

# Communicative integrity and moral education

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## Abstract

This paper suggests that moral education might be advanced where students are granted expressive tolerance in academic work. It is acknowledged that, in some instances, expressive tolerance may result in the disclosure of morally questionable or discriminatory opinions and that this disclosure presents difficulties for educators. However, it is argued that moral education is hampered by any process that blocks open and honest communication/debate and it is suggested that communicative integrity between educators and students may be foreclosed when educators from practice-based disciplines that espouse strong moral claims impose non-academic normative or professional values upon debate and/or assignment assessment (marking). It is noted that significant logical and practical problems attend attempts to 'police' moral content and, to illustrate these problems, an argument that might be described as homophobic is presented. It is suggested that educators who threaten or act to penalise or fail student written work containing discriminatory statements/arguments such as that described in the 'homophobic' example may encourage students who hold such opinions to hide (self-censor) their views so that such views remain or continue unexamined. It is proposed that communicative integrity in educator-student relations is a necessary prerequisite for open dialogue and moral development/education.

## Introduction

This paper is premised on the assumption that student learning is best encouraged within a culture or environment that allows and supports open and honest communication. By implication, it is assumed that learning may be degraded by situations that deny or curtail such communication. When open and honest communication exists between educators and students then the relationship can be described as one in which, potentially, the intellectual integrity of both parties flourishes. However, openness, honesty and hence integrity are often difficult to maintain. Here it is argued that practice-based disciplines such as nursing, social work, and teaching may, within Higher Education (HE) institutes, encounter difficulties in sustaining open and honest forms of educator-student communicative integrity. Specifically, it is suggested that students who express discriminatory sentiments in written work, in ways that meet academic requirements but which contradict the ethos or moral claims of that discipline, pose particular problems *vis-à-vis* the maintenance of communicative integrity. An argument from nursing is used to give this claim a concrete basis.

## Nursing's moral claims

United Kingdom (UK) nurse education moved into HE during the 1990s. Most nursing students in England are trained at diploma level whilst a small percentage take the degree route. Nursing makes strong moral claims on behalf of its members and within the UK these are articulated in the Nursing and Midwifery Council's (NMC) Code of

Professional Conduct (NMC, 2004 – henceforth *CPC*). This code, at the time of writing, prohibits a series of actions (not opinions) and all practicing nurses must comply with these prohibitions. However, within the University setting academic rather than professional criteria are ostensibly used to judge the written work of students. It is here suggested that educators may be placed in a dilemma by student work that meets published academic standards but which expresses opinions that contradict professional mores.

The tension between academic and professional standards is here demonstrated using the outline of a hypothetical 'homophobic' student essay. It is suggested that this outline argument might meet academic standards at diploma level but that it probably contradicts professional values as articulated in the *CPC*. If confronted with such an argument, nurse educators could contemplate penalising or failing (censoring) the work on non-academic grounds in order to protect professional values. Suggestive evidence in support of this possibility has been advanced (Lipscomb & Snelling, 2006). However, censorship cannot but undermine the integrity of educator-student relations since students are unlikely to be informed that non-academic criteria are being used punitively. That is, covertly enforcing non-academic criteria in script marking embodies or encapsulates non-open and non-honest communication.

### **Good analysis – bad conclusion**

At its simplest, an argument is an assemblage of propositions that aim to explain, persuade or convince. Propositions are either premises or conclusions and, in general, a series of premise-conclusion sets form the totality of an argument (Bowell & Kemp, 2002). Individual premises and/or conclusion(s) can be factually true or false, but only arguments can be valid or invalid (validity here refers to the analytic structure of the argument). Yet the validity of an argument does not depend on the individual truthfulness of its premises or conclusion(s). And a logically deductive and valid argument can equally rest upon false (incorrect) or truthful (accurate) premises (Thompson, 2002). All of this seems straightforward for things that can be true or false. However, the idea that morally questionable conclusions can derive from valid argument is more problematic.

