

Learning about 'Life' or valuing 'Life'?

Tom Feldges, University of Hull and Sonia Pieczenko, University College, Grimsby

Corresponding Author: Tom Feldges

Email: T.K.Feldges@gmail.com

Tel: 07749 937 805

Abstract

This paper focuses upon the education of future care professionals. The current 'standard-approach' to teaching practice entails that educational success is assessed following the paradigm of methodological behaviourism. Our aim was to explore as to whether this approach, with its content-orientated learning assessments may be prone to ignore the values held by the students and thus not able to reveal wrong-guided attitudes in terms of care-related values. We presented a sample ($n=75$) of Higher Education students with a collection of moral dilemmas as developed by Kohlberg. We assessed the students' responses in relation to authority, trust and the value of life. Our research appears to indicate the prevalence of in-appropriate value-judgements within our sample. We utilise these results to bring an argument forward to challenge the standard-approach of learning-outcome orientated teaching as inherently inefficient to assess and monitor a sufficient ability to reach individual value-judgements.

Keywords

Care-professional, Higher Education, Kohlberg, Visible Pedagogy

Introduction

Whilst lecturing on various care-related FD and BA programmes, both authors came across anecdotal evidence that seemed to indicate that students, independent of their level of study, did not always possess a sufficient ability to engage in moral considerations. A brief review of the care profession-related literature revealed an apparent dichotomy between evidence-based and values-based approaches. Within

nursing, 'evidence-based practice' is perceived as the gold standard of care provision (Brown, et al., 2009) and this approach supports clinical expertise with empirical evidence to address the patient's needs while abiding to professional values (Burns & Grove, 2011). However, 'values-based practice' aims to link care-provision much closer to universal values such as caring, helping and compassion as well as the individual values of the care-recipient (Petrova, et al., 2006). This discussion thus seems to manifest itself around an emphasis upon propositional knowledge, its evidence-based application and verification on one side and an approach that is driven by the correct utilisation of the (quite often tacit) values of a surrounding society. These two approaches, with their different driving forces (*knowledge versus values*), relate back to our anecdotal observations, i.e. that academic progress on care-related HE-courses seems to be possible, despite a seemingly in-ability of some students to make appropriate value-judgements. Proposals have been made to solve this tension between the two models of care-practice (Fulford, 2011). Nevertheless, currently these unifying attempts have yielded their impact almost exclusively on the nursing profession and upon nurses-education (CQC, 2014), thus leaving other care-related educational attempts with merely implicit expectations that the students should somehow be prepared to engage in appropriate, moral-mediated value-judgements.

In an attempt to substantiate our initial suspicion regarding a potential lack of an effective education and assessment in ethical matters, we presented some of our students with an initial assessment, trying to assess where they were in their aptitude to make ethical decisions. This was done – first and foremost – for educational reasons, i.e. to gain the ability to pitch any subsequent teaching appropriately. However, the data derived from this informal classroom assessment nevertheless served henceforth as the empirical basis of our paper with which we want to cast a critical eye on current HE teaching and assessment practice in relation to the education of future care-professionals.

To achieve this, we first will make five brief statements to familiarise our reader with the specific requirements pertaining to the professional provision of care (II.). In doing so our research-question emerges. Our next section will discuss the chosen methodological approach (III.), while the subsequent section provides the results of our analysis (IV.). The following discussion will connect these results to the educational provision (V.) and conclude by arguing for an apparent shortfall of

current teaching and assessment in terms of these students' ability to make professional value-judgements (VI.).

Professional Care Provision

It would be an invitation to a wide variety of misconceptions if we would not – as a first step – define and clarify some of the concepts which surround the area of professional care provision. Therefore, we make five initial assertions to discuss and to clarify five underlying concepts, which will form the basis of our overall argument.

1. Professionalism

Professionalism as a sociological concept focuses upon the restricted access to a specified sector of the work-market, granted exclusively to those who are deemed to be professionals. However, any potential applicant wanting to access a profession has to adhere to specific requirements. In a most general form, these profession-specific requirements are woven around the features identified by Millerson (1964): a) a skill based on theoretical knowledge, b) the provision of education and training, c) the testing of member competence, d) the existence of a professional body, e) the adherence to a code of conduct and finally f) an emphasis on the provision of an altruistic service.

Within this paper, we are interested mostly in the training and testing aspect as this is supposed to provide the future care-professional with the required knowledge and an ability to apply this theoretical knowledge to real-life situations by following a code of conduct to provide the relevant altruistic service to an entitled public.

