Ethical dilemmas in teaching and nursing: the Israeli case

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Ethical dilemmas in teaching and nursing: the Israeli case

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This article explores a cross-occupational approach for dealing with ethical dilemmas by comparing teaching and nursing. Findings indicate more shared patterns of ethical dilemmas (such as caring for needs for others versus following formal codes) than dilemmas specific to teaching (e.g., advancing universal values versus advancing knowledge) or nursing (e.g., patient modesty versus hospital policy). The large number of shared dilemmas suggests that results can be applied to a curriculum devoted to ethical dilemmas in high schools and universities in order to better prepare students to handle them. Formal discussions of these dilemmas can help define the roles of these occupations, thereby improving their status.

Introduction

Ethics draws on human dispositions, attitudes and behaviours, such as valuing, selecting and acting, and is concerned with desirable actions in terms of relations to and responsibility for other people (Norberg & Johansson, 2007). An ethical dilemma is perceived as an inner conversation with oneself concerning two or more propositions that may be adopted (Berlak & Berlak, 1981; Kopala & Burkhart, 2005; Wolf & Zuzelo, 2006).

Although teachers and nurses may sometimes perceive ethical dilemmas as falling outside their formal occupational definitions, dealing with such dilemmas is an integral part of each discipline (Carr, 1999). Yet handling ethical dilemmas is particularly difficult in these fields, as it requires the kind of sensitivity, experience and fine judgment that cannot be acquired through technical knowledge.

The purpose of this study is to promote a cross-occupational approach in dealing with ethical dilemmas by considering them within the context of teaching and nursing. Results are intended to provide a better understanding of the shared and the

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unshared ethical dilemmas by mapping the tensions between different values. This, in turn, can help teachers and nurses deal with such ethical dilemmas better.

Why explore ethical dilemmas in teaching and nursing in Israel?

The problematic professional status of teachers and nurses (Stronach *et al.*, 2002), especially in Israel (Greenberger *et al.,* 2005), impacts their ability to deal with ethical dilemmas.

The struggle for professional status has long characterised the teaching profession (Schneider, 1987; Preston & Symes, 1992; Bessett, 1996; ACDE, 1998). One specific issue that demonstrates the problematic status of teachers has been the fact that teaching is perceived as an unappreciated profession, making it difficult for universities to recruit good students for their teaching programmes (Gore & Morrison, 2001). As a result, the teaching profession continues to lose prestige, leading to more and more competent teachers leaving the profession after only a few years in the system (Pinar, 2004; Block, 2008). According to the Israel Central Bureau of Statistics (2008), a shortage of 10,658 teachers is expected in the Israeli education system by 2013.

Similarly, the nursing profession in Israel is currently in a dire state: a shortage in nurses is expected in the near future (Moseley & Paterson, 2008) as too few people consider a nursing career and fewer qualified students are choosing nursing. According to health officials, Israel will have an 18% shortage of nurses by 2020, crippling the system's ability to provide quality health care. The increasing role that nurses play in medical care has developed over the past decade without being recognised by the public. Unfortunately, despite this development, their professional status has not improved and is still considered powerless (Falchuk, 2009).

In sum, the main reason of the looming shortage of teachers and nurses lies in their professional powerlessness that creates a surplus of ethical dilemmas.

Certain occupations, such as medicine and law, are considered full professions, defined as (1) providing an important public service; (2) involving a theoretical as well as a practical expertise; (3) having a distinct ethical dimension that calls for expression in a code of practice; (4) requiring organisation and regulation for the purpose of recruitment and discipline; and (5) requiring a high degree of individual autonomy from their practitioners (Carr, 1999, p. 34).

In Israel, teaching and nursing provide an important public service and require organisation and regulation for the purpose of recruitment and discipline (Zuzovsky, 2001; Riba *et al.*, 2004; Ehrenfeld *et al.*, 2007). However, teachers' and nurses' roles are not clearly defined, and there is a lack of basic theory to back up their practical expertise (Greenberger *et al.*, 2005; Oplatka, 2005).

It should be noted that Israeli nurses have a code of ethical practices (Bureau of Ethics, 2004), while teachers have only a draft version of such a code (Executive Committee of the Association of Israeli Teachers, 2002). On the other hand, teachers appear to have a greater degree of individual autonomy than nurses. Teachers are expected to implement the national curriculum, and also to help develop and design

modifications, in keeping with the school culture and the interests of the community (Shapira-Lishchinsky, 2009). Teachers can advance professionally by taking on a new role or teaching a different age group.

