

Encompassing multiple moral paradigms: A challenge for nursing educators

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Abstract

Providing ethically competent care requires nurses to reflect not only on nursing ethics, but also on their own ethical traditions. New challenges for nurse educators over the last decade have been the increasing globalization of the nursing workforce and the internationalization of nursing education. In New Zealand, there has been a large increase in numbers of Chinese students, both international and immigrant, already acculturated with ethical and cultural values derived from Chinese Confucian moral traditions. Recently, several incidents involving Chinese nursing students in morally conflicting situations have led to one nursing faculty reflecting upon how moral philosophy is taught to non-European students and the support given to Chinese students in integrating the taught curriculum into real-life clinical practice settings. This article uses a case study involving a Chinese student to reflect on the challenges for both faculty members and students when encountering situations that present ethical dilemmas.

Introduction

Within the context of increased globalization of the nursing profession there is often an expectation that students will internalize the fundamental principles of western moral tradition during their nursing education.

Over the last decade a new challenge for nursing education has been the globalization of the nursing workforce and the internationalization of higher education that is occurring within the context of globalization.¹ According to the New Zealand Ministry of Education:

Over the last decades, international experience has become increasingly commonplace. Nearly two million tertiary students worldwide are involved in formal education outside their own country. This figure is likely to reach 5 million over the next 20 years (p.13).²

In the USA, for example, Asia has been the largest source of international students, providing 55.7% of this student group during 2001–2002.³ It is also reported in the USA that increasing numbers of Asians are enrolling in nursing education.³ A similar situation is noted in New Zealand and, according to the New Zealand Ministry of Education,⁴ between 1999 and 2001 there had been an 86% increase in the number of international students. Most noticeably, 83% of these students held Asian citizenships, with the majority⁵ being from China. In 2004–2005, 43.9% of student visa approvals were for Chinese students.⁵ This has been accompanied by an increase in the number of students enrolling in nursing education. In 1999, at the school in which two of the authors are currently faculty members, approximately 9% of the students enrolled in the Bachelor of Nursing programme were of Chinese ethnicity.⁶ This number had doubled to 18% by the beginning of 2006.

Within this context, however, it is important to note that there are over 30 Asian cultures and there is diversity within and between cultural groups. It is therefore important to guard against stereotyping and homogenizing perspectives.^{3,7} The group of Chinese students at the New Zealand school of nursing from which this discussion emerges reflects this diversity. A small number are from parents born in New Zealand or are second generation from Chinese immigrant families. The largest proportion

comprises recent immigrants and international students, the majority being mainly from China, with a smaller number from Taiwan.

With respect to the immigrants, the majority are mature students who have previously studied in their home countries, with many of them having gained professional qualifications there. The students' previous educational experiences were within education systems that are based on Chinese moral and ethical philosophies. In China, ethics is deep rooted in general philosophy and culture, and the core of Chinese culture is three different teachings: Confucianism, Taoism, and Chinese Buddhism.⁸ Arguably, the most influential of these philosophical approaches has been Confucianism, which emphasizes virtue, duty and context. School, together with family and community, provide the principle context for moral development and have a great influence on shaping an individual's ethical philosophy.^{9,10} Chinese international and immigrant students are acculturated already with cultural and ethical values that derive from Chinese moral systems. The New Zealand social, cultural and institutional environments mainly reflect western moral traditions, which focus on norms, rights and principles.¹¹ According to New Zealand nurse educator Deborah Spence¹¹ there is a danger that nursing education can perpetuate dominant ideologies. In addition, Norwegian nurse Associate Professor Ingrid Hanssen¹² questions if autonomy is necessarily a universal ethical principle and suggests that unquestioning acceptance of the 'nurses' demand for patients to be autonomous may in some cases jeopardize the respect, integrity and human worth that the ethical principle of autonomy is meant to ensure' (p.28).¹² New understandings and skills are required in order to negotiate moral dilemmas successfully and Chinese students are likely to experience difficulty in making and enacting moral decisions.^{13,14}

In the last few years several incidents involving Chinese nursing students in morally conflicting situations during clinical practicum has led to the faculty reflecting upon how moral philosophy is taught to non-European students, the content, and the support provided to Chinese students in integrating the taught curriculum into real-life clinical practice settings.

