

**CURRICULAR APPROACHES TO TEACHING ETHICS IN  
BACCALAUREATE NURSING PROGRAMS**

**A Dissertation**

**Presented to the Faculty of the  
School of Nursing  
Widener University**

**In Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Nursing Science**

**By**

**Amy Spear Bennett**


**School of Nursing**

**May 1997**

**Title of Dissertation:** Curricular Approaches to Teaching Ethics in Baccalaureate Nursing Programs

**Author:** Amy Spear Bennett


**Approved by:**

  
Dr. Margaret Miller, chairperson

  
Dr. Elizabeth Dickason

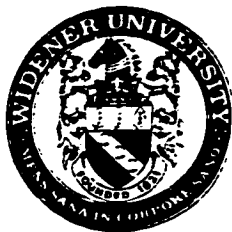
  
Dr. Patricia Becker

  
Dr. Karen Morin

  
Dr. Mary B. Walker

---

**Widener**  
UNIVERSITY



**Date:** April 9, 1997

**Submitted in partial fulfillment of the requirements for the Degree of Doctor of Nursing Science.**

**COPYRIGHT BY  
AMY SPEAR BENNETT  
1997**

## DEDICATION

This dissertation is dedicated to my family, without whose patience and support I could never have completed this stage of my education. Thank you for accepting my hours at school, and the longer hours upstairs at the computer, and for believing that it was all worth it. Thank you, Gary, for listening to me talk myself around obstacles, and for being the available parent when the girls needed one. Thank you, Amy Lee, Margi, and Kathy for not disturbing me “unless it’s bleeding”, and for doing all that housework. I may even start cooking again!

## ACKNOWLEDGMENTS

Many people have contributed to the preparation and completion of this study. I specifically wish to acknowledge the contributions of the following individuals.

Dr. Margaret Miller, my dissertation chair, provided endless patience and critical support through the many drafts and revisions of my proposal and dissertation. I don't think we ever quite revised it back to the way it was originally!

Dr. Elizabeth Dickason also provided patient critical support through the many drafts and revisions. Her enthusiasm for the study bolstered my belief in the importance of my work. Dr. Patricia Becker provided advice and guidance on the subjects of ethics and qualitative data.

Dr. Karen Morin graciously provided critical advice on how to evaluate and report on large amounts of descriptive and chi square data. She also warned me about the pitfall of the dreaded "galloping alpha"!

## TABLE OF CONTENTS

1. Introduction .....	1
Purpose of the Study.....	4
Research Questions .....	4
Definitions .....	6
Theoretical Framework.....	10
Curriculum Planning and Decision Making.....	11
Designing and Structuring the Curriculum .....	12
Implementing the Planned and Designed Curriculum .....	14
Assumptions .....	14
Limitations.....	15
Significance of the Study .....	15
The Nature of a Profession .....	15
Professional Ethics.....	16
The Need for the Study.....	18
2. Literature Review.....	20
Previous Surveys.....	20
Martin .....	20
Aroskar.....	22
Beardslee .....	23
Summary of Previous Surveys.....	25
Curriculum.....	26
Preparation of Faculty to Teach Ethics .....	29
Frameworks for Nursing Ethics .....	32

Deontological Frameworks.....	32
Caring Framework.....	34
Moral Development Frameworks.....	35
Goals and Objectives for Ethics Education.....	36
Content and Learning Experiences for Ethics Education .....	37
Placement of Ethics in a Separate Course and/or Integrated Throughout the Curriculum .....	41
General Considerations .....	41
Research on Curricular Designs for Ethics.....	43
Effects of an Ethics Course .....	46
Effects of Greater or Lesser Emphasis on Ethics.....	48
Effects of Integration Versus a Separate Ethics Course .....	49
Sequencing and Integration of Ethics Content .....	52
Number of Hours of Ethics Content .....	53
Learning Resources.....	53
Summary.....	54
3. Methodology.....	57
Research Design .....	57
Survey Population.....	58
Representativeness.....	58
Instrumentation.....	59
Questionnaire.....	59
Validity .....	61
Reliability .....	62

Pilot Study.....	63
Survey Procedure.....	64
Data Analysis.....	65
4. Results .....	70
Survey Response Rate.....	70
Demographic Data .....	71
Research Questions.....	72
Variables Related to Curriculum Planning and Decision Making .....	72
Faculty Preparation .....	72
Ethical Framework.....	72
Goals and Objectives.....	73
Variables Related to Designing and Structuring the Curriculum.....	73
Content and Learning Experiences .....	73
Sequencing of Content and Learning Experiences.....	74
Placement of Ethics Content.....	75
Required and Elective Ethics Courses .....	76
Identification, Integration, and Linkage of Ethics Content .....	78
Variables Related to Implementing the Planned and Designed Curriculum .....	79
Number of Hours of Ethics Content.....	79
Learning Resources Used .....	80
Who Teaches Ethics.....	80
Faculty Experience With Ethics.....	81



Summary of Curriculum Process Variables.....	81
Associations.....	83
Terminal, Level, and Course Objectives .....	84
Placement, Identification, and Integration of Ethics Content .....	85
Faculty Preparation in Ethics and Other Variables.....	86
Use of an Ethical Framework and Other Variables .....	88
Terminal Objectives for Ethics and Other Variables.....	90
Placement, Identification, and Integration of Ethics and Other Variables .....	91
Total Hours and Other Variables .....	93
Demographic and Other Variables.....	94
Qualitative Data.....	95
Summary .....	97
5. Discussion, Conclusion, Limitations, and Recommendations .....	101
Summary of the Study .....	101
Discussion.....	102
Curriculum Planning and Decision Making .....	102
Designing and Structuring the Curriculum .....	103
Implementing the Planned and Designed Curriculum .....	106
Implications of the Findings Related to the Curriculum Process.....	107
Conclusion: Profiles of Curricular Approaches.....	108
Limitations of This Study .....	109
Response Rate.....	109
Survey Tool.....	111

Recommendations.....	112
Future Curriculum Planning.....	112
Follow-up Studies.....	113
Summary .....	114
References.....	116
Appendix A: Ethics In The Baccalaureate Curriculum.....	126
Appendix B: Pilot Study Evaluation.....	136
Appendix C: First Cover Letter.....	137
Appendix D: Post Card Reminder/Thank You .....	138
Appendix E: Second Cover Letter .....	139

## LIST OF TABLES

1. Beauchamp's Curriculum Process and the Study Variables.....	11
2. Geographic Distribution ( <u>N</u> = 375) .....	71
3. Number and Percent of Programs with Terminal, Level and Course Objectives for Ethics ( <u>N</u> = 375).....	73
4. Number and Percent of Programs Including Specific Content and Learning Experiences Related To Ethics ( <u>N</u> = 375).....	74
5. Ethics Content: Separate Course, Integrated, or Both ( <u>N</u> = 375) .....	76
6. Placement of Ethics Courses in the Curriculum ( <u>N</u> = 198) .....	77
7. Number Of Hours Of Ethics Content ( <u>N</u> = 375) .....	79
8. $\chi^2$ Associations Between Terminal, Level, and Course Objectives.....	84
9. $\chi^2$ Associations Between Integration Variables .....	85

## **ABSTRACT**

### **Curricular Approaches to Teaching Ethics in Baccalaureate Nursing Programs**

**Amy Spear Bennett**

The purpose of this study was to gather information about the various curricular approaches used by baccalaureate nursing programs for teaching ethics. Specific information sought included: faculty preparation in ethics; use of an ethical framework; goals and objectives for ethics; ethics content and learning experiences included; sequencing of content and learning experiences; placement of ethics into a separate course, integrated into the curriculum, or both; identification, integration, and linkage of ethics content across the curriculum; hours of ethics content; learning resources used; who teaches ethics; and faculty experience with ethics. Beauchamp's curriculum process (1981) was used as a theoretical framework.

This study was a descriptive mail survey. The survey population was all the National League for Nursing accredited baccalaureate nursing programs in the United States. A researcher-developed semi-structured questionnaire was used, and Dillman's Total Design Method (1978) for survey research was followed. The data were analyzed using descriptive statistics, and the chi square test was used to identify associations between variables.

The return rate of usable questionnaires was 65%. The descriptive findings reveal that although teaching ethics is valued in principle, the actual structuring and implementation of the curriculum related to ethics does not reflect as deep a commitment to teaching ethics. Attempts are being made to

provide ethics education, but the lack of systematic plans for integrating ethics across the curriculum indicate that these attempts are not fully realized.

A cluster of significantly associated variables formed two distinctly different profiles of more and less structured curricular approaches to teaching ethics in baccalaureate nursing programs. The variables which formed the cluster were: recent faculty development programs, use of an ethical framework, terminal objectives related to ethics, a separate ethics course and integrating ethics versus no separate course, a systematic plan for integrating ethics content, total hours of ethics content, and learning resources used. Using these results, it is possible to identify and classify distinctly different curricular approaches to teaching nursing ethics, and to design research studies which compare the effectiveness of the different approaches.

## CHAPTER 1

### Introduction

Health care technology has confronted our society with the necessity for making value laden decisions about living and dying that used to be beyond human control. Nurses in all practice settings face ethical challenges arising out of social and technological changes. In addition, the role of the nurse in the health care system as a mediator between the client, the physician, and the institution presents challenges for which ethical reasoning skills are required (Aroskar, 1980; Becker, 1991).

Nurses report being involved in many ethical issues (Cassells, Redman, & Jackson, 1986; Copp, 1996; Crisham, 1986; Scanlon, 1994b). One group of issues centers around clients' rights to know about their condition and to make decisions about their care. Specific issues are 1) clients' rights to refuse treatment; 2) issues of informed consent and withholding of information about clients' conditions, diagnoses, and treatment options; and 3) the evaluation of clients' decision making capabilities.

A related group of ethical issues is associated with end of life decisions (Billings, 1996; Cassells, Redman, & Jackson, 1986; Copp, 1996; Crisham, 1986; Day, 1996; Ivy, 1996; Kowalski, 1996; Scanlon, 1994b). These issues include 1) the definition and promotion of quality of life; 2) dilemmas in caring for clients with a poor prognosis; 3) the provision of "futile" treatments; 4) questions regarding resuscitation or discontinuation of life support measures; 5) the use of advance directives; and 6) assisted suicide.

Another group of ethical issues is related to maintaining professional standards (Combs, 1996; Copp, 1996; Crisham, 1986; Erlen, 1996; Lamke, 1996; Redman & Fry, 1996; Scanlon, 1994b; Silva, 1996; Turner, Marquis, & Burman, 1996). The most difficult issues arise from the problems of how to respond to incompetent, unethical, or illegal practices of colleagues. Other areas of difficulty identified are the supervision of unlicensed assistive personnel, the provision of care to clients with the human immune deficiency virus or acquired immune deficiency syndrome, and failure to adhere to standards for pain management.

A current ethical issue relates to the distribution of health care resources (Cassells, Redman, & Jackson, 1986; Copp, 1996; Crisham, 1986; Mahlmeister, 1996; Scanlon, 1994b; Silva, 1996). In addition to issues of access to health care, recent trends in cost containment have created dilemmas for nurses when scarce nursing resources have resulted in threats to patient welfare.

Nurses are moral agents, and preparation for ethical decision making is a necessary part of education for the professional nurse role. Students need to develop moral perspectives which will enable them to confront the complex ethical issues of nursing. Ethical issues are becoming increasingly important to the public, and since society expects professionals to maintain ethical standards, it is necessary for nursing education to include ethics content in the curriculum and to promote students' moral development to prepare them to deal with ethical issues (Aroskar 1980, 1993a, 1993b; Cassells & Redman, 1989; Copp, 1996; Ketefian, 1986; Scanlon, 1994a; Shawver, 1985; Uustal, 1984; Webb, 1990). One of the National League for Nursing's criteria for baccalaureate nursing programs is a commitment to professional nursing

standards (1992). In addition, the American Nurses Association Standards of Clinical Nursing Practice (1991) includes a statement that the "the nurse's decisions and actions on behalf of clients are determined in an ethical manner" (p. 15).

The need for ethics instruction has long been a concern for schools of nursing. A survey by Martin in 1931 found that ethics instruction was viewed as essential, and most schools surveyed had one or more required courses in nursing ethics. In a 1977 survey, Aroskar found that although most schools still provided specific instruction in nursing ethics, fewer of them required a separate course, and the median number of hours of ethics instruction was 25.5. Aroskar also found that 55% of respondents felt that there was a need to include more ethics education in their programs. In 1983, Beardslee's survey found the median number of hours of ethics instruction had dropped to 11.5, and that more respondents (77%) felt that there was a need for further development of nursing ethics education in their programs.

Other research studies related to curricular designs for teaching nursing ethics fail to clearly describe how ethics is incorporated into nursing programs (Bell, 1984; Gaul, 1987; Haywood, 1989; Kellmer, 1984; Kennedy, 1989; Krawczyk, 1982). It is difficult to differentiate among the various designs studied, because the descriptions do not include enough information about how the incorporation of ethics into the program is planned and structured.

Recent technological and social changes in health care, including the increased use of technology and pressures for cost containment, have created heightened concern in schools of nursing about ethics education. The need for nurses to have knowledge and skills in making ethical decisions is greater than



ever. Knowledge of how ethics instruction is currently incorporated into nursing curricula is necessary in order for future curriculum planning to occur on a sound basis (Silva & Sorrell, 1991).

### Purpose of the Study

The purpose of this study was to describe the curricular approaches used to incorporate the teaching of nursing ethics into their programs. Examination of research related to curricular designs for teaching nursing ethics revealed inadequacies in the descriptions of how ethics is incorporated into nursing programs, making it difficult to clearly differentiate among the various designs studied (Bell, 1984; Gaul, 1987; Haywood, 1989; Kellmer, 1984; Kennedy, 1989; Krawczyk, 1982).

### Research Questions

The research questions which guided this study were:

I. What are the various approaches used by baccalaureate nursing programs to incorporate the teaching of nursing ethics into their curricula? Specific elements of the curriculum process examined included:

- 1) Curriculum planning and decision making, which was examined using the variables of:
  - a) faculty preparation in ethics.
  - b) use of an ethical framework.
  - c) goals and objectives for ethics education.

- 2) Designing and structuring the curriculum, which was examined using the variables of:
  - a) content and learning experiences related to ethics.
  - b) sequencing of ethics content.
  - c) placement of ethics content:
    - into a separate required or elective course.
    - integrated throughout the program.
    - both in a separate course and integrated.
  - d) identification of ethics content in nursing courses.
  - e) integration of ethics content from course to course.
  - f) linkage of classroom ethics content with clinical experiences.
- 3) Implementing the planned and designed curriculum, which was examined using the variables of:
  - a) number of hours of ethics content.
  - b) learning resources used.
  - c) who teaches ethics.
  - d) faculty experience with ethics in the curriculum.

II. What associations exist between the variables of: preparation of faculty, ethical framework used, goals and objectives, content and learning experiences, sequencing of ethics content, placement of ethics into separate courses versus integrated throughout the program, identification, integration, and linkage of the ethics content across the curriculum, number of hours of ethics content, learning resources used, and demographic variables?

## Definitions

A curriculum is a structured plan for students' learning which identifies learning objectives, content, and learning experiences; determines the sequence of the content and learning experiences; and defines relationships or integration among the content and learning experiences (Beauchamp, 1981; Johnson, 1988; McNeil, 1985; Taba, 1962; Tyler, 1949). On the questionnaire for this study, questions number 15, 16, and 17 asked about objectives; questions number 1 and 7 asked about curriculum content and learning experiences; questions number 1 and 7 also asked about sequencing; and questions number 5, 8, 9, and 10 asked about integration.

A curricular approach refers to the global process of developing and implementing a curriculum. This process includes decision making and planning about the curriculum, the curriculum design and structure itself, and implementation of the curriculum. Elements which shape curricular approaches include faculty knowledge of the curricular topic, their experience with the curriculum, and the resources available for implementing the curriculum. Questions number 12 and 13 of the questionnaire for this study asked about faculty preparation in ethics. Question number 18 asked about faculty experience with ethics in the curriculum. Resources available for implementation of the curriculum include amount of time allocated, who will teach the content, and learning resources. Questions number 3 and 4 of the questionnaire asked about the hours available to teach ethics, and questions number 11 and 12 asked about who teaches ethics.

