



## Nursing students' experiences of ethical issues in clinical practice: A New Zealand study



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### ABSTRACT

Nursing students experience ethical problems in clinical practice in a different way from registered nurses. In order to develop ethical reasoning and competence in nursing students, nurse educators must recognise the unique issues students face. This research described the occurrence of ethical issues in clinical practice for 373 undergraduate nursing students who responded to a national questionnaire investigating the frequency of pre-determined ethical issues and the corresponding level of distress. Over two thirds of respondents experienced breaches of a patient's right to confidentiality, privacy, dignity or respect and 87% experienced unsafe working conditions. The most distressing issues were those that compromised patient safety, including unsafe healthcare practices, working conditions and suspected abuse or neglect. Themes that emerged from an open-ended question included lack of support and supervision, bullying and end of life issues. This research found the frequency at which ethical issues are experienced was highest in year three participants. However, the overall distress levels were lower for the majority of issues for those participants in the later part of their degree. Recommendations from this research include developing ethics education around the main concerns that students face in order to enhance students' understanding, resilience and ability to respond appropriately.

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### Introduction

The current healthcare environment invariably raises ethical issues and dilemmas for all health professionals (Buelow et al., 2010; Garity, 2009; Numminen et al., 2009) and that the increasingly complex nature of healthcare has caused a rise in ethical conflict for nurses and nursing students (Erdil and Korkmaz, 2009). Nursing students however experience ethical problems in a different way from registered nurses (Cameron et al., 2001). Where other health professionals may take for granted the practices that are considered institutional norms, students may view them differently (Newell and Woodroffe, 2000). This may be due to their relative inexperience or newness to the environment. Park et al. (2003) suggest students experience ethical issues differently from registered nurses due to their relative powerlessness in the healthcare environment.

Fostering and developing ethically competent nursing practice is an essential aspect of nursing education. Nurse educators must recognise the unique problems and challenges nursing student's experience when considering how to support their moral development, reasoning ability and behaviour (Erdil and Korkmaz, 2009; Solum et al., 2012). With an increasingly complex and challenging healthcare environment (Allen, 2003; Hunink et al., 2009) it is important that undergraduate nursing ethics education reflects everyday practices and contextual influences (Doane et al., 2004), so that students develop an understanding of the healthcare structures and policies that influence their ethical responsibility as a nurse.

In order for nursing education to be authentic, realistic and practical, the everyday and common ethical issues that nursing students experience in clinical practice need to be determined (Woods, 2005). This could ensure that realistic and reflective ethics education is integrated into actual practice (Hunink et al., 2009) in much the same way that clinical curriculum facilitates theory to practice integration (Arries, 2009).

In New Zealand, nursing education is a three year degree programme provided by 17 different institutions. Education programme standards are set, approved and monitored by the Nursing Council of New Zealand (NCNZ) to ensure required

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standards are met (Walker and Clendon, 2012) and that professional ethical and legal responsibilities are addressed within the curriculum (Nursing Council of New Zealand, 2012).

## Background

Although students are typically supernumerary to the workforce, they still engage in aspects of patient care that involve numerous stressors (Timmins and Kaliszer, 2002). Students will experience ethical dilemmas when they undertake their first clinical placements as they are only beginning to develop their ability to make moral decisions (Kim et al., 2007).

Traditionally shared sets of values are epitomised in codes to protect the rights of patients and promote ethical conduct in practice and reason. These ethical codes reflect and promote human rights and fundamental freedoms such as respect for autonomy, privacy, confidentiality, justice, beneficence, cultural diversity and personal integrity and are often enshrined in declarations and legislation (Burns and Grove, 2009; Coup and Schneider, 2007). Although nursing ethics is more than a set of rules or obligations (Lemonidou et al., 2004) students are largely guided by professional rules, norms and duties (Dierckx de Casterle et al., 1997). There is recognition that while general principles are useful to guide practice, they do not always provide sufficient guidance as there is typically a level of uncertainty and ambiguity in real world situations (Beckett et al., 2007).

