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Widening participation through a Foundation degree: using ethical capability concepts to understand the meaning of social justice within caring relationships.

Introduction

As health care moves increasingly from hospital to community settings, so the National Health Service (NHS) workforce is changing. Complex, routine care is provided by vocationally-trained support workers including over one million social care workers (DH, 2008). Responsibilities are being delegated as part of a systematic process, described by Wanless (2002) as part of the solution to growing demand and cost. Critics, however, consider the absence of national mandatory standards for support worker training to be 'a threat to public safety' (McKenna et al, 2004: 455). Government also recognises the urgent need to develop higher levels skills and knowledge:

> *"The NHS and social care sectors spend more than £5 billion annually on training and developing staff. Only a small fraction is targeted at staff working in support roles – the least qualified don't get the opportunity to participate in learning and development. It is not acceptable that some of the most dependent people in our communities are cared for by the least well trained."*
>
> (DH, 2006: 8.46 – 8.47)

Reflecting the potential of non-professional staff in the NHS, a new pay and grading structure (DH, 2004) introduced an intermediate role, often called Associate Practitioners. The new grade was intended to create a career pathway for people wishing to progress into more responsible roles. One of the required qualifications is a *Foundation degree*, a qualification introduced to meet the need for higher level skills and knowledge (DfES, 2003). Although well established in Europe and the USA, intermediate level degrees are new to the British education system (Robertson, 2002). Here, the drive towards professionalism has led disciplines to become degree-level entry, although Lauder & Roxburgh (2006) argue that standards have not suffered in either the USA or Australia where 'associate' nurses qualify within two years.

Early research findings are inconclusive. Evaluation of Associate Practitioners within critical care settings led Johnson et al (2004) to conclude that issues of delegated responsibility are unresolved, given the increasing importance of ethical reasoning and action in complex settings. However Nancarrow and Mackay (2005) found them to be capable of working autonomously in complex situations, differing only from their degree-educated colleagues in their use of language and managerial responsibility.

Although the concept of 'moral strain' is recognised in nursing (Nordam et al, 2005: 1248), studies including support workers are scarce. One unpublished study explores feelings of helplessness amongst support workers in complex 'end of life' settings (Kelly, 2004). Another, seeking to discover why Home Care Workers leave their jobs, reports participants feeling 'isolated and ignored when discussions regarding a client's care were taking place', Fleming and Taylor (2007: 70). Nancarrow and Mackay (2005: 300) identify an 'urgent' need to clarify the supervisory and accountability relationships for all support staff.

Literature Review

Established professions have structured approaches to pre- and post-qualification education, including ethics. However research suggests there is still some way to go. A meta-analysis of USA-based studies in medical education, leads Eckles et al (2005:154) to question whether educators know whether 'virtuous physicians' or 'problem-solvers' are needed. Kenny et al (2003: 1208) blame problem-solving for the loss of 'the ethics of character' in medicine, although some psychologists clearly prioritise the 'virtuous practitioner' (de las Fuentes et al, 2005). Fly et al (1997) cite boundary violations as a concern for psychology educators, along with problems of judgement, integrity and honesty.

When nurses are asked to identify ethically-challenging issues, they report concerns related to: pain and suffering of patients, policy constraints, organisational problems, actions of colleagues and of medical staff, problems in collaborating with others, respect for patient rights and dignity, use of physical or chemical restraint, risks to nurses' health, staffing problems and prolongation of life (Blake & Guare, 1997; Corley, 2002; Kim et al, 2004; Plunkett, 1999; van der Arend et al, 1999).

Smaller professions contribute to the debate, although there are very few studies, all of which are highly discipline-specific. Tensions between maintaining confidentiality and disclosing

important information provide an ethical dilemma for counsellors (Brown, 2006). Studies of physiotherapists and occupational therapists recommend a much higher standard of ethics education in pre-registration education, given the more complex issues facing extended roles (Swisher, 2002; Atwal & Caldwell, 2003; Finch et al, 2005).

These perspectives provide a starting point for educators: however, pedagogic research shows that most focus on 'clinical' problems only. Reflecting this, studies describe teaching and learning methods such as real or hypothetical case studies, role play, analysis of critical incidents and structured reflection upon practice. Different philosophical perspectives are generally then used to analyse the problem. Leget (2004: 492) considers this to be the point at which many medical students disengage, positively choosing to avoid abstract philosophical debate which seems 'futile'. He proposes emotional engagement with *people* (Leget, 2004); by enabling students to engage emotionally, they are able to re-orientate their reasoning around their perception of self as a good doctor, promoting the good of society. In similar vein, Jaeger (2001: 131) doubts the value of formal philosophy to nurses, who she calls 'practical minded'. The discrete ethics module, requiring such a different *type* of thinking, can, she posits, militates against deep understanding and instead provokes a superficial approach of no help in practice. Rejecting the concept of empathy, Jaeger (2001) proposes *dialogue* as the only way to reach understanding, given the diverse cultural, religious and social constituencies of nurses and their patients.

Few studies address directly the challenge of maintaining a normative system of ethics within a diverse, multi-cultural society, although Eckles et al (2005) notes its absence. The uniqueness of life and work experiences, values and beliefs brought by an increasingly diverse student body is seen by Handelsman et al (2005) as a challenge to educators under pressure to respond to high numbers and minimal contact time.

The classroom is only one of the many places in which learning takes place, though. In response to educators' wishes to contextualise learning within professions, Aveyard et al (2005) suggest the work place is most effective at imparting 'professional' values. However, others report serious tensions experienced by trying to balance 'ideal actions' and 'realistic actions' (Blake and Guare, 1997: 14). Some report work placements leading to a lowering of personal ethical standards, whether due to the loss of earlier idealism, poor role models or simply in response to the demands of practice (Satterwhite et al, 2000; Kim et al, 2004).

