 stated that: *"There are no specific requirements, as long as they have a nursing education qualification. We look at whether they have an education qualification".*

Another respondent expressed that work experience required for ethics educators may entail experience in teaching ethics, or a mere interest in ethics. Contrary, two respondents indicated not being aware of any specific requirement for ethics educators but indicated that due to the financial constraints, educators are required to teach modules since the training institution cannot employ lecturers for all specific subjects.

Respondent 4 shared: *"Like now you can be given a second or third module to teach that you are not even familiar with it, even though we are not familiar with it. Although you had the basic of it in your training".*

Respondents 3 said: *"In terms of qualifications there is no specific requirements stating that you must have studies specifically as an ethos lecturer".*

Respondent 6 stated *"If you are qualified to teach, then you are able to teach. We do not just pick any one person to teach".*

Furthermore, some respondents stated that the nurse educators' undergraduate nursing qualification provides a basis for ethics education, and as a general module, can be taught by any nurse educator. Respondent 2 stated: "*Provided that you understand the concept [of ethics] you are able to deliver the content and the students are able to understand the content, I will be able to teach, even [though] it needs a different teaching style*".

Respondent 8 shared that *"They do not specify the module that you are going to teach, there is just a specific qualification in a department. Ethos falls under general nursing science so there are general requirements for a person who falls under [the] general nursing science department".*

Some respondents stated that specific requirements for ethics educators will be an added advantage, since the individual may have relevant experience and will find it easy to articulate the

topic. Furthermore, the respondents acknowledged that specific requirements for ethics educators may not be realistic despite nursing ethics education being recognized as a specialized area. Furthermore, the following responses express a similar belief:

Respondent 2 shared: *"Definitely, it [ethics education]is also a specialized area; Like any other specialized areas definitely it is good to have someone who has a qualification in ethics. Then you know they must have read widely … around ethics*".

Respondent 4 expressed: *"I think there should be specific qualification [requirements]".*

Respondents expressed that specialized nurse educators are scarce with the exception of fields such as general nursing, community health and nursing education and indicated that knowledge on general nursing and education is sufficient for educators to teach ethics.

Respondent 12 stated: *"For ethics there were times when we had someone who had a postgraduate in ethics".*

Respondent 7 said: "*I need to consider that which the country is able to offer for nursing educators, the question should be "is there something that the country is offering that we should have".*

Furthermore, a respondent noted that having numerous specialized educators, in the absence of the specific subject vacancies, will result in educators having to wait until a specific position becomes vacant. Respondent 3 shared: *"Just like the way we have normal teachers in the market you have teachers specialized in mathematics that have to wait for a specific position to become available".*

Subtheme 4: Reflection

The researcher explored the nurse educators' views on reflection as part of nursing ethics education. Most respondents indicated that reflection is used as part of teaching and learning. Reference was made to the use of case studies, scenarios and events that take place in practice. Respondent 7 shared that *"when something happens we use that case and enforce the element of ethos".*

Respondent 6 stated: *"we talk of scenarios where the students participate. We give a scenario and ask questions for example how will you handle that situation".*

On the question of feedback on refection, the respondents discussed that feedback is given, in writing, verbally during group discussions, as part of the feedback in students' mental health module clinical registers, and on assignments and tests. In addition, some respondents stated that assessment marks are allocated on the basis of reflection activities and are shared with other nurse educators informally.

Respondent 11 shared that: *"Every month I get these registers and I go through their experiences."*

Respondents expressed that reflection allows for critical thinking, allows students to learn from their mistakes, strengthens students' skills, and supports educators in understanding the level of comprehension among the students.

Respondent 3 said *"Reflection is good; it promotes critical thinking. I think it is needed".*

In comparison, one respondent indicated not doing reflection in groups. Respondent 2 shared *"personally I don't ask them to do it [reflection] in a group. I ask them to do it individually".*

Respondent 11 stated *"The objective is to create an opportunity to allow for the student to apply the experiential learning process on their own, it is from these recordings where I get to know how the students are reflecting back. … from this I sum up of each student's experience on the key areas, and see what is necessary or what needs to be shared with the professional nurses*".

Respondents discussed the challenges with utilizing reflection as a technique. Challenges included some students not having much experience, the level of students' participation and responses, inadequate internet connectivity, inadequate devices, the underutilization of online discussion forums and the abstract nature of ethics. In addition, other challenges were the limited time to complete the subject content while allowing students to discuss, and the ability of the educator to moderate the reflection session and the need to strengthen their ability to facilitate reflection.

Respondent 3 stated: *"These discussions take long, and you might end up not finishing what you were supposed to have covered; when you tell the students that they have to cover some of the things on their own they feel that you are not teaching and that you are giving them the work to go and do".*

Respondent 6 indicated: *"it is really challenging for me; I am not really into ethics. It should still form part of it [nursing education]; certain situations are not common on a daily basis".*

Respondent 6 stated: *"Sometimes we teach of things of the past, and it may not be easy because the people listening are only visualizing; It may be challenging to talk about something that [they] may not have touched with their own hands".*

Respondent 1 shared: *"We need experts to come in [and] talk about reflection, [and] to teach people how to reflect".*

Respondent 2 said: *"Yes, reflection is a very good exercise and should be happening in all subjects".*

All respondents confirmed having experience in facilitating reflection. Furthermore, the majority of the respondents (83%) indicated that they were confident in facilitating reflection while 17 % indicated not being confident.

Respondent 6 shared: *"Sometimes I can ask the students to reflect back to the clinical setting or they have to narrate it in the class - their experiences".*

Respondent 4 said: *"We present scenarios so that we can assess if the students can develop attitudes in a different situation".*

Two respondents recommended that reflection be integrated in all modules and that workshops be held on reflection. The respondents agreed that reflection is used as part of teaching and learning at all three institutions. Respondent 8 indicated: *"Reflection can be used in other modules as well. Of course, it depends which module, the students that you have. It should be used as part of the teaching and learning".*

The majority of respondents, 75% (n=9) expressed the need to expand ethics education while 25% (n=3) indicated no need to expand.

