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Embedding bioethics and anthropological reflection in pediatric nursing education: the experience of the University of Genoa – Istituto Giannina Gaslini

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Abstract
Nursing is characterized by ethical complexity, emotional intensity, and relational asymmetry. While bioethics is often included in nursing curricula, it is frequently taught in a fragmented or purely normative manner, leaving students insufficiently prepared to interpret and inhabit the moral dimensions of care. To describe a three-year educational pathway in Medical Humanities, philosophical anthropology, and bioethics developed for pediatric nursing students at the University of Genoa – Istituto Giannina Gaslini, and to explore the ethical themes articulated by students. The structure of the program, which integrated philosophical anthropology, ethics of care and vulnerability, narrative practices, and dialogical pedagogy, was outlined. A thematic analysis was conducted on students' written reflections which were presented at a public conference at the end of the program. Students' reflections reveal the emergence of a coherent ethical sensibility structured around key themes: embodied care, vulnerability as a shared human condition, relational presence, the moral significance of everyday clinical gestures, and the integration of technology within caring relationships. The educational experience fostered reflective depth, interpretive sensitivity, and an understanding of ethics as lived moral practice rather than abstract rule application. An integrated, humanistic approach to bioethics education can meaningfully contribute to the formation of pediatric nurses capable of ethical presence, moral judgment, and relational responsibility. Students can be helped to cultivate an ethically attuned professional identity responsive to vulnerability and care.

Keywords Pediatric nursing · Ethics of care · Vulnerability · Medical humanities

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Introduction

The growing ethical complexity of contemporary healthcare has made the formation of morally reflective nurses a pressing educational priority (Gibbons 2016). Ethical challenges in nursing arise not only from clinical decision-making, but also from the ways in which illness, suffering, dependency, and hope are lived and interpreted by patients, families and healthcare professionals (Halldorsdottir and Bryngeirsdottir 2025). In this perspective, ethics cannot be reduced to a technical competence or procedural compliance; rather, it concerns how professionals understand and respond to the human meaning of care (Sala 2003).

International literature increasingly recognizes nursing as a fundamentally moral practice, one in which professional expertise and a caring attitude must be integrated through reflective judgment and practical wisdom (Vanlaere and Gastmans 2007). Within healthcare education, growing attention has been paid to the anthropological and ethical depth of professional formation, highlighting the need for interpretive sensitivity when engaging with contemporary moral dilemmas (Macpherson et al. 2020). Yet, despite this recognition, nursing students frequently report feeling unprepared to navigate ethically complex situations or to translate ethical principles into lived moral agency. Integrative reviews consistently highlight gaps between theoretical instruction and reflective practice, describing ethical competence as fragmented or poorly integrated with clinical formation (Cannaerts et al., 2014). This gap becomes particularly evident in the experience of moral distress, understood as the condition of knowing what ought to be done while feeling unable to act accordingly. Some authors identify moral distress as a critical point at which ethics education can strengthen moral confidence, advocacy, and moral resilience (Wocial 2008). At the same time, curricular fragmentation often leaves students insufficiently prepared for ethical decision-making once they enter professional practice (Snelling and Gallagher 2024). Together, these challenges suggest that ethics education must cultivate not only cognitive understanding but also the reflective dispositions that enable nurses to recognize, interpret, and act responsibly within morally charged situations.

Against this background, the present paper describes and reflects on a three-year educational pathway of Medical Humanities and bioethics for pediatric nursing students, implemented at the University of Genoa – G. Gaslini Institute. The paper explores how a humanistic, medical humanities-based curriculum, paired with participatory pedagogical methods, can foster an ethical and professional identity oriented toward vulnerability, care, bodiliness, and moral responsibility.

Drawing on the analysis of students' written works and oral reflections produced throughout the program, the paper aims to reflect on the program's formative potential and thus contribute to the ongoing conversation about bioethics education for pediatric nursing students.