Nurses, on the other hand, are encouraged to better their position by obtaining an academic degree (Birenbaum-Carmeli, 2007; Ehrenfeld *et al.*, 2007). They can also advance in their field by climbing the managerial ladder or extending their clinical expertise (Riba *et al.*, 2004). However, nurses cannot yet practise their profession under a national Nurse Practice Act. They still need, rather, to work under a doctor's orders (Fawcett *et al.*, 2007). Currently, Israeli nurses are moving into the professional territory of physicians without statutory authorisation (Coombs & Ersser, 2004).

In addition, the average salaries of teachers and nurses in Israel are among the lowest of all academic professionals in the public sector. In 2004, teachers earned an average of $1800 a month and hospital nurses earned $2959, whereas the figures were $3074 for technicians, $3270 for engineers and $4674 for doctors (Wage and Work Agreement Administrator, 2004). This is likely to engender perceptions of unjust compensation, creating a climate that does not foster willingness to confront ethical dilemmas head on.

Beyond problematic status, teachers and nurses share additional characteristics that affect their dealing with ethical dilemmas. First, since these occupations deal directly with the people for whom they are responsible, this exposes them to more sensitive ethical situations. Second, teaching and nursing both entail working as a professional team in regular, close contact with others (McGrath & Holewa, 2006). This may be a catalyst for additional ethical dilemmas. Finally, both teaching and nursing are characterised by a growing tendency for a universal approach to competence, thus incorporating issues beyond the local (Day, 2000). As more and more teachers and nurses acquire graduate degrees, they are likely to be exposed to international influences and experience. This may enrich their ethical knowledge, and as a result may strengthen their ability to cope with ethical dilemmas.

The shared and unshared features of teaching and nursing raise interesting questions when comparing the two professions. Fenstermacher (1990) discusses three criteria of the teaching profession: (a) mystification of knowledge; (b) social distance; and (c) reciprocity of effort. Of these criteria, reciprocity of effort is the criterion which has the most shared features in both professions. *Mystification of knowledge* refers to the teacher's obligation to impart knowledge. Nurses, on the other hand, are not obliged to do so with their patients. *Social distance* refers to the relationship that teachers must forge with pupils in order to understand their family circumstances. In nursing, on the other hand, forging relationships is not a requirement (Colnerud, 2006).

Similarities between teaching and nursing are found in the third criterion—*Reciprocity of effort*. In teaching and nursing it is essential that both sides (pupil and teacher; nurse and patient) make an effort and commit to do the best towards making the pedagogical process (in case of teaching) or the clinical process (in case of nursing) succeed (Colnerud, 1997).

In sum, the similar and dissimilar features between teaching and nursing raise ethical dilemmas. In the present study, a comparison is made between ethical dilemmas in teaching and nursing in order to help teachers and nurses learn from dilemmas in each other's field, and help them define their ethical role in their respective fields.

Ethical dilemmas in teaching and nursing

The literature refers to numerous ethical dilemmas in teaching (e.g., Colnerud, 1997; Campbell, 2000; Husu & Tirri, 2001). One of the most common is the tension between caring for others and following formal codes. This can occur, for instance, when a teacher has difficulty deciding how to look after the best interests of a pupil and yet remain supportive of a colleague who acts unprofessionally. Another typical dilemma involves the tension between advancing educational processes, such as the teaching of values, and advancing knowledge required by the curriculum (Barone, 2004). Yet another recurrent dilemma is the tension between the educational agenda of the school and that of the pupil's family. This can occur when teachers have to decide whether the parents' actions are in the child's best interest (Campbell, 2000).

Nurses, too, are faced with many ethical dilemmas in their practice. When a nurse's conscious choice and action directly inflicts harm on another person, the choice becomes a matter of ethics (Westley, 1997; Gert, 1998). Studies have related such ethical dilemmas to inadequate staffing, inappropriate budget allocation, decisions regarding treatment/non-treatment which conflict with patient or family wishes (Berger *et al.*, 1991; Corley *et al.*, 2001), discriminatory treatment, reporting unethical/illegal practices of a healthcare professional, protecting patient rights, withholding information or providing misinformation and ignoring patient/family autonomy (Fry & Daffy, 2001).