This article uses a case study involving a Chinese nursing student to reflect upon the challenges encountered by both faculty and students when facing situations that present ethical dilemmas. The student, whose cultural and educational background was steeped in the Confucian tradition, readily gave her consent to the authors to use her experience to help illuminate how we might better support other students from a Confucian background in the future. The use of a case study involving a Chinese student does not imply that it is either only this group of students who experience difficulties or that they predominate in such cases. The presence of a Chinese-born and educated faculty member as a colleague provides an enhanced opportunity to understand better the nature of such dilemmas for this group of students.

Background

Integrating ethics into the Curriculum

Ethics, as a branch of philosophy, concerns the values of what we do and why we do it. In other words, it is about both thinking and doing. It also encompasses the consequences that result from thinking and acting.¹⁵ As a profession, nursing upholds a system of moral and ethical values described in professional codes of conduct. These are intended to ensure that nurses are accountable and responsible for their intent and action in their professional roles.

Within the context of increased globalization of the nursing profession there is often an expectation that students will internalize the fundamental principles of western ethical traditions during their nursing education.

The Nursing Council of New Zealand (NCNZ)¹⁶ is the statutory authority that governs the practice of nursing in New Zealand and as such sets the standards for nursing registration and education. Nurses are required to demonstrate that they meet the required competencies determined by the NCNZ in order to be admitted to the register and to retain their registration. Contained within the competencies and accompanying indicators is the explicit determination that a nurse in New Zealand will 'accept

responsibility for ensuring that his/her nursing practice and conduct meets the standards of the professional, ethical and relevant legislated requirements' (p.7).¹⁶ Schools of nursing are therefore required to ensure that students are able to practise patient-centred nursing that is congruent with the personal values of patients, the institution and society.

The Tangata Whenua, the indigenous Maori people, were inculturated into the dominant *pakeha* or western culture of New Zealand through a pervasive policy of assimilation that underpinned government policy towards Maori up until the 1950s.¹⁷ Recently, Maori researchers and academics have begun developing a framework for Maori research ethics,¹⁸ but the dominant values expressed in New Zealand society reflect a western Judeo/Christian heritage.

Ethics is one of six themes integrated horizontally and vertically into the Unitec Bachelor of Nursing curriculum in order to provide a coherent pedagogical framework. The other themes include: cultural safety, evidence-based nursing, sustainable development, scholarship and technology. The themes are addressed during relevant learning experiences. Horizontal integration is achieved through the themes providing a delivery framework for the courses, and vertical integration is achieved by the themes being further developed as students progress to higher-level courses that reflect greater complexity. Within the curriculum, ethics is defined as 'encompassing the values and beliefs that underpin nursing practice with the purpose of ensuring that such practice is morally and legally congruent with the context in which it exists'¹⁹ (p.19). From a theoretical perspective, students investigate the development of values and belief systems and their impact on health delivery, general philosophical stances to moral philosophy, critical thinking, and the examination and evaluation of hypothetical situations. In the practice setting students are expected to identify their own values and how they impact on practice. They must be able to account for their practice in moral senses as well as legal and best practice; ultimately students should exit the programme with well-articulated values that have been tested in debate and practice.

What the following case study and discussion reveals is that, together with arguably most nursing curricula, there had not been acknowledgement of the underlying western bias in terms of the expected ethical knowledge and behaviour.²⁰ As Ladyshevsky argued, western models of clinical education have many expectations for performance that are taken for granted. Contrasting expectations and behaviours, therefore, may lead to problems for Asian students in their clinical placements. In the case study, all details that could identify the student or the clinical setting have been altered.