The relationship between truth claims and moral statements is, at best, disputed. Further, even where an argument's conclusion is measured against some external standard (e.g., statements contained in the *CPC*) there remains the question of interpretation ('does this *really* contradict the *CPC*?') as well as the possibility that valid argument can produce a conclusion that is 'false' with regard to the *CPC* but not, necessarily, other value systems. The difference here is significant; it is the difference between formal questions ('is the conclusion against the *CPC*?') and normative ones ('is this conclusion morally justifiable?').

Accepting that valid argument can reach ethically questionable conclusions is awkward for educators who support professional moral claims but who grade student assignments against academically grounded published marking criteria which do not overtly recognise moral content. Published marking criteria often include an ethical dimension. However, the descriptors that define ethics (e.g., Moon & Gosling, 2002) usually refer to the ability of students to bring moral principles or ideas to bear in argument and they do not generally specify that certain values or positions are impermissible or obligatory. Further, even where ethical descriptors require that students engage with professional codes, they do not appear to specify that these codes *must* be supported. And thus, an essay containing the argument detailed below, that acknowledged possible friction between it and the *CPC*, which recognised alternative positions as well as the source of its own underlying premises and which supported its assertions with literature, would seem to satisfy published marking criteria.

To illustrate this issue an extreme and deliberately provocative argument is presented. It is asserted that this argument might meet academic standards at pre-registration diploma level but that its conclusion(s) contradict elements of section 2.2 of the *CPC* which states that nurses should “promote and protect the interests and dignity of patients and clients, irrespective of gender . . . sexuality . . . lifestyle, culture” (NMC, 2004, p.5). This example highlights the disjuncture that can exist between academic values and the moral status of conclusions which run counter to predetermined professional norms.

To set the scene it is proposed that this apparently homophobic argument might be made by a student with mainstream religious beliefs in an assignment discussing the relationship between ethical responsibility and risk-taking behaviour. This example is presented because at least one nursing student is known to the author who holds such views *on these grounds* and homophobia is internationally recognised to be a problem within healthcare (Christensen, 2005; Rondahl et al., 2004; Sinding et al., 2004; Tate & Longo, 2004; Schlub & Martsof, 1999). To recap, published marking criteria generally allocate grades according to the quality of analysis/argument presented and yet, in the exemplar homophobic argument, it is the value or belief system of the student and the premises/conclusions this sanctions rather than the quality of analysis/argument that educators are likely to react against. The example outlined below could be criticised on a number of grounds including over-elaboration.

### **Homophobic religious argument**

Premise 1a God’s will is good and people ought to follow and promote God’s will because it is good.

Premise 1b The bible is the revealed word of God.

Premise 1c The bible asserts that sexual acts between people of the same sex are morally wrong and ought to be discouraged (Genesis 19. v24. ‘Then the Lord rained down burning sulphur on Sodom’).

Conclusion 1 Homosexual acts are against the will of God. They are therefore morally wrong and should be discouraged.

Premise 2a Health promotion is based upon liberal, secular and humanist values – it aims to respond to clients ‘non-judgementally’ (this in itself is a value judgement, health promotion is not value neutral).

Premise 2b Reflecting the values it is based upon, health promotion aimed at promoting ‘safe sex’ amongst homosexuals ignores the moral status of the acts that it discusses.

Premise 2c Despite the positive consequences of ‘safe sex’ health promotion (reducing loss of life and suffering amongst homosexuals) its failure to discourage homosexual acts contradicts more important moral imperatives.

Conclusion 2 ‘Safe sex’ health promotion aimed at homosexuals should cease or change so that individuals engaged in immoral acts are advised to desist.

Religious inspiration motivates many people to enter the caring professions and mainstream or traditional beliefs need not be discriminatory (they are often quite the reverse). Nonetheless, it would be disingenuous to suggest that differences cannot exist between professional nursing and other (e.g., religious) value systems. Thus, the

orthodox beliefs of some Christians, Jews and Muslims (as well as other faith communities) might, if acted upon, be antithetical to elements within the *CPC*. Significant numbers of nurses belong to faith communities that problematise homosexual acts and if the nurses who belong to these communities agree with the doctrinal statements of those communities, as presumably they do, then many probably concur with the sentiment if not the detail of the exemplar essay.