Within the Italian context of pediatric nursing education, this initiative represents one of the first structured attempts to provide a concrete response to the growing calls for a stronger humanistic dimension in healthcare training, a need that has increasingly been emphasized at the institutional level as well (Federazione e Consigli Nazionali dei Professionisti della Salute 2025). Bioethics is currently included as a teaching subject only in some pediatric nursing degree programs; however, in other

educational pathways, and in certain regions of Italy, it has not yet been consistently or systematically integrated into formal curricula.

Methods

Educational framework and rationale

The three-year pathway is structured as a coherent Medical Humanities framework that distributes across the curriculum the core dimensions of humanistic education: anthropology and philosophy of care, professional ethics, bioethics of vulnerability, narrative medicine, and reflection on experiences of illness (Doldi 2021). As noted by Paola Premoli De Marchi, medicine and caregiving practice require a philosophical foundation capable of responding to the question: "*Who is the human being*, *who so often finds himself in a condition of suffering and in need of help?*" (Premoli De Marchi 2020). A sound philosophical anthropology thus becomes the foundational criterion for identifying the goods that medicine is called to serve, such as life, health, the fight against pain, bodily integrity.

Within this framework, the Humanities are not confined to a single and isolated course but are structurally integrated into students' personal and professional development. The educational pathway accompanies students progressively: from a reflection on their own self, to responsibility toward the vulnerable other, and finally to ethically complex decision making, including situations that are encountered in end-of-life care. Even the discussion of clinical cases, though, inevitably gives rise to fundamental questions such as: "*Who am I as a caregiver? What binds me to others?*" (Cattorini 2008).

Throughout the pathway, students engage with texts, practices and educational activities that integrate philosophy, ethics, anthropology, narrative approaches, normative documents, and reflection on nursing lived experience. This integrative approach is intended to prevent ethics from being perceived as abstract or external to practice, and instead to root ethical reflection in concrete human and professional experience.

The program also explicitly acknowledges an often-overlooked reality of care: nurses themselves are vulnerable. Continuous exposure to illness, suffering, and death can erode emotional resources and compromise professional well-being. For this reason, the humanization of care is understood to begin with attention to those who provide care. The pathway therefore creates space for narration, reflection, and meaning making, recognizing healthcare professionals' own experiences of fragility and fatigue. This perspective is particularly emphasized in the work of Marie de Hennezel which informs the pedagogical orientation of the entire pathway (de Hennezel 2008).

Program design and evolution

Although the program is not organized as a traditional course, it is characterized by a coherent internal architecture integrating anthropological reflection, philosophical

ethics, and bioethics. Its methodology relies on a strongly participatory approach, in which students engaged directly with texts, reflected collaboratively in small groups, and co-constructed analytic interpretations through collective discussion.

The pedagogical approach combined philosophical–anthropological lectures, Medical Humanities seminars, and participatory, dialogical learning sessions. Each session included guided readings, small-group discussions structured through analytic grids, reflective writing, and plenary dialogue. Through these activities, students produce a wide range of reflective materials, including individual essays, case studies, narrative reflections, and group presentations. This structure creates a learning environment in which students were invited to "think from within" the moral experience of caregiving. The emphasis is therefore not on the mastery of ethical doctrines, but on cultivating the intellectual and interior discipline through which ethical meaning can emerge from clinical encounters.

The program focuses on topics such as vulnerability, the ethical significance of touch and bodily care, the asymmetry inherent in relationships of dependency, the moral weight of silence, and the ethical stakes of pediatric end-of-life situations. Below, we offer an overview of the content year by year.

First year: formation of the caregiving subject

The first year focuses on the formation of the caregiving subject, with particular attention to self-care. Students engage with texts addressing gestures and thoughts of care and the relationship with their own bodily dimension, drawing on practical philosophy, phenomenology, and reflection on their own experience (Mortari and Saiani 2013). Particular emphasis is placed on the experience of one's own body as a "lived body", as well as on the ethical meaning of touching the body of another person (Mencattelli 2012). These reflections are developed as constitutive elements of nursing professionalism, highlighting how corporeality mediates vulnerability, trust, and responsibility in pediatric care.