Many of the ethical issues identified by nursing students in the literature reviewed included breaches of fundamental patient rights or ethical principles, such as autonomy and informed consent (Callister et al., 2009; Erdil and Korkmaz, 2009; Lemonidou et al., 2004; Vallance, 2003), beneficence and non-maleficence (Beckett et al., 2007; Callister et al., 2009; Erdil and Korkmaz, 2009), veracity (Callister et al., 2009; Erdil and Korkmaz, 2009; Han and Ahn, 2000; Lemonidou et al., 2004; Yeh et al., 2010), and justice (Buelow et al., 2010; Erdil and Korkmaz, 2009). Autonomy or self-determination was found to be one of the most frequently breached ethical principles and predominantly involved doctors and nurses making unilateral decisions on behalf of patients (Erdil and Korkmaz, 2009) and restricting patient's autonomy.

Nursing students faced an ethical dilemma when time constraints alter the level of patient autonomy they could facilitate (Vallance, 2003). Knowing what the right thing is when faced with this reality does not neatly fit text book ethics (Beckett et al., 2007) and a lack of confidence and fear of not being accepted by staff can lead to passivity on the part of the student (Edlund-Sjoberg and Thorell-Ekstrand, 2001).

Breaches of confidentiality were common among the studies reviewed, and linked to issues of professionalism (Callister et al., 2009; Erdil and Korkmaz, 2009; Solum et al., 2012). Students found unprofessional behaviour to be unethical and worrying (Solum et al., 2012) and Callister et al. (2009) found staff making rude and disrespectful comments to patients were viewed as unethical and caused moral distress for students. A lack of honesty displayed by other health professionals and information being withheld from patients relate to the principle of veracity. Yeh et al. (2010) found that students were personally instructed to withhold information from patients at the family's request. Vallance (2003) found concerns were expressed when blatant dishonesty regarding a patient's treatment was observed.

Students' views in the literature identified a moral concern for the provision of inequitable or substandard care. Observing or being involved in incompetent or inadequate care, and witnessing harmful or unsafe practices were the most common situations that prompted students to consider using ethical decision making tools (Callister et al., 2009).

Other literature reported students had ethical concerns in regard to hasty and reckless nursing procedures (Lemonidou et al., 2004), nurses who acted unprofessionally and took shortcuts that were potentially harmful to patients (Cameron et al., 2001) and staff not providing quality care (Park et al., 2003). Overall, the students' views in the literature were most concerned with incompetent care whether administered by themselves or others. A substantial portion of students' ethical problems were related to the behaviour of nursing staff (Cameron et al., 2001; Park et al., 2003; Yeh et al., 2010).

There is limited New Zealand research which examines the experiences of healthcare professionals in relation to the ethical environment in which they work. Vallance (2003) explored newly graduated registered nurses' undergraduate ethics education and provided insight in to the ethical issues the participants faced as undergraduates: feelings of powerlessness, acceptance of other's decisions and the need to compromise affected their ability to uphold ethical standards. More recently Woods et al. (2015) undertook a national survey of New Zealand nurses examining their experiences of moral distress. They reported that external constraints were a primary cause of moral distress. More specifically the major issues causing moral difficulty for New Zealand nurses were the delivery of less than optimal care due to pressures from management, watching patients suffer because of lack of provider continuity, working with incompetent colleagues and performing or initiating what the nurses considered to be unnecessary tests, treatments or extensive life-saving actions.

## Method

### Design

A quantitative descriptive survey design collected the views of New Zealand undergraduate nurses on the frequency and distress levels of pre-determined ethical issues.

### Setting and sampling

A non-probability convenience sample was drawn from nursing students who were current members of the New Zealand Nurses Organisation (NZNO) National Student Unit (NSU). The NSU is a voluntary student union and had 4422 members enrolled at various tertiary education institutions (TEIs) in 2012.

Participants met the inclusion or eligibility criteria for this study if they were aged over 18 years of age, were enrolled as a full or part-time Bachelor of Nursing student and had been on a clinical placement lasting for a minimum of two weeks in the previous six months.

### Ethical considerations

Ethical approval to conduct the study was obtained from the researchers' institutional Research Ethics and Approvals Committee. Participants were advised that participation was voluntary and a statement was included in the questionnaire that stated that the completion of the survey indicated voluntary agreement to participate and certification that participants were 18 years of age or older at the time of the study. The survey was configured to ensure that participants could not be linked to their responses, therefore ensuring anonymity.

### Data collection

Previously developed scales, such as the Moral Distress Scale (MDS) (Corley et al., 2001) and the Ethical Issues Scale (EIS) (Fry and Duffy, 2001) were reviewed. These scales were developed in the

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