Learning resources are the material resources, such as textbooks, used by instructors to teach the curriculum content (Beauchamp, 1981). Question number 2 of the questionnaire for this study listed learning resources such as textbooks, journal articles, and bibliographies.

Content is specified at several levels. The broadest level is a subject. The next level is the broad concepts, key ideas, or major questions of a subject. The most specific level of content is specific information and facts. Content may also include skills such as problem solving, communication, or methods of inquiry (Beauchamp, 1981; McNeil, 1985; Taba, 1962; Tyler, 1949). Questions number 1 and 7 of the questionnaire for this study examined content at the level of broad concepts, key ideas, and major questions of ethics, and also asked about related skills such as problem solving.

Learning experiences are those activities designed and provided by the instructor to engage the student in the learning process (Ornstein & Hankins, 1988; Tyler, 1949). Questions number 1 and 7 of the questionnaire for this study also asked about learning experiences related to ethics.

Eight specific areas of content and learning experiences were identified in question number 1 of the questionnaire for this study. (1) Ethics theory examines what is right and wrong in human conduct, and why. The theoretical study of ethics uses formal reasoning to analyze human actions and choices, and the moral principles which motivate or constrain them. Ethics theory also refers to the body of knowledge derived from the study of ethics (Barry, 1982; Beauchamp, 1991; Sigman, 1986; Thompson & Thompson, 1985).

(2) Moral principles are prescriptive rules, derived from values, which are used as the basis for making decisions about right or wrong actions by

human beings. Moral principles are generally accepted by society, and are seen as obligatory for everyone, rather than being a matter of personal choice (Beauchamp, 1991; Frankena, 1973; Sigman, 1986; Thompson & Thompson, 1985; Urban, 1930).

(3) Nursing ethics are applied ethics in situations involving conflicts in professional practice. Nursing ethics are concerned with the conduct of professional duties, and include agreed upon standards and a code of ethics (Beauchamp, 1991; Fry, 1989b; Jameton, 1984; The Teaching of Ethics, 1980). Specifically, the nursing code of ethics and standards of practice were identified as a curriculum content area in question number 1 of the questionnaire for this study.

(4) Patient rights are the legitimate claims that patients have to fair and just treatment from health care givers. These include the right to informed consent, confidentiality, privacy, and others (American Hospital Association, 1972).

(5) The conflicts or dilemmas created by conflicting values and moral principles are ethical dilemmas. Six types of ethical dilemmas were listed in question number 1 of the questionnaire for this study: quality of life, right to die, procreative issues, genetic counseling and screening, human experimentation, and allocation of scarce resources.

(6) The ability to use formal reasoning to examine options and make choices based on moral principles is moral reasoning skill. (Cassells & Redman, 1989; Crisham, 1986; Davis & Aroskar, 1991; Frisch, 1987; Rokeach, 1975; Sigman, 1986; Urban, 1930).

(7) Values clarification is the deliberate examination of the conscious and unconscious values which students bring to their educational experiences (Cassells & Redman, 1989; Douglas, 1885; Fry, 1989a; Gilbert, 1982; Merrill, 1982; Obester, 1985; Quinn, 1990; Thompson & Thompson, 1989; Uustal, 1983).

(8) Role taking experiences provide students with opportunities to practice the skills of moral reasoning and ethical decision making while giving patient care (Becker, 1991; Langerak, 1982; Winslow, 1984).

Sequencing is the order in which the content and learning experiences are presented. This is a vertical dimension, which builds upon previous content and learning experiences to increase the depth and breadth of understanding or skill (Tyler, 1949). To determine sequencing, questions number 1 and 7 of the questionnaire for this study asked in which year of the program the ethics content and ethics courses are placed.

Integration involves a horizontal dimension, and creates links between the content and learning experiences across related areas to unify the learner's understanding and skills (Tyler, 1949). To identify integration, question number 5 of the questionnaire for this study asked whether ethics is placed into a separate course, integrated throughout the program, or both, and questions number 8, 9, and 10 asked how ethics content and learning experiences are identified and integrated.

An ethical framework is derived from ethics theory and moral principles, and is a coherent system of ethical thinking which provides a basis for ethical decision making in actual situations (Fry, 1986; Penticuff, 1991; The Teaching of

Ethics, 1980; vanHooft, 1990). Question number 14 of the questionnaire for this study asked what, if any, ethical framework is used by the nursing program.

### Theoretical Framework

The theoretical framework for this study is drawn from George Beauchamp (1981). Beauchamp views curriculum both as a theoretical field of study and as a process which produces a plan for learning. Beauchamp's curriculum process involves 1) curriculum planning and decision making, 2) designing and structuring the curriculum, 3) implementing the planned and designed curriculum, and 4) evaluating the effectiveness of the implemented curriculum. This study examined the first three elements of this process as they relate to curricular approaches to teaching ethics (see Table 1).

Others have used Beauchamp as a theoretical framework for examining curriculum, although they did not utilize his work in the same manner as this study. MacCuish (1989) focused on the theoretical aspect of Beauchamp's work to develop a theory of curriculum, and did not address the curriculum process aspect. Helsel (1988) incorporated Beauchamp in developing criteria to evaluate interactive video discs as a teaching strategy. Du Plessis (1981/1984) used Beauchamp's concepts of curriculum design and implementation to develop a conceptual framework for planning an occupational higher education curriculum. Gravatt (1987/1988) used Beauchamp's concepts of curriculum design and implementation to develop criteria for evaluating the curriculum development process used to produce a bilingual education program for a Virginia county school system. However,

Du Plessis and Gravatt did not use the curriculum planning element of Beauchamp's curriculum process in their work.

Table 1

**Beauchamp's Curriculum Process and the Study Variables**

- 1) curriculum planning and decision making
  - a) faculty preparation in ethics
  - b) use of an ethical framework
  - c) goals and objectives for ethics
- 2) designing and structuring the curriculum
  - a) content and learning experiences
  - b) sequencing of content and learning experiences
  - c) placing ethics into a separate course and/or integrating it
  - d) how ethics content was identified, integrated and linked across the curriculum
- 3) implementing the planned and designed curriculum
  - a) number of hours of ethics content
  - b) learning resources used
  - c) who teaches ethics
  - d) faculty experience with ethics in the curriculum

**Curriculum Planning and Decision Making**

A curriculum is the product of a planning process in which decisions are made that shape curriculum objectives and identify the content to be included in the curriculum (Beauchamp, 1981). There are several sources for these decisions. One source is the skills, ideas, and values which society has



identified as important for the student to learn. The mission of a college or university also will shape the curriculum choices of a school or department within the college or university. Another source for decision making is the body of knowledge represented by a particular discipline.

Selection from these sources requires value judgements by the curriculum planners. Values are a part of the planning and decision making process of curriculum both as criteria for making choices and as objectives and content to be included in the curriculum (Beauchamp, 1981). The decision to include ethics in a nursing curriculum is an indication of the value placed on ethics by society, by the profession of nursing, and by the administration and faculty of the college or university.

In this study, several variables related to curriculum planning and decision making for ethics were examined. The amount of preparation the faculty has in ethics influences their decisions about including ethics in the nursing curriculum. Commitment to a particular ethical framework may reflect the degree of importance placed on ethics objectives and content in the curriculum. Explicit and detailed objectives related to ethics may indicate that ethics education is highly valued by the faculty.

### Designing and Structuring the Curriculum

The design and structure of the curriculum follow from the decisions and choices about the curriculum objectives and content. Curriculum design and structure include the selection of specific content topics and learning experiences, and sequencing and defining relationships among the topics and learning experiences (Beauchamp, 1981). As content, ethics has both concept

and process dimensions: the specific ethics concepts and issues, and the cognitive and affective processes needed to deal with these concepts and issues. Examples of concepts examined in this study are ethics theory, codes of ethics, and various ethical dilemmas. Some of the processes examined are values clarification and moral reasoning skills.

Once the specific topics and learning experiences have been identified, they must be organized and structured to determine sequencing and relationships among them (Beauchamp, 1981). The organization and structure may be according to the logic and pattern of a particular subject or discipline, or may be correlated across broad fields. In any case, the organization and structure must address more than a particular subject or course, as the curriculum is a plan for the whole program, and must define the relationships between and among all the courses or subjects.

Ethics education can occur both as an explicit and separate content area or as a result of considering the values and ethical issues inherent in other content areas (Beauchamp, 1981). Whichever approach is taken, part of curriculum design for ethics education involves determining the sequence of ethics topics and determining how to relate topics from one subject or course to another.

One variable addressing structure and organization in this study was whether ethics was taught in separate courses, integrated into other courses, or both, and whether ethics courses were elective or required. Other variables were the sequencing of ethics content, and whether the relationships among the ethics topics were defined strictly and systematically or loosely and spontaneously.

### Implementing the Planned and Designed Curriculum

Implementation of the curriculum is the use of the planned design in the classroom (Beauchamp, 1981). Individual instructors must use the plan to actually teach the content and provide the learning experiences. Decisions must be made about the allocation of resources, such as who will teach the topics, how much time will be spent on the topics, and what learning resources will be utilized. Instructors who are knowledgeable about and experienced with the curriculum will be more effective in implementing the curriculum. Variables examined in this study related to curriculum implementation included the number of hours ethics content in the program, the learning resources utilized, who on the faculty teaches ethics, and how many years of experience the faculty in the program has with ethics in the curriculum.

### Assumptions

The following assumptions formed the basis of this study:

1. Nursing programs teach nursing ethics in a planned and structured manner. (Aroskar 1977; Felton & Parsons, 1987; Ketefian, 1986; Munhall 1982; Uustal, 1984).
2. It is possible to differentiate among the various curricular approaches to teaching nursing ethics (Aroskar, 1977; Beardslee, 1983; Bell, 1984; Gaul, 1987; Haywood, 1989; Kellmer, 1984; Kennedy, 1989; Krawczyk, 1982; Martin, 1931).

## Limitations

The following were identified as limitations of this study:

1. Response rates to a mail survey may be low, which could limit the generalizability of the findings.
2. The questions asked on the survey tool may not elicit the information sought.
3. The questions asked on the survey tool generated primarily nominal level data, which limited the power of the statistical analysis.

## Significance of the Study

### The Nature of a Profession

Nursing is a profession, and as members of a profession, nurses have made an individual and collective commitment to serve people, a commitment which has been recognized and accepted by society. A professional possesses specialized knowledge and skills, and is expected to use both knowledge and skills competently. The service provided by a professional is of benefit to people, and has a social value. In exchange for the commitment to provide the professional service competently, society grants a profession autonomy to set its own standards, evaluate the competence of its practitioners, and monitor the practice of the profession. The duties and rights created by these expectations are matters of ethical consideration (Curtin, 1990; Jameton, 1984; Jennings, Callahan, & Wolf, 1987; Quinn & Smith, 1987).

### Professional Ethics

The study of ethics examines ethics from three perspectives: meta-ethics, the study of the language of ethics and of the rational foundations for ethical systems; descriptive ethics, the observation and description of human behavior and conduct; and normative ethics, the study of what is good or bad and what human beings ought to do or not do (Beauchamp, 1991; Frankena, 1973; Thiroux, 1980).

Within normative ethics, applied ethics is the study of the actual choices made in situations of moral conflict, and of the moral reasoning used to make the choices. Professional ethics is a type of applied ethics used in situations involving conflicts in professional practice. Professional ethics apply to those aspects of professional practice which are of concern to the public, and for which the profession is accountable to the public and to other professions. Professional ethics are concerned with the conduct of professional duties, form an agreed upon set of standards within the profession, combine formal codes with informal practices, and involve issues of importance to the profession and its conduct, particularly conflicts and their resolutions (Beauchamp, 1991; Jameton, 1984; The Teaching of Ethics, 1980). Examples of codes and standards in nursing include the American Nurses Association Code for Nurses (1985), Standards of Clinical Nursing Practice (1991), and Nursing: A Social Policy Statement (1980), the American Association of Colleges of Nursing Essentials of College and University Education for Professional Nursing (1986), and the National League for Nursing Criteria and Guidelines for the Evaluation of Baccalaureate Nursing Programs (1991).

Individual practitioners of a profession are expected to abide by their professional code of ethics. One of the desired outcomes for professional education is that the graduate will practice ethically. Therefore, part of preparation for professional practice is to become familiar with and internalize the profession's code of ethics. Teaching ethics does not alone assure professional ethical behavior, but without familiarity with the profession's code of ethics and the ability to make reasoned ethical decisions, the graduate will find it difficult to practice ethically (Stark, Lowther, & Hagerty, 1986; The Teaching of Ethics, 1980).

It is important for students to study professional ethics because the native moralities students bring with them to professional education may not be sufficient to resolve professional ethical conflicts (Kipnis, 1987). Ethics educators have emphasized that students need to examine their own values in relation to the ethical complexities and conflicts of their chosen professional fields (Brown, 1982). It cannot be assumed that students, automatically and without guidance, will be able to extend the values and moral principles with which they enter their professional studies to the difficult and complex ethical issues of a profession, particularly a helping profession, such as nursing. Furthermore, in today's society, which places less emphasis on the value of altruism and service, students who choose to enter a service profession may be poorly prepared to grapple with complicated professional ethical questions (Stark et al., 1986). Consequently, formal teaching of professional ethics is a necessary component of professional education.

### The Need for the Study

Nursing researchers have identified the need to know more about how nursing programs incorporate the teaching of nursing ethics into their curricula (Douglas, 1985; Elfrink, 1989; Ketefian, 1986; Silva & Sorrell, 1991). Douglas surveyed 344 accredited baccalaureate nursing programs to identify the extant and desired ethical content of their curricula. She found that the respondents felt that there was a need for more ethics content in their programs, and concluded that further study is needed of the ethical content in baccalaureate nursing curricula. Elfrink identified the need for more information about current values education in nursing in order to improve values education in the future. Ketefian, in writing about ethics education in nursing programs, stated that most undergraduate nursing programs claim to integrate ethical issues into the curriculum, but it is not clear how systematically this is done. This lack of clarity makes it difficult to build ethics content for graduate programs on the prior content in undergraduate programs. In their summary of ethics research in the nursing curriculum, Silva and Sorrell state that a systematic state of the science on ethics in nursing curricula is essential for future curriculum planning, and that curricular research is needed to establish baseline data between and among curricula, so that incorporation of ethics into nursing curricula can occur on a sound basis.

Current concerns about ethical issues in nursing practice have focused concern on teaching ethics in nursing education (Aroskar 1993a, 1993b; Cassells & Redman, 1989; Copp, 1996; Scanlon, 1994a; Webb, 1990). In order to evaluate which curricular approaches are most effective in preparing students to deal with the ethical challenges of nursing practice, it is necessary to

differentiate among the various approaches. Aroskar in 1977, and Beardslee in 1983, surveyed schools of nursing to identify how ethics was included in their curricula, but their data did not include enough information about how the curricula were planned and structured to make it possible to differentiate among the various curricular approaches.

This study has provided detailed information about the current curricular approaches to teaching ethics in baccalaureate nursing education. With this detailed information, it is now possible to frame research questions concerning curricular approaches to teaching ethics which will clearly distinguish among the various approaches, and provide a sound foundation for curricular planning of ethics education.



## CHAPTER 2

### Literature Review

This literature review includes sources from philosophy, nursing, nursing education, and higher education in general. In addition to consulting relevant texts, the Cumulative Index for Nursing and Allied Health Literature, the Education Resources Information Center, and the Dissertation Abstracts International data bases were searched.

In this chapter, theoretical and research literature are presented related to the results of previous surveys; curriculum theory; preparation of faculty to teach ethics; ethical frameworks; goals and objectives for ethics education; content and learning experiences for ethics education; the placement of ethics in the curriculum and the sequencing of ethics content; number of hours of ethics content offered; and learning resources used.