Table 8. Perspective on the need to expand ethics education

Institution	Yes, expand nursing ethics education	No
A	2	0
B	1	0
C	6	3

Contrarily, some respondents indicated that the expansion of ethics education is only needed at post graduate level and not at undergraduate level.

Respondent 11 shared: *"I think [it should be expanded], that will help all of us in all the disciplines."*

Respondent 4 indicated: *"Maybe something should be done for nurses already in the hospital just to remind them of the moral values".*

However, one respondent expressed that ethics education at clinical level falls outside the control of the university. In addition, some respondents indicated that students have adequate information on nursing ethos, but it is not applied fully in the clinical setting. This was attributed to nurses not understanding nursing ethos or no one taking responsibility for the reinforcement of nursing ethics.

Respondent 7 stated: *"So that is why it [ethics] is lacking there; There is a need for the expansion of reflection: we are referring to university level, at clinical level, which is outside the control of the university.".*

Respondent 4 indicated: "*it must be expanded; I do not know how but we need to look at it; there is a need to change nurses' moral behaviour because honestly speaking looking at the situation".*

On the question on whether they have received ethics education or training in the last twelve months, the majority 64% (n=7) indicated no, while 36 % (n=4) indicated yes. The training and education indicated included self-reading on ethics, trainings offered at institutional level, continuous professional development events and short courses.

Theme 3: Nursing ethics education challenges

Subtheme 1: Teaching and learning

On the question of challenges in theoretical teaching and learning environment, respondents identified various challenges. Key challenges listed were time constraints, uncertainty of support provided to the students as part of clinical ethics education, large class sizes, teaching methods, the insufficient assessment of nursing ethics, inadequate text books that contributes to difficulties in obtaining additional subject content to enrich teaching, inadequate skills of educators to facilitate teaching and learning in theory and practice, difficulty in understanding ethics,

unsatisfactory punitive measures to support ethics, and inadequate scientific evidence on ethics in Namibia. The following responses illustrate the comments noted above.

Respondent 1 shared: *"You want to be with the student when they experience the challenge, you are not always there even if [you] wish to be there".*

Respondent 6 shared: *"Policies are there, but implementation is a problem. If you know that there are no punitive measures".*

Respondent 7 indicated: *"They are taught up to their final year of studies, what they are expected to do is not really what is happening in the clinical area. For example, you will see fourth year students are failing to put on full uniform*".

Respondent 3 said: *"The books are not available. The lecturers sometimes need to buy books for themselves".*

Contrary, one respondent stated that the textbooks are sufficient. Respondent 10 stated: *"We have enough textbooks."*

Some respondents expressed challenges with regard to the lack of cases that are available in the public domain and the lack of local literature. Respondent 7 shared: *"These cases are never documented neither online."*

Other challenges noted by the respondents were that nurse educators are relying on the registered nurses in the wards without knowing their knowledge and skills competence level. The demanding workloads of the ward often do not allow the nurses to spend time with the students discussing matters relating to their practical placement.

Respondent 11 shared: *"What I regard as the main challenge is when lecturers are not adequately prepared to teach ethics in their respective modules. That is my biggest challenge".*

Respondent 7 said: *"Ethics has its own grey area or dilemma. Many a time one might think you understand but [you] may not understand it in full and take into consideration factors such as culture, social status and a person's beliefs".*

One respondent expressed that the ethics textbooks mainly refer to nursing with no reference to midwifery. Respondents 2: *"So many books talk about nursing ethics, but midwifery ethics is one*

of the challenges that I have, I would want some textbooks also to talk about midwifery because we come to learn that these are two distinct professions".

Other challenges discussed were the current practice of teaching only ethics theory and giving scenarios with no clinical practice, where this is seen as contributing to the lack of ethics education in clinical practice, the impracticality of ethics education practical placements, the fact that educators are insufficiently skilled on specific ethics topics, and the assessment format of ethics education that generally consists of short examination questions, such as multiple-choice questions.

Respondent 5: *"Because there is no practical component and only a theoretical component*. ".

Respondent 11: *"[This is] a very big gap. When you only teach theory, it is not the same as when going to the practice and pick up practical examples. Ethos does not have a practical component and that is a challenge, the person may learn it theoretical[ly] but if the person was never experienced it or have not seen it ?"*

Two respondents expressed their concern over the current role of the Nursing Council when compared to the past role played.

Respondent 7 shared: *"We do not know whether it is not adequately applied in the clinical area because nurses do not understand nursing ethos or there is none taking responsibility for the reinforcement of nursing ethos. I was suggesting that the Nursing Council of Namibia should have a branch that should look at the adherence of nurses to nursing ethos*".

Other challenges expressed with regards to the implementation of ethics in practice noted were the inadequate punitive measures for non-adherence, inadequate local research and a lack of cases available in the public domain. Some respondents expressed their concern and discouragement.

Respondent 6 stated: *"The profession is breaking apart.*"

Respondent 9 shared: *"Ethics become[s] a dilemma. The time is limited to make the person understand and to save a life and prevent complications".*

Respondent 6 stated: *"Persons should be taken to task; the Nursing Council was very active in the past".*

Respondent 7 said: *"There should be a practical relationship between the University and the clinical setting where our students are. There should be that understanding that we work together so that we have an understanding of nursing ethos at the same level".*

Subtheme 2: Nursing students

Some challenges noted by the respondents related to the students' absenteeism, absconding, issues of lack of interest and ignorance, ill-discipline among students and the cadre and background of the students pursuing nursing merely to obtain a qualification. Respondent 6 stated: *"I will study to get a qualification and not to become a nurse".*

Respondent 10 said: *"You can see that it is actually not their career. Sometimes they will even tell you".*

Other challenging factors noted were the diverse background of the students from the various training institutions that makes the application of ethics difficult, in addition to peer pressure.

