Nurses are frequently challenged with ethical issues in practice. Conflicts often arise due to discrepancies between personal values, morals, opinions, professional responsibilities and relationships, and the nurse’s role as patient/family advocate. In these instances, nurses often rely on unsystematic intuition and instinct to resolve ethical dilemmas. Without a theoretical background that incorporates an application of ethical concepts, even very experienced nurses who can readily identify an ethical dilemma may struggle with how to process and resolve that dilemma. Although there is widespread agreement that ethics relating to healthcare should be taught as a core component of nursing curricula, finding effective teaching methodologies is often a challenge to nurse educators. One method that may be helpful in delivering ethical content is the use of classroom debates as a teaching strategy.

Use of Debates

Throughout history, debates have been used to inform and persuade groups of people. The use of debates as a means of teaching ethics can be found in nursing and medical literature. Debates that require the use of evidence, as opposed to mere opinion, may be particularly important in developing critical thinking skills. Even though there remains a lack of uniform consensus regarding the definition of critical thinking, general aspects usually include the ability to reason, analyze, research, infer, amend views based on new, well-supported information, and make informed decisions.

Perry’s 4-stage model of development of human thought and knowing processes has been used to understand the development of critical thinking skills. Perry’s first stage is dualism; authority figures are believed to have all the right answers. This stage is most often associated with children and young adults. Individual understanding that truth may be uncertain or have multiple explanations marks Perry’s second stage, multiplicity. Multiplicity generally occurs during secondary and postsecondary education. During the third stage, relativism, the individual develops the ability to form opinions and values based on weighing information in situations. In the fourth stage, commitment, the individual is able to come to truths after evaluating information from multiple sources and integrating this with what is known. According to Perry, progress through the stages is not linear and not every person achieves all the stages.

Debate as a teaching strategy may be beneficial with students in the second stage of cognitive development, and even more effective for students in the third or fourth stages. Preparation requires active involvement in selecting the issue, examination of personal views on the issue, incorporation of pertinent ethical concepts and principles, weighing various aspects of the issue, searching for supporting evidence, sharing information with team members, and collating information into an articulate, persuasive argument. Additionally, Lowenstein and Bradshaw note that debates can increase student comfort levels in speaking to groups, allow for the expression of professional opinions, and foster oral communication skills.

Debate Project

Nursing students, in the final semester, take a tertiary prevention course that includes a theory and clinical component. The course focuses on case management of chronically ill clients in community settings. During the course, students are instructed to select a current ethical issue relating to the types of clients that they manage. At the end of the course, students debate the issue in front of the class.

In the classroom, students are prepared for the ethical debate project by reviewing ethical content on identification of ethical issues, ethical principles, development of ethical standards in practice, and systematic approaches to handling ethical issues. Faculty present situations to be explored in small groups, allow for the expression of professional opinions, and foster oral communication skills.

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explored, in which there is apparent conflict between ethical principles, such as autonomy and beneficence. These situations are derived from previous faculty experiences. Students are asked to recall and share ethical situations they may have encountered during previous clinical rotations. The class is then randomly divided into groups (no larger than 10 students per group) and given an ethical case study written by the faculty. Groups are instructed to identify the ethical issues, determine the applicable ethical principles, decide which, if any, ethical principles are in conflict with one another, and develop a plan for resolving the issue.

In the clinical portion of the course, faculty encourages students to identify issues that they observe or confront in caring for chronically ill clients and their families every week. During clinical postconference sessions, the group discusses various ethical issues, and decides on an issue at least 1 month before the classroom debate. The students make the final decision regarding the issue to be debated, based upon their interest level, relevance to nursing and client care, whether it is truly an issue of ethical conflict, and ability to find evidence in the literature to support their positions. Next, each group phrases the issue in the form of a question. At that point, faculty assist students in wording the question so that it can be clearly debated by 2 opposing positions. For example, the initial question of “How can employees be mandated to reveal their HIV status?” is reworded to ask, “Should healthcare workers be required to reveal their HIV/AIDS status to their employers?” This change narrows the focus, is clearly debatable, and is relevant to nursing and client care. Figure 1 lists examples of how student debate questions were worded.

Students are given debate criteria to follow, including time frames, rebuttal periods, fielding audience questions, use of a moderator, inclusion of pertinent ethical and legal concepts, and requirements for scientifically based arguments (Figure 2). The clinical group meets to determine key points to debate. They then divide into subgroups, with one subgroup arguing in favor of and one subgroup arguing against the question. Each group member explores the literature to support his or her position. Ongoing discussion is generated among all group members as they acquire supporting or conflicting evidence in the literature.