### Previous Surveys

#### Martin

Several surveys have examined how ethics instruction is included in the curricula of schools of nursing. In 1931, Martin surveyed 697 schools of education, law, medicine, architecture, commerce and business, dentistry, journalism, and nursing (300 schools) to identify practices regarding instruction in professional ethics. For all professional schools, Martin identified three types of instruction in professional ethics: 1) a formal course in professional ethics, 2) formal content related to professional ethics in other courses, and 3) incidental

content related to professional ethics in all courses. Some schools provided no instruction in professional ethics.

Of the schools of nursing replying to the questionnaire ( $N = 131$ ), 90% ( $n = 118$ ) required a course in professional ethics; 1.5% ( $n = 2$ ) offered an elective course in professional ethics; 6% ( $n = 8$ ) included formal content related to professional ethics in other courses, and 1% ( $n = 1$ ) included incidental content related to professional ethics. One and a half percent ( $n = 2$ ) reported no instruction in professional ethics.

These results indicate that in 1931, instruction in professional ethics was important in schools of nursing, and was included primarily in formal, required courses. Most schools of nursing placed the ethics course in the first year of the program, and some had courses in both the first and third years.

Martin pointed out that it can be difficult to interpret just how a particular curricular design for teaching professional ethics should be categorized. Designs which most schools called "formal content in other courses" may have been called a "formal course in ethics" by a few schools; and it is probable that incidental content was frequently reported as "formal content."

A serious consideration in evaluating the generalizability of Martin's study for nursing is the relatively low return rate of the questionnaires from schools of nursing (44%; 131 of 300 schools surveyed). Martin stated that there was no reason to doubt the representativeness of the schools which replied, but there may have been a self selection effect operating. Those schools which did not provide formal instruction in professional ethics may have been less inclined to answer the questionnaire. Thus, the replying schools may not have been representative of all nursing schools.

### Aroskar

In 1977 Aroskar surveyed 209 accredited baccalaureate schools of nursing to identify how ethical issues and problems were included in nursing programs. Aroskar found that of the programs replying ( $N = 86$ ), 83% ( $n = 71$ ) reported having specific, planned provisions for ethics content in the curriculum, while 17% ( $n = 15$ ) reported no planned content, and only incidental treatment in clinical nursing courses.

Integrating ethics content into nursing courses was the only planned content for a little over 50% ( $n = 44$ ) of replying programs. Another 16% ( $n = 14$ ) integrated ethics content into nursing courses, and offered additional planned content in the form of elective or required ethics courses, symposia, or workshops. For those programs with no planned integration of ethics content (16%,  $n = 14$ ), content was provided as elective or required ethics courses, symposia, or workshops. The median number of hours of total planned content in all programs was 25.5 hours.

Only 7% ( $n = 6$ ) of the programs required an ethics course. For some of these 7%, the required ethics course was the only planned ethics content in the program; for others the required course was in addition to integration of ethics content into nursing courses.

Of the replying programs, 67% ( $n = 58$ ) integrated the teaching of ethics into nursing courses, with or without additional content. At that time, integration was a major theme in curriculum development (Aroskar, 1977; Dolan, Fitzpatrick, & Herrmann, 1983; Kelly, 1991), and Aroskar's results reflect that trend.

Aroskar provided a list of ethical issues and topics and asked schools to place these topics in order of priority. The two topics most frequently identified as the first or second priority were the professional code of ethics and ethics theories. Other topics identified as high priority were: values clarification, patient and family rights and obligations, informed consent, and truth telling.

Aroskar's survey also included questions about the faculty teaching the ethics content. Only 7% ( $n = 6$ ) of respondent schools had a faculty member who spent half or more of their time teaching ethics, and none had faculty who included ethics preparation as part of their credentials.

As with Martin's 1931 survey, the low response rate (41%; 86 of 209 schools surveyed) weakens the generalizability of Aroskar's survey. Those schools that did provide planned content in ethics may have been more likely to answer the questionnaire than those which did not. However, if a similar non-response bias operated in both surveys, Aroskar's survey results indicated changes in how ethics was treated in baccalaureate nursing programs in 1977 from how it was treated in all nursing schools in 1931.

### Beardslee

Six years later, Beardslee (1983) replicated Aroskar's survey to compare the status of ethics in nursing curricula in 1977 and 1983. She mailed questionnaires to 315 accredited baccalaureate nursing programs, and found that of the programs replying ( $N = 232$ ), 91% ( $n = 212$ ) had formal content related to ethics in their curricula, and only 9% ( $n = 20$ ) reported having no formal content.

A separate ethics course was offered by 39% ( $n = 90$ ) of the replying programs, 69% ( $n = 161$ ) integrated the ethics content, and 22% ( $n = 51$ ) used a combination design. (Respondents were instructed to indicate all that applied, so the total is greater than 100%.) For 39% ( $n = 90$ ) of the replying programs, an ethics course was required. The median number of hours of ethics content in all programs was 11.5.

Beardslee also asked about priorities for ethics content in the nursing program. As in Aroskar's 1977 study, the item from the list most often identified as highest priority was the professional code of ethics. The next most often identified were ethics theories and patients' rights and obligations. Other items identified as high priority were: truth telling, family rights and obligations, and informed consent. Beardslee asked if the programs had objectives or goals for teaching ethics; 59% ( $n = 137$ ) said yes, 31% ( $n = 72$ ) said no, and 10% ( $n = 23$ ) did not answer.

In addition, Beardslee collected data about the faculty preparation to teach ethics: 4% ( $n = 9$ ) of schools had a faculty member with a degree related to ethics, and 28% ( $n = 65$ ) had faculty who had formal coursework in ethics. The most common form of faculty preparation was informal workshops or independent study (74%;  $n = 172$ ).

Beardslee's response rate of 74% (232 of 315 schools surveyed) is respectable for survey research, and her results can be applied to baccalaureate schools of nursing with more confidence than can Aroskar's results, although any survey with less than 100% response is vulnerable to non-response bias (Fowler, 1988). Nevertheless, Beardslee's results do indicate an increased emphasis on ethics instruction in nursing education from 1977 to

1983. More programs required an ethics course, although integration of content was still the most common design, sometimes combined with a separate course.

### Summary of Previous Surveys

Each of these surveys, Martin (1931), Aroskar (1977), and Beardslee (1983), made a distinction between a separate course in ethics and content integrated into other courses, and Martin further tried to distinguish between formal and incidental content related to ethics in other courses. However, it is difficult to ascertain exactly how ethics was integrated, and whether the ethics content was covered in depth or merely mentioned in passing. When discussing the integration of ethics content into the curriculum, there is a problem similar to Martin's concern about distinguishing between formal and incidental content; what is called integration of ethics content by one program might be identified as occasional discussion of ethical issues by another. Nevertheless, these three surveys do provide information about trends in ethics teaching.

In 1931, only 3% of schools reported no or only incidental ethics instruction; in 1977, this increased to 17%, but by 1983 it had dropped again to 9%. The percentage of schools requiring an ethics course changed radically from 90% in 1931 to 7% in 1977, and increased again in 1983 to 39%. However, the median number of identified hours of ethics content decreased substantially from 25-26 in 1977 to 10-13 in 1983. In 1931 only 6% of schools reported integrating ethics; and in 1977 and 1983, about two-thirds of programs integrated ethics into nursing courses. These results indicate that ethics

instruction was very important in 1931, had become somewhat less important in 1977, and was receiving greater emphasis again in 1983.

### Curriculum

A curriculum is a structured plan for students' learning which identifies intended learning outcomes and learning opportunities (Beauchamp, 1981; Johnson, 1988; McNeil, 1985; Taba, 1962; Tyler, 1949). Learning can be defined as changes in human behavior. However, these changes occur in small increments, and learning is a slow process of change resulting from cumulative learning experiences. For these cumulative learning experiences to be effective in creating the desired learning outcomes, they must be organized to build upon and reinforce each other (Tyler, 1949).

A curriculum is shaped at several levels: societal, institutional, and in the classroom (McNeil, 1985). At the societal level, a nursing curriculum is affected by guidelines and recommendations from governmental boards such as State Boards of Nursing, professional organizations such as the National League for Nursing, scholarly experts in subjects such as ethics, and by the authors and publishers of textbooks and other learning resources. At the institutional level, a nursing curriculum is shaped by decisions made by school administrators and faculty. At the classroom level, the interaction of teachers and students creates the final shape of the curriculum.

A curriculum has three aspects: 1) planning and decision making about what should be taught, 2) a design for how to teach it, and 3) the implementation of the planned and designed curriculum (Beauchamp, 1981;

McNeil, 1985; Taba, 1962; Tyler, 1949). The planning and decision making about what should be taught involves choices of intended learning outcomes, also known as goals and objectives (Beauchamp, 1981; McNeil, 1985; Taba, 1962; Tyler, 1949). Beauchamp (1981) points out that choices of goals and objectives are affected by societal, professional and institutional values, but these values may also become part of the intended outcomes.

The design for how to achieve the goals and objectives involves the selection of content and learning experiences, and choices for sequencing and integration of content. Content can cover several levels, from a subject, to knowledge of broad concepts, key ideas, or major questions, to specific information and facts. Content may also include skills such as problem solving, communication, or methods of inquiry (Beauchamp, 1981; McNeil, 1985; Taba, 1962; Tyler, 1949). The selection of learning experiences may be determined by the choices of content and skills to be included in the curriculum. For example, if ethical decision making is a skill to be learned, students must be provided with opportunities to practice ethical decision making.

Sequencing is a process of determining the most effective order in which to present the content and learning experiences (Beauchamp, 1981; Johnson, 1988; McNeil, 1985; Taba, 1962; Tyler, 1949). It is a vertical dimension, which is more than repetition of content; it involves building upon previous content and learning experiences to increase the depth and breadth of understanding or skill. Sequencing of content and learning experiences can be based on the inherent logic of the content or on psychological principles of learning and development. Sequencing principles may include: simple to complex, from



familiar to unfamiliar, from the whole to the part, from specific example to general principle, chronological, and building on previous skills.

Defining the relationships among different content and learning experiences is the horizontal dimension of integration, to link and unify the learner's understanding and skills across related areas (Beauchamp, 1981; McNeil, 1985; Taba, 1962; Tyler, 1949). Integration links and relates facts, principles, and skills from one subject to another. Integrative threads may include broad concepts, methods of thought or analysis, or skills.

Curricular designs may emphasize sequencing and integration to differing degrees (Tyler, 1949). There may be little emphasis on organizing the content, and the curriculum may consist of many discrete courses or topics with no particular sequence dictated. Integration is difficult to achieve with too many discrete courses or topics. However, if the courses or topics are not discrete and differentiated enough, it may be difficult to identify which content and learning experiences are sequential to others, or to integrate specific content from one area with content from another area.

At the institutional level, choices must be made for the assignment of particular content, skills, and learning experiences to specific subjects and courses. In addition, the relationships between and among the subjects and courses must be considered, because the curriculum is a plan for the whole program, not just for a subject or a course (Beauchamp, 1981). In order to assure the achievement of the intended outcomes, it is important for the institution to avoid what McNeil (1985) describes as disjointed incrementalism, when curriculum decisions are made without following a systematic procedure.

The third aspect of a curriculum, the implementation and actual use of the planned and designed curriculum, depends on the administration and faculty of the institution (Beauchamp, 1981). It is important for the administration to provide support in the form of resources such as time and learning resources, and to communicate that following the curriculum is important and valued. The faculty needs to feel comfortable teaching the content using the selected learning experiences and following the planned sequencing. The more knowledgeable the faculty is about the curriculum, the content, and how to teach the content, the more committed and effective they will be in implementing the curriculum.

### Preparation of Faculty to Teach Ethics

The approach taken by a nursing education program to the teaching of ethics will be affected by the knowledge and preparation of the faculty in the area of ethics. Thus, faculty preparation to teach ethics was one of the variables addressed by this study.

In 1977, Aroskar found that none of the baccalaureate schools of nursing surveyed ( $N = 86$ ) had any faculty members with formal preparation to teach ethics. In 1979, Schilling surveyed Texas nursing school administrators regarding the ideal preparation of nursing faculty to teach ethics. The ideal preparation was identified as a dual degree, and the next best approach as team teaching between faculty from the departments of nursing and philosophy. However, only two schools reported having formal input from the philosophy department into their ethics teaching.

Uustal (1983) surveyed deans of schools of nursing to determine faculty preparation to teach values ( $N = 278$ ). She found that 40% ( $n = 111$ ) of the deans surveyed did not know how many of their faculty had any values education preparation, and 15% ( $n = 42$ ) said they had no faculty with values education preparation. Of those who did report faculty members with preparation in values education, 19% ( $n = 61$ ) of faculty had formal coursework, and 37% ( $n = 103$ ) had continuing education experiences.

Stone (1989) surveyed graduate programs in nursing to determine how ethics was taught in their programs ( $N = 188$ ). Results indicated that only 1% of the graduate faculty had formal ethics preparation. In 1989, as part of a study of the relationship between faculty development in values education and changes in values education ( $N = 378$ ), Elfrink found that the most common type of faculty development in values education was continuing education (55%;  $n = 207$ ). Other types of faculty preparation included courses in and outside of nursing and nursing courses with values education integrated into the course.

According to the Hastings Center (The Teaching of Ethics, 1980), teaching in the field of ethics requires the same rigor and knowledge of the subject as in any other field. Teachers of ethics should be qualified to teach ethics. Enthusiasm and interest, or practical experience, are not sufficient, if not backed up by theoretical knowledge. Training in philosophy or theology provides the knowledge of ethics theory and moral argument needed. However, teaching applied ethics requires more than knowledge of ethics; it requires knowledge of the applied field as well. The ideal preparation would be a dual Ph.D., although this is usually impractical. Instead, teachers of ethics should have at least one year of training, preferably formal rather than self-

taught, in the second field, whether that is ethics for a professional or the applied field for an ethicist.

Team teaching between a professional faculty member and an ethicist, philosopher, or clergy is a common solution to the difficulty of finding an adequately prepared person to teach professional ethics. An advantage of this approach is that it combines the ethical point of view with the profession's method of thinking, but there are often practical disadvantages involving departmental schedules and interpersonal relationships. For team teaching to be effective, careful planning for integration is necessary (The Teaching of Ethics, 1980).

Faculty learning is another advantage of structured preparation for team teaching. Rotating instructors into and out of a team-taught interdisciplinary ethics course can serve as an exciting and stimulating form of faculty development, as faculty learn from the preparation needed to teach as part of the team. A more structured type of faculty development is a faculty ethics seminar to improve the professional faculty's knowledge of ethics theory and principles (Carr, 1990; Langerak, 1982; The Teaching of Ethics, 1980).

Several authors (Applegate, 1985; Elfrink & Lutz, 1993; Payton, 1980; Stanley, 1980b; Thompson & Thompson, 1989) believe all nursing faculty should have some expertise in nursing ethics, but the faculty members with the responsibility for teaching core ethics content in the nursing program should have specific preparation in nursing ethics. Required preparation for nurse educators to teach ethics should include expertise in nursing, knowledge of the philosophical basis for ethics, knowledge of contemporary ethical issues facing nurses, familiarity with the bioethics literature, and identification of available

resources. This preparation could be acquired through both formal and informal educational activities, such as seminars, workshops, discussion sessions, and fellowships.

### Frameworks for Nursing Ethics

One of the variables investigated in the present study was ethical frameworks used by nursing education programs. Ethics is a branch of philosophy. The philosophical study of ethics is divided into three areas: meta-ethics, the study of the language of ethics and of the rational foundations for ethical systems; descriptive ethics, the observation and description of human behavior and conduct; and normative ethics, the study of what is good or bad and what human beings ought to do or not do (Beauchamp, 1991; Frankena, 1973; Thiroux, 1980).

