

CRITICAL THINKING

by Nurses on Ethical Issues Like the Termination of Pregnancies

This is part of a bigger research project under the leadership of Prof M Poggenpoel, sponsored by the NRF.

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“No nurse may unfairly discriminate against on ground of religion, conscience and belief. “

Abstract

This research forms part of a larger interdisciplinary research project on the termination of pregnancies. The focus of this part of the project is on the ethical issues related to termination of pregnancies.

The practice of the professional nurse is confronted with ethical dilemmas and disputes. Whether the nurse chooses to participate in the termination of pregnancies or not, the core function of the nurse is that of counseling and ethical decision-making. Effective counseling requires empathy, respect for human rights and unconditional acceptance of a person. Making ethical decisions implies making critical decisions. It is self-evident, therefore, that such decisions should be based on sound arguments and logical reasoning. It is of vital importance that ethical decisions can be justified on rational ground. Decision-making is a critical thinking approach process for choosing the best action to meet a desired goal. The research question that is relevant for this paper is: Are nurses thinking critically about ethical issues like the termination of pregnancies?

To answer the research question a qualitative, exploratory, descriptive design was used (Mouton, 1996:103-169). Registered nurses were selected purposively (Creswell, 1994:15). 1200 registered nurses completed the open-ended questionnaires. Focus group interviews were conducted with 22 registered nurses from a public hospital for women and child health services.

Data analysis, using secondary data from open-ended questionnaires and transcribed focus group interviews, were based on the approach of Morse and Field (1994:25-34) and Strauss and Corbin (1990). The themes and categories from open coding were compared, conceptualized and linked with theories on critical thinking (Paul, 1994; Watson & Glaser, 1991 and the American Philosophical Association, 1990). The measures of Lincoln and Guba (1985) and Morse (1994) related to secondary data analysis were employed to ensure trustworthiness.

Based on these findings the researcher concluded that nurses are not thinking critically when making ethical decisions concerning the termination of pregnancies. Recommendations are made as a possible solution for this problem.

Opsomming

Hierdie navorsing vorm deel van 'n groter navorsingsprojek oor die beëindiging van swangerskappe. Die fokus van hierdie deel van die projek val op die etiese aspekte wat verband hou met die beëindiging van swangerskappe.

Die praktyk van die verpleegkundige word gekonfronteer met etiese dilemmas en dispute. Of die verpleegkundige betrokke is by beëindiging van swangerskappe al dan nie, die kern funksie is die van berading en etiese besluitneming. Effektiewe berading vereis empatie, respek vir menseregte en onvoorwaardelike aanvaarding van 'n persoon. Etiese besluitneming impliseer kritiese besluitneming. Om die rede moet etiese besluit op logiese redenasie gegrond wees. Besluitneming is 'n kriesende proses om die beste aksie binne die konteks van die doel te kies. Die navorsingsvraag wat relevant is vir die referaat is: Dink verpleegkundiges krities oor etiese aspekte soos die geëindiging van swangerskappe?

Om die navorsingsvraag te beantwoord is 'n kwalitatiewe, verkennende, beskrywende navorsingsontwerp gebruik. Geregistreerde verpleegkundiges is doelgerig geselekteer. 1200 geregistreeerde verpleegkundiges het die oop-einde vraelyste voltooi en fokusgroeponderhoude is met 22 geregistreeerde verpleegkundiges gevoer.

Data analise, met sekondêre data, is gegrond op die benaderings van Morse en

Field (1994) en Strauss en Corbin (1990). Die temas en kategorieë uit die oop kodering is vergelyk en gekonseptualiseer binne teorieë van kritiese denke. Die maatreëls van Guba en Lincoln (1985) en Morse (1994) is gebruik om die geloofwaardigheid van die navorsing asook die sekondêre analise te verseker.

Gegronde op die bevinding word die gevolgtrekking gemaak dat verpleegkundiges nie kritiese oor etiese aangeleenthede soos die geëindiging van swangerskappe dink nie. Aanbevelings om die probleem aan te spreek word gemaak.