This paper does not intend to offend or suggest that discriminatory statements are acceptable and the author does not condone or agree with either the values or conclusions outlined in the exemplar argument (rather, the author strongly rejects the premises and sentiments contained in the argument). What is being suggested, is that student moral education depends upon the integrity of educator-student relations and it is maintained that an educator who is confronted with an essay of this type must be quite clear about the criteria that are being applied in the marking of that essay if such relations are not to be damaged. For, if published marking criteria state that grades are assigned according to the quality of analysis (and this is presumably what HE promotes) then particularly at pre-registration diploma level, where the standard of analysis required is relatively low, the acceptability or otherwise of the moral status of conclusions might, it is suggested, be considered irrelevant and the argument sketched above (suitably supported) ought not to be censored despite apparently refuting elements of *CPC* and common decency. Alternatively, if expressing certain values is unacceptable (e.g., those deriving from particular faith communities) then in the interests of transparency, clarity and equity, marking criteria should be amended to reflect this fact – although the practical or political acceptability of such honesty is, of course, another issue.

Nurse educators who do not simply choose to ignore homophobic or other discriminatory comments/arguments can either censor the example essay and/or attempt to engage in dialogue with the author in an attempt to change their opinions. Dialogue without censorship might perhaps be a sensible option. However, to demonstrate the problems inherent in non-open debate the difficulties inherent in policing moral content must first be acknowledged.

### **Policing moral content**

Lecturers who consider invoking the *CPC* (here a tangential referent for professional values) as justification for censoring this type of argument face a number of problems. First, published marking criteria do not state that the strictures of external or non-University bodies such as the NMC (the *CPC*'s authors) should be met in written work. Second, legitimate arguments can be made for linking lifestyle choices (behaviours) with personal responsibility and healthcare rationing (see, for example, Cappelen & Norheim, 2005). Third, professional value statements (published or tacit) are historically situated and contested. It is only a few decades since homosexuality was considered a disease and forcibly 'treated'. If professional values could accommodate 'treatment' when homosexuality was defined as a disease, but would not now allow such actions, then perhaps we ought to be wary of any non-critical recourse to them today. Finally, if lecturers cite the *CPC* as authorisation to censor work containing arguments that they consider unconscionable, but are unable to articulate how the values presented therein are derived or justified morally, then they are perhaps relying upon the *CPC* as an authority in the same way that religious homophobes cite biblical authority to legitimate their position. (It should perhaps be noted that the *CPC* does *not* justify or support the moral instructions that it contains.)

### **Charge and counter-charge**

Educators can, of course, counter the homophobic example argument. Liberal divines might be cited to suggest that the student misinterpreted scripture or, more controversially, educators could appeal to some form of *moral consensus* as grounds for rejecting the argument. However, this merely raises the question of whose consensus should be recognised? More contentiously still, given the apparent

incommensurable quality of competing value systems (i.e., the difficulty of making declarative judgements concerning their relative 'factual' or 'truthful' content), it might be suggested that secular or humanist values are superior to theologically derived values. If this approach is taken educators could argue that premises derived from religious authority are illegitimate referents in academic work and, if this is accepted, the homophobic argument is therefore unsound. Any one of these counter-arguments may be sufficient to rebut the homophobic exemplar (my preference is for an appeal to moral consensus); however, in judging the goodness or otherwise of this homophobic argument it should be granted that – at diploma level – this probably represents or encapsulates a level of argument commensurate with published academic criteria which do not stipulate that arguments must be irrefutable.

Further, it might ruefully be suggested that from an orthodox religious perspective, clause 2.2 of the *CPC* can support the idea that the 'real' dignity and interests of homosexuals are best served by reprimanding their 'immorality' (bringing them back to God) rather than 'merely' considering their physical safety. This claim, which is centred on a particular interpretation of holistic care, is unlikely to find widespread acceptance. However, not only does it illustrate the potentially conflicting ways in which apparently straightforward moral assertions within the *CPC* can be interpreted, it also suggests that disagreements about the 'correct' interpretation of *CPC* assertions will in reality be politically as well as rationally determined.