Normative ethics are either teleological or deontological. Teleological ethics define human actions as right or wrong based on the consequences of the actions. Deontological ethics define human acts or moral principles as inherently good or bad regardless of the consequences (Beauchamp, 1991; Frankena, 1973; Thiroux, 1980).

#### Deontological Frameworks

One deontological framework for nursing ethics is the American Nurses Association Code for Nurses (1985). This code contains statements related to the provision of care to clients with dignity and without regard to social, economic, personal, or health status considerations; ensuring the client's right

to privacy; the necessity for competence and accountability in practice; the importance of safeguarding the client and the public against incompetent, unethical, or illegal practice; and the individual nurse's responsibility to maintain and improve the profession of nursing. The Preamble to the Code identifies eight moral principles as the basis for nursing ethics: respect for persons, autonomy, beneficence, nonmaleficence, veracity, confidentiality, fidelity and justice.

Another deontological framework is bioethics, which is defined as applied ethics in the biomedical sciences. Some scholars of bioethics argue that all health care profession ethics are a part of bioethics and define bioethics as the ethics of how we treat or relate to all human beings who are ill, injured, or dying (Fry, 1986; Jameton, 1984; Thiroux, 1980).

Issues which are identified as bioethical concerns include euthanasia, the right to die, decisions to stop treatment, quality of life, informed consent, competence to make decisions, human experimentation, genetics and fertilization, contraception and abortion, organ transplants, health care delivery and costs, and allocation of scarce resources (Cassells & Redman, 1989; Cassells, Redman, & Jackson, 1986; Quinn, 1990; Raya, 1990; Steele & Harmon, 1983; Thiroux, 1980; Zablow, 1984). Although nurses do not have primary responsibility for decision making in most bioethical issues, these issues often have considerable indirect impact on nursing practice, as nurses work to mediate decisional conflicts among clients, families, physicians, and the health care system (Fry, 1989b; Jameton, 1984; Quinn, 1990). The issue of allocation of scarce resources becomes a direct nursing issue when the

resources in question are those needed to provide nursing care, such as supplies or personnel.

Bioethics focuses on the principles of beneficence and autonomy; however, nurses and health care institutions often have differing perceptions of beneficence and autonomy (Benoliel, 1983). In the traditional bioethical view, beneficence is expressed as the saving of life, with little or no consideration given to personal perceptions of the experience of being sick. This approach frequently results in life prolongation without regard for the quality of life. In the nursing approach, promotion of autonomy is seen as an aspect of beneficence, and emphasis is placed on the quality of life as it is experienced by the person (Benoliel, 1983). Thus, when the bioethical approach and the nursing approach are examined teleologically, there are distinct differences. Bioethical outcomes are often oriented toward lifesaving and cure, and nursing outcomes are usually oriented toward an improved quality of life for the client, which can create ethical dilemmas for nurses.

### Caring Framework

A different approach to nursing ethics is caring, or relational ethics, in which the evaluation of rightness and wrongness is based on the caring nature of the relationships developed between the nurse and the client. The concept of caring relationships as an ethical principle has been explored by feminist and nursing authors. Noddings (1984) argues that having an attitude of caring in our relationships with others, regardless of the consequences, is the essence of morality. Gilligan (1982) frames ethics in terms of the emotional logic of relationships, arguing that the appropriate ethical stance is one which balances

caring for others with caring for self. Benner and Wrubel (1989) place “caring as a moral art” (p. xi) at the center of nursing practice. They define caring to mean “that persons, events, projects, and things matter to people,” and that a person is “connected” to other persons or things (p. 1).

This kind of ethical thinking requires sensitivity, careful thought, and clear reasoning. In a caring relational context, no two situations are exactly the same, and there may be multiple desirable outcomes. Therefore, rightness and wrongness cannot be determined based solely on consequences. What matters, and what makes actions right or wrong, is how the relationship or encounter is conducted, and how much caring is involved (Crowley, 1994; Fry, 1989b; Penticuff, 1991; vanHooft, 1990).

### Moral Development Frameworks

Frameworks for teaching nursing ethics may also be based on moral development models. The classic model of moral development is by Kohlberg (1964, 1976, 1978, 1984), who studied boys and men. Other models include Perry (1970), whose model is based on his studies of the intellectual development of young men; Belenky, Clinchy, Goldberger, and Tarule (1986), who investigated the intellectual development of young adult women; Gilligan (1982), who used Kohlberg’s work on moral development as a starting point to study the paths of moral development for girls and women; and Becker (1991), who used a grounded theory approach to study the moral development of intensive care nurses.

Each of these models of moral development identifies several levels of development. Each model identifies a level or perspective in which the person



is centered upon himself, and makes choices or decisions from the perspective of what is personally believed or preferred. Subsequently, the person moves to a perspective in which the needs or beliefs of others are considered. Eventually the person may move to a level or perspective in which moral choices and decisions are made on the basis of reasoned analysis of principles rather than on conventional expectations or laws. A particularly feminine version of this perspective is to analytically consider the needs and beliefs of both the self and others in the context of a caring relationship (Becker, 1991; Belenky et al., 1986; Gilligan, 1982). For both the traditionally masculine and the particularly feminine perspectives, the highest level of development is reasoned analysis of the situation, whether the basis for the analysis is a universal moral principle such as justice, or a caring relationship within which the varying personal contexts of the people involved in the situation are considered.

### Goals and Objectives for Ethics Education

A curriculum is founded on goals and objectives. Therefore, one of the variables in this study was goals and objectives for ethics education. Typical terminal objectives related to ethics are: the moral development of students; an understanding of human values and the development of a personal philosophy based on those values; an awareness of social issues related to health issues; and the ability to think critically and make discriminating judgements about moral issues (Agrafiotis, 1987; Kennedy, 1989; Krawczyk, 1982). Although level objectives are part of a curriculum structure, no discussion or examples of level objectives related to ethics were found in the literature.

Course objectives may specify both content and learning experiences. Content objectives include knowledge of philosophical theories of ethics, ethical principles and values, ethical issues and dilemmas in nursing, resources for ethics relevant to professional practice, the process of ethical decision making, and contemporary nursing roles. Objectives for learning experiences include opportunities for the analysis of one's own values, the development of a philosophy of nursing for use as a guide to nursing practice, critical analysis of ethical issues in nursing, and the application of moral principles and decision making process to ethical situations (Applegate, 1985; Bell, 1984, Kellmer, 1984; Kennedy, 1989; Payton, 1980; Ryden, Duckett, Crisham, Caplan, & Schmitz, 1989).

### Content and Learning Experiences for Ethics Education

One variable investigated in this study was the content and learning experiences related to ethics in nursing education. The Hastings Center report, The Teaching of Ethics in Higher Education (1980), identifies areas of ethics content appropriate for professional education, including the study of ethics theory and applied ethics. The study of ethics theory includes the basic definitions and rules governing ethics, and major philosophical systems of ethics, such as deontological and teleological ethics (Agrafiotis, 1987; Applegate, 1985; Aroskar, 1977; Beardslee, 1983; Cassells & Redman, 1989; Douglas, 1985; Gilbert, 1982; Hilliard, 1986; Kennedy, 1989; Obester, 1985; Payton, 1980; Quinn, 1990; Thompson & Thompson, 1989). Suggested topics for applied ethics, or ethical decision making in a professional context, include

the official codes and unofficial mores of a profession, the differences between the professional code and the general morality of society, and the characteristic ethical problems of the profession (The Teaching of Ethics, 1980).

Nursing codes and statements of nursing values include the American Nurses Association Code for Nurses (1985), the assorted standards of nursing practice, A Patient's Bill of Rights (American Hospital Association, 1972), the state nurse practice acts, the American Association of Colleges of Nursing's seven essential values (1986), and the American Nurses Association Social Policy Statement (1980).

To aid students in recognizing moral issues and ethical dilemmas related to nursing, examining selected bioethical issues is valuable. Some specific issues and dilemmas are the problems surrounding birth, suffering and death, genetic counseling and screening, research using human subjects, and the allocation of health care resources (Agrafiotis, 1987; Applegate, 1985; Beardslee, 1983; Cassells & Redman, 1989; Douglas, 1985; Health Care Rationing, 1994; Hilliard, 1986; Kennedy, 1989; Obester, 1885; Payton, 1980; Quinn, 1990; Rosenblum & Deatrick, 1992; Scanlon, 1994a; Schilling, 1979; Stanley, 1980b; Thompson & Thompson, 1989). More general ethical issues include patient and family rights and obligations, truth telling, and informed consent (Aroskar, 1977; Beardslee, 1983).

An important learning experience for ethics education is the identification, analysis, and clarification of personal values. Values clarification must precede any learning in ethics, as values underlie all ethics inquiry and moral action. Since values are often largely unconscious, deliberate examination is usually necessary to identify the values students bring to their

professional study, both their professed values and those implied by their actions. Students also need to become aware of the values of their classmates and of other cultures, and of how their own and others' values affect relationships and ethical decisions. These personal and cultural values can then be compared to the values inherent in the profession of nursing, and areas of conflict identified (Cassells & Redman, 1989; Douglas, 1985; Fry, 1989a; Gilbert, 1982; Merrill, 1982; Obester, 1985; Quinn, 1990; Thompson & Thompson, 1989; Uustal, 1983).

Learning experiences to develop skill in moral reasoning and ethical decision making are necessary for students to learn to deal with the complex moral dilemmas encountered in nursing. The skills needed include consistency and clarity in analysis of ethical positions and clear articulation to be heard and respected (Applegate, 1985; Benoliel, 1983; Cassells & Redman, 1989; Fry, 1989a; Gilbert, 1982; Payton, 1980; Stanley, 1980a; Thompson & Thompson, 1989). The ability to make autonomous ethical decisions based on principles and critical thinking is characteristic of the highest perspective in moral development (Belenky et al., 1986; Kohlberg, 1964, 1976, 1978, 1984; Perry, 1970).

Opportunities to practice the role of independent decision maker provide valuable learning experiences for students. One of the roles in which nurses need to use ethical decision making skills is as a patient advocate (Curtin, 1986; Davis & Aroskar, 1991; Winslow, 1984). This role is supported by the Code for Nurses (American Nurses Association, 1985) injunction to safeguard the patient from harm. The accompanying interpretive statement explicitly identifies the nurse as an advocate for the patient. As an advocate, the nurse

identifies the patient's wishes, and encourages the patient's autonomy by explaining care and procedures, providing information, teaching, and facilitating patient decision making (Curtin, 1986; Davis & Aroskar, 1991; Winslow, 1984).

However, there have often been institutional constraints on the nurse's ability to act as a patient advocate, including the status of the nurse as an employee of an institution whose interests sometimes have diverged from those of the patient, and the authoritarian stance of physicians in relationship to nurses (Davis & Aroskar, 1991; Yarling & McElmurry, 1986). These constraints are beginning to erode as nurses adopt a professional role of interdisciplinary participation with physicians in decision making for patient care (Bandman & Bandman, 1990; Davis & Aroskar, 1991).

Clinical practice experiences can provide learning opportunities for students to develop their ethical decision making skills as patient advocates and as collaborators with physicians and other health care team members. Nurses need to be able to recognize the ethical responsibilities of physicians, as well as those of families, clergy, social workers, therapists and the institution itself. Ethical choices are made by various members of the health team in accordance with their differing perceptions of their ethical responsibilities. Since these perceptions frequently clash with one another, students need learning experiences which will prepare them to be honest, respect alternative viewpoints, tolerate ambiguity, be flexible in problem solving, and disagree without personal attacks (Becker, 1991; Cassells & Redman, 1989; Gilbert, 1982; Langerak, 1982; Thompson & Thompson, 1989; Wocial, 1996).

## Placement of Ethics in a Separate Course and/or Integrated Throughout the Curriculum

### General Considerations

One variable investigated in this study was how ethics is placed in the curriculum in nursing education; whether it is integrated into some or all courses, taught as a separate topic, or taught both as a separate topic and integrated. Ethics content might be integrated into nursing courses, into humanities and social science courses, or into all courses. As a separate topic it might be taught as a separate course or as separate units within other courses.

There are many considerations regarding the different curricular designs for integrating ethics throughout the nursing curriculum versus requiring a separate ethics course or unit (Aroskar, 1977; Clouser, 1980; Copp, 1996; Gaul, 1989; Gilbert, 1982; Kennedy, 1989; Ryden, et al., 1989; Stanley, 1980b; Stenberg, 1979; The Teaching of Ethics, 1980). Advantages of integrating ethics education include: 1) integration can foster moral development by allowing repeated exposure to the content at increasingly higher levels; 2) integration allows for presentation of ethics content in clinical courses, where immediate correlations to nursing practice can be made; and 3) content can be examined in interdisciplinary clinical conferences, in situations similar to actual nursing practice. Disadvantages of integrating ethics into the nursing curriculum are: 1) the degree of commitment to ethics education may not be apparent; 2) the objectives of the ethics teaching may not be clear; 3) the content may be mentioned but not discussed in enough detail for learning to

take place; 4) the ethics content may be scattered, incomplete, or duplicated; 5) without a sound theoretical base, learning of integrated ethics may be poor; 6) evaluation may be haphazard or not done; 7) when time runs short in a course, the ethics content may be skipped; and 8) nursing faculty may not be qualified to teach ethics content.

Many of the disadvantages of integration can be overcome by making ethics education a systematic, planned curricular thread, with objectives and evaluation at each level. Nursing faculty specially prepared in ethics can be used to teach the ethics content throughout the nursing curriculum, and faculty less experienced in teaching ethics could use learning modules prepared by more knowledgeable faculty (Gaul, 1989; Payton, 1980; Raya, 1989; Ryden, et al., 1990; Stanley, 1980b).

There are also advantages and disadvantages of having separate courses in ethics (Clouser, 1980; Copp, 1996; Gaul, 1989; Gilbert, 1982; Stanley, 1980b; Stenberg, 1979; The Teaching of Ethics, 1980). Advantages are that 1) a separate course can be focused and allow time for the student to learn to apply the concepts taught, and 2) the development of objectives and evaluation can be done more easily in a separate course. Disadvantages include: 1) adding more courses to already crowded nursing curricula overloads the students; 2) if a separate ethics course is taught by nursing faculty they may not be adequately prepared to teach it; 3) if the ethics course is taught by non-nursing faculty, the students may "pigeonhole" the subject of ethics and not take it seriously; and 4) if the course is taught outside the nursing department, the nursing faculty may not have control over its content. There is also the problem of whether a separate course should be elective or required

(Gaul, 1989; Raya, 1990). If ethics is taught in a separate course and is not required, the students who choose not to take the ethics course will not learn the same professional nursing content as the students who do take the ethics course.

### Research on Curricular Designs for Ethics

Survey research on curricular designs for teaching nursing ethics has identified three general designs: including a required or elective course in ethics; integrating ethics into the curriculum; or occasionally discussing ethical issues (Aroskar, 1977; Beardslee, 1983; Martin, 1931). Other studies have tried to determine the effects of various curricular designs on students' moral development. Bell (1984), Kellmer (1984), and Gaul (1987) looked at the effects of an ethics course; in a second part of her 1983 study, Beardslee looked at the effects of greater or lesser emphasis on ethics in the curriculum; and Haywood (1989), Kennedy (1989), and Krawczyk (1982) compared integrating ethics content to requiring a separate course.

These comparative studies yielded conflicting results. Bell (1984) and Gaul (1987) found that requiring an ethics course improved students' moral development, and Kellmer (1984) found no significant effects on students' moral development from a required ethics course. Beardslee (1983) compared schools on many different factors, including amounts of ethics content, degree of integration, and whether the ethics content was elective or required, and found no significant differences. Krawczyk (1982) found that requiring an ethics course resulted in higher levels of moral development than integrating ethics into the curriculum, and Haywood (1989) and Kennedy (1989) found no



significant differences in students' levels of moral development between integrating ethics into the curriculum and requiring a separate course.