Respondent 7 stated: *"The ethics that they are taught may differ among the students. We expect nurses to behave in the same manner".*

Furthermore, a respondent indicated that students only relate to physical harm when referring to the ethical principle of harm. Respondent 10 indicated "*those are the components that we need to give more emphasis [to]. In [the] theoretical part we need to give more practical examples. What we want is not only the theoretical part but also the implementation thereof. We need to relate the two components. We need to [place] emphasis on practical components".*

Subtheme 3: Clients

Other challenges expressed by the respondents were the level of understanding and the cultural context of the clients, and the need for the community to understand the ethical principles of the nursing profession as part of career counselling. For example, parents may pressure children to study nursing with an inadequate understanding of the nature of the profession.

Respondent 10 indicated: *"Sometimes we force our kids to do nursing . They need to understand that they don't need to join nursing if they don't feel like becoming a nurse".*

Subtheme 4: Nurse Educators

Another challenge noted related to the skills of the educators regarding the use of the English language to express themselves, difficulty in explaining ethics concepts in the absence of a practical component, and lecturers who are not adequately prepared to integrate ethics in their respective modules. Furthermore, the respondents stated that some lecturers may be inadequately equipped and may provide superficial knowledge on how to apply ethics in a particular module, and the students will therefore not get sufficient information. The following relevant responses were shared.

Respondent 9 said: *"We miss some points in terms of expressing our self in a second language. The proper understanding is not there in terms of the concepts and terminology".*

Respondent 11 stated: *"That is my biggest challenge … not to say that I am adequately prepared to integrate ethics in my module. I don't think we are giving enough to the students".*

Respondent 12 stated: "*The application [of ethics] is a key challenge*".

Theme 4: Recommendations

Respondents made recommendations in support of nursing ethics education. These comprised of the following:

- The regulatory body, the Nursing Council, ought to strengthen its stewardship role in enforcing ethics education and introduce a training program on nursing ethics education to strengthen and support the nursing professionals after basic training.
- The creation of a practical relationship between the University and the facilities where the students are placed to create cooperation, to create the same understanding of nursing ethos among the various stakeholders, and to reinforce nursing ethos in clinical practice.
- The use of narrative format questions as part of the assessment of ethics education.
- Institutions of higher education ought to offer local specialized courses for nurse educators.
- A semester ethics course ought to be offered in the second and third year of the nursing training programme.
- Increased role modelling and follow up of the students as part of nursing education in practice by the educators.

- Increased support to ensure that people are taken to task with due consideration for past practices, such as when students were provided with uniforms including shoes, compared to current practices that require that students to procure it for themselves.

4.5 Conclusion

This chapter presented the research findings that depict the views of nurse educators on ethics education in Namibia. It has presented the profile of the participating nurse educators, and their views on the status of nursing ethics education as offered in Namibia, as well as the diverse teaching methods and aids used as part of teaching and learning. The respondents expressed their perspective of the use of reflection and their level of confidence to facilitate reflections, which was varied and influenced by various factors. Diverse views on the requirements for nurse educators were presented, which consequently affected their perspective on the status of nursing ethics education. Respondents shared various challenges and made recommendations in support of nursing ethics education. In the next and final chapter, I will conclude the study with the discussions of these findings, and offer recommendations.

CHAPTER 5: DISCUSSION OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

In this chapter, I will present a detailed overview of the analysis of the status of ethics education and the nurse educators' perspective on nursing ethics education. Conclusions will be drawn on the basis of the research objectives. I will also make recommendations for future research.

5.2 Demographic data

Respondents from three training institutions participated in the study. The training institutions were based in Kavango West, Kharas, Khomas and Oshana regions, representing four (4) out of the fourteen (14) regions. The findings indicated a predominance of females among the nursing educators' population, with females representing the majority (83 %) and the males 17 %.

The age distribution ranged between thirty (30) to above sixty (60) years. The majority of the respondents (67 %) were in the age group 41-60 years. This represents a relative middle adulthood population of educators while the minority of 33% were below 40 years and above 60 years. Notably, all respondents were from the nursing profession.

The respondents clinical work experience ranged from one (1) to (30) thirty years indicating a wide range of clinical experience. The majority of respondents had between 11 and 20 years of clinical experience, 25 % had less than 10 years and 25% had more than 20 years of clinical work experience. The years of work experience correspond with the middle age range years (41-60) of the educators.

The respondents' work experience in academia ranged largely between 5 and 10 years (42%), with 33% of respondent having less than 5 years' work experience. The minority (25 %) had more than 20 years of work experience in academia. Notably, all educators had prior clinical work experience.

The majority of the educators had a Master's Degree in the field of Public Health with the minority in nursing specialties. This indicated a preference for Public Health post graduate qualifications in nurse educators. However, at the level of doctoral qualification and higher, the dominant qualifications (25 %) were in the fields of nursing science with only one respondent (8%) having a qualification in Public Health.

5.3 Objective 1: Current status of ethics education

Theme 1: Ethics Education

5.3.1 Subtheme 1: Theoretical teaching and learning

The outcome of the responses indicated that nursing ethics education in Namibia is offered twice during the four-year training course, at the commencement and in the final year of studies. There appears to be a consistent practice of ethics education offered as philosophy of nursing care in the first year and as professional practice in the final year.

Some interesting diverse views emerged as some respondents indicated that ethics education is limited to theory with no practical component, while others perceive ethics education as integrated and reinforced in all subjects. The diverse views on the offering of ethics education are suggestive of the lack of a formalized structure on the integration of ethics education as part of theoretical teaching and the practical application of ethics. The majority of respondents indicated an integrated approach being used for ethics education while the minority indicated that teaching of ethics is limited to theory.

This raises concerns over the teaching and learning of nursing ethics education in the absence of agreed upon modalities regarding the offering of nursing ethics.

5.3.2 Subtheme 2: Clinical placements

In relation to clinical placements, two of the three institutions indicated that provisions are made for clinical placement for ethics education, during which ethical aspects are considered. Findings indicated that ethics education is largely not formally structured and was attended to as teaching opportunities present themselves. This practice potentially creates situations in which some students are not exposed to specific ethical learning opportunities.

The lack of formalization of nursing ethics education is further emphasised by the absence of a comprehensive clinical component and the abstract nature of ethics. This raises questions as to the adequate application of ethical principles as part of teaching and learning in the absence of a structured clinical teaching component and evidence to support the application thereof.