The required studies comparing ethical dilemmas in such occupations as teaching and nursing are currently lacking. Moreover, there is a need for in-depth research on how teachers and nurses in the uniquely Israeli context perceive and make sense of ethical dilemmas in their work. The present study aims to tackle these very issues.

Method

The research goal was to reflect the ethical tensions and interactions involved in managing ethical dilemmas in teaching and nursing, in order to gain a better understanding of their function and status. To meet this aim, a qualitative descriptive design was used, based on teachers' and nurses' perceptions of ethical events that occurred during their work in schools and hospitals.

Sampling and participants

The data collection was carried out in 2008. The interviewees were 40 teachers (30 women, 10 men) from eight schools (elementary, middle and high school) and 40

nurses (34 women, 6 men) from various wards in seven hospitals. This ratio of women to men is representative of the fact that teaching and nursing in Israel is a female-dominated field (Israel Central Bureau of Statistics, 2006). The participants were from different disciplinary backgrounds (e.g., teachers: English, mathematics, special education; nurses: cardiology, surgery and intensive care). The average age was 38.9 (S.D=9.70) years for the teachers, and 39.8 (S.D=6.80) for the nurses. All the interviewees had accumulated between seven and thirty years of teaching or clinical experience. Teachers and nurses who were included in the study were employed in schools or hospitals, varying in size, type and geographical distribution, which resulted in a sample that represented a cross-section of practising teachers and nurses in Israeli schools and hospitals. The selection of schools and hospitals was pragmatic, based on institutions where teachers and nurses were willing and available to participate.

Data analysis

The data examined in this paper were collected during the academic year of 2008. The principals and head-nurses involved in the study were advised as to the goals of the study. Research assistants were then invited to the teachers' and nurses' staff meetings at their respective workplaces, where they informed the teachers and nurses that they were collecting data in order to study the characteristics of ethical dilemmas as experienced by teachers and nurses in Israel.

Participating nurses and teachers were granted full anonymity and confidentiality. They were informed and ensured that when the results of the study were published, they would be given pseudonyms and their statements during the interviews would not be traced back to them. They also received a formal letter describing the goals of the study and the pledge to preserve anonymity and confidentiality according to the Helsinki Treaty. This assurance was a contributing factor in the willingness of teachers and nurses to consent to the study and talk about their ethical dilemmas. Teachers and nurses who volunteered for the study signed an informed consent including a specific consent to tape-recorded interviews.

Since the interviews covered sensitive issues, research assistants were specifically instructed by the author as to how and which questions should be asked. The interviews were carried out by research assistants in an unused room at the workplace. They lasted 45–50 minutes and were tape-recorded, transcribed verbatim and processed as text.

During the in-depth interviews, teachers and nurses were asked to provide detailed descriptions of ethical dilemmas they had encountered in their daily work. Examples of questions were:

- Can you share with me one or more ethical dilemmas that have arisen at your workplace?
- Who was involved in these ethical dilemmas?
- Can you describe one or more roles that have ethical implications?

The teachers and nurses were asked to recall ethical dilemmas that may have occurred at any time during their careers. This technique of data collection was used in order to obtain the most accurate verbal description of the events (Keatinge, 2002).

Data analysis

Participants were identified by a code number only and information linking code numbers to individuals was destroyed upon completion of data analysis. The coding process focused on establishing semantic clusters of ethical dilemmas as they emerged from the analysis. The coding of semantic categories was conducted by the principal researcher and research assistants both independently and collaboratively in order to identify and consolidate agreements and disagreements in interpretation (Strauss & Corbin, 1998). The interviews were transcribed verbatim, processed as text and analysed using a stepwise method (Patton, 1990; Gadamer, 2004; Dahlberg *et al.*, 2008) as described below:

First, each interview was read through several times to get a general idea of what had been said and identify the ethical dilemmas involved. Second, similar experiences of ethical dilemmas were clustered and classified as subcategories. For example, a pedagogical coordinator in high school described his experience as follows: 'Sometimes, you know that it is your duty to pass the information on to other parties …, but after all, you cannot jeopardise the trust that has been built between the two of you.' A nurse in a paediatrics ward described a similar experience: 'By law, I am not allowed to receive instructions by phone … but in the majority of cases we don't have a choice…. The child needs the medication or the treatment.' These two descriptions of ethical dilemmas were classified under the subcategory 'Pupil /patient well-being vs. organisational rules' since both experiences describe a tension that arises when the perceived caring need of one's charge clashes with the need to respect organisational rules and standards.