A question frequently asked by students is “How can I argue for something I do not agree with?” At this point, students are encouraged to explore the reasoning behind their views and to examine the literature on both sides of the question. This

- Should HIV/AIDS women be encouraged to have children?
- Should terminal sedation be a treatment option for hospice patients?
- Should HMOs be required to provide what doctors recommend to patients regarding diabetic equipment and supplies?
- Should nurses support a low-carbohydrate diet for diabetic patients?
- Should CPR be performed on terminally ill patients in the downward or dying phase despite family wishes?
- Should healthcare workers be required to reveal their HIV/AIDS status to their employers?
- Should patients with chronic illness have the option to use marijuana for symptom management?

Figure 1. Student debate questions.

Figure 2. Debate criteria.

1. Select an ethical issue and phrase, as a question starting with the word “Should.”
2. Select a moderator for the group. The moderator will introduce the issue and be responsible for debate flow and adhering to time requirements.
3. Divide the group into two subgroups. One subgroup will argue for the question, one subgroup will argue against the question.
4. Be sure to consider all pertinent ethical principles, any conflict between principles, relationship to ethical codes, legal implications, people involved and impacted, and any relevant sociocultural, political, or religious aspects that may influence this ethical issue. All major points must be grounded in the literature.
5. Each group member must articulate a position. Be sure to credit your sources as you speak. Be familiar with your part so you can “talk” it versus “read” it.
6. Format:
   - Introduction (moderator): 2–3 minutes
   - “For” group: 10 minutes
   - “Against” group: 10 minutes
   - “For” group rebuttal: 3–5 minutes
   - “Against” group rebuttal: 3–5 minutes
   - Fielding audience questions: 5–10 minutes
   - Concluding remarks (moderator): 2–3 minutes
7. Each group member will submit a typed reference list and copy of notes used in the debate.
8. Group grade is based on accuracy and thoroughness, delivery, full group participation, adhering to time limits, and written references. This group project constitutes 15% of the course grade.
process helps the student to examine the soundness of the rationale underlying their personal views and to understand how evidence can and does support opposing views.

The debates are conducted in the classroom at the end of the semester. Theory and clinical faculty participate in the evaluation of each group. The grade for the project is a group grade, and constitutes 15% of the course grade. Before the debates begin, students indicate their position on the issues to be debated on a questionnaire. Following the debates, the students are asked again to indicate their position. The students also complete an evaluation of the project.

Results of the Project
In their final semester, 56 students completed the ethical debates. They also completed an evaluation questionnaire regarding ethical debates. The questionnaire revealed that the project changed the way students approached ethical issues in 3 main ways. Students felt that they needed to do research before taking a stance on an ethical issue, and that they needed to be more open minded, more cognizant, and more empathetic in considering all aspects of the issue. When asked if the debates increased their skill in identifying and resolving ethical issues, students responded positively. The most common answer given was being able to see different sides of an issue. This confirmed their response in how debates changed the way they approached ethical issues. In addition, 75% of the students felt that their ability to recognize ethical aspects of healthcare situations greatly improved.

Students were also asked what they liked best about doing debates. The most common responses included teamwork; learning to create an effective argument; speaking; and doing a rebuttal to the opposing side. When asked what they liked least, students included too time consuming; needed more time to get their point across in the presentation; need more time to get literature to support their position; and did not like speaking in front of the class; furthermore, some students felt receiving a group grade did not reflect that some students worked harder than others.

An interesting finding from evaluating the debates was that 75% of the students found the debates challenging and 60% found the debates interesting, but only 47.8% of the students felt they would use the skills they learned in the debates frequently in their future nursing practice. It would be helpful to know why approximately half of the students felt that they would not use these skills in their nursing practice. This will be added to future evaluation questionnaires.

Students were also asked to write down their position on the question being debated before and then after the debate. It was found that students’ level of agreement after the debate presentations sometimes changed dramatically, and other times changed very little. For example, consider the following question: “Should Health Maintenance Organizations be required to provide what doctors recommend to patients regarding diabetic equipment/supplies?” Before the debate, 88.9% of the class answered yes to this question; after the debate, only 46.2% answered yes, representing a 42.7% change. Students were not asked directly what changed their position; however, students commented that the debates helped them to see both sides of an issue more clearly. One might speculate that this insight might be responsible for their changed positions.

It is also noteworthy to mention that on some questions, students did not change their position. For example, consider the question: “Should patients with chronic illness have the option to use marijuana for symptom management?” Before the debate, 86.2% of the class answered yes to this question; after the debate, 75.9% answered yes, representing a 10.3% change. Perhaps the change was not as significant because a great deal of information had appeared in the news about this issue, as it was being debated in the state legislature close to the time students were presenting their debates. In the future, students will be asked what changed or did not change their positions, to gain insight into their critical thinking skills.

Conclusions
Students participating in this project used a systematic process to identify, research, resolve, and reflect on issues of an ethical nature. The debate particularly supports the second through fourth stages of Perry’s model of development of human thought and knowing processes. The critical thinking skills that are emphasized during debate preparation and execution will continue to be valuable skills in nursing practice.

References