Inconsistencies were noted regarding the perspective of the educators concerning the supervision of students in practice. The lack of clinical supervision by the educators further indicates the

overreliance on preceptors and nurses for teaching in clinical practice, in addition to the absence of a clinically structured ethics education programme. This corresponds to the diverse views expressed on the integration of ethics education in clinical practice. Findings further raised questions about the status of ethics education as predominantly a theoretical subject, with little or no clinical component or evidence of integration.

Additionally, the lack of supervision by educators in clinical practice supports the view that clinical practice is perceived as being external to the training institution. The few respondents in the study who indicated that they supervise and provide support to students in practice made no specific reference to ethics education. Notably, only one institution had a formal system in place to facilitate communication between the institution and the clinical practice where the students were placed. This points to the need for further investigation into the documentation of the ethical dynamics in practical situations that students are exposed to, in order to provide evidence on the integration of ethics in practice.

Findings revealed that the educators who do supervise students in practice included teaching on the observance of ethical principles as part of nursing care. Key challenges noted with regards to clinical placement are the time constraints faced by educators to follow up with the students in practice, the lack of evidence on the application of ethics in practice, and the lack of understanding and reinforcement of nursing ethics. This further emphasises the need for educators to be well conversant with nursing ethics to be able, as educators, to increase the understanding of ethics among students, and to reinforce its implementation in practice.

5.3.3 Subtheme 3: Positioning of ethics education

The findings revealed that ethics education is viewed as well positioned as part of nursing education. The challenges noted related to the uncertainty of the scope of guidance provided to the students in clinical practice considering the workload at the health facility level, and the diversity of role models, and specific professional and personal values. Findings highlight the challenges noted with regard to the competencies of the educators, and the level at which they integrate ethics education. This further amplifies the importance of ensuring that ethics education is consistently and comprehensively integrated into the training process.

The findings suggest the need to formalize ethics education in clinical practice, considering practices such as the use of the mental health practical logbook that documents abstract learning. Furthermore, findings suggest the need for continuous ethics education for educators and nurses at the operational level to strengthen teaching and learning of nursing ethics education.

5.4 Objective 2: Nurse educator's perspective on the teaching and learning of ethics education

Theme 2: Teaching and Learning

5.4.1 Subtheme 1: Teaching methods and teaching aids

Findings showed a preference for the use of online lectures in line with Corona virus disease (COVID-19) regulations. Other teaching methods include the use of scenarios, case studies, role play, assignments, role modelling, demonstrations and group work. Considering the challenges posed by the Covid-19 pandemic, teaching methods included the use of virtual platforms to facilitate teaching and learning. Taking into account the abstract nature of nursing ethics, not all teaching techniques are easily and effectively incorporated into virtual formats. Notably, the use of demonstrations and role play were indicated by only two and four respondents respectively. Respondents continuously referred to the abstract nature of ethics while the teaching methods were largely traditional mainstream teaching methods. Findings support the recommendations made by a respondent for educators to consider different teaching methods in view of, and specific to, the subject content.

The overwhelming majority of respondents indicated the use of role play, PowerPoint presentations, demonstrations, scenarios, case studies, assignment and videos with relevant case studies as the preferred teaching aids. It was found that a minority made use of legal instruments and guidelines, and visual print material such as pamphlets and photos, as part of ethics education. It was noted that teaching aids that strengthen the illustration of nursing ethics were preferred by the minority, despite the abstract nature of ethics. Moreover, challenges noted included the lack of tangible resources and the absence of documented local cases needed for teaching and learning.

Findings highlight the need for educators to employ teaching methods and teaching aids that support the teaching and learning of nursing ethics. The various teaching methods and teaching aids indicate diverse understandings among the educators. It was found that the key source documents used as part of the teaching of ethics largely comprised of text books and internet-based

articles. The use of rules, regulations, code of conducts, study guides, course outlines and videos were listed by a minority of the respondents. The study found that limited local resources on nursing ethics were available including the documentation of relevant local cases.

5.4.2 Subtheme 2: Nurse educators' requirements

Findings indicate that nurse educators are required to be registered as nursing professionals with a Master's Degree qualification with clinical work experience.

Diverse views expressed indicated that all nurse educators are perceived as being able to teach ethics at the undergraduate level, as the educators' undergraduate nursing qualification provides a foundation for nursing ethics education. Contrary, findings indicate that educators teaching specialized subjects are required to have a specialized qualification in addition to the undergraduate nursing qualification. A post graduate qualification was viewed as confirming the educator's in-depth understanding of the subject matter. This contradicts the findings that all educators are eligible to teach nursing ethics despite ethics being viewed as a specialty. However, respondents acknowledged that educators teaching nursing ethics at post graduate level will be required to have a relevant post graduate qualification at Master's or Doctoral level.

Notably, findings revealed that some educators were assigned additional modules such as ethics education, despite not being a subject expert. This was attributed to the current economic situation, limited specialized educators' vacancies, and the inadequate number of specialized nurses, that results in nurse educators being assigned to teach additional modules such as nursing ethics. This finding reveals that the task of teaching ethics was not consistent with regard to the qualifications or experiences of the educators. This is further supported by the finding that the majority of nurse educators had post graduate Public Health qualifications rather than nursing specializations. Findings further indicated that specific requirements for ethics educators are viewed by the respondents as an added advantage since the educators may have relevant experiences and will effortlessly articulate the topic, in contradiction to the view that any nurse educator is qualified to teach ethics.

The current status of ethics educators as part of the nursing education program is multifaceted and contributes to the challenges experienced, given the abstract nature of ethics and the understanding thereof.

5.4.3 Subtheme 3: Ethics educator's requirements

A minority of respondent expressed not being aware of any specific requirement for ethics educators. Findings indicated that all educators are perceived as being able to teach nursing ethics in the absence of specific requirements. Given the earlier findings that indicate that nursing ethics is regarded as a specialty, the lack of specific requirements is contradictory.