Central to this year is the insight that caring for oneself is a prerequisite for caring for others. Self-care is understood not as narcissistic individualism but as a spiritual and practical process aimed at safeguarding the "health of the soul", as argued by Luigina Mortari (Mortari 2019). The formative message is clear: there can be no authentic pediatric care without a subject capable of self-reflection, bodily awareness, and emotional attunement in relationships with children and families. As Nuzzo observes, nurses are uniquely positioned to inhabit patients' everyday lives and to hear stories that often remain unheard within clinical hierarchies (Nuzzo 2013).

Second year: professional ethics as practical knowledge

In the second year, the philosophy of care provides the theoretical foundation for nursing ethics. Care is understood not merely as a technical gesture, but as a form of being and a *kind* of presence, as developed by Mortari (Mortari 2015). Care is essential because it protects life and enables the flourishing of human existence; it responds simultaneously to ontological, vital, ethical, and therapeutic needs. A central claim of the philosophy of care concerns the structural relationship between care

and the *good*: human life is oriented by a primary tension toward the good, and care, as an original practice of existence, is intrinsically bound to the search for the good.

For this reason, seeking the good lies at the heart of ethics. Those who care are engaged in the pursuit of what is good both for the other and for themselves, and "the idea of what the good is constitutes the most important form of knowledge" (Mortari 2015). Within the ethical core of care, a set of characteristic attitudes emerges: assuming responsibility for the other in response to their appeal; recognizing their real needs; acting with generosity by making care the central axis of meaning in one's life. The authenticity of care is also revealed through specific indicators, including: attention, listening, verbal and non-verbal presence, understanding, emotional participation, respectful closeness, the ability to combine delicacy with firmness.

Attention is placed also on the struggle or fatigue inherent in relational work: the difficulty of sustaining control over one's action, the possibility of unforgiven mistakes, and the lack of recognition from others. Yet it is precisely this fatigue that confirms that care is not an accessory, but rather the first and fundamental way of being in the world.

Within this framework, the pediatric nurse is trained to recognize the ethical dimension intrinsic to every act of care and to reflect on the principles and values that guide their professionals decisions. While the acquisition of essential ethical knowledge – such as that concerning the search for the good or the role of conscience – is important, it is not sufficient: the nurse must be something more – an ethical person (Peroni 2003).

Third year: bioethics of vulnerability and proximity

In the third year, theoretical and practical deepening of the theme of vulnerability and care becomes central. Vulnerability is understood both as constant exposure to pain, illness, limitation, and death, and also as a constitutive dimension of the human condition. Vulnerability "entrusts" the human being to care, and caring thus becomes the ethical response to the fragility of others, integrating an ethics of principles with an ethics of care (Gensabella Furnari 2023). Through empathy and, above all, responsibility, the vulnerability of the other becomes the focal point of action and is translated concretely into practices of care, under the sign of relationality between persons (Dadà 2022).

International documents are particularly significant in this regard (such as the Oviedo Convention, 1997; the Barcelona Declaration, 1998; the Paris Declaration, 2005), as they testify to the development of a concept of vulnerability that is no longer understood merely as pertaining to specific categories of persons, but rather as belonging to the universal human condition (Sartea 2017). Vulnerability thus becomes the key element for a new understanding of *bios*, activating an appropriate ethos. In this way, a shared responsibility is affirmed – among states, professionals, researchers, and institutions – to guarantee conditions of research and care that do not violate dignity nor aggravate vulnerability, but rather recognize and protect it.

Finally, vulnerability is examined within the context of pediatric care, particularly in situations in which the child is extremely fragile because they are approaching the end of life. Encountering a child at the end of life is always difficult for everyone

involved. Quality of life is ensured first and foremost through the quality of relationships, and subsequently through decisions regarding intensive treatments or their withdrawal, as well as the provision of palliative care (Ruggiero et al. 2023).

