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Nursing ethics education in Brunei Darussalam – Where are we today?

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Yusrita Zolkefli*

In the recent years, Brunei Darussalam had witnessed a greater interest in setting out ethical guidelines and best practices, particularly when several professional documents such as the Code of Ethics for nurses were issued by the [Nursing Board for Brunei \(2010\)](#). This critical milestone of the Code suggested changes in the way the ethical dimension is perceived in nursing practice. A study on the ethical dimension of nursing practice indicates that Bruneian nurses are not entirely certain of the extent of their professional nursing ethical responsibility ([Zolkefli, 2019](#)). At the same time, the health authority urges nurses to assume more accountability and practise good patient care. However, this is only possible if nurses understand and appreciate the moral aspect of the profession.

Amongst the earlier questions regarding revising the teaching and learning of nursing ethics is the issue of course content. Previously, the main subjects were related to bioethics – for example, brain death and organ transplantation – and such emphasis addressed only partial concepts in nursing ethics that were inadequate for preparing students to assess moral issues in nursing practice. Another challenge is related to making ethical judgements. Arguably, ethical judgements were least prioritised in Brunei, and this is evident in the fact that too much importance was attached to helping students make technical or clinical judgements. Instead of ethics, it was professional etiquette that received the most attention – though this has changed a lot in the past decade. Another issue is the fragmentation and gaps of courses related to the application of classroom learning in the clinical context. To ensure continuity in ethics learning, it was proposed that the nursing curriculum should include a language of ethics that would be employed during classroom and clinical training through activities such as the debate on ethics among students, nursing mentors and clinical teachers. It was also assumed that ongoing ethics conversations might help students become more ethically sensitive.

In response to the identified gaps, in 2009, a more comprehensive and realistic nursing ethics course was developed, refined and introduced in the undergraduate nursing programme. 'Law and Ethics for Health Professionals' is a course offered to students in both nursing and midwifery and holds two flexible credits, including 14 weeks of teaching and learning. The course is designed to introduce an ethical dimension to nursing practice, and the expectation is that students will reflect on their personal and professional values in different ethical concerns. This course primarily includes educational components in which students learn concepts unique to nursing ethics such as confidentiality and truth-telling. Several years later, in 2016, class debates were employed to reinforce both students' critical thinking skills by analysing ethical issues and, most importantly, their active participation. Students' active participation in the teaching of ethics is an essential contributor to the promotion of the active learning process ([Self & Baldwin Jr, 1994](#)). The results have reinforced contemporary thought that adult learners do better with less guidance and more engagement. They revealed contrasting experiences in conventional classes for the nursing students and those in the modern form of teaching.

Meanwhile, a 'legal café' learning style has been introduced recently, where students are divided into several groups and are expected to review and provide a PowerPoint presentation of pre-assigned landmark cases – such as Bolam, Bolitho and Canterbury – in a more laid-back learning style. Not only did students thoroughly enjoy the sessions, but it also proved to be useful in making them cognizant of the legal considerations and how ethical values are reflected in such cases. This exercise also highlighted critical legal–ethical relationships. It is worth noting that there is already a proposal to strengthen further the legal components by inviting legal officers from the Attorney General Chambers (implemented within the

PAPRSB Institute of Health Sciences, Universiti Brunei Darussalam, Brunei Darussalam

Corresponding author:

Assistant Professor Yusrita Zolkefli, PhD

PAPRSB Institute of Health Sciences, Universiti Brunei Darussalam
Jalan Tungku Link Gadong BE1410, Brunei Darussalam

Email: yusrita.zolkefli@ubd.edu.bn

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context of postgraduate ethics) and even attending an actual court hearing.

All the essential elements of nursing ethics education were also covered within the course, including the use of professional documents, as mentioned earlier, which serve as national ethical standards and values. They set the expected conduct for the nursing and midwifery professions. This is particularly significant where elements of the Malay Islamic Monarchy's national philosophy are upheld and integrated into the documents, which teach Islamic values. Because of the globalisation of nursing education, Western ideals are being incorporated in the nursing curricula (Harding, 2013). Ethical values, such as informed consent are primarily based on Western theory, which focuses on individualist principles. The concept of individualism is prevalent in Western countries (Brougham & Haar, 2013), while the concept of collectivism reflects Bruneian culture. In response to this, the application of ethical theories based mainly on Western principles is adapted and modified following the values and traditions of the country. For example, there are several groups of people who strongly believe in God, whereby they trust and confidence in Allah (Twakkul) as a true treatment (Ibn Qayyim Al-Jawziyya, 1978). This can potentially prove challenging for health professionals to maintain the principle of respecting the autonomy of the patient when they decline to expose themselves to any physical treatment.

Above all, it seems pertinent to remember that teaching ethics is about raising ethical expectation and standard in the nursing profession. Current approaches to nursing ethics education may lead to possibilities of new, modern and creative educational methods. Still, they require further unorthodox pedagogy if they are to bridging any existing educational gaps and meeting nursing education standards at all levels. This may include, for example, the use of artistic teaching strategies such as drama or therapeutic letter writing. In a nutshell, there is no doubt that professional engagement and a deep sense of duty from teachers' are essential. Still, classroom interventions alone can have only a partial effect in maintaining a robust ethical dialogue. Simultaneously, the current course on

nursing ethics must include an ongoing discussion on ethics in clinical settings. Such visibility and emphasis on nursing ethics are highly welcomed and embraced in the profession of nursing.

Keywords

ethics; nursing; Brunei Darussalam; education; bioethics; informed consent; confidentiality

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Author Biography

Yusrita Zolkefli, PhD is An Assistant Professor at PAPRSB Institute of Health Sciences, Universiti Brunei Darussalam and is also currently Chairperson for the Faculty Research Ethics Committee.

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