2. Hierarchical Structures

We take it that the majority of professional services is provided within a hierarchical structured organisation, requiring individual adherence to directives issued by more senior professionals and/or service-managers and the recognition of their authority. This required organisation-internal recognition of organisational structures and hierarchies should – ideally – be one not unduly burdened with personal likes or dislikes. Hence, although personal connections may be helpful at times, the overall steering-ability of an organisational structure should first and foremost be

accomplished via a functional nexus, linking an organisation's aims and their accomplishment via an appropriate mobilisation of its human (and other) resources.

3. Care and care-provision

As we wish to focus upon the education of future care-professionals, it is necessary to define the concept of 'care'. But that is already riddled with some difficulty, as this paper focuses upon care-provision in a very broad fashion. This includes – amongst many others areas – the services provided by social-workers, community-workers, youth-workers, mental-health support/community workers. Hence, the concept of 'care' as it is used here, falls under a variety of regulatory bodies and therefore, it is not advisable to try to settle this problem with one narrow, and thereby profession-specific, definition. Instead of this, we try to capture the concept of 'care' as wide as possible, while still remaining specific enough to serve our purposes. Within the context of this paper, we thus take care to be the provision of what is necessary for the health, welfare, maintenance and protection of another human being, be that in the form of supervision, custody, protection, guidance or even control. Care is thus most prominently about other people's lives and its prolongation and it is an on-going attempt to keep the people that are trusted in the professional's care out of harm's way. However, there is the inherent danger – and we will come back to this – that a care-concept as defined above may just promote a mechanical fulfilment of some pre-described care-duties without any real regard for the human being requiring the care provision.

4. Altruism

This is where the professional requirement for the provision of an altruistic service comes in. Altruism – in its most general form – pertains to the concern for the welfare of others, resulting in practice and conduct guided by exactly this concern. In this respect, the concept of altruism breathes empathetic life into the earlier mentioned concept of care. It is not the mechanical execution of care-services, but a provision motivated by the professional's concern for someone else's welfare.

However, the reach of such an altruistic concern may find its limitation in an exclusive provision for the needs of those people who happen to be known to the carer, i.e. relationship-dependent only. Empirical evidence generated by Axelrod

(1984) has shown that concerns for the welfare of others within social encounters is, in an almost natural way, mediated along previous interaction patterns. That means that social actors who are exposed to each other in a prolonged and satisfying manner almost invariably develop rather stable future interaction patterns and a willingness to 'look out for each other'. Although, this could be taken as some sort of a biological determination to be social – at least to the ones' one knows – it has to be kept in mind, that such a pre-determination would not need to be cognitively permeable. Hence, although there may be an inherent trait to be social, this trait must not necessarily be accessible to conscious reasoning, but may well be subconscious and emotionally mediated (e.g.: Prinz, 2004).

However, the crux of Axelrod's study is that these social interaction patterns – in whatever way they are initiated individually – depend upon rather stable relations of the partners and a growing trust between them. Hence, these patterns evolve where actors get to know each other and these patterns suffer a set-back if one partner wrongs the other one. When it thus comes to the professional provision of altruistic services, it is to be assumed that some of our current students, aiming to become future care-professionals, will display a certain prone-ness to provide care and concern for the welfare of others along – at least partially – emotionally mediated, already established and trustworthy relations.

5. Professional Altruism

However, the future care-professional we have in mind would need to adhere to a much wider conception of altruism than the one outlined above. The professional providing these altruistic care-services would need to safeguard this provision without any regard of previous or future interaction patterns. Ergo, care-professionals would have to provide for the people who are entitled to the respective services and would need to provide them in such a way that the entitled public can trust on the sufficient and timely provision.

Such a care provision would clearly need to extend beyond the individuals known to a given carer, but equally, this provision cannot be limitless. Schmidbauer (1992) called care professionals who take a too broad caring approach and who subsequently 'burn out' the 'helpless carer'. This is a carer crumbling under the burden of caring too much and/or for too many, no longer being able to care for him/herself, becoming ill and no longer able to provide care at all. We maintain that

the balance between a social expectation for care provision and the individual carer's obligation to adhere to this social demand is mediated by the professional code of conduct. This code of conduct thus provides a set of values according to which the care-professional reaches an individual judgement regarding the actual provision or withholding of her/his services.

With these foundations in place, it is time to introduce our research-question, as it developed out of this set of initial statements. While focusing upon one specific aspect of care-education we ask the question:

Assessing a sample of students on a variety of care-related HE-courses, what is the quality or appropriateness of individual value-judgements in relation to the requirements of the care-proessions?