Finally, the content of similar subcategories were combined and clustered into categories. For example, the subcategories, 'pupil/patient well-being vs. organisational rules' and 'collegial loyalty vs. reporting misbehaviour' were merged into one category named 'caring for needs for others vs. following formal codes.' Both 'pupil/ patient well-being' and 'collegial loyalty' reflect 'caring for others' (pupils, patients or colleagues) and both 'organisational rules' and 'reporting misbehaviour' represent 'following formal codes'.

The nature of ethical dilemmas in teaching and nursing

The analysis of ethical dilemmas and related interactions point to greater similarity than dissimilarity between teaching and nursing. The results indicate that both teachers' and nurses' ethical dilemmas can be divided into five main categories: (1) caring for needs of others vs. following formal codes; (2) fair process vs. fair outcome (3) organisational vs. family agenda; (4) autonomy vs. professional loyalty; and (5) religious convictions vs. organisational policy (see Figure 1). These categories are made
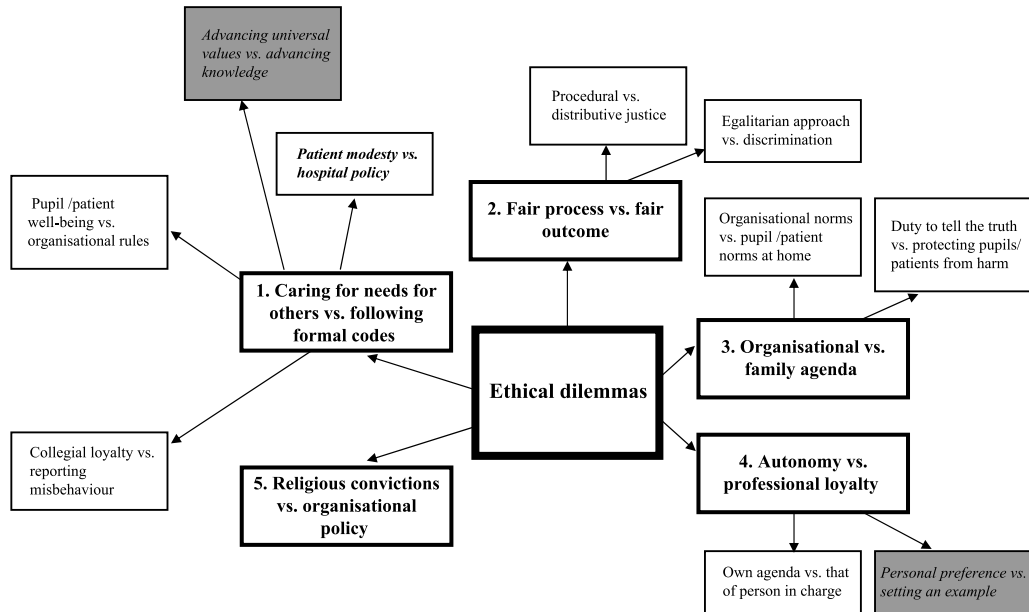
Figure 1.   Mapping tensions within ethical dilemmas in teaching and nursing
Note: *Italics*, grey background: teachers only. *Italics*, white background: nurses only

up of a number of thematic subcategories. Each of these dilemmas involves specific interpersonal interactions.

Although the majority of these thematic categories reflect dilemmas shared by teachers and nurses, some are specific to one occupation or the other. In the case of teaching, educational themes are involved: i.e., 'advancing universal values vs. advancing knowledge' and 'personal preference vs. setting an example'. In the case of nursing, patient oriented themes are involved: i.e., 'patient modesty vs. hospital policy'.

In the following descriptions, all the participants were given pseudonyms.

Caring for needs of others vs. following formal codes

Our first thematic category deals with the tension between caring for the needs of another (pupil, patient, and/or colleague) and maintaining proper organisational behaviour by keeping within the laws, rules and/or professional norms. Each subcategory will deal with a different aspect of this tension.

Collegial loyalty vs. reporting misbehaviour

This first theme refers to situations in which a teacher or nurse perceives a colleague's behaviour as contrary to the law or the organisation's formal rules and standards. When teachers/nurses see collegial loyalty as requiring them to avoid reporting

misbehaviour, and yet understand that the school/hospital will suffer from such unreported misbehaviour, a dilemma arises. Below are some such reports.

