

## **How do we learn professional ethics?**

### **Professional competences, embodiment and ethics in physiotherapy education in Norway**

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#### **Abstract**

This paper aims to enhance the understanding of how physiotherapy students develop professional ethical insight. The empirical data is based on participant observations and in-depth interviews with first-year students attending skills training classes in one of Norway's four physiotherapy bachelor programmes. Theoretically, this paper is framed within Merleau-Ponty's and Daly's embodied approaches to ethics. The analysis pays special attention to the concepts of ethical insight, ethical sensibility and hyper-reflection. The findings are presented according to two themes: 'embodying tacit care' and 'in-between abstract and embodied ethics'. In the discussion, we address students' development of ethical sensibility and lack of hyper-reflection skills. Ultimately, we argue that while physiotherapy education should embrace the unique nature of skills training as an opportunity to stimulate students to develop their ethical sensibility, at the same time, the curriculum must also emphasise hyper-reflection (critical thinking). We also discuss how educators can organise their curriculum and teaching in a way that enhances the potential for students to develop professional ethical insight.

**Keywords:** professional ethics, professional competences, physiotherapy education, embodiment, curriculum design

#### **Introduction**

All professionals should practice their profession in an ethical way. The profession of physiotherapy is regulated by the Declaration of Ethical Principles, which was issued by the World Confederation of Physical Therapists (WCPT) in 1995 (Partridge, 2010). The overarching principle of this declaration states that physiotherapists should respect the rights and dignity of all individuals (Partridge, 2010: 65). However, little information is available on how physiotherapy educational programmes have aligned their curriculums with WCPT guidelines. The extent to which physical therapy universities and learning institutes around the world report a formal ethics component on their syllabus varies extensively (Partridge, 2010: 67). For example, some institutions cover ethical guidelines within the context on clinical reasoning, whereas others concentrate on the application of ethics to research. Moreover, some institutions introduce ethics in the first year and then incorporate elements of ethics into different modules in later years, whereas others introduce ethics in a first-year

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lecture and then require an ethics seminar in the second year. As Patridge (2010: 67) argues, the extent to which ethical issues are regarded as important appears to depend, to some extent, on the personal interests of the staff involved. Swisher (2010: 69) addresses similar concerns about the availability of professional development opportunities related to ethics and moral reasoning within entry-level physiotherapy curriculums. Regarding the topic of ethics, it seems that physiotherapy curricula lack clarity regarding specific teaching content and learning goals. Moreover, the curricula do not emphasise the relevance of ethics to practice, and teaching faculties within these programmes often lack ethics experts (Barnitt and Roberts, 2000: 37). Accordingly, this lack of adequate ethics training in physiotherapy education presents a concern, as practicing physiotherapists are then ill-equipped to manage ethical issues in their clinical practice (Triezenberg, 1996; Greenfield and Jensen, 2010: 89).

The variation in how physiotherapy education programmes include ethics in their curriculums reflects how the WCPT on the one hand promotes standardisation, and on the other hand recognises the diversity of its members. The WCPT represents over 360,000 physiotherapists worldwide, and the recommended guidelines to which its member organisations have agreed apply to entry-level university education programmes that involve a minimum of four years of study and prepare graduates to become autonomous practitioners (Dahl-Michelsen, 2015). In practice, the structure of these educational programmes varies widely; this reflects the considerable diversity that exists in the regional, social, economic, political, cultural and professional environments in which physiotherapy programmes are taught around the world (Webb et al., 2009). In Norway, there are four physiotherapy bachelor degree programmes, and they are offered in the cities of Bergen, Oslo, Trondheim and Tromsø. Overarching national guidelines regulate the content of these bachelor degree programmes and ensure that they are sufficiently similar (UFD, 2004). Each programme requires three years of full-time study, which is equivalent to 180 points in the European Credit Transfer and Accumulations System (i.e. 180 ECTs). This three-year curriculum is followed by a one-year internship, wherein students spend six months working in municipality health services and six months working in a hospital setting.

Norway is home to more than five million people. Currently, ethnic minorities comprise 16% of the population, which is becoming increasingly more ethnically pluralistic, especially in larger cities (Statistic Norway, 2017). However, this cultural diversity is not reflected in physiotherapy programmes. The majority of physiotherapy students in Norway are white and middle-class, and they are therefore a somewhat homogenous group (Dahl-Michelsen and Leseth, 2011). In contrast, the increase in the number of physiotherapy programmes in Australia, for example, has paved the way for a more diverse student group by emphasising variations with respect to age, ethnicity and prior qualifications (McMeeken, 2007).