### **Problems of degree**

A slightly different problem attends judgements concerning degrees of offensiveness. Considerable interpretative problems are involved in policing the expression of values, not least because 'obviously' objectionable evaluative statements such as 'I should be allowed to refuse to care for homosexual patients' differ from ambiguous or clumsy statements such as 'I always wash my hands after touching homosexual patients'. In the first instance, and depending on context, most people would identify the statement as discriminatory. However, the second statement could simply result from careless writing since, in the clinical environment, hands should generally be washed after touching *any* patient. In this second example, the educator who acted to censor an essay containing what they thought were unacceptable overtones could perhaps be relying on disputable and subjective indicators.

### **Equity**

A student presenting an assignment containing the exemplar homophobic argument might expect to face stiffer assessment criteria than a student presenting a liberal or non-contentious essay of a similar or worse quality. For example, it is unlikely that an assignment arguing that patients should be afforded 'morally neutral equal treatment' would be required to take seriously or demonstrate an awareness of perspectives that argue otherwise, whereas the reverse is not the case. Applying different assessment criteria because of conclusions reached may be inequitable. Yet it is likely that poor non-contentious argument might pass unnoticed whereas contentious poor argument might be noted and possibly faulted.

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None of this would matter if some students did not hold and act upon discriminatory opinions. Yet, as noted, healthcare professionals have been charged with homophobia and similar claims have been made regarding racism (e.g., Dalphinis, 2007; Larsen, 2006; Symon, 2006; DH, 2005). Since evidence continues to indicate that a significant minority of nurses engage in discriminatory behaviours it might be supposed that the effectiveness of current forms of anti-discriminatory moral education requires reappraisal.

Although much innovative pedagogic practice occurs, anti-discriminatory moral education is inevitably undertaken by non-specialists in a variety of settings and, in



some instances, lecturers simply instruct students on what they should and should not do or should and should not say. This simplistic approach is allowed because, since discrimination is wrong in thought and deed, general agreement or moral consensus exists regarding 'correct' and 'incorrect' behaviour. However, *because* consensus exists, anti-discriminatory moral education sometimes appears to undervalue or lack the sense of sceptical inquiry that students are encouraged to adopt in relation to all other aspects of study.

A lack of critical engagement can hamper rather than advance moral education. And, in contrast to the prescriptive approach which occasionally prevails, it is here proposed that moral development might be better advanced if student nurses were allowed, within the academic setting, to advance any idea – however repugnant – without incurring sanction (but not challenge), subject only to the proviso that verbal and written ideas be presented in a reasoned and analytically critical manner. This, it is suggested, would maintain open and honest communication between educators and students and the integrity of the relationship would be protected.

Maintaining educator-student communicative integrity could allow educators to identify and tackle discriminatory views and nursing students who hold such views might become more morally/ethically aware – they may even become better practitioners – *if* communicative integrity pushed students to engage critically with their own moral and ethical understandings. As a necessary part of this engagement students would have to be allowed to voice opinions that run counter to professionally sanctioned norms (e.g., those within the *CPC*).

This argument rests upon the claim that nursing is, amongst other things, a mutually constituted moral *and* intellectual endeavour. It is proposed that intellectual rigour cannot be curtailed by, for example, the imposition of pre-determined moral conclusions such as those contained within the *CPC* (even when the rationale for such curtailment appears plausible) without negatively impacting upon moral education (the thing that curtailment sought to protect or ensure). Significant difficulties would be generated in a small number of instances if nursing students were granted expressive tolerance. Nevertheless, the proposal for allowing expressive tolerance deserves serious consideration for two reasons. First, it cannot automatically be assumed that the difficulties which would accompany the granting of expressive tolerance are worse than those at present encountered. Second, although expressive tolerance and open debate cannot guarantee that students will abandon aberrant or discriminatory moral views, penalising those who express disagreeable opinions may result in self-censorship and disengagement rather than reflection and change.