Methodology

To provide an answer to this research-question, we utilised the earlier mentioned anonymous and informal assessment derived from a purposively chosen sample of students, i.e. complete cohorts, enrolled on a specified variety of care-related HE-programmes. We obtained ethical approval to utilise these assessments for our research purposes. The original assessment consisted of a sample of four moral dilemmas, developed by the psychologist Kohlberg (1958). These scenarios provided hypothetical situations whereby the respondents were forced to take a position by providing an affirmative or dismissive response to a set of closed questions. However, as there are – strictly speaking – no right or wrong answers to these moral dilemmas, the more interesting part was the second question, following each of these forced-choice questions. This second set of questions allowed for open-ended, explanatory replies in terms of the respondent's motives or reasons for his/her decision as voiced in the first question of the set. In that respect, the second part was supposed to reveal the quality and appropriateness of the respondent's moral judgement in relation to these ethical dilemmas. Although we generated some descriptive statistics, the actual analysis of the responses was informed by an interpretative research paradigm.

The sample ($n=75$) consisted of 4 cohorts of FD and BA students studying at level 4 and 5. It is important to notice here, that an unknown number of these students had

already accomplished a preparatory provision of a full academic year – called Year Zero or a subject-related Access-Course. We included Criminology students in this sample as the majority of these students (from this specific HE provider) traditionally end up working in various local care-related agencies or charities.

It is important to notice that, although we utilised the Kohlberg-dilemmas, we did not assess the stages of moral development as proposed by Kohlberg (1958; 1984). Kohlberg's approach has been criticised by Gilligan (1990) for various reasons, one of which bears on our current project. Gilligan takes issue with the fact that – what she deems to be – a context-less exposure to moral dilemmas is an unsuitable means to elicit valid responses indicating a participant's moral development. This, however may be down to the fact that Kohlberg is focusing much more on moral reasoning in terms of justice, while Gilligan's focus seems to be the respondent's moral care-attitude (Jorgenson, 2006). We nevertheless opted to utilise this Kohlberg-influenced data because it is quite usual to provide future care-professionals with scenarios or case studies during their education to develop their ability to think these through and to apply their own stance towards the so presented problems. In this respect, we take it that our approach is not necessarily harmed by Gilligan's criticism.

Results

We had 75 responses at our disposal, of which 60 came from female students with an average age of 26 years (18-47) and 15 from male students with an average age of 31.2 years (19-48). 20 students studied at level 4, BA Criminology, 55 students studied at level 5 (FD Mental Health = 9, FD Social Care = 20, BA Criminology = 26).

We originally planned to analyse the data in relation to a) the issue of authority and obedience, b) the value of trust and – most importantly – c) the value of life. However, our relatively small sample did not warrant

- a) a complete analysis pursued along the dimensions of gender, age or course

and it posed a limit to

- b) a far-reaching data-analysis of the first (authority and obedience) issue.

Nevertheless, especially this second limitation proved to be no problem, as all of these three issues turned out to be intrinsically interwoven.

Kohlberg provided four scenarios,¹ all of which we utilised here, with the first two apparently bearing prominently on the issue of authority and obedience. Kohlberg developed these first two scenarios, one with a male, the other one with a female protagonist. A list of these dilemmas and the questions in relation to these scenarios can be found at:

<http://www.haverford.edu/psychology/ddavis/p109g/kohlberg.dilemmas.html>

According to the first scenario, the research-participant has to make a decision as to whether this male protagonist is to challenge (or not) an authority figure and to provide the moral reasoning for any decision made. The second scenario put the female protagonist in a position whereby she knows about a (potentially dangerous) wrongdoing of her sister, who had engaged in an activity that she had previously been promised to be able to do by her mother until the mother revoked this promise. The problem to be considered thus unfolds around the question as to whether the female protagonist should tell her promise-breaking mother about this misdemeanour with a subsequent justification of any decision made. In order to achieve an initial individual identification of our participants with the scenario's protagonists, we decided to provide the first (male) scenario to the male participants only, while the female participants were only provided with the second (female) scenario.