The gender distribution of the combined physiotherapy work force in the UK, the US, Australia, Sweden and Norway is 70% women and 30% men (Enger, 2001; Hammond, 2009; MacLean and Rozier, 2009; Sudmann, 2009; Öhman, 2001). This gender distribution is reflected in the physiotherapy student population (Öhmann, 2001). Norway is seen as a pioneer in gender equality because of its successful inclusion of women in the labour market and in influential positions in the public sector, politics and industrial management (Holst, 2009). However, despite this reputation, Norway has one of the most gender-segregated

labour markets, a fact that has been termed the Norwegian equality paradox. For example, within the physiotherapy profession, men dominate manual physiotherapy, whereas women dominate psychomotor physiotherapy (Dahle, 1990; Enger, 2001). Moreover, men dominate sports physiotherapy, whereas women dominate physiotherapy for children (Dahl-Michelsen and Leseth, 2011). In addition to these specialisation divides, the working spheres in physiotherapy are also gendered: men more often work in the private sector, whereas women more often work in the public sector (Dahle, 1990; Dahl-Michelsen and Leseth, 2011; Enger, 2001). The extensive focus on equality in the Norwegian welfare state is underlined by a free education and the availability of good scholarships. By ensuring a strong educational framework, the state encourages individuals to undertake education and career choices regardless of their backgrounds or traditional gender roles. We found it particularly interesting to explore how professional ethics are learned in physiotherapy education within the context of a society such as Norway.

As noted by Doherety and Purtilio (2015), professional ethics encompasses a systematic reflection on morality. In this case, ‘systematic’ points to ethics as a discipline that includes specific methods and approaches for examining moral situations, whereas ‘reflection’ entails questioning assumptions about existing components of moralities that fall into the category of habits, customs and traditions (Doherety and Purtilio, 2015). In this paper, we explore through a critical lens how physiotherapy students develop professional ethics. We extend Doherty and Purtilos’s emphasis on challenging ingrained norms as paramount in health professionals’ development of ethical reflection by taking an embodied approach to ethics. An embodied approach to ethics involves being sensitive to bodily and somewhat tacit dimensions embedded in physiotherapy encounters – dimensions that might not fit neatly into traditional, normative ethics (Merleau-Ponty, 2002; Daly, 2016).

Merleau-Ponty’s approach to ethics takes as its starting point the idea that human experience is intersubjective in the sense that ‘the interdependence of self, other and the world is affirmed’ (Daly, 2016: 2). Daly argues that this approach to ethics is markedly different from traditional normative ethics, which are founded ‘on assumptions of dualist ontologies’ (Daly, 2016: 2). She points to Merleau-Ponty’s ethics as an embodied bottom-up ethics that relies on direct insight into our own intersubjective approaches – or in other words, into the ‘I’ within the ‘we’ and the ‘we’ within the ‘I’ – and into the relations of others and the particularities within any given situation. Indeed, the more the circle of ‘we’ is widened, the more empathetic is the subject to other sentient beings. In other words, if identification remains focused on the ‘I’ perspective, orientation is likely to be predominated by individualism and competition (Daly, 2016: 258). Merleau-Ponty’s theory also denotes the ‘we’ through the metaphor of the ‘world body’, which focuses on how all human beings are intersubjectively related by belonging to the same ‘world body’ (Engelsrud, 2006). Building on these ideas, Daly introduces the concept of ethical insight, which involves systematic reflection on one’s own bodily experiences, including one’s motives, in seeking to promote the well-being of others.

Focusing on the well-being of others thus enables physiotherapists to move beyond biomedical approaches that emphasise curing to uncover ethical challenges that might cause more harm than good (Daly, 2016: 5). As Daly put it, ‘This skilful action is possible by virtue of direct, pre-reflective insight, intelligent percipience into the real nature of our relations to

others and the particularities of the given situation, not on any absolutist formulations... nor principles nor the moral accounting typical of consequential or utilitarian ethics' (Daly, 2016: 5). Accordingly, ethical insight is related to enhancing critical reflection, or hyper-reflection, as Daly terms it. Indeed, hyper-reflection also implies a bodily sensitivity and 'know-how' in promoting the well-being of others in concrete situations. Notably, this bodily sensitivity to ethical reflection is more context-sensitive and relational than a more theoretical, top-down view of ethics, taking as its starting point established norms, obligations and prescriptions. Ethical insight, understood as a professional competence that must be developed, thus involves sensitivity to the situation here and now, involving one's own body and being sensitive to bodily responses of one's patients.

### **Research Methods**

The data for this paper derives from a larger qualitative study on the process by which physiotherapy students become physiotherapists (the first author's PhD project). The empirical material is based on participant observations and in-depth interviews with first-year students attending skills training classes as part of one of Norway's four bachelor programmes in physiotherapy. Participant observation is particularly suited for exploring implicit and taken-for-granted phenomena (Fangen, 2010; Hammersley and Atkinson, 2007). This method is therefore appropriate for exploring the ways in which physiotherapy students develop professional ethical insight. Skills training classes in two different courses, 'Functional Assessment and Manual Skills' and 'Massage and Palpation', were observed in June, October and November of 2010. The former ran from January through June (10 ECTS), and the second ran from September through December (5 ECTS). These courses were identified as particularly relevant for participant observation because they included a special emphasis on students using their own bodies to roleplay both the therapist and the patient.