The case is presented in two scenarios and reveals that students can experience moral conflict and distress when trying to internalize and use in practice a moral perspective that is different from their own. Being guided by a perspective that differs from that expected by their teachers could lead to punitive consequences, further compounding the students' distress.

Scenario One

A third-year female Chinese student had been placed in a mental health service for clinical experience. She was caring for a male client and considered that she had established a good working relationship with him. One day, the client showed the student some photos of his son and wrote his name, address and his son's name and date of birth on the back of one of them. Then he told the student he wanted her to accept the photo as a token of his appreciation for her care. She informed him that as a student she was not able to accept any gifts from clients. She was also concerned about the issue of confidentiality because of the information written on the back of the photo. The client persisted, insisting that it was his culture's way of expressing gratitude. In addition, the client's mental health history was intimidating for the student and made it difficult for her to be more assertive. She was very uncomfortable and uncertain about what to do and how to refuse him. She accepted the photo.

At a later stage, when the faculty had discovered this incident, she explained that it was her inner sense of Chinese cultural values that led her to make the decision to take it. She thought it would be too impolite to refuse this client's gesture of goodwill under what she perceived as a special circumstance. Given the client's mental health status she was scared that it might upset him if she turned down his request. She was feeling very uneasy because she was unsure about whether or not her very action would be congruent with what she was expected to do from a professional ethical perspective. Nonetheless, she chose not to discuss her concerns with either the clinical tutor or nurses at the clinical

placement. In itself, acceptance of the photo was not significant, but the subsequent use of it had serious consequences. The issue would not have surfaced without the situation described in the following scenario.

Scenario Two

Later that year the student was enrolled in a different clinical practice course and used her experience with the above client as the basis for an exemplar in a written assignment. This assignment required a discussion of issues pertaining to privacy and confidentiality, which she articulated well in her written work. The faculty staff member who marked the assignment had not been involved with this student in her previous clinical course. The photo was attached as an appendix to the assignment and while no details of the identity of the boy in the photo were given, when the faculty member turned the photo over she found the information described above.

Shortly after this was discovered the student was asked to explain how this situation had arisen. She said that she thought all the school's faculty were included in the 'circle of confidentiality'²¹ and were therefore entitled to be recipients of such private information. Within the 'circle of confidentiality' Stuart et al. include 'treatment team members, staff supervisors, health care students and their faculty working with the patient, and consultants who actually see the patient'²¹ (p.163). The patient is naturally included within the circle, but not, it is noted, uninvolved health care professionals, which would include the faculty member who marked the assignment. However, the student stressed (albeit mistakenly) that she thought the faculty staff member had the authority to have such information, and that from her cultural perspective they could be trusted. She also believed that as it was attached to her assignment it would be secure.

At this point the student was close to finishing her degree. She had completed all of the compulsory courses in both theoretical and clinical modules. It was to be expected that by this stage she would have met the criteria of ethical accountability as required by the NZNC competencies for entry on to the register of nurses. At the same time as this situation occurred several similar incidents arose with students of Chinese culture and ethnicity. Concern was raised within the school with regard to the teaching of ethical and moral accountability and responsibility, and its integration in clinical practice by Chinese students.

Discussion

Classical moral ethical theory posits that ethics exist prior to culture. The Australian nurse ethicist Megan-Jane Johnstone,²² however, refutes this, stating that ethics is culturally constructed. She stresses that culture plays a fundamental role in our shared beliefs, customs and values, including what is considered morally right and wrong; therefore, to ignore cultural importance in the teaching and practice of ethics, is morally reprehensible. In the example given, the culture of the client is not known; although it is acknowledged that this may have been significant should the client have come from a culture where the giving and receiving of gifts within the professional nurse-client relationship is acceptable. This is not the custom, however, within the dominant western ethical tradition underpinning New Zealand culture and the school of nursing. There is the risk that it may be construed as the client seeking preferential treatment and is therefore deemed inappropriate. Even so, the moral implications of giving and receiving of gifts within the professional relationship is often an ambiguous one. For example, the giving and receiving of small gifts such as flowers or chocolates from clients or families to health professionals is not uncommon, but this is not the major focus of this case study. What is deemed important is the breach of confidentiality.