A significant problem with these comparative studies is the identification of different programs as occasionally discussing ethical issues, integrating ethics, requiring a separate ethics course, or requiring a course and integrating ethics. For example, Haywood (1989) compared students from programs that used the integration only design with students from programs which had a separate ethics course and integrated ethics. However, Haywood does not provide enough information about how ethics was integrated into the programs studied to be sure that the programs which required a separate ethics course were actually different from the programs which had only integration. Kennedy (1989) compared students from programs with varying degrees of integration, with and without separate ethics courses. She also stated that the time devoted to ethics in all of the programs she studied was so limited that there may have been no real differences among them.

As Martin (1931) pointed out, it can be difficult to accurately categorize a program. What is labeled in one program as integration, may be identified in another program as occasional discussion, or a program that requires a separate ethics course may be placed in the same category as one that requires a separate course and integrates ethics. As a result, research findings which indicate no significant differences among students in different types of programs may not be meaningful.

Another problem with these studies stems from the methods used to measure the effects of curricular designs on students' moral development. Moral development in these studies was measured using instruments based on

Kohlberg's (1964, 1976, 1978, 1984) model of moral development, which places a heavy emphasis on principled reasoning based on the moral principle of justice. Since research indicates that women, including nurses, use both caring and justice principles in their moral reasoning, tools based entirely on Kohlberg's model may not accurately measure their moral development (Cady, 1991; Chally, 1992; Gilligan & Attanucci, 1988; Penticuff, 1991; Peter & Gallop, 1994). Thus, the tools being used in these comparative studies may not actually have been measuring the effects of different curricular designs on students' ethical practice.

A further limitation of all of these studies is that none of them controlled adequately for selection bias. For some of the studies, the ethics courses were elective. When an ethics course is elective, students who choose to take it may be more susceptible to the effects of the course on their moral development than students who do not elect to take the course. For example, students who choose to take an elective course in ethics may be more ethically developed than students who choose not to take an ethics course.

Even if an ethics course is required, the students who choose not participate in a study may be less interested in moral issues than those who do participate, and may experience less change in their moral development as a result of an ethics course. The volunteers may be more sensitive to and aware of moral and ethical considerations than non-volunteers. All of these studies used volunteers for their samples, and most had relatively low response rates.

### Effects of an ethics course

The first group of studies focuses on the curricular design of teaching ethics content in a separate ethics course and its relationship to moral development. Bell (1984) studied the effects of a semester course in bioethics on the moral development of senior baccalaureate nursing students, using a pretest-posttest design without a control group. It was not stated if the course was an elective or required course, or if there was any other ethics content in the nursing program. The subjects were a convenience sample of volunteer senior nursing students ( $N = 75$ ).

Bell found that there was a significant increase in the students' moral development scores ( $p < .0001$ ). However, the design used does not control for the possible effects of history or maturation. The observed effects could have been the result of concurrent student experiences in clinical courses or ethics content in other nursing courses.

Kellmer (1984) performed a two part study investigating 1) the relationship of a previous course in moral philosophy to baccalaureate nursing students' ethical decision making skills; and 2) the effects of a planned teaching program on ethics and its application in nursing on students' ethical decision making skills. The first part of the study was a correlational survey. The students studied were a convenience sample of volunteer junior students in an upper division baccalaureate nursing program ( $N = 40$ ). The correlational analysis of the survey data revealed that having a prior course in moral philosophy or ethics correlated moderately with ethical decision making skills.

The second part of the study was an experimental study, using a pretest-posttest design with random assignment of the 40 students to an experimental

group, which participated in the ethics teaching program, and a control group, which did not. The planned teaching program was not a full course, but consisted of five two hour sessions over two months. There was no discussion of what other ethics content was included in the nursing program. It can be inferred that the students had not been required to take a separate ethics course prior to their junior year, because according to the survey data, some students had a previous ethics course and some did not.

Kellmer found no significant differences in ethical decision making skills between the two groups. However, the participating students may all have been exposed to other ethical decision making learning experiences during the study. The possibility of cross exposure between the experimental and control groups in the form of informal discussions between students also cannot be ruled out.

Gaul (1987) studied the effect of a course in nursing ethics on the relationship between baccalaureate nursing students' knowledge of ethically correct actions and choice of ethically correct actions. The study was a static group comparison using a convenience sample ( $N = 37$ ), comparing students enrolled in an elective nursing ethics course ( $n = 17$ ) with a control group of students ( $n = 20$ ), matched for placement in the curriculum, who had not taken the course. The program was an upper division baccalaureate nursing program which integrated ethics throughout the curriculum.

Gaul found that the group who took the ethics course had a significant positive correlation ( $r = .87$ ,  $p < .001$ ) between ethical choice and ethical action, and the correlation for the control group was negative and non-significant

( $r = -.32$ ,  $p = .34$ ). Gaul interprets this to mean that the ethics course improved the ability of nursing students to make ethical nursing decisions.

#### Effects of greater or lesser emphasis on ethics

In addition to replicating Aroskar's 1977 survey, Beardslee (1983) used her survey data to categorize nursing schools into "high content" programs (with greater emphasis on ethics) and "low content" programs (with less emphasis on ethics). This part of the study was a comparative survey using existing groups. The categorization into high and low content programs was based on the number of hours of ethics offered, whether an ethics course was required or elective, whether ethics was integrated into the curriculum or separate, whether or not there were specific goals and objectives for ethics in the curriculum, whether there was a specific cognitive or ethics framework for the ethics in the curriculum, what was the type of preparation in ethics of the instructors who taught ethics, how the ethics learning was evaluated, what teaching methods were used, and what issues were included in the ethics content. Each of these items was assigned a weight, and a total score was derived for each program.

Beardslee selected a purposive sample of three of the four highest and three of the four lowest scoring programs for the comparative survey, and then studied volunteer students from the selected programs ( $n = 83$  from the high scoring programs, and  $n = 49$  from the low scoring programs), to determine if there was a relationship between the emphasis on ethics and the moral reasoning levels of the students.

Beardslee found no significant differences in moral reasoning levels between the senior students from the high and low content programs. This

implies that simply including more emphasis on ethics in the curriculum is not enough to ensure learning about ethics. However, in her discussion, Beardslee points out that students in all the programs may all have had similar opportunities for incidental learning such as observing and discussing ethical dilemmas during clinical experiences.

Furthermore, in categorizing the schools into high and low content programs, Beardslee weighed many different factors, each of which may have had a different effect on the students' moral development. By combining all the items into a single score, Beardslee may have failed to discriminate adequately among the programs, and the highest and lowest scoring programs may not have been very different.

#### Effects of integration versus a separate ethics course

Another group of studies focuses on comparisons among the curricular designs of integrating ethics into the nursing courses, requiring a separate ethics course, doing both. Krawczyk (1982) investigated whether there were differences among the levels of moral development of nursing students in three baccalaureate programs which required an ethics course, integrated ethics into all nursing courses, or had very little ethics included in the curriculum. Her design was a comparative survey using existing groups. The programs studied were a purposive sample of baccalaureate nursing schools, based on the curriculum design for ethics teaching.

Program A required an ethics course and also integrated ethics into nursing courses. Program B integrated ethics into all nursing courses, and included specific ethics content in several nursing courses. Program C

integrated ethics into some of the nursing courses. Of the three programs, program A was identified by Krawczyk as having the most ethics, and program C was identified by Krawczyk as having the least amount of ethics content and the least amount of integration. The students studied were volunteer senior students from existing class groups ( $N = 89$ ).

The results indicated significant differences among all three groups in moral development levels ( $p < .001$ ). Seniors from program A had the highest level of moral development; seniors from program C had the lowest level of moral development; and seniors from program B had a middle level of moral development. These results imply that increasing the amount of ethics content, or requiring an ethics course, may improve moral development levels in nursing students.

Haywood (1989) compared the moral development of senior nursing students who had a separate ethics course and those who only had ethics integrated into the curriculum. The design used was a comparative survey using existing groups ( $N = 103$ ). Haywood used a purposive sample of students from baccalaureate nursing programs which had a separate formal ethics course and integration into other courses in the program ( $n = 64$ ), and of students from programs which had no separate ethics course but integrated ethics into other courses ( $n = 39$ ).

Haywood found no significant differences between the moral development of the two groups, which indicates that the effect on nursing students' moral development of a separate ethics course is not significantly different from the effect of simply integrating ethics content. A difficulty with this study is the lack of information about the different nursing programs. All of them

were described as integrating ethics into the program, but little information was provided on how this was accomplished. Depending on how effective the integration was in each program, a program with no separate ethics course may actually have been more like one with a separate course than it was like others with no separate ethics course.

Kennedy (1989) investigated whether nursing students in programs which had a separate ethics course had a higher level of moral reasoning and ethical decision making than students in programs which integrated ethics. The design was a comparative survey using existing groups. The sample studied were volunteers from intact senior class groups from each school ( $N = 80$ ).

Kennedy identified four baccalaureate nursing programs with different curricular designs for teaching ethics. School A had a sporadic and non-systematic integration of ethics content. Selected content was included in two required nursing courses, one at the junior level and one at the senior level; ethics was informally included in clinical practice courses; and there were three popular elective courses which discussed ethics: an ethics course, a course on dying and death, and a course on spirituality. School B had a required, separate bioethics course, with prerequisite philosophy courses. There was no formal reinforcement of ethics in the nursing courses.

School C systematically integrated ethics into the nursing curriculum. An introductory nursing course included ethics theory and principles and decision making, subsequent nursing courses identified specific ethics content related to each course, and a senior seminar required students to present professional ethical issues. The ethics content was identified in the course syllabi and content outlines. There were also elective ethics courses available outside the



nursing department. School D also systematically integrated ethics into the curriculum. Ethics content was identified in course outlines, and included in planned and spontaneous clinical conferences, and in an interdisciplinary class session on ethical decision making. There was no elective ethics course available to the nursing students.

Kennedy found no significant differences among the students from the different programs in moral reasoning or ethical decision making. This implies that the different curricular designs of sporadically versus systematically integrating ethics, or of having a separate ethics course, do not have significantly different effects on students' moral reasoning and ethical decision making abilities. However, Kennedy states that there was limited time allocated for ethics in all of the curricula. It may be that despite their different curricular designs, all of the programs were more alike than different in the ethics content that was actually taught.

### Sequencing and Integration of Ethics Content

None of the comparative studies cited above discussed how a required ethics course was integrated with the rest of the curriculum, or how ethics content from one part of the curriculum was linked with content in another part of the curriculum. It may well be that the conflicting findings in the research are the result of factors such as how the ethics content is sequenced, how it is included in nursing courses, and how it is linked and integrated with the other nursing content, which were not identified in the studies cited. The lack of definitive information about how ethics is included in the nursing curriculum makes it difficult to draw meaningful conclusions about different curricular approaches.

### Number of Hours of Ethics Content

An issue which is not directly addressed in the literature is the question of how many hours of ethics content are needed. Beardslee (1983) gathered data on the numbers of hours of ethics content in nursing curricula and compared them to Aroskar's findings from 1977, finding that the median number of hours of ethics content had decreased substantially, from 25-26 in 1977 to 10-13 in 1983. In her comparative study of different curricular designs for teaching ethics, Krawczyk (1982) did not measure amounts of ethics content directly, but inferred amounts from curriculum structures; she identified curricula only as having high, medium, or low amounts of content. Kennedy (1989) found that there was limited time allocated for ethics in all of the curricula she examined.

### Learning Resources

Students need to develop a familiarity with the ethics literature, so they can maintain an up-to-date knowledge of current moral and ethical issues in nursing (Cassells & Redman, 1989; Ryden, et al., 1989; Scanlon, 1994b). The resources used to teach nursing ethics content can also serve the student later as resources for dealing with ethical problems. One resource in nursing education is nursing textbooks; however, these may be limited in scope (Killeen, 1986). Other resources include philosophical, bioethical, and nursing ethics textbooks, journal articles, and bibliographies (Applegate, 1985; Pence, 1986; Scanlon, 1994b).

## Summary

From this review of the literature on ethics and how it is incorporated into the nursing curriculum, the variables addressed in this study have been identified. Martin (1931) found three types of curricular designs for teaching professional ethics: a formal course in professional ethics; formal content related to professional ethics in other courses; and incidental content related to professional ethics in all courses.

In 1977, Aroskar found that integrating the teaching of ethics had become the most common curricular design for ethics education in nursing. She identified specific content considered by faculty to be high priority, including professional codes of ethics, ethics theories, values clarification, patient rights, informed consent, and truth telling. Aroskar found none of the nursing faculty of the surveyed programs had formal preparation to teach ethics.

Beardslee (1983) found that the integration of ethics was still the most common curricular design for teaching nursing ethics, although more schools required a separate course in ethics than in Aroskar's study (39% versus 7%). However, the median number of hours of ethics content had decreased, from 25-26 hours to 10-13 hours. The ethics content considered as a high priority was similar to Aroskar's study. More faculty in Beardslee's study had formal preparation to teach ethics (32% versus none), but informal workshops or independent study were the most common form of faculty preparation.

The ideal preparation of faculty to teach ethics is identified as being dual preparation in nursing and ethics, with a primary degree in one area and formal

non-degree preparation in the other. For nursing faculty the formal non-degree preparation is usually continuing education in ethics. Lacking this level of preparation, an alternative approach is team teaching between nursing and philosophy or theology faculty. However, if an integrated curricular design is used, all nursing faculty should have some preparation in ethics.

There are several frameworks for teaching nursing ethics: a general philosophical approach; deontological frameworks such as nursing codes of ethics or bioethics; a caring or relational framework; and moral development frameworks.

College or program goals related to ethics include the moral development of students, understanding of values and development of a personal philosophy, awareness of moral issues, and critical thinking ability. Course objectives specify both content and learning experiences.

Content and learning experiences for ethics education in nursing include ethics theory, nursing codes and standards, patient rights, selected bioethical issues, nursing ethical dilemmas, clarification of personal values, practice with moral reasoning, and opportunities to assume an ethical role such as patient advocate. Learning resources may include textbooks or journal articles and bibliographies. In general, the number of hours of ethics content has been identified as limited (Aroskar, 1977; Beardslee, 1983; Kennedy, 1989).

An important issue in teaching ethics is whether the curriculum should include ethics as a separate course, integrate ethics throughout the curriculum, or do both. There are advantages and disadvantages to requiring a separate course and to integrating ethics into the curriculum. The combination of requiring a separate course and integrating ethics into the rest of the curriculum

may combine both the advantages or the disadvantages of each design. Regardless of which design is used, the advantages may be maximized and the disadvantages minimized by using a planned, systematic process for including ethics in the curriculum.

Sequencing and integration of ethics content with other nursing content are other issues not directly addressed in the nursing literature. The conflicting results from the research comparing different curricular designs for teaching ethics may result from a lack of differentiation among programs on the variables of how the ethics content is sequenced, how it is included in nursing courses, and how it is linked and integrated with the other nursing content.

In order to frame meaningful research questions which clearly distinguish among the various curricular approaches to teaching ethics in nursing, information is needed on: preparation of nursing faculty to teach ethics; ethical frameworks used; goals and objectives for teaching ethics; specific ethics content and learning experiences included in the curriculum; sequencing and integration of content and learning experiences throughout the curriculum; placement of ethics in a separate course, integrated into the curriculum, or both; number of hours of ethics content and learning experiences; and learning resources used. With all this information, it should be possible to identify and classify distinctively different programs.

## **CHAPTER 3**

### **Methodology**

The purpose of this study was to describe the curricular approaches used by baccalaureate nursing programs to teach nursing ethics. In this chapter the design, survey population, instrumentation, procedure, and data analysis are discussed.

#### **Research Design**

This study used a descriptive survey research design to obtain detailed information about the various curricular approaches to teaching ethics in baccalaureate nursing programs. A descriptive survey is an appropriate design to provide a complete description of a concept which has been identified, but is not yet clearly delineated (Brink & Wood, 1989; Kerlinger, 1986; Woods & Catanzaro, 1988). The curricular approach to teaching ethics in nursing has been identified as a powerful factor influencing the ability of graduate nurses to practice nursing ethically. However, the various curricular approaches used to teach ethics have not been described well enough to differentiate among them.