Altogether, 165 students, including 118 female students and forty-seven male students, were observed for a total of eighty-three hours. The students ranged in age between eighteen and forty-five, and most were in their early twenties. Additionally, eight teachers, including five female teachers and three male teachers, all between ages forty and fifty-eight, participated in the study. In addition to the observations, we interviewed sixteen students who participated in the 'Functional Assessment and Manual Skills' course. Practical reasons influenced the selection of the students who were interviewed. Although the students in the two courses belonged to different cohorts, the cohorts were regarded as similar, and thus it was not seen as necessary to include interviews with students from the 'Massage and Palpation' course. These interviews enabled us to explore students' experiences as they developed ethical insight (Järvinen and Mik-Meyer, 2005). The sample of students interviewed reflected variations among the students in the classes concerning differences in social activity (for example, some 'shy and modest' students and others who were more 'direct and loud'), as observed by the first author in the classroom. Eight male and eight female students were asked to participate, and all agreed to participate in the interviews. Of the sixteen students interviewed, fourteen were ethnically Norwegian. The first author conducted both the participant observations and the interviews.

### ***Analysis***

Qualitative analysis often begins with an inductive approach and later develops into a more explicitly theory-driven analysis (Patton, 2002). The analysis in this paper fits this pattern. The following two questions guided our analysis: (1) How do professional ethics become significant during skills training?, and (2) How do students develop professional ethical insight?

Bearing in mind these two research questions, several examples and anecdotes were selected for systematic analysis based on the first author's preliminary reading of the transcribed data. The data were read several times, and relevant topics were colour-coded and discussed by the two authors in face-to-face meetings. We agreed on preliminary topics, which represented the different themes we had highlighted as we read. We then discussed relevant ethical theories. The first author had read different theories relating to care ethics (e.g. Gilligan, 1982; Noddings, 1984, 2013). However, she found that these theories were not designed to handle the bodily aspects of the empirical data. The second author was familiar with Merleau-Ponty's ideas and had carried out a great deal of analysis using this theory (see e.g. Groven and Heggen, 2016). We also encountered Anya Daly's work on Merleau-Ponty, which helped us unwrap his ethics of intersubjectivity (Daly, 2016). After reading and discussing this work, we agreed that three concepts in particular – ethical insight, ethical sensibility and hyper-reflection – were useful in conducting a more theoretically informed analysis of the empirical material. With this focus in mind, we worked separately, though we maintained an ongoing dialogue and exchanged analytical points. This process led to our second analytical question: How do physiotherapy students develop ethical insight? This second research question guided us through our more theoretically informed analysis. Finally, we arrived at two topics that represented our findings: 'embodying tacit care' and 'in-between abstract and embodied ethics'.

### ***Research Ethics***

This study was authorised by the Norwegian Social Sciences Data Service. All the students and teachers in the classes and the interviewees provided their written consent. All the names included in this paper are pseudonyms. Furthermore, the strength of the analysis was enhanced because both authors were engaged in the analytical process. According to Kvale and Brinkman (2009), 'Analytical generalisation involves a reasoned judgement about the extent to which findings of one study can be used to guide what might occur in another situation. It is based on an analysis of the similarities and differences of the two situations' (Kvale and Brinkman, 2009: 262). We argue that the findings in this study are analytically generalisable to physiotherapy programmes in Norway, and probably to other Scandinavian programmes as well, as the context for these education systems is quite similar. The findings are less generalisable to other countries, such as South Africa, that are very different from Norway; in such cases, the findings will only be applicable if skills training is provided and the curriculums are organised in a similar manner as described in this study. However, read through a critical lens, findings from a very different context often make visible knowledge that is implicit and taken-for-granted in one's own society.

## Findings

The themes of ‘embodying tacit care’ and ‘in-between abstract and embodied ethics’ will be presented through empirical examples and anecdotes. Then, we will provide a more critical discussion of the findings.

### *Embodying Tacit Care*

A recurring theme in the empirical material revolved around students’ efforts to embody caring and curing during skills training. However, caring was embodied differently than curing. Whereas curing was explicitly linked to the effects of skills and techniques, caring was embodied in a more tacit manner, one that seemed to be related to sensitivity. Care was typically identified as tacit care incorporated at an embodied level, as described in the following extract from the field notes:

*In the skills training classroom, Thomas, a male teacher in his early forties, is about to demonstrate some techniques and skills that the students will then practice on their benches [in pairs]. There are twenty students in the room, all of whom are standing in a circle around one of the benches at the front of the classroom. Today, the hip joint is the main area for the skills and techniques to be demonstrated in this class. Thomas asks, ‘What do you think about this situation?’ This is an open question related to a patient story [casuistic] that students have prepared. He continues to ask more detailed questions [probably to check out how much the students already understand from the ‘patient story’ they are supposed to have prepared for the class]. At the same time, he nods towards Line, a female student, and indicates that she is going to be the demonstration model. Line comes forward and sits down on the bench. Thomas directs questions at all the students and, at the same time, uses tacit body language to communicate with Line, who lies down on her back on the bench. During the sequence that follows, Line shifts from lying on her back, to lying on her front, to a sitting position. Thomas uses Line’s body to demonstrate whether the students’ answers to his questions are right or wrong and to add nuance or point out different possibilities as to how the techniques can be carried out to more or less effect. The students pay close attention to what Thomas says and does. When he comments verbally on how his bodily demonstration techniques may have a better or worse effect according to the different positions of the joint, the students are paying full attention. I [the first author] standing among the students notice how they admire Thomas for his skills. I exchange glances with some of the students and smile. Hedda, one of the students with whom I spoke during the break, whispers to me and two other students standing nearby: ‘He is so clever’. All of us smile and, although nothing is said, I understand that the embodiment of his competences is what particularly impresses them. At the same time, as Thomas demonstrates and talks with the students about different techniques and effects, he pays discreet attention to Line’s reactions. After lying on her back for some minutes, she begins to look a bit uncomfortable [red spots become visible on her chest]. Quietly, without explaining to the students what he is doing, Thomas*

*places his body slightly in front of her so that she is shielded from the students. He then places a caring hand on her shoulder and silently asks her to shift positions so that she is lying on her front.*

Notably, although both effect and sensitivity are present in this anecdote, sensitivity is presented on a tacit level. Thomas does not explicitly address sensitivity as paramount in embodying care. It is displayed implicitly, however, through his approach towards students as they performed as demonstration models. As an experienced clinician, he embodies care through tacit aspects of his professional competence. His skills show an embodied and personal way of bringing about smoothness, flow, rhythm, awareness and more in his non-verbal communication, including touch; all this plays a part in his teacher demonstrations. Thomas could have commented directly on care by telling his students that they need to pay attention to sensitivity and smoothness as a part of care. However, he does not. We observed that other teachers took a similar approach as they demonstrated their skills in these classes.

None addressed such aspects explicitly, and care was not framed explicitly within theories of care. However, teachers occasionally spoke of care implicitly in relation to the use of pillows and bolsters. Such care was then related to ‘care for joints’ and, as such, framed as a biomechanical way to prevent uncomfortable positions for patients, which could lead to ineffective treatment outcomes. Care was also mentioned when providing ‘patients’ with carpets to prevent them from feeling cold during skills training. Nevertheless, as students returned to their benches to practice in pairs, they did not automatically adopt the same styles as their teacher, that is, the same smoothness in their movements. However, they seemed to grasp what they were expected to achieve. In other words, they had somehow understood the embodied dimensions of tacit care. How students tried to both copy their teacher and find their own way is evident in the following extract from the filed notes:

*The teacher, Lisa [female teacher] has demonstrated different techniques and manual skills for the hip joint. Hedda [female student] and Hans [male student] are practicing these skills together on a bench in the middle of the classroom. Hans is the patient, whereas Hedda is the physiotherapist. First, they practice by trying to copy what Lisa has demonstrated. Hans lies on his back, and Hedda takes his leg into a starting position. She moves his legs in circles, in a similar way to what the teacher demonstrated, and they ask and answer each other about what happens in the joint [biomechanically]. They repeat some cue words from the teacher, and Hedda pays close attention as she probably looks for Hans’ bodily responses of breath and tensions, as pinpointed in the previous teacher demonstration. After a while, Hedda says, ‘Forget it Hans, you must give me more direct feedback I think. Close your eyes and try to feel what I am doing’. Hans closes his eyes, and Hedda works on seemingly trying to copy the movement of the teacher. They work in silence for a while, then Hans says, still with his eyes closed, ‘More effort, Hedda, especially when you are moving my leg to the right’. ‘Like this, you mean?’ asks Hedda. ‘Hmm’, says Hans. He opens his eyes and shifts positions and says, ‘I cannot really believe this, but I feel exhausted and I have done absolutely nothing. It is crazy, I think this movement stuff really does something’, he says. They talk for some minutes. Then Hedda says, ‘I do*

*not think I really did my best; I want to try to do it some more'. Hans goes back into the same position and wordlessly they pick up where they left. Now something changes. Hedda is doing more 'free and bigger movements', and it does not look quite the same as the teacher demonstration. Hans responds immediately, 'This is better, Hedda'. Lisa walks by and nods towards Hedda. 'Nice, Hedda, try to find your own style'.*

In this anecdote, the ethical sensibility of care that the students seemingly implicitly understood from the teachers' demonstration is evident in Hedda's caring glance at the 'patient', which was similar to the teacher's, and in the way she is sensitive to and responds to bodily signs from her classmate. In other words, as students practiced on their benches, they tried to copy their teachers. However, they also experimented with ways to perform the skills and techniques to find their own, more personal way of doing so. Some of the teachers explicitly emphasised the significance of finding one's own style in performing these skills. In this way, the students went beyond simply reproducing the skills of their teachers by further reflecting on how to develop their own professional competence.