The respondents reported that they have received training and education on ethics in the last twelve months which included self-reading on ethics, trainings offered at institutional level, continuous professional development events and short courses. Participation in diverse ethics education trainings confirm efforts made by the educators to keep abreast of ethics related issues.

5.4.4 Subtheme 4: Reflection

Findings indicated that reflection is used as part of the teaching and learning of nursing ethics education. Educators recommended the expansion of ethics education as part of nursing education, essentially at post graduate level. The benefits of reflection were noted as facilitating critical thinking, learning from mistakes and assisting educators in grasping the level of comprehension among the students. Educators specified time constraint as a challenge while competing to complete the subject content, in addition to the lack of electronic devices among students, especially in light of the virtual mode of teaching.

The study found that feedback on reflection was given in writing or verbally, either individually or as part of group activities. Few respondents noted the evaluation of outcomes and the future use of the reflection technique. The findings noted the limited use of the reflective activities which may contribute to the low levels of students' participation, as the activity may be perceived as pointless by the students. The underutilization of online discussion forums by the students further hampers the use of reflection as part of teaching and learning. In addition, the educators stated that the use of reflection requires the ability to moderate the reflection sessions, which is not as easy when utilizing virtual formats. In addition, respondents expressed the need to strengthen their ability to facilitate reflection or for the use of ethics subject experts.

Theme 3: Nursing ethics education challenges

5.4.5: Subtheme 1: Teaching and learning

The results indicated challenges that relate to the theoretical teaching and learning environment, with emphasis on time constraints, class sizes, teaching methods used and limited available resources. These variables adversely affect the educator's ability to enrich the teaching experience, and in turn provide a solid ethical base for students.

Respondents expressed uncertainty on the nature of support provided to the students in practice, and this raises questions about different competency levels in the theoretical and clinical teaching and learning on ethics education. Notably, findings indicated that one training institution formalized the practical relations with the training facilities, in order to facilitate the sharing of information on the practical placement of students and the reinforcement of nursing ethics. This practice is recommended as it can foster the enforcement of uniform agreed upon nursing ethics standards among training institutions and health facilities.

The findings indicated that the assessment format used for nursing ethics contributes to superficial assessment, as assessment of ethics education is generally limited to the use of short examination questions, such as multiple-choice questions. Moreover, the absence of a formalized practical component further supports the notion of the impracticality of ethics education in clinical practice. Comparatively, an abstract subject such as mental health is able to have a formalized clinical component, and provides for evidence of clinical teaching through the use of student's clinical registers. This may provide guidance for the integration of ethics education in practice.

Worryingly, findings indicate that some educators acknowledged not being adequately prepared to facilitate ethics education. This is contrary to the views expresses on the adequacy of undergraduate ethics education as sufficient to allow all educators to teach nursing ethics. Furthermore, a respondent highlighted the need for ethics education from the midwifery perspective. This raises the question on what constitutes nursing as a profession and the importance of ethics education in all elements of training.

Other challenges noted were the understanding of ethics in the social context. This further emphasize the views expressed earlier on the abstract nature of ethics and the importance of using appropriate teaching methods to facilitate ethics education. These findings further indicated inadequate scientific evidence and the lack of documented ethics related cases in Namibia.

Updated scientific evidence will provide a basis to bridge the gap between educators, students and the evolving health system. This allows for nurse education to remain contemporary and in line with the needs of the current generation of nursing students.

The findings highlighted the perceived inadequate stewardship role of the Nursing Council of Namibia in the reinforcement of nursing ethics, when compared to the Council's past performance. The findings indicate the need for the Nursing Council to enforce nursing ethics. This was amplified with the proposal for Council to institute a designated branch tasked with the adherence of nursing ethics and safeguarding the profession. Findings further suggest the documentation of local ethics cases and the generation of local scientific evidence through research that provides recommendations to strengthen ethics education in the Namibian context. This will avoid the reoccurrence of similar professional misconducts and mishandling of ethical dilemmas.

5.4.6 Subtheme 2: Nursing students

Findings highlighted the influence the students' conduct and background has in the application of nursing ethics. This potentially highlights the importance of a robust selection process of applicants to the nursing programme. The abstract nature of ethics education requires effective teaching and learning initiatives to clearly explain the ethical principles and concepts in a manner that students are able to comprehend and apply.

5.4.7 Subtheme 3: Clients

Educators acknowledged the impact that the public, as clients, play in the application of nursing ethics in practice. Contributing factors are attributed to the influence that parents exert on their children to join the nursing program with no regards for their aptitude and a diverse understanding of the ethical principles of the profession. This is attributed to parents' view of the nursing profession as a mere entrance to a potential occupation.

5.4.8 Subtheme 4: Nurse educators

From the broader perspective, findings indicated challenges experienced by educators to integrate ethics education. Ethics concepts require that educators be conversant with the terminology in English while student are largely more conversant in other vernaculars. This further amplifies the challenges noted with ethics education as it contributes to educators providing superficial knowledge on the application of ethics.

5.5 Recommendations

Recommendations expressed suggest the strengthening of the stewardship role of the Nursing Council through the introduction of a training on nursing ethics education to support the nursing professionals in practice, and the strengthening of punitive measures for unethical practices.

Respondents suggested the re-introduction of the provision of uniforms for the nursing students to ensure uniformity. This practice was preferred as it is viewed as an enforcement of uniformity among student's uniforms compared to the diverse uniforms currently procured by the students.

Findings recommend the change of the assessment format used for ethics education to include the use of narrative format questions, in addition to the supervision of students in practice by the educators, with a focus on potential ethical situations or issues.

Additionally, the study findings recommend the offering of ethics education throughout the four-year program, rather than being limited to two of the four years of training. This recommendation supports the importance of reinforcing ethics education throughout the period of nursing training. This is contrary to the earlier findings that suggest that ethics education is well positioned while offered twice in the four-year program. This suggests that the extent to which ethics is integrated ought to be standardized and established.

In addition, it is suggested that diverse teaching methods and teaching aids be used to strengthen the teaching and learning of ethics. The use of virtual electronic devices requires proactive measures to support the learning process and to ensure that it is effective. The study findings strongly suggest the importance of the supervision of students in clinical practice by the educators while in training. This support in practice will strengthen the enforcement of ethics in practice.