As already mentioned, the gender-specific division of the overall sample – imposed by the gender-specific dissemination of the questionnaires – left us with a male sample ($n=15$) that was considered too small to produce meaningful results in relation to the question as to whether to challenge an authority figure or not. However, regarding the second (female) scenario in relation to the issue of authority and obedience, the female sample ($n=60$) allowed for a closer analysis. 16 of our 60 respondents (26.6 %) opted for telling the mother because for most of them, this was a matter of trust and honesty. However, the responses became much more interesting in relation to the 44 (73.3 %) respondents who chose to keep quiet. Interestingly enough, for 18 of them it was a matter of relationship and trust as well,

but this time directed towards the sister and no longer towards the mother. 8 respondents opted to keep quiet as they 'had no place in this issue', while a number of 15 respondents opted to keep quiet as they found their justification to do so in the mother's – unacceptable, promise-breaking – behaviour.

It thus became apparent that the individually perceived quality of relationships played an important role in mediating our respondent's suggested behaviour towards other people. For the maintenance of such relations, the issue of trust within these relationships turned out to be crucial in such a way that the respondents chose the people they wanted to trust and made their respective choice dependent upon what they deemed to be acceptable and unacceptable behaviour. When considering whether to comply or not with an authority figure, 84 % of the overall sample found it important that compliance was owed to those who honoured the entitlements of others. Hence, adherence to control-regimes became dependent upon reciprocal relationships whereby entitlement-rights are to be honoured by the authority figure as otherwise compliance might be withdrawn. However, the notion of a self-earned entitlement, perceived as a right that should not or cannot be withdrawn without provoking challenges to these demands, seems to be problematic in relation to professional care work.

This already brings us to the second issue regarding the value of trust. 61 respondents of the overall sample (81.3 %) agreed that the fact that a promise was made in both situations was the most important factor. While exploring these trust-related issues around a given promise a bit further, we found that 71 (94.6 %) respondents deemed it necessary to keep a promise due to trust-related issues. However, these trust-related issues could manifest themselves in various ways. One respondent acknowledged the possibility of a pending danger to one's life and explained:

Respondent 41: Unless it is damaging someone's life, then a promise is a promise and if broken there's no trust.

Nevertheless, most of the provided explanations – 44 (58.6%) to be precise – regarded the importance of trust as directly linked to the relationship-issue as voiced by

Respondent 22: [it is important to keep a promise] to keep trust in a relationship.

This issue was followed up with a similar question: *Is it important to keep a promise to someone you never see again?* Reassuring 52 respondents (69 %) answered with a Yes, i.e. confirmed that even promises made to strangers should be kept. Nevertheless, we have to bear in mind that we were assessing future care professionals and that 31 % did not think one would be obliged to honour a stranger's trust by keeping a promise made, as exemplified by the following reasons provided:

Respondent 40: *they [the strangers] are unimportant*

Respondent 43: *There is no moral inclination to do so*

Respondent 52: *It's a bit pointless if you won't see them again*

In that respect, the necessity of a reciprocal relationship with a likelihood of future encounters appeared to be the decisive factor when these respondents had to choose whether to honour someone's trust or not.

However, the importance of relationships did not only mediate the issues of authority and trust, but showed massive implications upon the value of life as well. This issue was assessed with the main-scenario, i.e. the one where the desperate husband Heinz is forced to either see his wife die from an incurable disease or – alternatively – steal a drug which is financially unaffordable to him. The respondents were thus exposed to a dilemma constructed around an individual human life as set against the protection of property rights, or – to capture it upon a more general level – the value of life against the integrity of the system of the laws.

When asked whether to steal or not, 43 respondents (57.3 %) opted for a NO, while 32 respondents (42.6 %) thought one should steal the drug. Of these 32 respondents, 26 nevertheless recognised that it was wrong to do so in legal terms. Hence, 34.6 % (the latter 26 respondents) of the overall sample clearly recognised the dilemma opening up between life and law and opted to do something illegal as they obviously thought to possess good reason to do so. However, when asked about a possible duty demanding them to choose as they did only 14 of these 26 respondents confirmed that there was such a duty and – in all duty-affirming 14 cases in which such an obligation to steal was assumed – that duty was described as

Respondent 27 did: *Obligation to his wife*

So we were left with 32 respondents who opted for stealing the drug, of which 26 realised that they were legally wrong to do so, but 14 of these respondents opted for the theft nevertheless, because they thought it was their obligation to do so. However, when we looked at the source of this assumed obligation we found that this duty is exclusively tied to the close relationship of a married couple – or to put it the other way round, the duty of these 14 duty-affirming responses simply did not extend beyond the close relationship of the respondent.