Introduction and research questions

The choice for termination of pregnancies in South Africa was introduced by the promulgation of the Act on the Termination of Pregnancies (no 92 of 1996). In accordance with the Constitution (no 200 of 1993) the act enables women, older than 12 years, to decide autonomously, without the permission of the partner or parents, on the termination of their pregnancies. Apart from being in line with the Constitution, the act also addresses the problem of backstreet abortions.

The Constitution also allows nurses the right to freedom of choice to participate in the act of abortions. No nurse may unfairly discriminate against on ground of religion, conscience and belief. This implies that denial of employment and victimization against nurses who choose not to participate in abortions will be unconstitutional.

This research forms part of a larger, interdisciplinary research project, funded by the National Research Foundation, and focuses on the health care ethics.

Ethics is the study of what is good or right for human beings (Hoffman and Moore, 1990:1). The two key concepts in ethics are thus "good" and "right". Taking personal interest into account, as well as considering and protecting the interest of others means thinking and acting ethically.

Within the context of abortions the above definition creates an ethical dilemma and dispute. In the case of a personal ethical dilemma, the individual (woman) is faced with a tough choice between options, which normally serve different interest. There is however, the luxury of making up one's mind without having to

reach consensus with other parties involved. In the case of ethical disputes, on the other hand, two or more parties, with contradictory ethical views (pro-life versus pro-choice) are involved and it is therefore much harder to come to conclusion on what the best suitable ethical standpoint or action should be (Rossouw, 1994:59).

The practice of the professional nurse is confronted with these ethical dilemmas and disputes. Whether the nurse chooses to participate in the termination of pregnancies or not, the core function of the nurse is that of counseling and ethical decision-making. Effective counseling requires empathy, respect for human rights and unconditional acceptance of a person. Making ethical decisions implies making critical decisions. It is self-evident, therefore, that such decisions should be based on sound arguments and logical reasoning (Botes, 1999:7). It is of vital importance that ethical decisions can be justified on rational ground. Decision-making is a critical thinking approach process for choosing the best action to meet a desired goal (Strader, 1992:233). Sound practice is founded on sound thinking (Paul & Heaslip, 1995: 40).

The objective of this research was to investigate health care ethics with regard to the termination of pregnancies. During the process of data analysis the following research question became relevant: Are nurses thinking critically about ethical issues like the termination of pregnancies?

Research design and methods

To answer the research question a qualitative, exploratory, descriptive design (Mouton, 1996:103-169) from a larger interdisciplinary study was used and secondary data analysis was employed (Morse, 1994: 263).

Population and sampling

Registered nurses were selected purposively (Creswell, 1994:15). 1200 registered nurses completed the open-ended questionnaires. These registered nurses come from all over South Africa and represent nurses who were never involved with the termination of pregnancies as well as nurses who were involved with the termination of pregnancies. Focus group interviews were conducted with 22 registered nurses. These nurses work in a public hospital for women and child health services.

Data collection

Secondary data (Morse, 1994:263) was used from open-ended questionnaires (De Vos, 1998:160) and focus group interviews (Krueger, 1994). The following open-ended questions were asked, namely:

- In your opinion, may a pregnancy be terminated?
- When you hear the word "abortion", what do you think?
- What do you think about the act of abortion?
- What do you think about a woman who chooses to have an abortion?
- How do you behave towards a woman directly after she had an abortion?
- What do you think about a medical practitioner/midwife who carried out an abortion?

Data analysis

Data was analysed using the perspectives of Morse and Field (1994:25-34) and Strauss and Corbin (1990: 61- 193).

- Open coding, using an emic approach, to identify the categories and themes from the open-ended questions and focus groups. Data analysis continued until saturation of categories and themes were reached.
- From the interpretation of the open coding the central story line was identified as a lack of rationality and an emotional response to the ethical issue.
- The categories and themes from the open coding were compared, linked and conceptualized within the characteristics of critical thinkers/thinking. These characteristics of critical thinking are used to present the data.

Trustworthiness

The measures of Lincoln and Guba (1985) were employed to ensure the credibility, transferability, dependability and confirmability of the research project. Triangulation of methods and researchers, peer group debriefing, and saturation of data were some of the measures employed. To overcome the hazards of secondary analysis the conclusions and interpretations were discussed during a consensus discourse with the project leader. During the original planning of the larger project the researchers ensured that all the research questions in the project fit the data (Morse, 1994:270).