The research findings recommend further research on the assessment and the integration of ethics in the practical setting, which may facilitate further effective learning. Studies may delve into the nurse educators' understanding of the nature and scope of ethics. Lastly, the respondents recommended the development of local post graduate specialized courses for nurse educators, including ethics. This further amplifies earlier findings that requirements for educators should take into consideration the locally available courses for nurse educators' education.

5.6 Limitations

Due to the focus of the research study various limitations were noted. Firstly, the study could have explored the participants' understanding of the scope of ethics in the context of the nursing profession's ethical framework in light of the local context where the issue appears salient.

Secondly, more in-depth discussions on the incorporation of the local moral framework as part of nursing education could have enriched the research findings.

Lastly, the study was conducted at institutions of higher learning offering qualifications at NQF level 6 and higher. This excluded new institutions who may have added another dynamic to the current approach of nursing ethics education.

5.7 Conclusion

This study sought to establish the status of nursing ethics education in Namibia, as well as to explore the perspective of nurse educators on this topic. These objectives were achieved by firstly conducting a literature review on nursing ethics education in Namibia and more generally in Chapter 2. On the basis of this review, a qualitative research approach was followed, as described in Chapter 3, which involved administering a semi-structured questionnaire to nurse educators that met the inclusion criteria, consisting of open-ended questions. The findings of this study were documented in Chapter 4, and discussed above in this chapter. These findings suggest that while ethics education is perceived as being integrated into nursing education in Namibia, the implementation thereof calls for evidence-based practices to ensure this happens. There is a need to investigate the evidence in place indicating the integration of ethics in nursing education. This is required in the absence of agreed upon modalities regarding the offering of nursing ethics, thus providing guidance for modifications to be implemented. The findings highlight the need for more studies on nursing ethics in Namibia to increase the existing knowledge on the available reference sources, teaching methods and aids to support the teaching of an abstract subject such as nursing ethics.

Furthermore, the preference for Public Health qualifications among educators calls for further investigation on the scope of nursing as a field of Public Health, and determining how ethics is a component in this field. There is a need to clearly define the nurse educators' qualifications for the nursing profession and for the various specialized fields of nursing. This will support the

establishment of technical subject experts in the nursing profession and not oversimplify nursing as limited to the field of Public Health. The assignment of the responsibility to teach ethics calls for greater attention considering the challenges noted by the nurse educators with regards to the integration of ethics as part of nursing education.

Other factors to consider include the areas for further education that the training institutions may develop to provide opportunities for post graduate trainings in specialized areas in the country. Formalized nursing ethics standards among training institutions and health facilities may support the enforcement of ethics in practice.

Notably the lack of understanding of nursing ethics was raised during the study, that further calls for the increase in ethics education to increase the understanding thereof. Matters that relate to etiquette such as improper uniform were referred to as ethics. This highlights the need for ethics education post basic training. This may include inclusion in the various domains of nursing that constitute the nursing profession. In addition, the use of responsive teaching methods and aids to facilitate teaching and learning in the local context is important as part of initiatives to enrich the content of nursing ethics education. The understanding of the local ethical framework in the context of the nursing profession and the education of nursing students is crucial to further nursing ethics education. The study provides insight on how nursing ethics education is provided in the Namibian context and calls for considerations of the needs expressed by the educators.

The findings highlighted the saliency regarding the ethical framework in the Namibian context. The implementation of nursing ethics education requires a well-defined and practical approach towards ethics education in theory and in practice. This will eventually translate into an increased understanding on ethics in nursing.

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List of annexures

Annexure A Information leaflet and Informed consent

Information leaflet

The cover page of the questionnaire will contain information on the study, the ethical principles guiding the study and provision to obtain informed consent form for the participants of the study.

The format of the structured questionnaire will include open-ended questions. Open – ended questions allows for the description of the phenomena as expressed by the respondents. The questionnaire will consist of two sections.

Consent form

Section A will contain the biographic data on the gender, age and qualification and work experience of the respondents' in health care and academia. This will assist in the formulation of the respondents' profile.

Section B will focus on the structure of Theoretical and Clinical teaching and learning ethics education, reflection, challenges in theory and practice and recommendations on ethics in nursing education

STELLENBOSCH UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

You are invited to take part in a study conducted by Waltraud Munkanda from the Faculty of Arts and Social Science at Stellenbosch University. You were approached as a possible participant as a nurse educator at a tertiary education institution in Namibia.

1. PURPOSE OF THE STUDY

The study aims to investigate the perspective of the nurse educators on ethics education in nursing at Namibian institutions of higher learning. The research study aims to contribute toward the dynamic field of ethics and increase awareness. In addition, the findings of the study will consequently contribute towards the field of ethical practice of nurses in practice.

2. WHAT WILL BE ASKED OF ME?

If you agree to take part in this study, you will be asked to freely participate in the study and provide responses to the questions to the best of your knowledge. The interview will take about 30-40 minutes to complete. Permission is requested for the researcher to audio-record the interviews. Your responses will be coded when mentioned in the study and not linked to your identity.

3. POSSIBLE RISKS AND DISCOMFORTS

The risks that the training institutions may be identified with the release of the findings of the study. The data will be handed with the greatest care to ensure confidentially and protect the privacy of the participants.

4.POSSIBLE BENEFITS TO PARTICIPANTS AND/OR TO THE SOCIETY

The benefits to the participants by participating in the study is that the participants participate in contributing to the knowledge base on ethics education and contribute to the development of nursing ethics education in Namibia.

5.PAYMENT FOR PARTICIPATION

The participants will not receive any payment for participating in the study and participation is voluntary.

6.PROTECTION OF YOUR INFORMATION, CONFIDENTIALITY AND IDENTITY

Any information you share with me during this study and that could possibly identify you as a participant will be protected. This will be done by the coding of the data to protect the identity of the participants in the publication of the final report. The information of the study will be used for future publications and /or used for other purpose academic purposes in the future as part of post graduate studies. The researcher intends to publish the results of the study and the information will be treated with confidentiality and/or anonymity will be maintained in the publication.