This brief review highlights issues of relevance to the education of Foundation degree students. Discovering how best to equip students appropriately for their new roles, was a goal of the following case study into one cohort's learning experiences.

Case Study: Research Methodology and Findings

As part of a broader study, volunteers were invited to participate in in-depth interviews designed to explore their conception of ethical practice through discussion of critical incidents. Both thematic and discourse analysis were used, each taking the findings in different directions; thematic analysis highlighted participants' thoughts, values and beliefs, while discourse analysis focused attention on key relationships and interactions.

This paper draws upon the latter, in which Sacks' Membership Categorisation Device (Jefferson, 1995) was used to discover *who* students talked about in interviews, and how often. From categories such as 'patient', an initial list of larger 'sets' (groupings of people in similar categories) emerged and was reduced to six: service users / patients including children; families and caring networks; work colleagues / managers; work placement mentors; lecturers; personal network including family. Given the nature of the critical incidents, descriptions related to interactions between the student and another person engaged in some kind of ethical problem. When counted, of the interactions between the student and another, over a third (37%, or 128 individual interactions) were between students and service users. Almost another third (31%, or 105 interactions) were with workplace 'others', such as colleagues and managers. Of the remaining third, workplace mentors accounted for 14% of interactions, personal network 13% and lecturers only 5% (despite a question specifically asking about the classroom-based experience).

Data were interrogated to discover whether 'numbers' of references correlated with any particular 'type'. In almost all, a caring and highly person-centred approach was clear, as the most-used point of reference (in deciding the most ethical course of action) was that of the service user. In the following instance, the student described her internal conflict and eventual action when a child brought into clinic was behaving aggressively towards a much younger child (as her mentor and the parent chose not to intervene):

> *'the fact that he hadn't, they hadn't said anything to him, made me think that maybe that was because he wouldn't listen, maybe he had some sort of behavioural thing*

> *where, that wouldn't have made a difference, I was very prepared for him to get quite angry at me, when I said let's go and play in the corner, and I said 'Do you want to come and play in the corner?' – 'Yeah okay' and he put his arms up! For me to carry him – and I thought 'how simple was that? I could have done that before'. I was expecting some real ''no I want to sit here' so I picked him up and we played on the farm with his truck'*

A potential 'deviant case' (Baruch, 1982, cited in Silverman, 2006: 138) was explored, in which a student spoke disdainfully about a woman who failed to care for her home or family. It became clear that the student's eventual actions and decisions hinged upon the well-being of the child in the household. This aspect of the findings suggests participants develop their conception of ethical practice through close relationships, including people using their services and (although not discussed here) their immediate colleagues and managers. The minimal references to classroom-based learning suggest less value to participants, although reflecting through the in-depth interview was frequently described as illuminating and powerful. If Jaeger (2001) is correct, formal theories introduced in the classroom fail to have relevance to students facing ethical issues or dilemmas in practice, given the practical and relational nature of their reasoning. The work of Gilligan (1982; 1993) offers theoretical and creative strategies to support and deepen this caring ethic, but does not address the kind of moral challenges presented by organisational, policy, resourcing and interpersonal problems described in research. The goal of preparing a group of workers for extended, largely un-researched, contentious new roles, through the Foundation degree, requires an approach to ethics education which builds on the body of evidence from established professions whilst respecting students' personal vantage points and maintaining the person-centred nature of their practice.

The Capabilities Approach

Rooted in the concept of social justice, Nussbaum's (1999) capabilities approach provides an opportunity to explore this challenge. Viewing education as the only way to achieve 'freedom from oppression', she advocates 'critical thinking, world citizenship and imaginative understanding' (Nussbaum, 2006:385). Capabilities provide a framework for evaluating society in relation to 'basic human entitlements'; the *ability* to engage in activities and the *opportunity* to do so are essential (Nussbaum, 2004: 13). She asserts all democracies should

support creation and maintenance of ten capabilities, which include: life, bodily health, bodily integrity, senses / imagination / thought, emotion, practical reason, play, living with other species, affiliation and control over one's environment (Nussbaum, 2000).

How does this offer a learning strategy which has any advantage over more traditional approaches? First of all, the dual components of *ability* and *opportunity* offer a framework for analysing situations in both personal and societal terms. For example, to work with the mother who fails to care for her children, students might be encouraged to understand her ability, in terms of health, emotional well-being, affiliations *and* her opportunities, such as education and access to work or welfare. In expanding a sense of engagement from the individual and local, to the national and global, a broader awareness is possible. Dialogue with others enables exploration and questioning of *layers* of responsibility and influence in relationships and within society. Such activity cannot be restricted to the classroom, but necessarily must be incorporated into practice and assessment. In this way, complex issues can be returned to over time, as situations evolve. Critical examination of the *opportunities* available to people – phrased so as to maintain a focus upon the societal and political – provide scope for students to engage with work arrangements or policies for which they may otherwise abdicate responsibility or adopt a task-focus. Again, such organisational and social awareness may be promoted and assessed through other aspects of the curriculum.

By seeking to understand the dual concepts of ability and opportunity through a real situation, it is necessary to revisit and understand not only one's values, assumptions and aspirations, but spheres of personal influence and political awareness. To do justice to such an approach, assessment must appraise the *quality* of critical thinking, of practical social engagement and of imaginative understanding, rather than seek to test and measure the ability to express and debate abstract concepts in a classroom.

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