Results

Each year, at the conclusion of the educational program, students present their work in plenary sessions through presentations that integrated theoretical frameworks with experiences drawn from clinical placements. In 2025, the pathway culminated in a student-generated public event entitled "The Journey in the Bioethics of Care" (*Il viaggio nella bioetica del prendersi cura*). The event marked the evolution of the educational experience into an interpretive community, in which students' reflections formed the foundation of the initiative and were further developed through dialogue with faculty as well as with students enrolled in bioethics programs at the Genoese campuses of the Faculty of Theology of Northern Italy, where a member of the faculty (MD) also teaches. The discussion and preparation of the conference fostered a shared space in which students and faculty collectively shaped the ethical culture of the institution.

The added value of the event lay in the collaborative work carried out both during the months of preparation and on the day of the presentations, bringing together pediatric nursing students and bioethics students from different academic traditions. This exchange made particularly evident the encounter between scientific knowledge and humanistic perspectives. The conference featured alternating presentations delivered by students and experienced faculty members, thereby promoting a model of reciprocal integration and dialogue between education and professional experience.

The conference took place on 24 September 2025 and involved faculty members and moderators from several departments of the University of Genoa and from the Faculty of Theology of Northern Italy. In total, 87 participants attended the event, representing diverse professional backgrounds and coming from different regions of Italy. In the long term, the initiative of presenting the resulting work of the course through a public conference aims to foster the development of a multiprofessional network within the field of education, strengthening collaboration across disciplines and training pathways.

For the purposes of this article, the written works produced by the students, later delivered as oral presentation during the conference, were subjected to thematic analysis. No personal or sensitive data were collected, and all materials were analyzed in anonymized form. The thematic analysis followed the approach described by Braun and Clarke (Braun and Clarke 2006). Because written versions of the presentations were available, no recording or transcription of oral presentations was required. The texts were subjected to close reading in order to identify recurring ethical concerns, interpretive patterns, and significant conceptual expressions emerging from the students' reflections. Initial codes were generated inductively from the material and subsequently grouped into broader thematic clusters through an iterative process of interpretation. The coding and thematic development were discussed among the authors, ensuing coherence in the interpretation of the data.

Students' reflections and emergent themes

The thematic analysis of the collected students' reflections reveals a set of interrelated ethical motifs that recur across the various groups and form the backbone of their emerging moral sensibility.

A first, pervasive theme concerns the centrality of the body in pediatric nursing care. Students insist that the body cannot be approached as a biological object to be treated or repaired; rather, it appears as the concrete manifestation of the person in his or her uniqueness, a space in which emotions, memories, relationships, and vulnerabilities are inscribed. The body is experienced not only as the locus of illness, wounds, or procedures, but also as both boundary and bridge between interiority and the external world. This perspective supports a holistic understanding of care that resists fragmentation and requires attending to the child as a whole, with the body as the privileged site where dignity, vulnerability, and identity are revealed and thus must be protected. Students also emphasize the ethical significance of intimate gestures – washing, touching, supporting, repositioning – which require delicacy, respect, and presence. The caregiver's own body is understood as part of the relationship: hands, expressions, and posture shape the moral tone of the encounter.

A second broad thematic cluster concerns the concept of vulnerability, explored both in its pre-pandemic meaning and in the anthropological transformation brought about by COVID-19. Initially perceived as applying to specific groups (children, older adults, persons with disabilities), vulnerability is reinterpreted as a universal, shared human experience that concerns everyone, albeit in different forms and at different times. Students describe the pandemic as a revelatory event exposing the limits of autonomy and the illusion of invulnerability typical of modern culture and showing instead how deeply dependent and interconnected human beings are. Within this framework, vulnerability is no longer treated as deficit or stigma, but as a moral and relational category calling for responsibility, solidarity, and mutual care. Students emphasize that acknowledging vulnerability does not mean reducing persons to their fragilities, but rather affirming dignity and agency even in dependence. They also describe vulnerability as creating a space of reciprocal exposure and ethical encounter between caregiver and assisted. As one student noted, "we must learn to see vulnerability not so much as flaw but rather as a value that we all share; we must learn to cultivate this vulnerability."