7.PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you agree to take part in this study, you may withdraw at any time without any consequence. You may also refuse to answer any questions you don’t want to answer and still remain in the study.

8.RESEARCHERS' CONTACT INFORMATION

If you have any questions or concerns about this study, please feel free to contact Ms. Waltraud Munkanda at +264 -855673061 , and/or the supervisor Dr. S Hall at Tel. +27 (0)21 8082205 , email shall@sun.ac.za , Philosophy Department, Stellenbosch University

9. RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms. Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

DECLARATION OF CONSENT BY THE PARTICIPANT

As the participant I confirm that:

- I have read the above information and it is written in a language that I am comfortable with.
- I have had a chance to ask questions and all my questions have been answered.
- All issues related to privacy, and the confidentiality and use of the information I provide, have been explained.
- I will be given a copy of this consent form for myself
- The interviews will be audio recorded,

By signing below, I _____ (name of participant) agree to take part in this research study, as conducted by Ms. Waltraud Munkanda

_____ _____

Signature of Participant Date

I agree to be audio-recorded:

_____ _____

Signature: Date:

Annexure B Questionnaire

NURSE EDUCATOR'S SEMI STRUCTURED QUESTIONNAIRE

Instructions:

Welcome participant.

Thank you for participating in the study.

This study examines your perspective on ethics education in nursing education in Namibia. Kindly familiarise yourself with the attached information sheet.

Section A: Demographic data

1. Name of tertiary institution:
2. Specify gender.
3. Indicate age.
4. Indicate professional category.
5. Specify years of work experience in the areas of academia and clinical practice respectively.
6. Highest academic qualification(s).

Section B Nurses educators' perspective on ethics education

1) **Teaching and learning:**

In your opinion, how is the teaching and learning components of ethics education in nursing education offered during the academic year at your institution for both theory and clinical practice?

Probing:

a) Is ethics education well positioned (in terms of when and how the subject is offered) as part of nursing education?
b) Are clinical placements for ethics education in nursing education formally structured?
c) Which teaching methods are preferred in the classroom setting and clinical accompaniment as part of nursing ethics education at your institution?
d) State the preferred teaching aids for nursing ethics education at your institution.

2) Reflection:

Tell me about your experience of using reflective activities as part of the teaching and learning of nursing ethics education at your institution.

Probing:

a) Are you confident in facilitating self-reflection?

b) How are reflective activities incorporated in the nursing ethics education curriculum?

c) How is it documented and feedback provided, should reflection be expanded?

3) **Challenges:** What are the key challenges of ethics education in terms of theory and practice as part of the teaching and learning of nursing ethics education?

Probing:

a) Are there any specific qualifications (academic training and practical experience) required for nurse educators' teaching ethics education as a core subject?

b) Are the same qualification requirements mandatory for lecturers teaching other fields of nursing?

c) Should specific qualifications (academic training and practical experience), be required for ethics educators?

d) Have you received any form of nursing ethics education and training in the last twelve months?

e) Which source / reference documents do you use as part of ethics education?

4) Do you have any further comments or questions?

Thank you for your participation.

Annexure C Ethical clearance from Stellenbosch University

UNIVERSITEIT STELLENBOSCH UNIVERSITY

NOTICE OF APPROVAL

REC: SBER - Amendment Form

27 October 2020

Project number: 13267

Project Title: Nurse educators' and nursing students' perspective on ethics in nursing education: A Namibia case study

Amended Project Title: Nurse educators' perspective on ethics in nursing education: A Namibian case study

Dear Ms Waltraud Munkanda

Your REC: SBER - Amendment Form submitted on 26 October 2020 was reviewed and approved by the REC: Social, Behavioural and Education Research (REC: SBE).

Please note below expiration date of this approved submission:

Ethics approval period:

Protocol approval date (Humanities)	Protocol expiration date (Humanities)
24 September 2020	23 September 2023

GENERAL REC COMMENTS PERTAINING TO THIS PROJECT:

INVESTIGATOR RESPONSIBILITIES

Please take note of the General Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

If the researcher deviates in any way from the proposal approved by the REC: SBE, the researcher must notify the REC of these changes.

Please use your SU project number (13267) on any documents or correspondence with the REC concerning your project.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

CONTINUATION OF PROJECTS AFTER REC APPROVAL PERIOD

You are required to submit a progress report to the REC: SBE before the approval period has expired if a continuation of ethics approval is required. The Committee will then consider the continuation of the project for a further year (if necessary).

Once you have completed your research, you are required to submit a final report to the REC: SBE for review.

Included Documents:

If you have any questions or need further help, please contact the REC office at cgraham@sun.ac.za.

Sincerely,

Clarissa Graham

REC Coordinator: Research Ethics Committee: Social, Behavioral and Education Research

National Health Research Ethics Committee (NHREC) registration number: REC-050411-032.
The Research Ethics Committee: Social, Behavioural and Education Research complies with the SA National Health Act No.61 2003 as it pertains to health research. In addition, this committee abides by the ethical norms and principles for research established by the Declaration of Helsinki (2013) and the Department of Health Guidelines for Ethical Research: Principles Structures and Processes (2nd Ed.) 2015. Annually a number of projects may be selected randomly for an external audit.

Annexure D Letter requesting permission

7 December 2020

Ms. Elizabeth Shali
Academic Dean
Welwitchia Health Training Centre
Windhoek

Dear Ms. Shali

REQUEST FOR PERMISSION TO GATHER DATA

My name is Waltraud Munkanda, a registered Master degree student with Stellenbosch University Student number 19594097. I live in Windhoek, Namibia and I intend to conduct a study with the following title: The nurse educators' perspective on ethics in nursing education: A Namibian case study.

My request is for permission to gather data during December 2020 and January 2021 for my research study targeting the nurse educators at Welwitchia Health Training Centre who are:

- staff lecturing ethics and
- staff lecturing final year undergraduate nursing students'.