Moran, a female middle school teacher, describes her experience:

> I know of someone who worked here who even stole things from the school equipment. I did not report it because I didn't feel good about doing it. …. My argument is that many people knew…. So why do I need to fight this battle? It's not a matter of life and death …. Many times, when I saw that there were no funds … then I wanted to squeal…. On the other hand, I don't need to be Don Quixote.

Sarah, a female nurse in an internal medicine ward, describes an ethical dilemma in the unit where she worked.

> Mira, a nurse on our ward, worked nights with another nurse. This other nurse would fall asleep during most of the shift. Mira told me what happened but asked me not to tell the others because she was afraid that the nurse would know she told on her. The dilemma was between Mira's fear of being exposed and the patients' welfare … . The night staffs needs to be awake and give treatment.

While Moran's dilemma refers to tension between her loyalty to a colleague and behaviour that is against the law, Sarah's reflects tension between such loyalty and going against hospital rules and standards. Although breaking the law could be construed as more severe than breaking organisational rules, Moran decides not to report the incident, reasoning that this is not a question of life or death, while Mira chooses to report, but only in an indirect way. She reports the misbehaviour to another nurse, Sarah.

Pupil/patient well-being vs. organisational rules

The second theme in this category entails the tension that arises when the perceived caring need of one's charge clashes with the need to respect organisational rules and standards. Nissim, a male pedagogical coordinator in high school, describes the challenge he faced:

> After much effort, you succeed as a teacher, as an educator, to get pupils to a place where they reveal themselves to you … and tell you things … that are extremely personal. Sometimes, you know that it is your duty to pass the information on to other parties …, but after all, you cannot jeopardise the trust that has been built between the two of you.

Miriam, a female nurse in a paediatrics ward, describes her ethical dilemma:

> I recall a number of cases where there was no doctor on the ward, and there was a child who got a fever or needed something for pain or did not feel well. In many cases when I call the doctor to come, he gives me instructions over the phone. By law, I am not allowed to receive instructions by phone … but in the majority of cases we don't have a choice … The child needs the medication or the treatment … and until the doctor arrives to sign the orders, it will take precious time. I actually take a risk by working against instructions.

Nissim's concern for his pupils, and their trust of him with their personal problems, conflicts with his obligation to pass on some of the crucial information they divulged.

Similarly, Miriam is not allowed to dispense medication without a prescription, yet feels that she needs to do so in order to care properly for the child.

Advancing universal values vs. advancing knowledge

This theme, found only among teachers, reflects the dilemma between devoting curriculum time to the acquisition and 'application' of knowledge versus devoting those same hours to the advancement of universal values. The dilemma is whether to carry out what teachers perceive to be their formal mandate, i.e., 'to teach the curriculum', or to spend those same school hours exploring issues that touch upon universal values.

Sarah, a female elementary school teacher, describes her ethical dilemma:

> How much emphasis should be put on acquired knowledge? Should we deal more with values, considering that the pupils will need this specific information in the future?

Patient modesty vs. hospital policy

This theme, found only among nurses, reflects the dilemma that is faced when hospital policy and practice clash with the nurse's responsibility to guard patients' modesty. According to the following narrative, hospital policy keeps nurses from doing what is necessary.

Carmit, a female nurse in an orthopaedics ward, describes a situation concerning this issue:

> There are plenty of wards that don't have any male nurses, and there are male patients … . It's better if a male nurse washes a male patient or takes care of him, but most of the time, that's not possible, so I need to exert special effort to guard the patient's privacy and modesty, because of circumstances deriving from hospital policy.

From Carmit's point of view, hospital management should place male and female nurses in all of the wards in consideration of patient modesty.

Fair process vs. fair outcome

This second category of ethical dilemma deals with teachers' and nurses' perceptions of tension between a fair process and the distribution of rewards. The category has two themes: procedural vs. distributive justice and egalitarian approach vs. discrimination.

Procedural vs. distributive justice

The just and fair process of decision making (procedural justice) calls for active participation of workers at all levels, in the decision making and reflection that affects them. When teachers or nurses feel that they have not been included in this process which creates an unjust outcome (distributive justice), tension is created. Merav, a female elementary school science teacher, describes her experience:

> If the principal had consulted me beforehand, I probably would have arrived at the same conclusion, to reduce my work hours. But when I receive a timetable that was set without my approval, I think it's wrong to do that to a teacher, especially a pregnant one.