A third thematic nucleus revolves around the relational and existential dimension of care. Students return repeatedly to the idea that care is not a sequence of technical acts but a way of being with the other, made of attention, listening, presence, and responsiveness. One student stated: "we do not treat illnesses; we treat children, families, life stories." They describe attention as the capacity to focus one's gaze and mind on the child without projection or haste, and listening as the readiness to receive what the other communicates—explicitly or silently. These gestures are framed as ethical acts requiring interior discipline, emotional maturity, and the ability to suspend one's own concerns in order to perceive the needs of the other. Their accounts of early clinical encounters show how this relational dimension unfolds concretely: approaching a frightened child or a child unable to speak; discovering that play, silence, or a gesture can open a channel of communication; and realizing that children, through trust and

presence, can in turn "take care" of the caregiver. Care thus emerges as a reciprocal, dynamic relation that transforms both participants and cultivates empathy, measure, compassion, and responsibility.

A fourth cluster concerns the tension between care and technology. Students acknowledge the indispensable role of technological devices in contemporary pediatric practice, while also noting the risk that technology can become a shield against emotional exposure or a way to avoid the complexity of relational care. Their reflections suggest a developing capacity to integrate monitoring, protocols, and devices within an ethical practice grounded in presence and sensitivity. The challenge, as they frame it, is not to choose between technology and care, but to hold them together so that technical proficiency serves – rather than replaces – the relational dimension of pediatric nursing.

Finally, students elaborate reflections on the ethical qualities required in caregiving: firmness and delicacy, presence and respectful distance, responsibility and self-care. They address the moral ambiguity embedded in care, including the possibility of over-involvement, the risk of emotional exhaustion, and the need to find a "right measure" in intervening without dominating and in supporting without substituting for the other. Several groups emphasize that caregivers themselves become vulnerable within the asymmetrical relation of dependency that characterizes pediatric care, and that professional integrity requires cultivating interior virtues such as patience, humility, courage, and clarity of judgment. These insights converge in an understanding of care as a demanding practice that exposes the caregiver emotionally and morally, yet also fosters personal growth and ethical formation.

Taken together, these thematic clusters show how sustained anthropological and ethical reflection leads students to interpret pediatric care as a deeply relational, embodied, vulnerable, and morally charged human encounter. Their reflections suggest an emerging ethical consciousness attentive to the person in his or her wholeness and capable of recognizing the moral meaning of ordinary clinical gestures. As one student put it, the work began by "asking ourselves 'why did we choose this profession? And what does care mean for each of us?'" This is why some concluded that "this kind of work has been fundamental for our growth, for our future job, for our everyday lives." These outcomes correspond to the faculty's intention: not only "to pass some contents to them," but to help them experience those contents, making the pathway an opportunity for both professional and human growth.

Discussion

The present educational experience suggests that a sustained engagement with philosophical anthropology, ethics, and bioethics – embedded in a pedagogical environment attentive to dialogical inquiry, vulnerability, and reflective presence – can foster a qualitatively distinct form of ethical formation in pediatric nursing students. The themes emerging from the students' reflections indicate that the program enabled them to understand ethics not as a discrete cognitive domain or a set of rules to master, but as a dimension that arises from lived experience, interior reflection within their own self, and relational encounter with the other. In this sense, the educational

pathway appears to counteract the fragmentation often noted in traditional ethics curricula, where principles are taught separately from the realities in which they are lived and applied.

Students' written and oral contributions clearly show the ethical significance they attributed to embodied fragility, silence, emotional resonance, and the moral meaning of everyday gestures. Their reflections resonate with the broader literature on the ethics of care, which emphasizes attentiveness, responsibility, relationality, and responsiveness as defining features of moral life in contexts of dependency and vulnerability. Many students articulated how exposure to philosophical anthropology and reflective inquiry broadened their moral imagination, enhancing their capacity to interpret ethically complex situations in pediatric practice. This suggests the gradual development of a moral disposition that orients the professional toward the patient as a person rather than a clinical object, which some scholars describe as ethical comportment.