This result was further confirmed by the answers to the question as to whether the scenario's protagonist Heinz should steal the drug for a stranger. Only 7 respondents (9.3 %) now held the opinion that Heinz should do so. More interestingly, only **one** of the previously mentioned respondents, those 14 who acknowledged a duty or obligation to steal the drug despite its legal wrongness, now held the belief that such a duty would indeed extend as far as to justify the stealing of the drug for a stranger. The other – duty-bound – 13 respondents just did not see this the same way.

However, when we put the willingness to steal the drug for a stranger in relation to the willingness to steal the drug for the sake of a pet animal we find a much higher number of 24 % willing to do just that, what only 9.3 % were willing to do for a fellow human being, which happened to be unknown to them. We need to be careful here as quite a few respondents seemed comfortable to steal the drug for wife, stranger and pet animal. We however were only focusing upon those 90 % who had expressed their unwillingness to steal the drug for a stranger and ran only these against the sub-set of those 18 respondents willing to steal for a pet animal. Of those unwilling to save a stranger's life – as that is what it boils down to – 10 were nevertheless willing to save a pet animal's life. Re-connecting to the theme of close relations as a possible source for a duty to care for someone's life we find some remarkable answers:

Respondent 36 explained in relation to strangers: *it should be up to someone who knows them*. And in relation to Heinz and the pet animal: *he loves it, so should save it*.

Respondent 35 explains in relation to the stranger: *Because it's not his [Heinz] problem and there is someone else caring for the stranger.* While the rescue of a pet animal is justified by: *Because pets are family.*

A final point of our current concerns was the question as to whether it is important to do everything one can do in order to save another's life. Although, a reassuring high number of 74.6% thought that should be the case, there nevertheless remained a good quarter (25.4 %) of our respondents who did not seem to think so and that while providing rather disturbing reasons:

Respondent 29 (second-year Mental Health Care): *doctors are there to help*

Respondent 43 (second-year Criminology): *sometimes people will die whatever.*

Discussion

It is of course possible to try to dismiss these results as irrelevant by seeking recourse in a hypothetical conjecture stating that the respondents might have just thought about the most disgusting stranger one could ever imagine as opposed to their own pet cat and therefore – rather naturally – valued their beloved cat's life higher than that of the unappealing stranger. Such an attempt to invalidate our results would somehow open a dichotomy between an emotionally motivated altruism – manifesting itself within close relationship ties - and a professionally mediated altruism, leaving personal aspects of the recipient out of consideration. However, such a criticism would not be warranted. As we already pointed out earlier, the requirements for the professional career need to – qua being professional – exceed personal relationships and the emotional value attached to these. Hence, a respondent's inability to lift her/himself above an emotionally mediated altruism towards a professional one cannot invalidate our findings, but rather indicates the inappropriateness of the respondent's value-judgements.

The fact that the respondents might have felt unclear about the fact that their opinion as a future care professional was required and that they thus felt free to provide their personal views does not hold either. Even if we would have only managed to elucidate the respondents' personal views, we nevertheless doubt that someone who refuses to save a life because *people die anyway* would be able to slip into a

sufficiently empathetic care-role if at work. Even more so, the respondents were exposed to these scenarios as part of their education to become future care professionals, at the place of their studies, by their academic tutors, within their normal study time. Hence, if the respondents were indeed mistaken about their role (personal vs. professional) questions about the seriousness of their educational pursuit would need to be asked. Therefore, we take the results of this single-case study (Yin, 2003) to be valid, which then enables us to put these results in relation to the current mantra of educational provision.

Kaminski (2011) provides a historical account of educational practice and assessment and he claims that pedagogy established itself within a framework similar to scientific psychology. Indeed, the problem shared by both disciplines is quiet similar. Both have to assess what is going on in someone else's mind despite the fact that these mental events and experiences remain private, i.e. only available to the one undergoing these, and – to make matters worse – attainable only via privileged access, i.e. for the first-person-perspective.

However, in order to justify public spending for the services provided, pedagogy has to come up with a solution to actually evidence that its teaching yields measurable effects in terms of the students' learning (Luhmann, 2002). But that seems to be a difficult call to make, given the privacy of the relevant mental and experiential states that could indicate that a student has indeed individually acquired what was offered by the educational profession. To solve this problem pedagogy utilises Skinner's (1987) methodological behaviourism. This is a position maintaining that the desired mental states (learning) can be evoked if relevant stimuli are presented and that successful learning provokes subsequent and recognisable behavioural responses. Within the pedagogical literature Bernstein (2004) critically refers to this sort of approach as *visible pedagogies*. These visible pedagogies are informed by behaviourist or neo-behaviourist theories and promote a conservative transmission of content, i.e. the provided contents have to be absorbed by the student in order to perform sufficiently and thereby displaying observable evidence that the transformation was successful (Bernstein, 2004). We do not have the space to develop this in all too much detail here, but these visible pedagogies, focusing upon the assessment of performance, appear to provide a good strategy to secure that the acquisition of the needed theoretical knowledge by our future care-professionals has been accomplished. And indeed our sample was composed of students in their first, second and (those who had already accomplished the year-zero) third year,