Dasi, a female outpatient clinic nurse, describes her experience on the same issue:

> Because there is considerable demand for appointments with gynaecologists and paediatricians, we need to filter patients by phone, to decide who is urgent and who is not. In my opinion, this is wrong. This solves the office load, but we nurses can't decide over the phone whether the situation is urgent or not.

In both cases, the interviewees believe that just process is lacking, creating an unjust outcome. Merav believes she is receiving an unjust worsening of her working conditions, while Dasi perceives the appointment situation as unreasonable.

Egalitarian approach vs. discrimination

The second theme reflects the tension between an egalitarian and a discriminatory approach. Osnat, a female high school chemistry teacher, describes her experience:

> I teach the principal's son and it's very hard for me … . Her son doesn't do well in the lessons, is always tired … . His achievements are low. I set up a meeting with his mother, just like I do in similar situations with other pupils. The principal was adamant in her views, insisting that he is a wonderful child, active in the youth movement, and suggested that maybe I am more stringent with him than with other pupils … because he is the principal's son.

Leah, a female gynaecological ward nurse, describes a similar situation:

> On our ward, there are women waiting for labour to be induced. One morning, we told one of the patients that she would be first. But no one called her in … . Why? Because a private patient of the senior doctor went in instead! This was not a case of a woman who was in a more urgent medical situation … . The patient asked me what happened … . What is my role? To lie to the woman and tell her that they called in a woman in a more urgent situation?

In both narratives, the respondent chooses an egalitarian approach. Osnat invites the principal to a meeting, just as she would any other parent. Leah wants to give the patient her rightful turn. But this egalitarian approach is lost when a higher-up (principal/senior doctor) exhibits discriminatory behaviour.

Organisational vs. family agenda

The third category of ethical dilemma deals with the tension between organisational policy (of the school or hospital) and parental perception of the right way to act. It includes two main themes: organisational versus family norms and the duty to tell the truth versus the desire to protect pupils or patients from harm.

Organisational norms vs. pupil/patient norms at home

The tension between organisational norms and those in the pupil's or patient's home is another source of ethical dilemma among teachers and nurses. Dalia, a female elementary school teacher describes her experience:

> A number of days after the school year ended, one of my pupils arrived at my home with his mother. They brought a personal gift and wanted to give it to me. Although … in such cases I usually politely refuse, in this case I was in a dilemma. Should I refuse, as we usually don't accept presents or, considering their culture, I should accept it so as not to disappoint the boy and his mother, since that's their way of expressing gratitude.

Nurit, a female, ICU nurse, describes her experience in the health system:

> A patient was hospitalised in the ICU after giving birth. The woman was from Ethiopia … there, it is very important to visit the sick. Because of the nature of the ward, there are limited visiting hours. This family arrived after visiting hours, and, as usual, there were many people, more than the immediate family. Those visits disturbed the functioning of the unit and the other patients. There was a lot of anger. Family members cried, complained and begged to be allowed to enter … . They came from far away. We faced a dilemma between favouring the needs of the unit /or favouring the needs of the family.

In both cases, the organisation (school or hospital) has its own declared norms and rules and expects the pupil's/patient's family to act accordingly, even though the family has other, clashing norms. Teachers and nurses thus face a dilemma: is it right to bend the rules to cater to family norms?

Duty to tell the truth vs. protecting pupils/patients from harm

The second theme in this category is the tension between the duty to tell the truth and the desire to protect pupils and patients from harm. In both narratives reported below, the dilemma is expressed by the teacher's or nurse's perception of organisational standards, i.e., that the whole truth should be told to the parties involved, vs. their fear that something might happen to the pupil or patient if the truth is indeed told. Shiran, a female homeroom high school teacher, expresses her ethical dilemma:

> Often, in violent homes, the parental reaction to their boy's violent behaviour is violence against their son …. Sometimes we have to invite the parents to school because of their son's violence. Then the question is whether to tell? How much to report? What to tell?

Dalit, a female surgical ward nurse, describes a similar experience:

> A young man, 18 years old, was deeply cut by glass and had to have stitches in the operating room. According to the doctors, there is sensory loss in some of the fingers, possibly irreversible. The parents are aware of their son's condition, and the patient asks me what is happening with him. As of now, the parents don't wish to share the information with their son. They are afraid he will hurt himself if he knows. The dilemma was what to answer the patient? What is right to tell and what is not?