The analysis presented here explores a moral conflict from two different perspectives providing a richer understanding of the complexity of the issue. Although the following exemplar may not be seen as a serious breach of confidentiality, it was the catalyst for the authors to begin the process of reflecting on the primacy of the Judeo/Christian ethical system taught in most western nursing schools (including this nursing school) and the ethically distressing and often confusing situations in which students transplanted from a culture steeped in the Confucian tradition may find themselves. Our primary intention in this article is not to explore the western tradition because this is the (often assumed and unreflected) dominant value system underpinning the teaching of ethics across the western world. Rather, we have concentrated on developing a better understanding of the Confucian tradition and how it may have influenced the student's behaviour illustrated in the exemplar. In order to begin this

process, it was necessary for us to explore in some detail Confucian moral codes of behaviour and to reflect on confidentiality, a major moral axiom used within the western tradition, to guide the actions of health professionals within the nurse–client relationship. Breaching confidentiality is the core issue illustrated in the exemplar.

Professional codes of practice place a duty of care on health professionals not to disclose information about individual patients without their consent. Principle Three in the NCNZ Code of conduct for nurses states that the nurse ‘safeguards confidentiality and privacy of information obtained within the professional relationship’ (p.5).²³ Therefore, when the student nurse attached the photo bearing the client’s private information to an assignment for another course, she breached this principle by virtue of the fact that the information was disclosed to the academic staff member who marked the assignment who was not involved in supporting the student in caring for this client. In being exposed to private information to which she was not entitled the academic staff member experienced moral distress while handling the situation.

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In order to present a clear picture regarding the ethical and moral conflict in this case, there is first a review of the student’s accounts of her action. This helps to uncover the underlying rationale of the student’s actions.

The case description shows that the student experienced conflict about the right thing to do. She was aware of her role as a student nurse and the expectations with respect to professional ethical behaviour; however, she was not assertive enough to refuse her client’s request. As she stated, ultimately her moral reasoning and decision making were based on her culture. Although she felt uncomfortable about accepting the photo, she had justified her decision by her own cultural and moral values. She believed she had done the right thing because the client was happy, which was reassuring for her. This dilemma for her was caused by the conflict between her personal values and those expected of her professionally. Her perceived ‘relationship’ with the client was maintained at the cost of compromising her professional accountability.

Principle Four of the NCNZ *Code of conduct for nurses* dictates that ‘the nurse justifies public trust and confidence’ and ‘reports to an appropriate person or authority any limitations in professional expertise or personal health status or circumstances that could jeopardize patient/client safety’ (p. 6).²³ Despite uneasiness when accepting the photo the student nurse chose to be silent about her concerns. She did not seek guidance from clinical teaching staff, such as school clinical tutors and clinical nurses involved in the client’s care, for the best option that could have prevented disadvantageous consequences. In this regard, the student contravened this profession ethical principle.

The issue highlighted in this case study is not unusual; however, the NCNZ identifies ‘improper disclosure of personal information about patients/clients’ and ‘accepting gifts from clients or ex-clients’ (p.10)²³ as conduct to be questioned. The significance in this example is the student’s inability to think through the potential consequences of her action for both herself and the patient. Herein lies the teachable moment.

