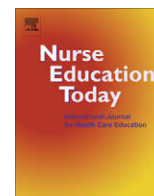




Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/nedt

Nurse educators' teaching of codes of ethics

Olivia H. Numminen^{a,*}, Helena Leino-Kilpi^{b,1}, Arie van der Arend^{c,2}, Jouko Katajisto^{d,3}^a Department of Nursing Science, University of Turku, Luotsikatu 9D 11, FI-00160 Helsinki, Finland^b Department of Nursing Science, University of Turku, Lemminkäisenkatu 1, FI-20014 Turku University, Finland^c Department of Health, Ethics and Society, University of Maastricht, FHML, P.O. Box 616, 6200 MD Maastricht, The Netherlands^d Department of Statistics, University of Turku, Assistentinkatu 7, FI-20014 Turku University, Finland

ARTICLE INFO

Article history:

Accepted 19 June 2009

Keywords:

Codes of ethics
Nursing
Education
Nurse educator

SUMMARY

Although codes of ethics are thought to be an important element of nursing ethics curriculum research focusing on nurses' codes is scarce and negligible in the area of education. This study explores Finnish nurse educators' teaching of codes of ethics. A total of 183 nurse educators from polytechnics providing basic nursing education in Finland answered a structured questionnaire with one open-ended question. The data was analysed statistically by SPSS and by content analysis.

The responding educators' teaching of the codes was rather extensive. The focus of teaching was on the nurse-patient relationship. Nursing in a wider social context was less emphasized. Integrated teaching was the prevalent teaching format. Educators' use of teaching and evaluation methods was fairly narrow aiming at a student-centred approach. Educators' knowledge of the codes was mainly based on informal learning. The majority assessed their knowledge as adequate for teaching the codes. Educators who were motivated to build their knowledge voluntarily also taught the codes more. Educators assessed nursing students' knowledge and ability to apply the codes as mediocre.

Organization of integrated teaching, objective assessment of nurse educators' competence to teach the codes, and evaluation of student outcomes need further exploring.

© 2009 Elsevier Ltd. All rights reserved.

Introduction

Modern health care in Europe and beyond has faced many new challenges. Individualism, new technology, medicalization, as well as reducing human action to juridical or economic issues are factors that have influenced our ethical thinking. Globalization, migration, shortage of nurses, new diseases, aging population, and access to health care are but a few examples of issues that have not only created new ethical issues but made them also very complicated (Rynänen and Myllykangas, 2000; Meulenbergs et al., 2004; ICN, 2008.) The complexity of modern health care has increased the need for both research and education in the area of ethics, nursing included (e.g. Leino-Kilpi, 2004; Gastmans and Verpeet, 2006).

Due to changes in health care environment also interest in nurses' code of ethics (henceforth 'the codes') has increased (e.g. Meulenbergs et al., 2004). In many countries nurses' codes have

been revised and the ICN (International Council of Nurses) and national nurses' associations have worked to establish the codes in countries where they have not existed (e.g. Barrazetti et al., 2007; NRPI, 2003; Thompsen, 2000). "The Ethical Codes in Nursing: European Perspectives on Content and Functioning", a research project funded by The European Commission (<http://www.zw.unimaas.nl/ecn/>) and "Code of Ethics and Conduct for European Nursing" issued by European Federation of Nursing Regulators (Sasso et al., 2008) also reflect the interest in the nurses' codes of ethics.

Throughout the history of professional nursing the codes have served as an ethical guideline and a common value base for nurses. The codes are still valued as an essential part of nurses' ethical knowledge and consequently of nursing ethics education in aiming at educating nurses who can provide ethically high quality care, although the codes and their teaching have also been the focus of some criticism. (e.g. Esterhuizen, 1996; Oulton, 2000; Meulenbergs et al., 2004; Tadd et al., 2006; Verpeet et al., 2006; Heymans et al., 2007.) However, despite of their alleged importance and critique, the codes and particularly their teaching have been scarcely studied (Numminen et al., 2009).

Available research dealing with the codes has shown that nurses' knowledge and use of the codes is deficient. Nevertheless, nurses think that the codes are needed as they have several positive

* Corresponding author. Tel.: +358 9 622 71033.

E-mail addresses: j.o.numminen@welho.com (O.H. Numminen), helena.leino-kilpi@utu.fi (H. Leino-Kilpi), a.vanderArend@zw.unimaas.nl (Arie van der Arend), jouko.katajisto@utu.fi (J. Katajisto).¹ Tel.: +31 43 388 8404.² Tel.: +31 43 333 1144.³ Tel.: +358 2 333 5443.

functions such as guiding nursing practice and providing professional status and identity (Tadd et al., 2006; Verpeet et al., 2005; Verpeet et al., 2006; Heymans et al., 2007; Numminen et al., 2009).

Research on education has provided only a vague and inconsistent description of teaching of the codes (e.g. Dinç and Görgülü, 2002; Heikkinen and Leino-Kilpi, 2004; Görgülü and Dinç, 2007). Thus, although the codes are included in most nursing curricula, detailed knowledge of the extent and how the codes are taught is lacking. What is more, very little is known about educators' knowledge of the codes and their competence to teach the codes, and how educators assess their students' knowledge and ability to apply the codes (Dinç and Görgülü, 2002; Görgülü and Dinç, 2007), although educators' competence and commitment in ethics has been underscored (e.g. Woods, 2005).