In both narratives, the teacher/nurse seems to be crying out for a clear policy of what to say and how to say it. In both cases the question is whether they have clear rules as to what to do in such a case.

Autonomy vs. professional loyalty

This category deals with the tension between the desire to make independent decisions vs. loyalty to the organisation and its behavioural standards, with which they do not agree. This category includes one theme that is relevant to both professions (personal agenda vs. that of the person in charge) and one theme that is specific to teachers (personal preference vs. setting an example).

Personal agenda vs. that of person in charge

The first theme in this category expresses tension between professional autonomy to express oneself and act as one believes versus the expectation that one accept the opinions of the person in charge, even when one does not agree with them. Shira, a female elementary school teacher, describes her experience:

> I made decisions in class and the principal vetoed them. For example, she revoked a child's punishment because she thought it was unnecessary, and she wanted to appease the child … .

Miri, a female hospital midwife, describes her ethical dilemma:

> A woman, with her first birth, was in her 41st week and fully dilated. For a while, there was a slowdown in the pulse, but it was not worrisome because the baby was doing fine. But the doctor, for his own reasons, decided to use forceps. According to all the criteria and the opinion of the other doctors, there was no reason to have a forceps birth. My dilemma was whether to give the doctor the forceps, since there wasn't any medical reason to do it. I consulted with another colleague, who told me to give them to him … and indeed, I did. But even now, I don't think that it was right to give him the forceps.

Personal preference vs. setting an example

The second theme in this category, specific to teaching, is the tension between one's personal behaviour and the need to set an example. It reflects the clash between what the teacher allows himself to do when he is not in school and what is expected of him by the educational environment of the school. Dan, a male middle school English language teacher, describes his experience:

> I behave differently in front of my pupils … . I don't allow myself to do some of the things I do when I'm not with them, for example, smoke a cigarette.

Religious convictions vs. organisational policy

This last category deals with the tension resulting from religious convictions that conflict with what is expected by educational/health policy. Rafi, a male vice-principal in a religious high school, describes his experience:

> Since we are a religious school, we have a biblical tradition. We teach the pupils according to this tradition and sometimes it conflicts with the country's democratic educational policy.

Efrat, a female gynaecological nurse, reflects her ethical dilemma:

> I have a problem guiding pregnant women with respect to genetic tests for birth defects. The implications of those test results clash with my moral convictions. As a religious woman, I believe that God decides for each and every soul in the world. I struggle every time … . Tell me, are we perfect that we can decide who is good and who is not? Who is normal and who is not?

Rafi finds himself in an ethical dilemma when the religious values taught in his school do not mesh with Israeli state values. Efrat faces a dilemma when her professional duties require her to supply information that is not in keeping with her religious values.

Discussion

The current research promotes a cross-occupational approach towards ethical dilemmas by looking at two occupations—teaching and nursing—in the Israeli context. The narratives in the study are indicative of the wide extent of uncertainty among teachers and nurses as to how to handle ethical dilemmas that arise in their work. In most cases, teachers and nurses are powerless to deal with these dilemmas, owing to inadequate resources and status.

The study found more patterns of ethical dilemmas shared by both professions than those specific to either occupation. This suggests that it is possible to develop a general perspective that can enhance the ability to handle ethical dilemmas.

In this study, each ethical dilemma was conceptualised in terms of tension between values and personal interactions. Tensions are also reflected as teachers and nurses encounter particular rules, organisational norms and their own principles. The character of the ethical dilemmas that emerge from the encounter between values and interactions shed light on the complexity of teachers' and nurses' work.

Similar to other studies, the results indicate that caring for the well-being of their pupils/patients is one of the important values in teachers' and nurses' dealing with ethical dilemmas, usually determining their decision making (e.g., Higgins, 1995; Campbell, 2000; McGrath & Holewa, 2006; Wolf & Zuzelo, 2006; Jones, 2007). As a result, the most common relationship reported in the narratives of ethical dilemmas was teacher/nurse–pupils/patients.

Moreover, one of the most reported dilemmas in the narratives which, incidentally, also had the most sub-categories, was the tension between caring for others and following formal laws and rules, particularly with respect to whether or not to report sensitive information about someone. Indeed, the ethical dilemma of whether to inform all parties involved also surfaced in other categories. This unresolved dilemma emphasises teaching and nursing as occupations that are crying out for a clearer definition of their roles as practitioners in order to better resolve their ethical dilemmas. This need is particularly extreme in cases where teachers and nurses find themselves

dealing with issues that they do not perceive as part of their formal role and especially when the dilemma concerns required behaviour.