Several authors have investigated the nature and content of ethical problems in nursing practice. Han and Ahn²⁴ identified ethical dilemmas between students and clients as one of the four content areas of students’ ethical problems. A seminal study conducted by Swider et al.²⁵ explored the nature of moral decision-making processes in senior nursing students. The results indicated that the students were confused about their role and had difficulty in taking responsibility for ethical decisions and with resolving conflict in an individual way. In the present case, the ethical conflict lay in the difference between the student’s professional values and those of her client. The student was not able to assert her professional ethical restraints and, for fear of letting down her client, she used her own cultural ethical values to resolve the conflict. This action is, to some extent, congruent with the research findings of Swider et al. above.²⁵

The student explained that her thought and intent of not being ‘rude or impolite’ came from her cultural moral perspective. She did not want to upset her client and thereby jeopardize her relationship with him. From the principle-based perspective of the NZNC’s code,²³ her thoughts and actions were opposite to what was expected under the professional code. The potential consequences were manifold. Her actions posed a potential risk of breach of confidentiality for the client and his son, and this consequently risked a lowering of public trust and confidence in the profession. Arguably, the student’s behaviour contravened the legislative public safety requirements under the Health Practitioners Competence Assurance Act,²⁶ the principal purpose of which is to protect the health and safety of the public by ensuring that health practitioners are fit and competent to practice. For the student herself, she risked a severe setback to her nursing career as the outcome of her action might well have been failure and potentially disciplinary action.

The goal of education is not to facilitate failure but, as Pring²⁷ noted, a conceptual characteristic of education is to support the achievement of problem recognition and to nurture the settling into a new environment. Rather than viewing this situation from a negative and punitive perspective it provided the opportunity for us to reflect on how we could better prepare Chinese students in the future. In the following section we examine the case in relation to Chinese ethical principles and also contrast it with related notions from common western moral philosophy accepted in New Zealand nursing practice.

As stated earlier, Confucian thinking is one of the main moral and ethical systems in China and is venerated by Chinese people. It has been a dominant influence in the educational moral context over the past 2000 years.²⁸ Over the last five or six decades, China has undergone several social, economic and political movements. Each has introduced new ideas, expanding the domains of both moral and political ideologies. Confucian thinking has emerged to be the main ethical ideology in Chinese culture. The student confirmed that she was raised in a family in which her parents regarded Confucianism as the foundation and tradition in moral and ethical education. Qiu⁸ notes that there are some shared values that provide common ground between western and Confucian approaches to bioethics, such as beneficence, non-maleficence, respect and justice. However, the core values underpinning this philosophy are expressed in terms of collectivism, respect for authority, avoiding conflict and keeping social harmony.^{3,10,20} These core values are in sharp contrast to the respect for autonomy that underpins western approaches to moral philosophy. Although through history there has been development and change to the dimensions and content of traditional Confucianism, these values remain as guiding principles with respect to human relationships for individuals in Chinese society and communities.²⁹ For example, a subject called ‘*deyu*’ is a compulsory course from primary school through to secondary education. The word ‘*de*’ means morality and ‘*yu*’ translates as education.²⁹

Based on the student’s account, she valued considerably the relationship with her client. Although the relationship was one that was formed within her role as a nursing student, she handled the situation from the perspective of her cultural tradition rather than from the expected professional viewpoint. She used the words ‘rude’ and ‘impolite’ as her rationale for this aspect, which can be understood from its opposition to ‘*ren*’ or benevolence under Chinese values. *Ren* is perceived as the most important characteristic of being a good human.²⁸ *Ren* cannot be represented well on its own; to achieve *ren*, or benevolence, an individual must know how to express *li*, which is about rites, rituals, and the social and political conventions. Confucian thinking sees both *ren* and *li* as essential in forming harmonious relationships with others.^{9,30} Although *ren* is seen as virtue, *li* can be taught and learned, such as bowing down, hugging, shaking hands and even smiling. A good relationship entails being a good person.^{28,30}