My research supervisor is Dr. S Hall from Stellenbosch University email address: shall@sun.ac.za , Philosophy Department. Permission to conduct this study was obtained from Stellenbosch university and the Ministry of Health and Social Services (MoHSS) Research Ethics Committees. Attached is my research proposal and relevant attachments, ethical clearance from Stellenbosch University and the MoHSS for your consideration.

Looking forward to your response.

Yours sincerely,

Waltraud Munkanda
Mobile: 0855673061
Email: walli@iway.na

Annexure E MoHSS Ethical clearance letter

REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198
Windhoek
Namibia

Ministerial Building
Harvey Street
Windhoek

Tel: 061 – 203 2537
Fax: 061 – 222550
E-mail: itashipu87@gmail.com

OFFICE OF THE EXECUTIVE DIRECTOR

Ref: 17/3/3/WM
Enquiries: Mr. A. Shipanga

Date: 04 December 2020

Ms. Waltraud Munkanda
PO Box 50997
Bachbrecht
Windhoek

Dear Ms. Munkanda

***Re:* The nurse educators' perspective on ethics in nursing education: A Namibian case study.**

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**

3.1 The data to be collected must only be used for academic purpose;
3.2 No other data should be collected other than the data stated in the proposal;
3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;
3.4 A quarterly report to be submitted to the Ministry's Research Unit;
3.5 Preliminary findings to be submitted upon completion of the study;
3.6 Final report to be submitted upon completion of the study;
3.7 Separate permission should be sought from the Ministry for the publication of the findings.

4. All the cost implications that will result from this study will be the responsibility of the applicant and not of the MoHSS.

Yours sincerely,

EXECUTIVE DIRECTOR
MINISTRY OF HEALTH AND SOCIAL SERVICES

BENNA NGOMBE
EXECUTIVE DIRECTOR

"Your Health Our Concern"

Annexure F IUM Permission letter

THE INTERNATIONAL UNIVERSITY OF MANAGEMENT

Dear Ms W Munkanda Date 8.12.2020

RE: Research Permission

This letter confirms the approval of your proposal by the IUM Research Ethics Committee. The proposal demonstrates an awareness of ethical responsibilities and a commitment to ethical research processes. The approval of the proposal by the committee thus constitutes ethical clearance.

In order to acquire the information from different sources that you have requested the following Offices of the International University of Management needed to be contacted;

Prof O. Arowolo (Acting Vice Chancellor) for any policies or documents of the university.

Email address: o.arowolo@ium.edu.na

Mr S Naruseb (Human Resource Director) data or interviews/questionnaires from staff members.

Email address: s.naruseb@ium.edu.na

Mr A Nashilundo (Registrar) for entering the data base and information from students interviews/questionnaires.

Email address: a.nashilundu@ium.edu.na

All information released is subjected to policies of the International University of Management.

However, because of our own interest in research we expect you to share your findings with us on completion of your research study.

Yours faithfully

Oladele O Arowolo (Prof)
Acting Vice Chancellor

Annexure G UNAM Permission

CENTRE FOR RESEARCH AND PUBLICATIONS
Office of the Pro-Vice Chancellor: Research Innovation and Development
UNIVERSITY OF NAMIBIA, Private Bag, 13301 Windhoek, Namibia
340 Mandume Ndemufayo Avenue, Pioneers Park, Office 2090 ☎ +264-61-206 4634 research@unam.na Fax+264-61-206 4624

05 February 2021

Dear **Ms Waltraud Munkanda,**

PERMISSION TO CONDUCT RESEARCH ACTIVITIES AT THE UNIVERSITY OF NAMIBIA (UNAM)

Your application to conduct research at UNAM entitled: **"Nurse educators' perspective on ethics in nursing education: A Namibian case study"** was considered based on ethical evaluation from your institution. Hence, permission is hereby granted with the following conditions:

1. During the course of your research activities at UNAM, you will observe the required procedures, norms and ethical conduct in accordance with the relevant Research Policies and Guidelines. If unsure, please consult *the Centre for Research and Publications* at UNAM for guidance. Any deviations and amendments to the original documents submitted (i.e. research proposal, interview guide, consent forms, etc.) must be submitted again for approval before the research activities can commence.
2. **The results of the findings will be shared with the PVC: Research, Innovation and Development, and the Centre for Research and Publications, before they are disseminated or published in the public domain.**
3. Upon completion, a copy of the Research Report must be lodged with the UNAM Library for our records.
4. Proper, full acknowledgements of the University of Namibia and all participants /respondents shall be done in the Research Report and any subsequent publications arising from this research.

If you are agreeable to the above conditions, please sign and date a copy of this letter and return it the Centre for Research and Publications (Email: research@unam.na). If you have any queries, do not hesitate to contact the Centre for Research and Publications.

Wishing you all the best with your research.

Yours sincerely

.....

Prof. Hileni M. Kapenda
Director: Centre for Research & Publications

I accept and agree to all the conditions

W Munkanda 7/02/2021

Full Name and Surname Signature Date

Annexure H WHTC Permission letter

WELWITCHIA HEALTH TRAINING CENTER

RESEARCH DIVISION

Enquiries: **Mr Panduleni P. Shimanda** Mobile: +264 81 3296489
P. O. Box 98604, Pelican Square Email: research@welwitchia.com.na
183 Industria Street, Lafrenz Ext. 1, Windhoek, Namibia

All correspondence must be addressed to the office of the Research Coordinator

Date: 18/12/2020

Ms Waltraud Munkanda

Student number: 19594097

Dear Waltraud

RE: THE NURSE EDUCATORS' PERSPECTIVE ON ETHICS IN NURSING EDUCATION: A NAMIBIAN CASE STUDY

Reference is made to the above mentioned subject:

The office hereby grants you permission to collect data from staff lecturing final year undergraduate nursing students in regard to your study which seeks to explore **"The nurse educators' perspective on ethics in nursing education: a Namibian case study"**.

Kindly be informed that permission has been granted under the following conditions:

- Permission should be obtained from each individual staff
- The data collected must only be used for academic purposes
- A copy of the final report to be provided to Welwitchia Health Training Centre

Regards,

Panduleni P Shimanda
Research Coordinator