Many of the reported ethical dilemmas appear to be universal and cross-cultural, such as tensions between caring and formality, autonomy and loyalty, secrecy and the duty to report (Higgins, 1995; Colnerud, 1997; Barone, 2004; Wolf & Zuzelo, 2006; Jones, 2007). These are often rooted in collegial relations. Organisations often encourage friendships between workers in order to develop a positive climate, which may increase organisational effectiveness (Coleman *et al.*, 1991). The current study, however, suggests that professional obligations sometimes remain unmet because teachers or nurses do not wish to harm their colleagues.

Some of the revealed dilemmas can best be explained by the specifically unique Israeli context of the current study, such as tension between fair process and fair outcome. The Israeli educational and health systems are chronically characterised by limited resources and rewards (Wage and Work Agreement Administrator, 2004; Ehrenfeld *et al.*, 2007), creating a situation in which teachers and nurses are more sensitive to issues of organisational fairness and just division of available resources between themselves and their pupils/patients.

Also typical of Israeli teachers and nurses is a unique tension between the agenda of the school or hospital and that of pupils/patients and their families. Demographic data indicate that Israel is more 'familial' than Western and Eastern Europe, owing to high birth rates and low divorce (Feldman *et al.*, 2001; Fawcett *et al.*, 2007). Studies indicate that the Israeli family is being pulled in opposite directions by two main forces: one that moves the family toward greater modernisation, while the other acts to strengthen traditional values (Lavee & Katz, 2003). This tension may be a unique source of ethical dilemmas with regard to pupils'/patients' families.

Also specific to the Israeli context was the finding of tension between religious convictions and organisational policy. A large segment of the Israeli population is religiously oriented towards traditional values (Israel Central Bureau of Statistics, 2006). In addition, a central status for religion and tradition is even expressed at the institutional level, where there are religious schools and hospitals alongside state schools and hospitals (Safir, 1993; Ammerman, 2006). Dilemmas are created, though, as a result of the formal policy of the State of Israel, to promote modern democratic values which conflict occasionally with traditional values.

As mentioned earlier, some of the reported ethical dilemma categories were specific to only one of the occupations studied. These categories reflect dilemmas that arise from different skills required of teachers and nurses. Teachers are expected first and foremost to teach, educate and set an example for their pupils, while nurses are expected to guard their patients' health and safety.

In sum, the study's results indicate that currently, both teachers and nurses clearly lack satisfactory tools for dealing with the ethical dilemmas that arise in their work. This uncertainty presents a challenge. By clarifying teachers' and nurses' responsibilities and strengthening their status, teachers and nurses will be better equipped to solve ethical dilemmas as they arise and will no longer have to cope with feelings of uncertainty and helplessness when faced with ethical conflicts at the workplace.

Contribution and implications of the current study

From a theoretical perspective, the categorisation of specific dilemmas in terms of a tension between values as also involving interpersonal interactions sheds light on values unique to teachers and nurses, as well as to their attitudes and perceptions concerning ethical issues.

From a practical perspective, the research points to the importance of providing courses on ethical dilemmas in schools and universities. Teaching students how to deal with ethical dilemmas will help them become more ethical citizens and professional workers. Such courses may very well be suitable for students in other fields as well, since interpersonal interactions are an inseparable part of almost any position and profession.

In addition, the results may guide educational and health leaders towards developing appropriate educational programmes for individuals who have already become teachers and nurses. Formal discussion of the tensions between values and relationships can help define the proper role of teachers and nurses, thereby improving their status.

Furthermore, the findings may guide Israeli teachers and leaders into developing a firm code of ethics, using, as a basis, the issues that emerged in these narratives. The study may also motivate Israeli nurses and their leaders to improve their strategy for implementing the existing ethics code. Educational and health leaders should be aware of the tensions we have identified, so that they may support the teachers and nurses in their attempts to manage the ethical dilemmas they face at work.

Towards ethical education for teachers and nurses

Ethical knowledge is power (Campbell, 2006). Currently, neither teachers nor nurses have a venue through which they can consider the ethical dimensions of their practice. Thus, there is a need to create education programmes that will be defined as an integral part of the ongoing professional training of teachers and nurses at the workplace. This will provide the ethical knowledge that teachers and nurses need in order to deal successfully with ethical dilemmas.

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