Like other western countries, autonomy in New Zealand is encouraged and expressed predominantly on a personal or individual level concerning persons’ own thoughts and actions. It is about ‘autonomy of self’.³⁰ In contrast, the ‘self’ in Chinese culture is subordinate to relationships with others. Thus, individuals’ lives as good human beings are dependent on how they relate to others. This may provide an explanation of why Chinese students tend to keep together as a group: by being in relationship with others with the same cultural attributes, individuals feel more in touch with themselves. In other words, one exists because one relates to others.³⁰

Another aspect of *li* is expressed in the notions of ‘respect’ and ‘authority’. A teacher, from a Chinese moral perspective, is treated with regard and sincerity. With respect to *li* this means not challenging the teacher, showing respect and trust, and regarding the teacher as being imbued with parental authority. That the student misunderstood the teacher’s role with respect to the ‘circle of confidentiality’ could therefore be attributed to the concept of teacher in Chinese moral philosophy. Teacher, as a moral notion, is not merely limited to a particular person, but is applied generally; therefore, *li* applies under any circumstances. For example, one of the authors recalls her student years in China, when all the students stood up when the lecturer entered the classroom. They greeted him with one voice and sat down only when signalled to do so by the lecturer. To stand up and greet the teacher is an expression of *li*; this behaviour imbues the relationship between the students and the lecturer with meaning and harmony.³⁰ This moral behaviour was taught and reinforced through all the author’s educational experiences, and even now, when encountering other teachers when sitting, the most comfortable behaviour is to stand up and greet them with respect. The expression of *li* has become an unconscious and effortless action.

The significance of this case is its revelation of the root of the student’s problem. The acknowledgement of clients’ different cultural values and beliefs can lead to tension between personal and professional ethical and moral values. There are situations in which personal values are not congruent with either professional values or those of the client. This situation has revealed a new direction for us with respect to the resolution of the moral and ethical dilemmas that are likely to be met by Chinese students.

Global implications

The nursing profession is not alone in engaging in this debate. In the early 1990s writers from a variety of academic disciplines, including medicine, began to question the hegemonic discourse inherent in western ethics. Within nursing and medicine, this debate is particularly applied to what has come to be known as ‘bioethics’: ‘[t]he systematic study of the moral dimensions – including moral vision, decision, conduct and policies – of the life sciences and health care employing a variety of ethical methodologies in an interdisciplinary setting’.³¹

Catherine Myser, an American bioethics and anthropology consultant, cautions those working in the field of bioethics that it is morally imperative to engage in stringent self-reflection and self-correction, particularly in the construction of dominant mainstream theories and methods. She emphasizes the apparent lack of critical examination of the ‘dominance and normativity of whiteness in the cultural construction of bioethics in the United States’ (p.2).³² What is disturbing, suggests Myser, is that in not recognizing this privileged whiteness, and then to theorize from a non-reflective ethnocentric standpoint, is to risk perpetuation of cultural colonization and to jeopardize fundamental values of social justice in relation to class, race and gender.

Such a call for critical examination of the hegemony of western bioethics is also being heard elsewhere.

For example, in New Zealand, Nie³³ cautioned against assuming a homogeneous Chinese or American bioethics, and points out that there is no single approach and that both cultural and medical traditions manifest individualistic and communitarian values. He called for the development of cross-cultural interpretative bioethics that appreciates the plurality of medical bioethics in any culture. During the last decade, bioethicists and medical physicians elsewhere around the Pacific rim have also been examining and questioning the largely hitherto unchallenged primacy of a western perspective in bioethics, research and medical curricula. These authors all problematized the teaching and application of a universal western bioethics shaped within the Judeo/Christian tradition to people acculturated with their own Asian moral traditions and values. According to Qiu⁸ there is an inextricable intertwining of Confucian values and medicine in China that argues that medicine is the art of *ren*. Others (e.g. Ip et al.,³⁵ and Doring³⁶) contrast the western bioethical tradition, with its emphasis on self-determination, individual rights and autonomy, with dominant Asian communitarian moral values of harmony, filial relationships, and responsibility, with their emphasis on respect for elders and ancestors. These writers identified the cross-cultural conflict that occurs when health professionals educated in western bioethics interact with patients from Asian cultural traditions.