A further element emerging from the reflections is the decisive role played by dialogical and participatory pedagogy. The structured use of shared interpretation, collective inquiry, and exposure to differing perspectives appears to have offered students an environment in which ethical questions could be explored in greater depth. Many described how their peers' viewpoints illuminated aspects of care they had not previously considered, suggesting that such dialogical methods expand moral imagination and sharpen interpretive sensitivity. This also educated students to be able to share such reflections with peers, something that will be crucial once they will enter into their professional environment.

One of the most compelling results is the students' reflections reveal an emerging understanding of vulnerability as a shared human condition, one that informs rather than undermines moral agency. In recognizing their own fragility, students described becoming more capable of authentic presence, empathy, and relational openness.

Taken together, these findings demonstrate that a humanistic approach to ethics education that integrates anthropological reflection, narrative, and dialogical pedagogy can cultivate interpretive depth, relational sensitivity, and moral presence. While the model requires time, institutional support, and a willingness to address students' emotional and existential concerns, its formative potential appears considerable.

Limitations of the study

Several limitations should be acknowledged. First, because the pathway was initially conceived as an educational innovation rather than a formally designed research project, the present analysis adopts an interpretive qualitative approach aimed at exploring the ethical meanings articulated by students rather than measuring educational outcome through standardized instruments or measuring changes longitudinally. Future iterations of the program would benefit from incorporating structured pre- and post-intervention assessments of ethical awareness, moral reasoning, or professional identity formation.

Second, the sample size is necessarily limited to students enrolled in the Pediatric Nursing degree program at a single institution. This may constrain the generalizability of the findings, particularly with respect to the cultural, institutional, and peda-

gogical specificities of the Gaslini context. The anthropological orientation of the program, its integration with Medical Humanities, and the presence of interdisciplinary faculty may not be easily replicable in all nursing schools or hospitals.

Lastly, students' reflections may be influenced by the perceived expectations of the faculty. While care was taken to create an environment of openness and authenticity, the risk of social desirability bias cannot be excluded. Future evaluations might incorporate anonymous written reflections or third-party facilitators to mitigate this issue.

Conclusion

The University of Genoa – Gaslini anthropological and bioethical pathway offers a distinctive contribution to ethics education in pediatric nursing. Grounded in philosophical anthropology, enriched by the Medical Humanities, and shaped by dialogical and participatory pedagogy, the program does more than transmit ethical concepts. It seeks to form the moral interiority, reflective depth, and relational sensibility required for caring for children and families in ethically demanding situations. A distinctive feature of the program is its distribution across the three years of training, giving ethical reflection a formative role that cannot be confined to a single theoretical course. Thus, the pathway represents a model in which ethics education is embedded within the experiential and relational dimensions of nursing practice, supporting the development of well-rounded pediatric nurses.

The students' reflections, shared both in the written materials and during the final Conference, reveal the transformative potential of such an approach. Engagement with themes such as vulnerability, bodiliness, relationality, conscience, and moral judgment appears to have enabled students to develop a deeper understanding of care as an ethical and existential encounter, and to cultivate the dispositions that characterize an ethically attuned professional identity.

Although methodological limitations exist, as discussed earlier, the findings nonetheless point toward a promising direction for future ethics education in nursing. Ethical competence emerges not as the mechanical application of rules but as a way of being, cultivated through sustained reflection, attentive presence, and dialogical engagement with complex human experiences. In an era in which pediatric care is increasingly marked by technological intensity, emotional strain, and moral ambiguity, the need for nurses capable of such reflective and relational presence becomes ever more urgent. The pathway described in this study offers one possible model for responding to this need: an integrated educational experience that places the anthropological depth of the human person and the moral meaning of caregiving at the center of professional formation.

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