#### **Discourse based on integrity rather than censure**

It is suggested that nurse educators within HE need to re-evaluate their role *vis-à-vis* the NMC. Moral education as guidance (based upon the acceptance of critical or analytical thinking) might potentially reduce discriminatory acts if it grants a space to students in which they can think through or develop their moral understandings and/or if it allows lecturers to engage with and challenge the ideas and preconceptions of students.

As trainee professionals, nursing students *must* be cognisant of the *CPC* and its regulatory function. However, within the University environment (not within practice) moral education might be enhanced if students are encouraged to express their thoughts – however disagreeable – without the fear of ridicule or reprimand, but in the knowledge that their opinions will be challenged. And critical or analytic thinking should be encouraged with regard to moral assertions contained within the *CPC* as it is in all other aspects of education.

No empirical evidence is presented to sustain this proposal. However, theorists such as Habermas (1989) might be recruited to support the argument that a difference exists between manipulating people to achieve effects (in this instance simply ordering students to internalise moral statements) and reasoning with people in search of agreement. Reasoning or arguing against discriminatory views requires that some degree of expressive equality be granted to students if the search for agreement is even to begin. And although these prerequisites do not *guarantee* that agreement will be achievable, their absence – a situation of communicative non-integrity – presumably blocks it. This is not an argument in favour of moral subjectivism or relativism. Educators must be able to articulate and argue for their own moral understandings in conversation with students. The proposal is simply that engagement rather than blunt censorship may actually meet the ends that we all seek, namely, the education of non-discriminatory nurses. This discussion is timely given the recent focus in UK HE regarding hate crimes and intolerance (see Universities UK et al., 2005).

Engagement, of course, raises its own difficulties. Moral argument is complex and it is easier to denounce unacceptable conclusions rather than ask students to explain and defend the analysis that produced such findings. As Sayer (2000, p.172) notes in arguing for a more thoughtful stance towards the incorporation of normative judgements in social theory, “even to ask for such justifications is likely to be taken as shocking and threatening – as implying the acceptability of the thing being opposed”.

### **Conclusion**

Valid arguments can reach morally questionable conclusions. It has been suggested that educators confronted with such conclusions in written work (or indeed conversation) can either censor (penalise or fail) that work/conversation using non-academic criteria and/or they can engage the student in an attempt to change their opinions. It has not been indicated how the exemplar homophobic argument should be dealt with and it is admitted that engagement may fail to achieve the desired end (non-discriminatory nurses). Nevertheless, educators who adopt a censorious approach to students who reveal questionable moral opinions may induce self-censorship and disengagement among such students. Self-censorship and the intellectual climate which fosters it cannot but constrain moral education and, in consequence, discriminatory views held by student nurses may survive unchallenged. It is suggested that communicative integrity in educator-student relations is necessary if moral education or development is to be achieved.

The huge “conceptual and practical difficulties” that surround anti-discriminatory education are not underestimated (Nairn et al., 2004, p.188). Yet, if the present system permits students with discriminatory views to continue holding such views unchallenged, if it allows them to self-censor, if it does not encourage or allow debate, then an important opportunity has been lost. If taken seriously, engagement with students regarding these issues would make considerable demands upon educators and it cannot be assumed that all educators are prepared or able to meet such demands. However, to rely upon didactic instruction in moral as in other matters may be insufficient. Surprisingly little is known about the number of nurses who hold homophobic, racist, sexist, ageist or other discriminatory views, the form that such views take, the way such views are articulated, or the relation between holding views or dispositions and their expression in action. Nevertheless, it is reasonable to consider the possibility that current methods of moral education are not as effective as they might be. This argument has been advanced in relation to nursing. However, it should be clear that the same argument holds for a wide range of other practice-based professions who now locate their training in HE. It is suggested that educator-student communicative integrity is a necessary prerequisite in addressing these issues.

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## Author Biography

Martin Lipscomb is a Senior Lecturer in the Faculty of Health and Social Care at the University of the West of England. He has an interest in exploring, in an educational context, the possible existence of a disjuncture between some aspects of professional health care values and traditional academic expectations.

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