Survey research is an efficient way of gathering data from a large population. A well designed survey is effective in identifying variables in a population, and can provide the data to identify relationships among the variables. In addition, survey research can be easily replicated by other researchers (Babbie, 1990). A mail survey is appropriate for geographically

wide-spread large populations and is relatively efficient in terms of time and money (Babbie, 1990; Dillman, 1978; Fink & Kosecoff, 1985).

A potential disadvantage of survey research is bias due to low response rates, especially with mail surveys. However, this problem can be minimized by using an effective mail survey design (Baker, 1985; Crosby, Ventura, & Feldman, 1989; Dillman, 1978; Fowler, 1988).

### Survey Population

The population surveyed in this study was all the National League for Nursing accredited baccalaureate nursing programs, generic and R.N. completion, in the United States. This population was available as a complete list of 581 programs, published in Nursing & Health Care (Baccalaureate and Master's Degree Programs, 1995).

### Representativeness

Since the total population of accredited baccalaureate nursing programs was surveyed, a return rate of 100% would have resulted in a complete and accurate description of curricular approaches to teaching ethics. However, since the return rate was less than 100%, the survey results are subject to bias. The bias in a mail survey is usually that respondents are more interested, knowledgeable, or concerned about the topic, while non-respondents are less interested, knowledgeable, or concerned (Fowler, 1988). In order to maximize the response rate, a survey procedure with repeated contacts of non-

respondents was utilized (Baker, 1985; Crosby, Ventura, & Feldman, 1989; Dillman, 1978; Fowler, 1988).

The response rate was 65% (375 usable responses of the 581 programs surveyed). This represents 65% of the total population of National League for Nursing accredited baccalaureate nursing programs in the United States, and yields a representative description of this population (Babbie, 1990; Fowler, 1988). In addition, even with a return rate of less than 100%, it was possible to make inferences about the non-respondent population. Early respondents tend to be biased toward being more interested, knowledgeable, or concerned about the topic, and later respondents tend to be more like non-respondents. Thus, by comparing early respondents to those who responded only after follow-up contact, inferences were drawn about the probable characteristics of the non-respondent population (Fowler, 1988).

## Instrumentation

### Questionnaire

The survey questionnaire, titled Ethics in the Curriculum, was researcher-developed to provide the data to answer the research questions (see Appendix A). The questions were based on the review of the literature and examination of previous surveys of curricular approaches to teaching nursing ethics. Some of the questions were adapted from questions used in previous surveys. However, most of the questions were developed to obtain information not sought by other surveys.



Most of the questions were closed response, forced choice questions, asking respondents to circle the answers which best described their programs. Some of the questions asked for numerical or factual data. Some of the forced choice questions provided for an open response in addition to the options supplied. There was one open response question at the end of the questionnaire.

The questionnaire was comprised of 23 questions in six sections, which were ordered to lead from concrete information that all schools should have been able to provide easily (section one: ethics content, number of hours), to more complex questions (sections two and three: how integration of ethics in the curriculum is achieved, faculty preparation to teach ethics), to questions for which schools may not have had answers (section four: use of an ethical framework, objectives for ethics education). The intent was to reduce the risk of respondents deciding the questionnaire was too difficult to answer by starting with readily answered concrete questions.

The first section (questions 1-4) asked about ethics content and learning experiences, when in the curriculum the content and experiences are provided, learning resources used, and the numbers of hours of ethics content in the curriculum. The list of non-lecture learning experiences was based on results obtained in other surveys (Beardslee, 1983; Kennedy, 1989; Obester, 1985).

The second section (questions 5-10) began with a question which sought to identify the placement and integration of ethics content in the curriculum. Additional questions were asked about separate ethics courses: the titles of ethics courses, if the ethics courses are required and when in the program they are offered, what content is covered in the courses, and who teaches the ethics

courses. There were also questions concerning how ethics content is integrated into the curriculum: how ethics content and learning experiences are identified and sequenced and how they are linked to other curriculum content.

The third section of the questionnaire (questions 11-13) asked about the faculty who teach ethics and their preparation. The fourth section (questions 14-18) asked about the ethical framework used, the objectives for ethics education, and the length of time ethics has been included in the curriculum.

The fifth section (four demographic questions) asked about the type and length of the program, the size of the program, the number of faculty, and the type of school. Geographical location was retrieved from the mailing list when each coded questionnaire was returned. The questions about the size and public/private/religious status of the school were based on results of other surveys indicating that these factors affect the amount of ethics in college programs (Rosen & Caplan, 1980).

The sixth section of the questionnaire contained the final open response question, which was intended to elicit any pertinent information which the closed response questions might have missed, or which the respondent felt was necessary to clarify or amplify the responses given. On the last page was a thank you and an offer to send the study results.

### Validity

The validity of a survey questionnaire is related to how accurately the questions asked and the terms used reflect the pertinent concepts as found in established theory and experience. In addition to basing questions on a review

of the literature, the questions can be evaluated by experts in the area being investigated (Babbie, 1990; Fink & Kosecoff, 1985).

The content and face validity of this questionnaire were based on a review of the literature on the teaching of ethics in nursing and non-nursing college education. The concepts and terms used were grounded in theories of education and learning, and of ethics and moral development. During development, the questionnaire was reviewed by experts in nursing education and nursing ethics, and revised as indicated.

### Reliability

The reliability of a survey questionnaire is a reflection of the clarity of the questions asked and the terms used (Babbie, 1990; Fink & Kosecoff, 1985; Fowler, 1988). In order to get consistent responses to a survey questionnaire, the respondents must be able to understand what is being asked without confusion or ambiguity, and the information sought must be information which the respondents can recall or obtain accurately. One way to assure this is to ask the respondent to designate the best person to complete the questionnaire (Fowler, 1988). In addition, pilot testing is recommended to ensure that the questions are clear and pertinent, and that the format of the questionnaire is not confusing (Babbie, 1990; Fink & Kosecoff, 1985; Fowler, 1988).

This questionnaire was reviewed for clarity of wording and format by two experts in nursing education and two experts in ethics. The accompanying letter requested that the questionnaire be completed by a person who was qualified to answer the questions. A pilot test was also done.

### Pilot Study

Prior to beginning the actual survey, the survey procedure, the questionnaire, and the data analysis were pilot tested. The survey was sent to twelve local schools, nine of which responded. A separate page was included in the questionnaire, asking for feedback on the format, clarity and completeness of the questionnaire (see Appendix B).

Based on the results of the pilot survey, minor revisions were made to the questionnaire. The word "baccalaureate" was added to the title of the questionnaire, and throughout the questionnaire itself, to clarify which of the sometimes multiple programs in a school for which the information was being sought. The pilot questionnaire asked for copies of curriculum plans and objectives, but this request was eliminated. Only one of the pilot respondents sent the requested copies, and including this material resulted in a "postage due" return questionnaire. Requesting these copies for all questionnaires would have greatly increased the cost of the study.

The letter accompanying the questionnaire was modified to state that the time needed to complete the questionnaire would be less than an hour, since the respondents in the pilot study indicated that it took approximately one half hour. Also, the phrase "if you have already completed and mailed the questionnaire, thank you, and please ignore this letter" was added to the letter accompanying the follow-up questionnaire. Otherwise, the pilot study yielded the data sought, and the results of the pilot study have been incorporated into the results of the main study.

## Survey Procedure

The procedure that was used for this study was adapted from Dillman's Total Design Method (1978), which is a survey procedure specifically intended to improve response rates. Dillman's method has produced response rates of 80 to 90% in nursing research (Baker, 1985; Crosby, Ventura, & Feldman, 1989).

The semi-structured questionnaire was mailed, with a cover letter, to all of the National League for Nursing accredited baccalaureate nursing programs in the United States. Possible respondents were Deans, Associate or Assistant Deans, Curriculum Coordinators, or Committee Chairs. The cover letter emphasized the importance and value of the study to nursing education and the nursing profession, and the importance of the respondent completing the questionnaire. It contained an assurance of confidentiality and the data needed for informed consent. The letter was individually addressed to the Dean or Director, and suggested that the questionnaire be completed by a person on the faculty whom the Dean or Director felt was qualified to answer the questions. It was personally signed (see Appendix C). The cover letter, the pre-addressed postage paid return envelope, and the questionnaire were mailed with first class postage. The cover envelope was also individually addressed. Each questionnaire was coded to enable identification of returned questionnaires.

The timing of the mailing was late February, after the first rush of the spring term was over, but well before the end of the term (Baker 1985). Two follow-up mailings were done (Dillman, 1978). The first follow-up was two weeks after the first mailing. It was a postcard reminder sent to everyone on the

original mailing list. The postcard contained a friendly reminder about the questionnaire, and a thank you to those who had already returned it (see Appendix D). The second follow-up was sent about six weeks after the first mailing to those who had not yet responded. It contained another cover letter, similar to the first, but more strongly worded as to the importance of the study and the importance of the individual respondent to the study (see Appendix E). This follow-up mailing also contained a replacement questionnaire.

### Data Analysis

The data obtained were analyzed using descriptive statistics with the Statistica/Mac data analysis package. Since most of the data from the questionnaire was categorical, the statistical analysis primarily used descriptive statistical procedures such as tabulations, frequencies, percentages, and ranges. There was some continuous level data, for which mean, median, and mode were computed.

The first research question was: What are the various approaches used by baccalaureate nursing programs to incorporate the teaching of nursing ethics into their curricula? The first variable examined was the preparation of the faculty in ethics (1a). The question on faculty preparation produced categorical data, which were analyzed using tabulation, frequency counts, and percentages. The second variable examined was the use of ethical frameworks (1b). The question on ethical frameworks had yes/no answers, the data from which were analyzed using tabulation, frequency counts, and percentages. The third variable examined was goals and objectives for ethics education (1c). The

questions on goals and objectives had yes/no answers, and those data were analyzed using tabulation, frequency counts, and percentages.

Next, two variables were examined together: content and learning experiences related to ethics and sequencing of ethics content (2a and 2b). The question to identify content and learning experiences had provided/not provided answers, and these data were analyzed using tabulation and frequency counts. This question simultaneously asked about sequencing of content, and those data were also analyzed using tabulation and frequency counts.

The next variable examined was the placement of ethics content into a separate required or elective course; integrated throughout the program; or both separate and integrated (2c). The question on the placement and integration of content in the curriculum produced categorical data, which were analyzed using tabulation, frequency counts, and percentages. The question on ethics courses asked for sequencing information, and those data were analyzed using tabulation and frequency counts. The question on ethics courses also asked for information about whether the courses were required or elective, the content in the courses, and in what department(s) the courses were taught, and produced categorical data which were analyzed using tabulation, frequency counts, and percentages.

The next variables examined were identification of ethics content in nursing courses (2d), integration of ethics content from course to course (2e), and linkage of classroom ethics content with clinical experiences (2f). The questions on how ethics content was identified, integrated, and linked in

nursing courses produced categorical data, which were analyzed using tabulation, frequency counts, and percentages.

The question on the number of hours of ethics content (3a) produced continuous data, which were analyzed using mean and median of hours, with frequency counts and percentages for types of non-lecture experiences. The question on learning resources used for ethics education (3b) provided categorical data, which were analyzed using tabulation, frequency counts, and percentages.

The last variables examined were who teaches ethics and faculty experience with ethics in the curriculum. The question on who teaches ethics (3c) produced categorical data, which were analyzed using tabulation, frequency counts, and percentages. The question on how many years the curriculum had included ethics (3d) produced continuous data, which were analyzed using range and mean.

The second research question was: What associations exist between the variables of: preparation of faculty, ethical framework used, goals and objectives, content and learning experiences, sequencing of ethics content, placement of ethics into separate courses versus integrated throughout the program, identification, integration, and linkage of ethics content across the curriculum, number of hours of ethics content, learning resources used, and demographic variables?

The demographic questions produced some numerical data, which were analyzed using range, mean, median, and mode, and some categorical data, which were analyzed using tabulation, frequency counts, and percentages.



Possible associations between pairs of variables were examined using Pearson's product-moment correlation coefficient ( $r$ ) for the continuous data, and the chi square test ( $\chi^2$ ) for the categorical data. The chi square test uses contingency tables to compare the actual frequencies of distribution of two variables against their expected frequencies, and calculates the statistical significance of the discrepancies. The chi square test is an appropriate tool for identifying possible associations between pairs of categorical variables (Babbie, 1990; Reynolds, 1984).

Bi-variate comparisons were made between faculty preparation to teach ethics and the variables of 1) the use of an ethical framework, 2) goals and objectives for ethics, 3) ethics content and sequencing of the content, 4) placement, identification and integration of ethics content, 5) the number of hours of ethics content, and 6) the use of learning resources. Additional comparisons were made between the use of an ethical framework and the variables of 1) goals and objectives for ethics, 2) ethics content and sequencing of the content, 3) placement, identification and integration of ethics content, 4) the number of hours of ethics content, and 5) the use of learning resources. A third set of comparisons was between goals and objectives for ethics and the variables of 1) ethics content and sequencing of the content, 2) placement, identification and integration of ethics content, 3) the number of hours of ethics content, and 4) the use of learning resources.

Another set of comparisons was between placement, identification and integration of ethics content and the variables of 1) the number of hours of ethics content, and 2) the use of learning resources. A fifth comparison was between the number of hours of ethics content and the use of learning

resources. The last set of comparisons was between the demographic variables of the 1) type college or university in which the nursing program was located and 2) size of the program and each of the other variables.

The resulting associations between variables were analyzed for possible patterns of association. Due to the large number of bi-variate comparisons made, a Bonferonni adjustment for multiple tests was applied, resulting in a  $p = .005$  (K. Morin, personal communication, April 12, 1997). From the associations that were statistically significant at this  $p$  level, a cluster of related variables emerged, which could be differentiated into more structured and less structured curricular approaches to teaching ethics in baccalaureate nursing programs.

Content analysis was used for the responses to the final, open response question, asking for any additional information related to teaching ethics. These responses were examined for common patterns and themes. Similar patterns and themes were clustered, tabulated, and described (Miles & Huberman, 1994).

## CHAPTER 4

### Results

In this chapter the results of the survey of ethics in the baccalaureate curriculum are reported. The survey response rate is evaluated, and the demographic data are reported. Next, the descriptive data related to the research questions are presented. Last, a summary of the qualitative responses to the open-ended question about additional information or concerns is presented.

#### Survey Response Rate

A total of 581 questionnaires were sent to the baccalaureate nursing programs in the United States listed as accredited by National League for Nursing. Two programs which provide a B.S.N. for R.N.'s through the New York State Regents' program were excluded from the results, as they have no curriculum. Two additional programs were dropped because they had closed, leaving a total of 577 programs with a nursing curriculum.

Of these 577 programs, 396 (68.6%) programs replied to the letter and questionnaire. Of those who replied, 21 programs did not complete enough of the questionnaire to yield usable data and were excluded. A total of 375 programs responded with completed questionnaires, resulting in a usable response rate of 64.99%. The description of the population from this survey represents a description of 65% of the total population of accredited baccalaureate nursing programs, since the population surveyed was the total population of accredited baccalaureate nursing programs.

### Demographic Data

Of the responding programs, 24% ( $n = 90$ ) were generic programs, 21.3% ( $n = 80$ ) were RN to BSN programs, and 54.1% ( $n = 203$ ) were combined programs. Sizes of programs, as measured by the number of students in the program, ranged from 20 to 1500 students, with an mean of 250 ( $SD = 189.3$ ), a median of 200, and a mode of 250 students. Of the responding programs, 50% ( $n = 188$ ) were in public colleges and universities, 36% ( $n = 135$ ) were in private religious colleges and universities, and 13.6% ( $n = 51$ ) were in private non-religious colleges and universities. See Table 2 for the geographic distribution of the responding programs.