Nurse academics, researchers and clinicians have been arguably more active than medical colleagues in appraising, exploring and scrutinizing what is taught and practised in the distinctive field of nursing ethics. Not all nurse researchers/writers, however, acknowledge the core of ethnocentricity rooted in the still dominant western philosophical traditions that inform most nursing ethics curricula and practice. Several Korean nurse academics, some working with western counterparts, have explored^{24,37,38} how Korean nursing students engage with ethical dilemmas and ethical decision making. Park and her colleagues³⁷ replicated a US study using five ethical decision-making models. They questioned whether the US study's results would be relevant in Korea; however, they did not question if the application of a research tool steeped in its culturally prescribed Anglo-American values would be²⁴ appropriate in a different Asian context. In an earlier study, Han and Ahn²⁴ analysed Korean student nurses' approach to ethical dilemmas and decision making, and their rationale for making such decisions. One of the key evaluation criteria was mastery of theories and principles of ethics drawing on the Korean nurses' code of ethics. There is no evidence, however, that this code is based in Korean nursing values.

In Europe, nurse clinicians such as Allmark³⁹ and Esterhuizen⁴⁰ are probing the value of ethics and the use of professional codes in nursing practice. For example, despite the globalization of nursing and heavy nursing recruitment from non-western countries, neither of these two nurses problematize the dominant western cultural imperative inherent in this perspective. Conversely, other nurse academics and researchers have explored the discrepancies and tensions between nursing ethics based on western moral philosophy and cultural norms with those from a variety of different Asian philosophical and cultural traditions, including Davis,⁴¹ The Working Group for the Study of Ethical Issues in International Nursing Research,⁴² Wros et al.,⁴³ Xu et al.³ and Cameron et al.¹⁴

Conclusion

As nurse educators, it is essential constantly to review and critically reflect on both the content of nursing ethics and the adequacy of students' educational preparation. There is an expectation that students will internalize the fundamental principles of western moral tradition during their nursing education, which are in turn reflected in the key values expressed in New Zealand's customs, mores and legislation. The issues that emerge in this case, however, reveal that, for students who are from non-western cultural backgrounds, nursing ethics education must attend to the impact of the potential conflict between students' moral values and principles arising from their own cultural perspective and the expectations of professional moral decision making.

The complex issues raised in this discussion will not be remedied easily and the authors do not offer any definitive solutions on how nurse educators can work with students to meet the lawful and ethical standards of the host country while maintaining the students' own cultural identity. It has, however, provided the catalyst for the authors to begin an action research study with Chinese nursing students to explore this issue and ultimately provide specific strategies to reduce moral conflict for Asian people engaged in nursing education and practice.

What is also required is a careful examination of ourselves as nurse educators and a willingness to acknowledge the inherent ethnocentricity in our approach to the teaching of nursing ethics. Of even greater importance is to recognize the different traditions of individualistic and communitarian approaches to ethical practice and how Asian ethical beliefs and values have been largely ignored in the nursing ethics discourse. Given the trends of globalization of the nursing profession and the internationalization of nursing education this is a timely challenge for nurse educators.

Reducing the moral distress experienced by Chinese students as illustrated by this example must be an imperative for us as educators. The concerns raised by this case, together with others encountered within the programme, are both a challenge and an inspiration for teachers and students to work together to explore the similarities and differences between the individualistic and communitarian approaches to moral philosophy. This would be a beginning step to developing a more encompassing interpretative cross-cultural ethic of care. Such a pluralist approach would draw on the resources of both traditions and enrich our cultural and ethical understandings when navigating the complex and shifting terrain of ethical nursing practice.

Conflict of interest statement

The authors declare that there is no conflict of interest.

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