Ethical considerations

The researcher adheres to the ethical standards for nurse researchers as described by Denosa (1997). Although an inductive strategy was em-

played in the research the conceptualization and literature review on the termination of pregnancies and critical thinking will be presented before the discussion of the data to ensure a better understanding of the findings.

Perspectives on the termination of pregnancies

The key ethical problem of abortion (termination of pregnancy) is under what conditions, if any, an abortion is morally justifiable. Three view points can be practically distinguished, namely (Olen & Barry, 1996:171-172):

- The so-called conservative view holds that abortion is never morally justifiable, or at most, justifiable only to save the mother's life.
- The so-called intermediate or moderate view consider abortion acceptable up to a certain level of fetal development and/or claim that some reasons, not all, provide a sufficient justification for abortion.
- The so-called liberal view holds that abortion is always morally justifiable, regardless of the reasons or fetal development.

The pro-life perspective will be congruent with the conservative view. The pro-choice perspective however, is not congruent with the intermediate or liberal views, but rather acknowledge the right of the women to make an autonomous decision.

It seems that there is no consensus on the moral acceptability of abortions. The agreement to any answer will depend on one's view of what sort of entity fetuses are and whether such entities have rights. This brings us to the developmental, ontological, moral and legal status of the fetus.

The ontological status of the fetus

Ontology refers to the theory and nature of being or existence and embraces a number of questions, namely: Whether the fetus is

1. An individual organism
2. Biologically a human being
3. Psychologically a human being
4. A person

All of these questions depend on the meaning of "human life" (Olen & Barry, 1996:172). Since most of the controversy surrounding the abortion issue concerns precisely when a human individual or a person is considered to exist, it is impor-

tant to understand the development of the human fetus.

Developmental timetable

Conception occurs when a spermatozoon penetrates an ovum. The result is a zygote. It takes the zygote two to three days to journey down the fallopian tube to the uterus. When the zygote reaches the uterus it develops into a blastocyst. By the end of the second week the blastocyst implants itself in the uterine wall. Between the third and eight-week the entity is called an embryo. Until it is born the unborn entity is called a fetus. The fetus becomes viable around the twenty-fourth week (Olen & Barry, 1996:170).

Moral status of the fetus

The moral status of the fetus is generally, but not always, discussed in terms of the rights of the fetus (Olen & Barry, 1996:174). To grant moral status to the fetus does not deny the moral status or rights of the woman. Indeed, the question of whose rights should take precedence when a conflict develops raises difficult questions for the moderate and conservative views.

Legal status of the fetus, women and the nurse

According to the Constitution (Act 200 of 1993) the fetus is not a person and does not have human rights. The act on the termination of pregnancies (Act 92 of 1996) is based on the right of self determination or autonomous decisions of a rational person and grants the woman the right to make the decision about the termination of pregnancy autonomously, without the consent of any other person, including the married partner. The nurse does have a legal responsibility to nurse, counsel and refer the patients but may refuse to participate in the act of abortion.

Conceptualisation of critical thinking

According to Daly (1998:324) critical thinking differs conceptually from other forms of thinking because of the following characteristics.

Firstly, it is purposeful thinking. Critical thinking selectively attends to something to achieve a goal. With regards to ethical decision-making critical thinking will focus on the promotion of good and fairness. This makes the thinking clear, precise, specific and relevant. These characteristics are also standards for good thinking (Paul, 1990).

Secondly, critical thinking is based on

rationality. This implies that decisions are based on reason and evidence rather than on personal preference and self-interest (Kozier, Erb & Blais, 1997:224). Decisions, made in a rational manner, must be, in some way or another, justified. Logical reasoning is the tool by which one can justify one's decisions. The decision-maker must provide evidence in support of the decision. For this reason knowledge is a prerequisite for critical thinking. Watson and Glaser (1991:29) are of the opinion that critical thinking is a composite of knowledge, attitudes and skills. Attitudes involve an ability to recognize the existence of problems and the acceptance of the need for evidence in support of what is asserted to be true. Skills refer to the ability to employ and apply the attitudes and knowledge.