### ***In-Between Abstract and Embodied Ethics***

Students who attended skills training also participated in other courses. Either before or simultaneously while attending skills training, the students participated in a mandatory introductory course, in which they learned about the normative theories of ethics. The students described these theories as revolving around 'big questions of life and death' rather than addressing dimensions of ethics relevant to clinical physiotherapy practice. Students expressed their experiences with ethics as being somewhere in-between an abstract and embodied conceptualisation of ethics. Harald, a male student, expressed it this way:

*You have probably heard it from other students, but when we were sitting in that huge hall and the lecturer was reading from these PowerPoints on ethics, I thought, 'I will never need this' [as a physiotherapist]... they were these abstract theories on ethics. I guess few physiotherapists actually know these theories, and I will forget them myself. ... Still, I have learned something, and the discussions with classmates were interesting. Nevertheless, so much of what [the lectures] said about how we should approach patients was self-evident ... and I am not sure if they have ever seen a patient themselves, so then it is a huge gap in a way ... I think ... I think we learn much more from experiencing ourselves – so in skills training, there, we somehow put ourselves in the shoes of the patients. That experience of knowing how it might feel to be in your underwear in front of a therapist. I think that is very useful. Then you know that it might not be that fun to stand in front of a therapist in only underwear.*

Although the students appeared undecided as to whether or not the introductory course was 'a good use of their time' and often commented that the clinical dimensions of the introductory course were reduced to common-sense knowledge, they were not negative about ethics as it was presented in the course. For example, the students spoke of interesting group



discussions with their peers. Nevertheless, the students were unsure if and how they were supposed to use the ethical theories outlined in the introductory course. Although they saw the benefits of learning about these theories, they saw clinical skills training as a more favourable learning arena than the introductory course for discussions about ethics. In particular, they emphasised the value of learning through experience with their own bodies.

As demonstrated in the extract above, the students emphasised the significance of having experienced the role as patient within skills training. By playing the role of the patient, the students developed the ability to see things from the perspective of the other, i.e. the patient. In this way, they were able to reflect on how they felt about being touched and evaluated by their student peers, who differed in their approaches to touching and evaluating patients. In doing so, they also gained the opportunity to reflect on how they preferred being touched or not touched, as well as their own vulnerability as patients lying or sitting on the bench and their boundaries and comfort zones in terms of having to protect themselves in potentially intimate situations. In particular, the students learned that they felt vulnerable in their underwear, and that this sense of vulnerability was interdependent on the therapist (i.e. they felt more vulnerable with some co-students than with others in the roleplaying).

According to the students, their experiences of different situations in which the body was exposed to diverse manual physiotherapy techniques and their feelings about receiving massage were also important. In the therapist role, the students increasingly learned that interdependence was at stake in the bodily encounter, and that their approach influenced the patient's approach and vice versa. For example, if the therapist was stressed the patient became stressed and if the patient was encouraging in her/his feedback the therapist became less stressed. This implies that in their practicing the students developed skills in regulating their glances and responses to the reactions of the individual playing the patient role on a tacit level. Moreover, they learned to vary the pressure of their touch based on the responses and reactions of individual patients (co-students) when carrying out manual techniques. In a similar vein, as 'patients' lying on the bench, their perspectives switched as they experienced what it was like to receive a massage. Hence, during skills training, students engaged in professional ethics on an embodied level. These experiences provided a different and more tacit approach to ethics, and this approach starkly contrasted with the theoretical and abstract ways in which they had previously engaged with ethics during the introductory course.

## **Discussion**

In our discussion, we will delve further into the challenges involved in how students learn professional ethics, highlighting in particular their efforts to juggle between abstract and embodied ethics. We also discuss how educators can organise their curriculum and teaching in a way that enhances the potential for students to develop professional ethical insight. Finally, we argue that while skills training provides a unique opportunity to stimulate students to develop their ethical sensibility, at the same time, providers of physiotherapy education must also emphasise hyper-reflection as a means of developing students critical thinking.

### ***Ethical Sensibility as an Embodied Approach to Ethics***

Ethical sensibility encompasses physiotherapists' embodied professional competence, which to a great extent is tacit. Moreover, students develop professional competences in skills training through embodied interactions with their student peers and their teachers, as well as through interaction with imagined future patients. The significance of these embodied interactions, which imply ethical sensibility, brings intersubjectivity to the forefront. Our findings show that developing the competence to embody the interconnectedness of the 'I' and the 'we' occurs through bodily encounters during the student roleplays in skills training, where the students play the roles of both the therapist and the patient. Although intersubjectivity includes both the 'I' and the 'we', values become collective only when this identification is embraced by the 'we' and when this orientation is characterised by cooperation (Daly, 2016). In this regard, the 'we' in the physiotherapy encounter includes the patient and the physiotherapist. However, the 'we' relates not only to the concrete encounter but also to encounters in physiotherapy more generally, as emphasised in this context through interactions with imagined future patients.