indicating that – despite a probable inappropriateness of their caring attitudes – academic progression was possible nevertheless, as long as a sufficient knowledge-based performance during the formal assessments could be maintained by them.

Nevertheless, in terms of the requirement of a professional-altruistic care provision, the mere possibility of such an exclusively performance-based academic pursuit should raise some concerns. Let us take the issue of trust as an example here. Of course, any belief in earned entitlement is somehow related to trust: one trusts that a deserved benefit will materialise when it is due. But trust is also strongly linked to the provision of professional services as we discussed it earlier. In this relation, it is not the professional who trusts that his expectations are met, but it is the public that is entitled to the provision of those altruistic services which the professionals are entrusted to deliver. This public trust in a professional distribution of altruistic care requires a judgement made by the professional to align existing demand with available resources. And such a judgement cannot be based upon mainly personal considerations, as our respondents revealed them when putting trust in a *this-for-that* relation (*A wronged B, so B is justified to wrong A*), or when nearly a third of them held the belief that honouring a stranger's trust is not important. Within the professional provision of care, it is just not acceptable that services are withheld from an entitled public based upon individually held exclusion beliefs, founded upon pre-existing relationship ties or on a professional's ignorance towards a potential service-user who happens to be a stranger.

This issue brings us back to our earlier statement, regarding the fact that the provision of an altruistic service is to be mediated individually by drawing upon a secure stock of theoretical knowledge, applied in adherence to a code of conduct. This is nothing short of asking the students to take a position, informed by their theoretical knowledge, the demands of the situation and their personal judgement. The tricky bit about this required position taking is that there is no 'right' or 'wrong' answer. Whereas a sufficient stock of theoretical knowledge provides a methodological refined assessment of the world in terms of causes and effects, any theoretical knowledge remains nevertheless artificial and life-less (Gehlen, 1950: 339). This theoretical knowledge – i.e. those contents whose successful transition to the student is assessed by the educational profession – cannot replace the equally necessary guiding principles for a social group's conduct. Theoretical knowledge can thus provide the professional with specialist knowledge, but the secure application of this knowledge cannot be derived from this knowledge itself. It requires a *position*

taking in relation to the guiding principles of a code of conduct. It requires the taking of a position that allows the care-professional to navigate her/himself between the conflicting professional and social demands.

However, it appears questionable as to whether a performance-assessing visible pedagogy (or any other pedagogy following a similar vein) is able to facilitate the students' acquisition of the needed professional values. These values contain an element of an individual position taking in relation to the individual and the situation the individual finds her/himself in. But with this situated-ness any value-judgement cannot be forced into a simple right/wrong matrix, these judgements would remain intrinsically diverse over a given sample of individuals. If that is so, then it follows that a student's value-judgement cannot be captured by a crude assessment of behaviourally displayed effects in relation to a provided stimulus. Hence, an educational provision that remains driven by a visible pedagogy and a certain obsession with pre-defined learning outcomes (Feldges et al., 2015) will necessarily remain blind towards the important value aspect of the future care professional's education.

Conclusion

By developing the concepts surrounding the professional provision of care, we utilised an existing informal assessment that required the respondents to take a position in relation to hypothetical moral problems. A considerable number of respondents displayed a questionable attitude towards the values of trust and life. By linking these results back to the provision of education, it was argued that visible pedagogies, driven by a learning-outcome assessed methodological behaviourism, appear to be inefficient to assess the appropriateness of the value-judgements of these future care professionals.

By applying these results to a wider scale, it could thus be inferred that any educational effort to instruct students about values and to develop their ability to make informed judgements in relation to these values cannot be based solemnly around a performance assessing teaching paradigm. Although these teaching strategies promise to produce a quantifiable justification for social or managerial scrutiny, they seem nevertheless unable to provide the students with a core-aspect of their future profession. However, due to the limited reach of this project, a wider approach, covering a multitude of educational providers – probably even on an international scale – would be desirable.

We would like to thank the two reviewers for their helpful comments and recommendations.

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