**Table 2**  
**Geographic Distribution (N = 375)**

Region	No. of Responding Programs	% of Responding Programs	% of All Programs in Each Region
New England	27	7.2	7.3
MidAtlantic	68	18.1	18.0
East North Central	67	17.9	16.8
West North Central	45	12.0	12.7
South Atlantic	49	13.1	13.9
East South Central	31	8.3	8.0
West South Central	39	10.4	10.0
Mountain	19	5.1	4.7
Pacific	26	6.9	7.5
Caribbean	4	1.1	1.4

## Research Questions

The first research question was: What are the various approaches used by baccalaureate nursing programs to incorporate the teaching of nursing ethics into their curricula? This question was answered by examining three elements of the curriculum process: curriculum planning and decision making, designing and structuring the curriculum, and implementing the planned and designed curriculum.

### Variables Related to Curriculum Planning and Decision Making

#### Faculty preparation

The first curriculum planning variable examined was faculty preparation in ethics. Of the faculty who taught ethics ( $N = 2,417$ ), 88.0% ( $n = 2128$ ) reported some form of preparation in ethics. The commonest form of preparation in ethics was continuing education ( $n = 759$ , 31.4%), followed by ethics workshops ( $n = 679$ , 28.1%), college courses ( $n = 641$ , 26.5%), ethics seminars ( $n = 575$ , 23.8%), and faculty inservices ( $n = 465$ , 19.2%). Less than half of the respondents reported having had faculty development programs in ethics in the last ten years ( $n = 156$ , or 41.6%), and for those which did, the number of programs was most often one.

#### Ethical framework

The second curriculum planning variable examined was the use of an ethical framework. Many respondents reported using more than one framework. The ethical framework used by the most respondents (81.9%) was nursing codes of ethics and standards. The other frameworks were used about

equally: a philosophical ethics framework by 36.5% of respondents, a bioethical framework by 35.7%, a caring or relational ethics framework by 39.7%, and a moral development framework by 33.1%. A small percentage of the respondents (13.3%) reported using no ethical framework.

### Goals and objectives

The third curriculum planning variable examined was goals and objectives for ethics education. As shown in Table 3, most respondents had course objectives related to ethics, and more had course objectives than had level or terminal objectives related to ethics.

Table 3

#### Number and Percent of Programs with Terminal, Level, and Course Objectives for Ethics (N = 375)

Objectives	No. of Programs with Objective	% of Programs with Objective
Terminal	285	76.0
Level	277	73.9
Course	345	92.0
Missing Data	3	0.1

### Variables Related to Designing and Structuring the Curriculum

#### Content and learning experiences

The first curriculum design variable examined was content and learning experiences related to ethics (see Table 4). Two content areas were included by nearly all respondents: the nursing code of ethics and standards of practice and patient rights. The other content areas and learning experiences were also included by most respondents.

**Table 4**  
**Number and Percent of Programs Including Specific Content and Learning Experiences Related To Ethics (N = 375)**

<b>Content or Learning Experience</b>	<b>No. of Programs Including</b>	<b>% of Programs Including</b>
Ethics Theory	341	90.9
Moral Principles	359	95.7
Nursing Code of Ethics and Standards of Practice	372	99.2
Patient Rights	371	98.9
<b><u>Ethical Dilemmas</u></b>		
Quality of Life	366	97.6
Right to Die	364	97.1
Procreative Issues	354	94.4
Genetic Counseling and Screening	337	89.9
Human Experimentation	325	86.7
Allocation of Scarce Resources	361	96.3
Values Clarification	351	93.6
Moral Reasoning Skills	362	96.5
Role Taking Experiences	343	91.5

**Sequencing of content and learning experiences**

The second curriculum design variable examined was the sequencing of ethics content and learning experiences. Ethics content and learning experiences were most often provided exclusively at the junior or senior level, and least often exclusively at the freshman or sophomore level. Mixed

placement, or placement at both underclass and upperclass levels, was more common than placement exclusively at the freshman or sophomore level, and less common than placement exclusively at the junior or senior level.

Although very few programs placed ethics content and learning experiences at the freshman or sophomore level, those that were most often placed there were values clarification ( $n = 53$ , 14.1%), ethics theory ( $n = 52$ , 13.9%), patient rights ( $n = 50$ , 13.3%), moral principles ( $n = 41$ , 10.9%), and the nursing code of ethics and standards of practice ( $n = 39$ , 10.4%). The content and learning experiences which were most often placed at both underclass and upperclass levels (mixed placement) were the nursing code of ethics and standards of practice ( $n = 143$ , 38.1%), patient rights ( $n = 140$ , 37.3%), moral reasoning skills ( $n = 124$ , 33.1%), and values clarification ( $n = 111$ , 29.6%). The content and learning experiences that were most often placed at the junior or senior level were allocation of scarce resources ( $n = 296$ , 78.9%), procreative issues ( $n = 291$ , 77.6%), genetic counseling and screening ( $n = 284$ , 75.7%), and human experimentation ( $n = 280$ , 74.7%).

#### Placement of ethics content

The third curriculum design variable examined was whether ethics content was placed in a separate course, integrated throughout the program, or both placed in a separate course and integrated throughout the program. Respondents were divided about equally between having and not having a separate course in ethics; 46.7% ( $n = 175$ ) had a separate ethics course, and 52.3% ( $n = 196$ ) had no separate course. As shown in Table 5, nearly all respondents with a separate ethics course also integrated ethics or discussed it when ethical issues came up in other courses.



**Table 5**  
**Ethics Content: Separate Course, Integrated, or Both (N = 375)**

	No. of Programs	% of Programs within category	% of all Programs
Separate Course only	2	1.1	0.1
Separate Course and Integrated	127	72.6	33.9
Separate Course and Discussed	46	26.3	12.3
No Separate Course, Integrated	169	86.2	45.1
No Separate Course, Discussed	27	13.8	7.2
Missing Data	4		0.1

#### Required and elective ethics courses

Further information obtained about ethics courses included how many courses were offered, whether the courses were required or elective, the sequencing of the courses, and the content in the courses. The data about content in ethics courses were combined with the content and learning experiences data reported above. Of the 198 programs which reported offering separate ethics courses, 75% ( $n = 148$ ) provided only one course. Only two courses were offered by 17% ( $n = 34$ ). Very few programs ( $n = 16$ , 8%) provided three or more ethics courses.

Most of the programs which offered ethics courses required at least one course ( $n = 154$ , 77.8%). About two thirds of the programs offering ethics

courses required only one ethics course ( $n = 127$ , 64.1%), while less than 15% ( $n = 27$ , 13.6%) required two or more ethics courses. Almost one quarter of the programs offering one or more ethics courses offered only elective ethics courses ( $n = 44$ , 22.2%).

The sequencing of ethics courses was also examined. As shown in Table 6, approximately two thirds of the respondents placed ethics courses at the junior or senior level, and less than one third placed them at the freshman or sophomore level.

**Table 6**  
**Placement of Ethics Courses in the Curriculum ( $N = 198$ )**

Course and No. of Programs Providing	Placement	No. Placing at This Level	% Placing at This Level
First Ethics Course – $N = 198$	Fresh/Soph	52	26.3
	Jr/Sr	134	67.7
	Mixed	8	4.0
	Missing Data	4	2.0
Second Ethics Course – $N = 50$	Fresh/Soph	14	28.0
	Jr/Sr	30	60.0
	Mixed	4	8.0
	Missing Data	2	4.0
Third Ethics Course – $N = 16$	Fresh/Soph	3	18.6
	Jr/Sr	10	62.5
	Mixed	2	12.5
	Missing Data	1	6.3

Two respondents provided four ethics courses, and one of those provided a fifth ethics course. In both of these programs the courses were provided at the upperclass level.

#### Identification, integration, and linkage of ethics content

The fourth curriculum design variable examined was how ethics content was identified, integrated, and linked between nursing courses. Specifically examined were the identification of ethics content in nursing courses, the integration of ethics content from course to course, and the linkage of classroom ethics content with clinical experiences.

Slightly less than one third of the respondents ( $n = 115$ , 30.8%) used a curriculum plan or the course syllabi to specify the ethics content for all courses. For 14.9% ( $n = 56$ ) of the respondents, ethics content was freely chosen by the course instructor(s). For over half ( $n = 199$ , 53.1%), the content was specified for some courses and freely chosen in other courses.

One third of the respondents ( $n = 125$ , 33.3%) had a systematic plan for integrating ethics content from course to course. Slightly less than two thirds ( $n = 245$ , 65.3) had no systematic plan.

Very few respondents ( $n = 5$ , 1.3%) reported no linkage between classroom content and clinical experiences related to ethics. Very few reported all planned linkages ( $n = 4$ , 1.1%), some reported only spontaneous linkages ( $n = 71$ , 18.9%), and most reported both planned and spontaneous linkages ( $n = 290$ , 77.3%).

### Variables Related to Implementing the Planned and Designed Curriculum

#### Number of hours of ethics content

The first curriculum implementation variable examined was the number of hours of ethics content. This was examined as lecture hours, non-lecture hours, and total hours of ethics. The range of total hours of ethics content, both lecture and non-lecture, was from 0 to 505 hours, and the average total hours of ethics content provided was 54.9 hours ( $SD = 47.7$ , median 49). As shown in Table 7, most respondents provided lecture hours, and a substantial number of respondents also provided non-lecture hours. The most frequently provided non-lecture experiences were case analysis, clinical conferences, and written assignments.

Table 7  
Number Of Hours Of Ethics Content (N = 375)

Hours of Ethics Content	Average No. of Hours Provided	No. of Programs Providing	% of Programs Providing
Lecture	35.9	353	94.1
Non-Lecture	19.9	321	85.6
Written Assignments	4.2	244	65.1
Clinical Conferences	5.6	246	65.6
Ethical Rounds	0.8	54	14.4
Case Analysis	4.2	253	67.5
Debates	2.1	166	44.3
Role Play	1.2	126	33.6
Simulations	1.5	114	30.4
Missing Data	–	24	6.4

### Learning resources used

The second curriculum implementation variable examined was the learning resources used for ethics education. The most frequently used resource was journal articles ( $n = 344$ , 91.7%), and the next most frequently used was a chapter in a nursing text ( $n = 283$ , 75.5%). Other resources were used by less than 50% of the respondents. Videotapes were not identified as a resource in the questionnaire, but 6.7% ( $n = 25$ ) of the respondents wrote it in.

### Who teaches ethics

The third curriculum implementation variable examined was who teaches the ethics content. This variable was examined by identifying how many of the faculty taught ethics and whether the ethics was taught by nursing faculty or other faculty. The total number of faculty for all responding programs was 8,338, and the total number of faculty teaching ethics was 2,417, with 29.0% of all faculty teaching ethics. In 48.8% of the programs ( $n = 183$ ), ethics was taught exclusively by nurse faculty; in 22.1% of the programs ( $n = 83$ ), the ethics was taught by both nursing and non-nursing faculty (mostly philosophy and theology faculty), and in 5.9% of programs ( $n = 22$ ), ethics was taught exclusively by non-nursing faculty (mostly philosophy and theology faculty). Eighty-nine programs (23.2%) did not report on this variable.

Another source of data about who taught ethics was the information on what departments taught ethics courses. Of the respondents offering ethics courses ( $N = 198$ ), about half ( $n = 98$ , 49.5%) offered courses through the nursing department and half ( $n = 103$ , 52.0%) through the philosophy department. The theology department offered ethics courses for 18.2% ( $n = 36$ )

of the respondents offering ethics courses, and medicine for 2.5% ( $n = 5$ ) of the respondents. Other departments, primarily arts and sciences, offered ethics for 4.6% ( $n = 9$ ) of respondents. Ethics courses were taught jointly between nursing and other departments (most often with philosophy or theology) for 11.1% ( $n = 22$ ) of respondents.

#### Faculty experience with ethics

The fourth curriculum implementation variable examined was faculty experience with ethics in the curriculum. The question about how many years the curriculum had included ethics yielded imprecise data, as many respondents replied “for as long as the program has existed,” or “for as long as I’ve been here,” without specifying how many years that was. For those who reported a number of years, the range was 2 to 85 years, with a mean of 13.8 years ( $SD = 9.0$ ).

#### Summary Of Curriculum Process Variables

Most nursing and non-nursing faculty members who taught ethics reported some form of preparation in ethics, most often continuing education, ethics workshops, or college courses. Less than half of the respondents reported having had recent faculty development programs in ethics. The ethical framework used most often was nursing codes of ethics and standards. The other frameworks were each used about half as often. Most reporting programs had goals and objectives for ethics, although more programs had course objectives than level or terminal objectives.

All of the identified areas of ethics content and learning experiences were included by most of the reporting programs. Half or more of reporting

programs placed all of the content and learning experiences at the junior or senior levels, and most of the rest placed it at both underclass and upperclass levels.

The respondents were divided about equally between having or not having a separate ethics course. A little less than half reported having no separate course and integrating ethics content, and one third reported having a course and also integrating content. Of the respondents who provided separate ethics courses, three quarters reported offering only one course, and two thirds reported requiring only one. Two thirds of the respondents offered the ethics courses only at the junior or senior level. Two thirds of respondents reported having no systematic plan for integrating ethics content from course to course. Half the respondents reported having planned specific content in some courses and allowing instructor free choice of ethics content in other courses. Most respondents reported having both planned and spontaneous linkages between classroom content and clinical experiences.

The average total hours of ethics content provided by respondents was 54.9 hours. Most respondents provided lecture hours, and almost as many provided non-lecture experiences, most often case analysis, clinical conferences, and written assignments. The most commonly reported learning resources used were journal articles and a chapter on ethics in a nursing text. For almost three quarters of the responding programs, nursing faculty taught all or part of the ethics content; however, less than a third of total program faculty taught the ethics content. Ethics courses were taught about equally by nursing faculty and philosophy department faculty.

### Associations

The second research question was: What associations exist between the variables of: preparation of faculty, ethical framework used, goals and objectives, content and learning experiences, sequencing of ethics content, placement of ethics into separate courses versus integrated throughout the program, identification, integration, and linkage of ethics content across the curriculum, number of hours of ethics content, learning resources used, and demographic variables?

This question was answered by performing bi-variate analysis, using chi square ( $\chi^2$ ) and Pearson's product-moment correlation ( $r$ ) coefficient to examine the associations between pairs of variables. All possible pairs of variables were examined, but only those associations which were statistically significant are reported. For significant associations, the nature of the associations were determined by examining the contingency tables.

The first set of associations reported is between the terminal, level, and course objectives for ethics, and the second set is between all the variables related to placement, identification, integration, and linkage of ethics content in the curriculum. Next, the associations between faculty preparation to teach ethics and the other variables are reported. Then, the associations between the use of an ethical framework and other variables are reported.

In addition, associations between terminal, level and course objectives for ethics and other variables are reported. A sixth set of associations reported is between placement, identification and integration of ethics content and other variables. Another set of associations reported is between the number of hours of ethics content and the use of learning resources. Last, the associations



between curriculum process variables and the demographic variables of size of the program and the type college or university in which the nursing program was located are reported.

#### Terminal, level, and course objectives

As shown in Table 8, there were statistically significant  $\chi^2$  associations between the terminal, level, and course objectives for ethics. Programs that had any one type of objective were more likely to have the other types of objectives, and programs lacking in one type of objective were less likely to have either of the other objectives.

Of the three types of objectives, only the statistically significant associations between terminal objectives for ethics and other variables are reported. Nearly all ( $n = 345$ , 92.0%) programs reported having course objectives for ethics; and the  $\chi^2$  associations between level objectives and the other variables were either not statistically significant or similar to the terminal objective  $\chi^2$  associations.

Table 8  
 $\chi^2$  Associations Between Terminal, Level, and Course Objectives

Objectives	Level	Course
Terminal	$\chi^2 = 86.21^*$ $df = 1$	$\chi^2 = 35.87^*$ $df = 1$
Level	—	$\chi^2 = 42.33^*$ $df = 1$

\* $p < .0001$

Placement, identification, and integration of ethics content

As shown in Table 9, there were statistically significant  $\chi^2$  associations between the variables of 1) having a separate ethics course and/or integrating ethics content, 2) identification of ethics content in nursing courses, 3) having a systematic plan for integration of ethics content from course to course, and 4) linkage of classroom ethics content with clinical experiences.