Thirdly, critical thinking is reflective in nature. In this sense critical thinking is retrospective, because one must first be confronted with information before one can evaluate it (Daly, 1998:423). The reflective process is interactive and the result is that one becomes aware of personal values and personal biases. Sensitivity for the values and rights of others is developed.

Fourthly, critical thinkers are open-minded in the sense that they are open for alternative perspectives and they are willing to debate other possibilities. This implies that they are willing to reconsider. During dialogue critical thinkers demonstrate the characteristics of perseverance and tolerance (Paul, 1990).

Lastly, critical thinkers are autonomous (Kozier, Erb & Blais, 1997:224). This means that they can, on rational grounds, make decisions independently. They are willing to make decisions and take responsibility for the decisions. They are not intimidated by fallacies.

These five characteristics of critical thinking were organized into four categories (as reflected in table 1) for the data-analysis. In conclusion a critical thinker can be described as follows:

The ideal critical thinker is habitually inquisitive, well-informed, trustful of reason, open-minded, flexible, fair-minded in evaluation, honest in facing personal biases, prudent in making judgements, willing to reconsider, clear about issues, orderly in complex matters, diligent in seeking relevant information, reasonable in selection of criteria, focused on inquiry, and persistent in seeking results which are as precise as the subject and circumstances of the inquiry permit (American Philosophical Association, 1990:3).

Findings and conclusions

The findings are reflected in table 1. Table 1 will guide the discussion of the findings and conclusions of the research.

The majority of nurses have a pro-life perspective on abortions. Hardly any of this group justified their thinking and opinions. The nurses with a pro-choice perspective, were the minority but as a rule justified their thinking and opinions. The conclusion of the study can be stated that the majority of nurses do not think critically about ethical issues like the termination of pregnancies. The following discussion will support this conclusion. Direct quotations will be in Italics format.

Open-minded and tolerance

If nurses were critical thinkers they should be open-minded, willing and tolerant to discuss alternative views and

opinions.

The data from the questionnaires and focus group interviews reflects the opposite characteristics. Nurses don't *want to listen/talk or think about the termination of pregnancies*. They are not willing to participate in a dialogue to consider alternatives. They *find it irritable to talk about the issue*. The general response was: *I was brought up this way*. Nurses are not tolerant for other perspectives and just view abortion as a *crime, murder and a sin*.

They viewed the ethical issue very narrow-minded in the sense that they responded that *abortions are unfair, a selfish act and no babies are available for adoption*. They did not reflect on fairness and the decision of the woman not to continue with the pregnancies. They react very judgmental towards the woman who decides on the termination of the pregnancy.

Nurses were comfortable with the conditions and grounds for the termination

of pregnancies from the old act (Abortion and Sterilization Act, Act 2 of 1975) but are not willing to accept the principles in the new act on the Termination of Pregnancies (Act 92 of 1996). It is difficult for nurses to see the termination of pregnancies as part of the promotion of health.

Rational, purposeful decisions

Nurses who think in a rational, purposeful manner use logical reasoning in their decision-making. This means that they can justify their decisions on rational grounds. Their decisions can be justified as fair and with the purpose of the promotion of health. Before they make their decisions they will make a thorough assessment and ensure that they are well informed. Critical thinkers do not jump to conclusions. They take time to collect data, weigh the facts and think the matter through. Critical thinkers do not accept or reject an idea unless they understand it (Kozier et al, 1997:224). Problem-solving skills are internalized in their

Table 1 Findings

Categories (characteristics of critical thinking)			
Data from open-ended questionnaires and focus group interviews			
Open-minded and tolerance	Rational, purposeful decisions	Reflective	Autonomous
<ul style="list-style-type: none"> • Don't want to hear/think/talk about it • Selfish act • No children for adoption • Not fair • Fall back on previous act • Crime, murder, sin • No respect for life • I find it irritable • The woman is inconsiderate and disorganized • Destroy Nurse's Pledge. • I was brought up this way • Decide if an institution is for health or termination 	<ul style="list-style-type: none"> • Threat to nurses and community • Killing, murder, crime • Act of disgrace • Perceive it like a layman • Against Gods will and religion • Lack of proper health service • Satan's work • Waste of tax payer's money • To prevent over population • What about the rights of the fetus • They must deliver their babies and love them • Nurses were not consulted • Taking for granted in place of family planning • Not fair • Right because of the act • Aborsie is die nadeel, die voordeel is om dit te stop 	<ul style="list-style-type: none"> • I don't want to think about it. • Don't want to talk about it • Don't want to learn about it • My morals and religion do not allow it 	<ul style="list-style-type: none"> • Don't want to get involved • Against God's will. I will be judged by God if I.. • Only God can decide on life and death • It is the doctor's responsibility • It is against my religion

day-to-day decision-making processes. They always think in a critical and evaluative manner.