The purpose of this descriptive, cross-sectional study was to explore the extent of nurse educators' teaching of the codes. The study focused on the statements of the codes, their functions, related ethical concepts, laws and agreements, and the codes of other health care professions. It also explored educators' teaching and evaluation methods, how they perceived nursing students' knowledge of and ability to apply the codes in practice, how educators assessed the adequacy of their own knowledge to teach the codes, and finally, to determine which demographic variables were associated with the teaching. Because this study aimed at providing a new and wider description of the content and used teaching and evaluation methods in teaching of the codes covering all nursing education units in Finland a quantitative survey method was chosen.

Methods

Instrument

The data was collected using a questionnaire developed for this study. The questionnaire was based on The *Ethical Guidelines of Nursing (1996)* of the Finnish Nurses Association, which are an adaptation of The *ICN Code of Ethics for Nurses (1973)*, and on literature and documents related to the codes. In addition to demographic variables (11 items) the questionnaire included the following sections: (1) statements of the codes (30 items), (2) ethical concepts related to the codes (9 items), (3) functions of the codes (32 items), (4) codes of other health care professions (7 items), and (5) laws and agreements related to the codes (15 items). The educators answered on a 5-point Likert scale assessing the extent of their teaching: 1 = Not at all through 5 = Very much. The remaining sections focused on (6) teaching methods (10 items) and (7) evaluation methods (20 items). The Educators were asked to choose from 1 to 3 methods from given alternatives. In Section 8 the educators assessed students' knowledge and ability to apply the codes using the 5-point Likert scale: 1 = Very bad through 5 = Very good. Educators were also asked to assess the adequacy of their own knowledge to teach the codes using the Likert Scale: 1 = Fully disagree through 5 = Fully agree, and to support their score with a written comment.

Face validity was used to assess the content validity of the instrument (Burns and Grove, 2009). A total of 36 doctoral students in nursing assessed the instrument's intelligibility and clarity of its content. Revisions were made based on their suggestions.

Data collection

In Finland nurses are educated in polytechnics, in which the basic Bachelor of Health Care degree in nursing requires 210 study points (ECTS) and takes generally 3,5 years of full-time study. All 25 polytechnics providing basic nursing education in Finland were

contacted of which 24 (96%) polytechnics participated. Contact persons in polytechnics provided the approximate number of eligible nurse educators, and distributed the questionnaires. Based on the information from the contact persons and nursing ethics curricula it was assumed that ethics education is mainly implemented as integrated to other nursing studies, and consequently all nurse educators were regarded as potential respondents. A total of 634 questionnaires were sent. A total of 209 educators returned the questionnaire anonymously to the researcher. Twenty six questionnaires were rejected as uncompleted. Thus, 183 questionnaires were included in this study. The response rate was 29%. However, because the exact number of educators involved in teaching ethics was based on approximation it was assumed that the number of completed questionnaires more accurately describes the number of educators who actually teach ethics than the number of questionnaires sent. The data was collected in 2006.

Data analysis

The data were analysed using SPSS for Windows (14.0). Descriptive statistics' frequency distribution, mean, and standard deviation were used to summarize the data. Inferential statistics' independent samples *t*-test and analysis of variance (ANOVA) were used to estimate the differences of means between the groups. Relationships between variables were estimated by Pearson's correlation coefficient (*r*), and Chi-square test was used to estimate differences between the groups regarding individual items, all at significance level of 0.05. To estimate the reliability of the instrument, the homogeneity of the items was tested using Cronbach's alpha coefficient. Content analysis was used to analyse the open-ended question (Burns and Grove, 2009).

Ethics of the research process

Education in Finland is a public function. Access to follow the teaching may be restricted only for a justified reason (*Polytechnics Act, 351/2003*). A permission to perform the study was obtained from the director of each education unit or from the principal of the polytechnic. Thus, apart from some questions concerning the demographics, the questionnaire dealt with public information, and presented only a marginal risk of harm to the participants. Anonymous questionnaires and treating the responses confidentially protected the participants' privacy and confidentiality. Participation was also entirely voluntary. Participants were fully informed of these matters. The returned questionnaire was regarded as consent to participate (Burns and Grove, 2009).

Results

Participants

The participants consisted of 183 nurse educators teaching ethics to nursing students in polytechnics providing basic nursing education in Finland. The majority of the educators were women (98%). Their mean age was 51 years (range 29–63). Educators' basic professional education and their current teaching areas covered all nursing specialties. Educators' highest educational attainment consisted of Ph.D. or Licentiate degrees ($n = 29$; 16%), Master's degree ($n = 152$; 83%) and college level nurse educator degree ($n = 2$; 1%). The mean of educators' teaching experience was 15 years (range 0.4–33).

Seven (4%) educators taught the codes only as separate study modules, 72 (40%) educators combined separate study modules and integrated teaching. A total of 100 (56%) educators taught the codes using only integrated teaching.

Download English Version:

<https://daneshyari.com/en/article/369443>

Download Persian Version:

<https://daneshyari.com/article/369443>

[Daneshyari.com](https://daneshyari.com)