Moreover, in skills training, students explore how to embody ethical sensibility as they learn how to be fully present in the situation and acknowledge their interdependence with their co-students. Through practicing their skills by performing them on their co-students, including experiences of touching and being touched, they learn the significance of being sensitive to bodily signs and gestures and can thus reflect on their own approach. In this way, they learn how to embody ethical sensibility in different contexts. Indeed, our findings show that roleplaying both the patient and the therapist during skills training makes students more sensitive to the need for 'fellow feeling' with future patients. In line with Daly's argument, developing embodied sensitivity for 'fellow feeling' depends on a sense of empathy as the foundation for ethical insight (Daly, 2016: 267). This perspective relates to Clouder's (2005) argument regarding caring. Clouder notes that if students are to develop caring as a professional competence, they need to be personally touched by the events that connect them as human beings with those for whom they care (Clouder, 2005: 512). In making this claim, Clouder builds on Gilligan's ethic of care (1977), which emphasises that the morality of care must include care of self as well as care of others. In this sense, a sustained progress of physiotherapy education requires critical self-reflection as a key component (Jensen and Paschal, 2000).

### ***Hyper-Reflection as a Means of Identifying Blind Spots***

Based on our findings, we argue that one way to bring ethics more explicitly to the forefront in these courses is to include hyper-reflection as part of student learning. According to Daly, hyper-reflection can help identify blind spots in our reflections. Hyper-reflection enables us to question taken-for-granted assumptions, thereby serving as an antidote or corrective to reflection and its totalising and reductive tendencies, not only in the epistemic domain but also in our relations with others. (Daly, 2016: 295). As outlined in the introduction, hyper-reflection places a more critical eye on one's approach, including one's motives, in order to unwrap ethical challenges that might potentially do more harm than good. Such a hyper-reflective approach might involve, for example, reflecting more critically on the implications of bodily touch and undressing in front of other students. When some of the students noted

their exhaustion during skills training, for example, this could be interpreted as a means of relating to the stress or discomfort undressing or being touched by co-students might cause. However, such reflections were not discussed as part of the skills training, so that students were grappling with them on their own. Reflecting critically on this tacit aspect would be useful as a means of developing one's ethical insight into touching and being touched; through this critical reflection, for example, one might learn that not everybody experiences this practice as unproblematic. Indeed, seen in a very critical light, participating in this roleplay undressed to their underwear can potentially do more harm than good for some of the students, such as those struggling with eating disorders (Sundgot-Borgen, 2001). In other words, in terms of their hyper-reflection, there is a gap here in students' development of ethical insight. Said differently, there is a gap in their transition between ethical sensibility and hyper-reflection. Although students learn how to reflect on their practice, they do not know how to critically reflect on it, and they are thus unable to understand how critical reflection is related to ethical norms and assumptions.

According to Smith and Trede (2013), physiotherapy students should learn how to reflect with educators. More precisely, they point to the need for physiotherapy educators to acknowledge that reflection is intertwined with many practice dimensions, and that enhancing journal reflection must be supplemented with a more practical approach to ethical reflection to enhance students' level of reflection. Smith and Trede question whether the time spent on reading and commenting on students' journals might better be used to engage in dialogue with students (Smith and Trede, 2013: 450). By engaging students in face-to-face dialogues, teachers can arguably help students understand the missing link between ethical sensibility and hyper-reflection (critical reflection).

Furthermore, in our observations, we saw that teachers rarely articulated their embodied competences of caring and ethics verbally. This may be because the teachers were not aware of these aspects themselves and/or because these ethical dimensions were not part of the syllabus for the two courses observed. Notably, neither course had learning outcomes explicitly related to ethical dimensions. According to the 'Massage and Palpation' course syllabus, the students were expected to learn an empathic and acknowledging way of being; such a learning outcome indirectly implies ethical dimensions. The other learning outcomes, however, more strongly emphasised technical skills, hygiene and work techniques. As the first author observed, the focus on technicality differed among the various teachers leading this course.

Though not a focus of this paper, it should be mentioned that the extent to which this course should emphasise 'technicality or humanity' forced debate among the teachers. For example, on the one hand, some teachers focused mainly on technicality and were occupied with standardisation and the right and wrong ways of teaching massage. On the other hand, other teachers focused mainly on humanity and placed more emphasis on exploring movements. The teachers in the latter group also argued in favour of including more theoretically informed lectures on the meaning of touch and touching within massage. The 'Functional Assessment and Manual Skills' course did not include any learning outcomes directly related to ethics. Moreover, the focus and discussions on 'technicality versus humanity' were not observed in this course. Notably, although the learning outcomes in this course emphasised biomechanics and measurement, the first author observed that the general

learning approach in these classes was explorative, focusing more on encouraging students to ‘find their own way’ of doing things, an approach that was evident from the starting point, as demonstrated by the teachers. Accordingly, the huge variation regarding professional focus differs not only between programmes in different countries (as outlined in our introduction) but also within the same programmes and institutions. Surely, some variations regarding professional focus within the same programme are unavoidable, as different teachers have different approaches to physiotherapy. It is important for students to encounter different physiotherapists so they can observe how physiotherapy is enacted in a variety of ways. Nevertheless, we propose that the development of the physiotherapy profession will benefit from teachers engaging their students in more critical informed professional discussions (Smith and Trede, 2013).