Only five percent of nurses gave a rationale for their perceptions. In ninety five percent of the cases the responses were emotion-loaded without any justification. Nurses *perceive abortions as a sin, murder, a crime, a threat to the community, act of disgrace, waste of tax payer's money and not fair.*

The fact that nurses responded that *they were not consulted* and question the rights of the fetus, demonstrate that they are not well informed and did not make an assessment of the issue. In the normal process to promulgate the act, nurses were involved through the professional organization, as well as other organizations. According to the constitution, the fetus is not a person and is not entitled to human rights.

Nurses demonstrate narrow-mindedness in the sense that they only considered one option and did not think about or consider alternative options. Responses like *abortion is a disadvantage to the community, they must just deliver their babies and love them*, support the conclusion.

Reflectiveness

Reflective practitioners are honest about their personal biases and aware of personal values that may influence their decisions. A prerequisite for reflective thinking is empathy. This means that a reflective practitioner can put them in the position of another person and has a holistic understanding of the position of that person. Respect for the dignity, the rights and values of the other person are a foundation for empathy and reflective practice.

Nurses' general responses were from their own personal value framework. They did not show any sensitivity for personal biases. The values of the women and other role players were not considered. Nurses did not want to learn or talk about the issue. They are not willing to participate in an ethical discourse.

Autonomous

Autonomous practitioners are willing to make decisions and take responsibility for their decisions.

Nurses demonstrate that they do not want to become involved. They perceive decision-making on abortion as the doctor's responsibility. They ignore their responsibility by saying that *only God can decide and that they will be judged by God if they participate.*

Recommendations

Emphasis should be on the development of critical thinking during nursing education. However, the development of critical thinking is not easy, but with effort, everybody can achieve some level of critical thinking and become effective decision-makers. The following are a few recommendations in the development of critical thinking (Kozier et al, 1997:236-237).

Self-assessment and reflection

Curiosity, open-mindedness, humility, courage and perseverance are attitudes that facilitate critical thinking. A nurse might benefit from a rigorous personal assessment and reflection to determine which attitudes she or he already possesses and which need to be cultivated. This self-assessment and reflection can also be done with a partner or in a group.

Tolerating dissonance and ambiguity

It is a human tendency to seek out information that corresponds to one's beliefs and opinions and ignore evidence that may contradict our viewpoints. This phenomenon is explained by the theory of cognitive dissonance (Festinger, 1957). To develop a critical thinking attitude and skills, nurses should take deliberate effort to seek information that is in opposition with their own views. A thorough study of the fundamentals of the opposite views should be made in an effort to understand the theoretical foundation of other opinions. In this way nurses can develop open-mindedness and a tolerance for opposing views.

To tolerate ambiguity, judgment should be suspended until more is known. A thinker who can live with such ambiguity and cognitive dissonance will be in an advantage and will not fall prey to quick fixes.

Seeking situations where good thinking is practiced

Nurses should attend conferences, symposia and debates that support open examination of all sides of issues and respect opposing views. A suspicious attitude should be developed to anyone presenting something as "proven facts" unless it is supported by sufficient and convincing evidence. Cultivating a questioning attitude is of great importance in the development of critical thinking.

Nurses should become aware of their own and other people's reasoning and

thinking to detect reasoning and thinking errors.

Creating an environment that supports critical thinking

Critical thinking cannot be developed or maintained in a vacuum. Nurses in leadership positions should actively create an environment that is conducive to the tolerance as well as the examination of opposing views. Individual nurses should be encouraged to think independently and avoid thinking like the group. Every individual must learn to make decisions and to take responsibility for these decisions.

Summary

The more nurses practice standards of good thinking, the better thinkers they will become. It is a matter of "practice it and enjoy it".

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