According to Triezenberg (2000), ethics should be at the philosophical centre of every physiotherapy curriculum. Indeed, educators need to define and be conscious of the values they want to promote among their students. Throughout the curriculum, teachers must clearly communicate the values and behaviours that students are expected to display in their future professional practice (Triezenberg, 2000: 50). Triezenberg argues that when considering the focus and organisation of a physiotherapy curriculum, the concept of physiotherapists as moral agents should be the starting point. Consequently, teaching physiotherapy must go beyond simply training students on a code of ethics to help them reflect on these ethics and their implications (Romanello and Knirht-Abowitz, 2000). According to the authors, physiotherapy programmes should emphasise ethical dilemmas and challenge students’ ethical assumptions and moral knowledge. To this end, the use of philosophical texts, case studies and field observations must be central components of the physiotherapy curriculum (Romanello and Knirht-Abowitz, 2000: 22).

Notably, the students who participated in our study were introduced to Merleau-Ponty’s body phenomenology in a lecture during their first year as bachelor students. Bearing in mind that the lecture was theoretical and arguably abstract, as the students had not yet engaged in skills training, we propose that students would benefit from further insight into Merleau-Ponty’s theories. For example, they could develop hyper-reflection skills by drawing on the theory as they reflect on their practical knowledge and ethical know-how. Ideally, such reflections could take place in classes in which teachers reflect together with their students (Smith and Trede, 2013).

Historically, physiotherapy education has drawn heavily on biomedical knowledge. Although biomedical discourses still dominate physiotherapy programmes around the world, the dominant position of these discourses is increasingly challenged. As a result, some physiotherapy curriculums have tried teaching alternative modules to enhance physiotherapy students’ critical insight. The physiotherapy curriculum at the University of Cape Town (UCT) in South Africa and the Auckland University of Technology (AUT) in New Zealand are two such examples. Recently developed alternative modules in these curriculums incorporate anthropology, philosophy and the history of the physiotherapy profession into physiotherapy assignments, particularly emphasising topics as social embarrassment, age, space, gender and race (Macdonald and Nicholls, 2017). In short, the alternative module designs developed by these universities offer students insight into the difficulties and the opportunities embedded in their professional epistemologies and ontologies. Indeed, these

modules include exposure to conceptualisations of critical thinking and professional practice (Macdonald and Nicholls, 2017: 313). Notably, both South Africa and New Zealand offer physiotherapy programmes that draw heavily on their colonial past. As Commonwealth countries, the practice model originally developed by the Society of Trained Masseuses in England is heavily emphasised in the physiotherapy programmes offered in these countries (Nicholls and Cheek, 2006). Nevertheless, both the problems and opportunities inherent in these countries' colonial heritage have influenced how these universities now engage students in thinking about 'the past, present and future for their professional identities' (Macdonald and Nicholls, 2017: 313).

### ***Contextual Embeddedness of Ethics in Physiotherapy Education in Norway***

As outlined in our introduction, the WCPT's overarching ethical principle holds that all physiotherapists should respect the rights and dignity of all individuals (Partridge, 2010). However, physiotherapy is still predominantly a white, female, middle-class profession in Norway as well as globally (Dahl-Michelsen, 2015). A UK study revealed that the recruitment of ethnic-minority students in physiotherapy programmes is low (5%) (Greenwood and Bithell, 2005). The recruitment of ethnic minority students is even lower in Norway (between 1% and 1.5%) (Dahl-Michelsen and Leseth, 2011). Internationally, applicants are selected based on marks and interviews, depending on institutional philosophies (Bithell, 2007; McMeeken, 2007; Redenbach and Bainbridge, 2007; Threlkeld and Paschal, 2007). Some interesting recruitment strategies have been implemented to address this gap. For example, a recent study in the UK found that the use of recruitment interviews has contributed to increased diversity, resulting in higher rate of minority students (Hammond, 2013). In Norway, students are enrolled in physiotherapy programmes based solely on their upper secondary school marks. Thus, the educational institutions have limited influence on who is enrolled. Apart from how they advertise themselves in programme brochures and online, the educational institutions do not have direct influence on who becomes a student. This means that educational institutions in Norway cannot choose students that are more suitable for becoming physiotherapists, nor can they select certain students to enhance diversity (Dahl-Michelsen, 2015). One question, then, is whether the recruitment system and admission politics of physiotherapy education in Norway reinforce the continued legacy of physiotherapy as a white, female, middle-class profession. We argue that this is an important concern for physiotherapy education in Norway.

Of the five million people living in Norway, 16% are ethnic minorities, and nearly all of these individuals live in Oslo (Statistic Norway, 2017). Although this means that many parts of Norway have very few persons with an ethnic-minority background, this might change quite radically during the next years, as Norway has seen increasing numbers of immigrants, foreign workers and asylum-seekers from various part of the world (Fougner and Horntvedt, 2012: 19). The ongoing refugee crisis in Europe will also play a role in this changing picture, as the population will become more diverse, which means that ethics and cultural competences are even more necessary in educating tomorrow's physiotherapists.

We argue that because physiotherapy students in Norway are such a homogenous group, there is seemingly a need to widen the scope concerning sameness and difference within this particular educational context. As outlined by Fougner and Horntvedt (2012),

referring to Norwegian Governmental White Paper No. 17 and No. 49 (1996–1997), cultural minorities are, on the one hand, encouraged to preserve their culture in a society characterised by ‘otherness’, and on the other hand, encouraged to integrate into a society based on ‘the ideology of sameness’ (Fougner and Horntvedt, 2012: 21). The authors found that Norwegian physiotherapy students at the University of Oslo and Akershus (HIOA) draw on the same paradoxical intentions in their work with ethnic-minority students, specifically with regard to Muslim women participating in physical activities led by female Norwegian physiotherapy students. Fougner and Horntvedt (2012) highlighted how Norwegian society encounters challenges regarding the ideas of ‘sameness’ and ‘otherness’, as integration in Norway is based on adaptation to the Norwegian culture and at the same time focuses on protecting immigrants from forced assimilation (Fougner and Horntvedt, 2012: 19). These authors define sameness as being ‘more or less the same as everybody else in the group’ and otherness as being ‘different from what is otherwise experienced or known’ (Fougner and Horntvedt, 2012: 20). The students in our study were raised in Norway, and nearly all of them were ethnically Norwegian.

Though not the focus of this paper, gender power is evident in some of the anecdotes we have presented. Also, the gendered aspect of situations in the skills training classes – for example, the need to be scantily dressed in these classes – remained more or less ethically tacit. The significance of gender is complex and depends on the context, as seen in the example with Hedda and Hans. For them, practicing with a classmate of the opposite sex and undressing in front of a class of students did not bother them much. This might be because they grew up in a society with a heavy focus on equality, implying that they have no experience with, for example, sex-segregated classes. For Norwegian students, sex-segregated classes are seen as oppressive. In terms of cultural competence, this may present a problem. According to Fougner and Horntvedt’s (2012) study, students who lack experience with people different from themselves face problematic issues related to how well they are equipped to meet patients with cultural backgrounds different than their own. In short, Norwegian physiotherapy students are bothered by their stereotypical perceptions of ethnic minorities, and they believe they have succeeded in their physiotherapy work when the patients become ‘Norwegian’ by, for example, being comfortable undressing during exercises.

However, this does not necessarily mean that they are acting unethically in how they approach their patients. As Daly pointed out, Merleau-Ponty’s approach to ethics includes tacit and intuitive aspects, in addition to those aspects that fit cognitive categories (Daly, 2016). The physiotherapy students in Fougner and Horntvedt’s study put effort into preparing themselves for the physiotherapy encounters with Muslim women and wanted to act as good professionals. We agree with the authors, arguing that the curriculum must be changed to enable students to develop the cultural competences necessary for their future professional work as physiotherapists. The physiotherapy students in Fougner and Horntvedt’s study (2012) had one preparatory ‘Intercultural Communication and Medical Anthropology in Health Care’ lecture. The authors questioned the value of such a brief introduction to this critical domain (Fougner and Horntvedt, 2012: 19). Accordingly, Fougner and Horntvedt suggest changing the curriculum to increase programme content rooted in theory related to medical and social anthropology, religion and religiousness, and the skills of critical

reflection in clinical decision-making, as well as the theory of understanding power and group dynamics. Furthermore, as ‘the students need expert instruction to integrate theory and practice, the instructors’ level of cultural competence must be high to ensure the value of cultural knowledge transfer’ (Fougner and Horntvedt, 2012: 24). Thus, these authors suggest that teachers must be trained in cultural competence as well.

We agree that these changes should be made with regard to the physiotherapy curriculums in Norway. Such changes align with recent curriculum changes at UCT in South Africa and AUT in New Zealand. We find that cultural competence can be improved by integrating its teaching with ethics.

### **Conclusion**

Physiotherapy education providers must address ethical sensibility as a bottom-up approach to professional ethics in skills training. The learning situations under scrutiny in this study represent uniqueness in terms of developing ethical sensibility. Physiotherapy education is, however, part of higher education, and critical thinking is a basic skill for all students within this system. Therefore, there is a need to enhance students’ capacity for critical thinking by stimulating hyper-reflection, for example by engaging both students and teachers in collective reflection. We argue that courses in skills training could help students hyper-reflect by including theory and alternative module designs. Merleau-Ponty’s ideas, including his embodied ethics, should be given more emphasis in the curriculum to enhance hyper-reflection. We argue that ethical dimensions of physiotherapy could also facilitate students’ hyper-reflection if integrated with the dimension of cultural competence. Combining theoretical training with embodied knowledge can enable students to hyper-reflect and thereby improve their ethical insight beyond the level of embodied ethical sensibility. Finally, we need to pay closer attention to the organisation of the different courses within the curriculum.

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