Table 9  
 $\chi^2$  Associations Between Integration Variables

	Identification of Ethics Content	Systematic Plan for Integration	Linkage of Class with Clinical
Separate Course and/or Integration	$\chi^2 = 112.58^*$ $\underline{df} = 12$	$\chi^2 = 112.16^*$ $\underline{df} = 8$	$\chi^2 = 139.59^*$ $\underline{df} = 16$
Identification of Ethics Content	—	$\chi^2 = 117.96^*$ $\underline{df} = 6$	$\chi^2 = 390.50^*$ $\underline{df} = 12$
Systematic Plan for Integration		—	$\chi^2 = 98.59^*$ $\underline{df} = 8$

\* $p < .0001$

Programs which had a systematic plan for integrating content from course to course and having a separate ethics course were more likely to integrate ethics content, specify ethics content in a course syllabus or curriculum plan, and have both planned and spontaneous links between classroom content and clinical experiences. Programs with no systematic plan were more likely to discuss ethical issues only when they came up, ethics content was more likely to be freely chosen by course instructors, and there

were more likely to be only spontaneous links between classroom content and clinical experiences.

There were statistically significant associations between having both planned and spontaneous links between classroom content and clinical experiences and integrating ethics content throughout the curriculum. Programs which had spontaneous links were more likely to discuss ethical issues only when they came up. Programs which had planned links between classroom and clinical were more likely to specify ethics content in a course syllabus or curriculum plan; in programs which had spontaneous links ethics content was more likely to be freely chosen by course instructors; and programs which used both strategies to link classroom and clinical were more likely to use both strategies to identify ethics content. There was also a statistically significant association between how ethics content was specified and having a separate course and/or integrating ethics content throughout the curriculum, but the pattern of the relationship was confusing.

#### Faculty preparation in ethics and other variables

Having had faculty development programs in ethics in the last ten years was significantly associated with using a philosophical or bioethical framework for ethics, terminal objectives for ethics, having a separate ethics course and/or integrating ethics content, having a systematic plan for integration of ethics content from course to course, the use of learning resources, and the number of faculty teaching ethics.

The associations between having had faculty development programs in ethics in the last ten years and using an ethical framework were statistically

significant for a philosophical ethics framework ( $\chi^2 = 6.90$ ,  $df = 1$ ,  $p < .01$ ) and a bioethical framework ( $\chi^2 = 8.42$ ,  $df = 1$ ,  $p < .005$ ). If a program reported having had faculty development programs it was more likely to use one of these ethical frameworks.

The relationship between having had faculty development programs in ethics in the last ten years and terminal objectives for ethics was statistically significant ( $\chi^2 = 17.35$ ,  $df = 1$ ,  $p < .0001$ ). Programs which reported having had faculty development programs were more likely to have terminal objectives.

The relationship between having had faculty development programs in ethics in the last ten years and having a separate ethics course and/or integrating ethics content was statistically significant ( $\chi^2 = 13.74$ ,  $df = 4$ ,  $p < .01$ ). There was an association between having had faculty development programs and having a separate ethics course and integration of ethics content; and not having had faculty development programs and having no separate ethics course.

The relationship between having had faculty development programs in ethics in the last ten years and having a systematic plan for integrating ethics content from course to course was statistically significant ( $\chi^2 = 9.58$ ,  $df = 2$ ,  $p < .01$ ). If a program reported having had faculty development programs it was more likely to have a systematic plan.

Having had faculty development programs in ethics in the last ten years was significantly associated with use of a philosophical ethics text ( $\chi^2 = 8.06$ ,  $df = 1$ ,  $p < .005$ ) and an ethics bibliography ( $\chi^2 = 4.55$ ,  $df = 1$ ,  $p < .05$ ). Use of these resources was associated with having held faculty development programs.

The percentage of the faculty teaching ethics who reported some preparation in ethics was significantly, although weakly, correlated with the percentage of the faculty who taught ethics ( $r = -.31, p < .001$ ). The larger the percentage of the faculty who were formally prepared in ethics, the smaller the percentage who taught ethics, and the smaller the percentage of the faculty who were formally prepared in ethics, the greater the percentage who taught ethics.

#### Use of an ethical framework and other variables

The use of an ethical framework was significantly associated with faculty development programs, terminal objectives for ethics, the identification of ethics content in nursing courses, having a systematic plan for integrating ethics content from course to course, and the use of learning resources. The association between use of an ethical framework and faculty development programs was reported above.

Two ethical frameworks were significantly associated with having terminal objectives for ethics: a philosophical ethics framework ( $\chi^2 = 10.72, df = 1, p < .01$ ), and a moral development framework ( $\chi^2 = 9.72, df = 1, p < .01$ ). In both cases, use of one of the ethical frameworks was associated with having terminal objectives.

There were statistically significant associations between the identification of ethics content in nursing courses and using no defined ethical framework ( $\chi^2 = 13.44, df = 3, p < .005$ ), using a philosophical ethical framework ( $\chi^2 = 14.96, df = 3, p < .005$ ), and using a framework of nursing codes of ethics and standards ( $\chi^2 = 16.06, df = 3, p < .005$ ). In programs which used no defined ethical framework the ethics content was more likely to be freely chosen

by course instructors; and in programs which used a framework of the nursing code of ethics and standards or a philosophical ethical framework, the ethics content was less likely to be freely chosen by course instructors.

There were statistically significant associations between having a systematic plan for integrating ethics content from course to course and using no defined ethical framework ( $\chi^2 = 18.21$ ,  $df = 2$ ,  $p < .001$ ), using a framework of nursing codes of ethics and standards ( $\chi^2 = 13.79$ ,  $df = 2$ ,  $p < .005$ ), using a philosophical ethical framework ( $\chi^2 = 10.09$ ,  $df = 2$ ,  $p < .01$ ), using a bioethical framework ( $\chi^2 = 11.41$ ,  $df = 2$ ,  $p < .005$ ), and using a caring or relational ethical framework ( $\chi^2 = 10.25$ ,  $df = 2$ ,  $p < .01$ ). Programs which used no defined ethical framework were more likely to have no systematic plan, and programs which used one of the above the frameworks were more likely to have a systematic plan.

Three ethical frameworks were significantly associated with the use of specific resources: a philosophical ethics framework, a bioethics framework, and a moral development framework. The philosophical ethics framework was associated with use of a nursing ethics text ( $\chi^2 = 5.38$ ,  $df = 1$ ,  $p < .05$ ), use of an ethics bibliography ( $\chi^2 = 8.83$ ,  $df = 1$ ,  $p < .005$ ), and use of ethics videotapes ( $\chi^2 = 5.95$ ,  $df = 1$ ,  $p < .05$ ). Programs that reported use of a philosophical ethics framework were more likely to use any of these resources. The use of a bioethics framework was associated with the use of a bioethics text ( $\chi^2 = 7.53$ ,  $df = 1$ ,  $p < .01$ ); if a program reported using a bioethics framework it was more likely to use a bioethics text. The use of a moral development framework was associated with the use of ethics videotapes ( $\chi^2 = 4.11$ ,  $df = 1$ ,  $p < .05$ ); if a

program reported using a moral development framework it was more likely to use videotapes.

#### Terminal objectives for ethics and other variables

Having terminal objectives for ethics was significantly associated with the variables of faculty development programs, use of an ethical framework, having a separate ethics course and/or integrating ethics content, having a systematic plan for integration of ethics content, identification of ethics content in nursing courses, and use of learning resources. The associations between terminal objectives and faculty development programs and use of an ethical framework were reported above.

There were statistically significant associations between terminal objectives for ethics and having a separate ethics course and/or integrating ethics content ( $\chi^2 = 15.90$ ,  $df = 4$ ,  $p < .005$ ), having a systematic plan for integration of ethics content ( $\chi^2 = 20.11$ ,  $df = 2$ ,  $p < .0001$ ), and identification of ethics content in nursing courses ( $\chi^2 = 9.15$ ,  $df = 3$ ,  $p < .05$ ). Programs which had terminal objectives for ethics were more likely to have a separate ethics course and integrate ethics content, have a systematic plan for integration of ethics content from course to course, and specify the ethics content in the course syllabus or curriculum plan. If a program reported having no terminal objectives for ethics, ethics issues were more likely to be discussed only when they came up, with or without a separate ethics course, and the program was less likely to have a systematic plan for integration of ethics and more likely to have ethics content freely chosen by course instructors or both freely chosen and specified.

Terminal objectives for ethics were significantly associated with the use of one learning resource, a nursing ethics text ( $\chi^2 = 7.55$ ,  $df = 2$ ,  $p < .05$ ). Having terminal objectives was associated with the use of a nursing ethics text.

#### Placement, identification, and integration of ethics and other variables

The variables of having a separate ethics course and/or integrating ethics content, having a systematic plan for integrating ethics content from course to course, and the identification of ethics content in nursing courses were significantly associated with faculty development programs, use of an ethical framework, terminal objectives for ethics, the total hours of ethics content and to the use of specific resources for ethics education. The associations between having a separate ethics course and/or integrating ethics content, having a systematic plan for integrating ethics content from course to course, or the identification of ethics content in nursing courses, and faculty development programs, the use of an ethical framework, and terminal objectives for ethics were reported above.

The range of total hours of ethics content, both lecture and non-lecture, was from 0 to 505 hours, with a mean of 54.9 hours ( $SD = 47.7$ ). Since only seven programs reported total hours of ethics content greater than 160 hours, these programs have been dropped from the association data as outliers. The association between having a separate ethics course and/or integrating ethics content and total hours of ethics content was statistically significant ( $\chi^2 = 225.63$ ,  $df = 36$ ,  $p < .0001$ ). Programs reporting 40 to 160 hours of ethics content were more likely to have a separate course, and programs reporting 0 to 40 hours were less likely to have a separate course.



Having a separate ethics course and/or integrating ethics content was significantly associated with the use of a philosophical ethics text ( $\chi^2 = 56.67$ ,  $df = 4$ ,  $p < .0001$ ), a bioethics text ( $\chi^2 = 50.56$ ,  $df = 4$ ,  $p < .0001$ ), an ethics bibliography ( $\chi^2 = 15.97$ ,  $df = 4$ ,  $p < .005$ ), and a chapter on ethics in a nursing text ( $\chi^2 = 25.64$ ,  $df = 4$ ,  $p < .0001$ ). Having a separate course was associated with using a philosophical ethics or bioethics text; having a separate course and integrated ethics content was associated with using an ethics bibliography; and having no separate course was associated with using a chapter on ethics in a nursing text.

The identification of ethics content was significantly associated with the use of a bioethics text ( $\chi^2 = 9.46$ ,  $df = 3$ ,  $p < .05$ ), and a chapter on ethics in a nursing text ( $\chi^2 = 24.96$ ,  $df = 3$ ,  $p < .0001$ ). There was an association between the ethics content being freely chosen by course instructors and using a bioethics text; and between the ethics content being both freely chosen and specified by the syllabus or curriculum plan and not using a bioethics text. If a program reported using a chapter on ethics in a nursing text, it was more likely that the ethics content was both freely chosen by course instructors and specified by the syllabus or curriculum plan; if a program reported not using a chapter on ethics in a nursing text, it was more likely that the ethics content was either freely chosen or specified by the syllabus or curriculum plan, but not both.

Having a systematic plan for integration of ethics content from course to course was significantly associated with the use of an ethics bibliography ( $\chi^2 = 15.38$ ,  $df = 2$ ,  $p < .001$ ). If a program reported having a systematic plan, it was more likely to use an ethics bibliography.

The linkage of classroom ethics content with clinical experiences was significantly associated with the use of a chapter on ethics in a nursing text ( $\chi^2 = 17.37$ ,  $df = 4$ ,  $p < .005$ ). Programs which had both planned and spontaneous links were more likely to use a chapter on ethics in a nursing text, while having no links or only spontaneous links was associated with not using a chapter on ethics in a nursing text.

#### Total hours and other variables

Total hours of ethics content were significantly associated with having a separate ethics course and/or integrating ethics content and the use of certain learning resources. The association between hours of ethics content and having a separate ethics course and/or integrating ethics content was reported above.

Total hours of ethics content were significantly associated with the use of the following resources: a philosophical ethics text ( $\chi^2 = 58.34$ ,  $df = 9$ ,  $p < .0001$ ) a bioethics text ( $\chi^2 = 35.21$ ,  $df = 9$ ,  $p < .001$ ), a nursing ethics text ( $\chi^2 = 30.01$ ,  $df = 9$ ,  $p < .05$ ), an ethics bibliography ( $\chi^2 = 24.64$ ,  $df = 9$ ,  $p < .01$ ), a chapter on ethics in a nursing text ( $\chi^2 = 21.93$ ,  $df = 9$ ,  $p < .01$ ), and ethics videotapes ( $\chi^2 = 17.59$ ,  $df = 9$ ,  $p < .05$ ). Having 40 to 160 hours of ethics content was associated with use of a philosophical ethics or bioethics text; 70 to 100 hours was associated with use of a nursing ethics text; 70 to 160 hours was associated with use of an ethics bibliography; 10 to 40 hours was associated with use of a chapter on ethics in a nursing text; and 40 to 70 hours of ethics content was associated with use of ethics videotapes.

### Demographic and other variables

Two demographic variables were significantly associated with other variables: what type of college or university (public, private religious, or private non-religious) the program was in, and the size of the program (as measured by the number of students in the program). The type of college or university was associated with having a separate ethics course and/or integrating ethics content ( $\chi^2 = 36.84$ ,  $df = 8$ ,  $p < .0001$ ). Programs in a public college or university were more likely to have no separate ethics course, programs in a private religious college or university were more likely to have a separate ethics course, and programs in a private non-religious college or university were more likely to have integrated ethics content, with or without a separate course.

The relationship between the type of college or university and the total number of hours of ethics content was statistically significant ( $\chi^2 = 45.65$ ,  $df = 18$ ,  $p < .001$ ). Programs in a public college or university were more likely to have 0 to 40 hours of ethics content, programs in a private religious college or university were more likely to have 40 to 160 hours of ethics content, and programs in a private non-religious college or university were more likely to have 0 to 40 hours of ethics content.

The size of the program, as measured by number of students in the program, was significantly, although weakly, correlated with the percentage of the faculty who taught ethics ( $r = -.32$ ,  $p < .001$ ) and with the total number of hours of ethics content ( $r = .20$ ,  $p < .01$ ). The bigger the school, the smaller the percent of the faculty who taught ethics, the smaller the school, the larger the percent of the faculty who taught ethics; and the bigger the school, the more

hours of ethics were taught, the smaller the school, the fewer were the hours of ethics taught.

### Qualitative Data

Of the 375 completed questionnaires returned, 28 (7.5%) included comments about ethics education in response to the final, open-ended question, which asked for additional information or concerns related to teaching ethics. The comments illustrate the respondents' concerns related to the importance of and need for ethics education, and identify some weaknesses in how ethics is taught.

Most responses emphasized the importance of ethics education in nursing. One respondent commented that "there will only be more and more (ethical) issues for nurses to deal with in the future." Another said that "this is one of the biggest issues facing nursing today. There can't be too much content included." A third identified ethics as essential content for nurses, because it is part of the ANA Standards of Clinical Nursing Practice.

Twelve respondents commented on plans to change or increase how ethics is addressed in their program. Four planned to add a separate ethics course, three of them interdisciplinary in nature; four planned to integrate ethics throughout the curriculum, with one having a designated instructor for all ethics content; three planned unspecified curricular changes, and one planned a campus-wide health sciences ethics, caring, and humanities center.

Five respondents identified the need to have a theoretical basis for discussing ethics. Most addressed the need for students to have a theoretical

base, but one also identified lack of a theoretical basis as a weakness for the faculty teaching ethics. Another respondent commented that the advantage of a separate ethics course is that it allows for the explicit development of the skills of ethical reasoning.

Several respondents identified weaknesses in how ethics was addressed in their curricula. Two said that although ethics was integrated, in reality it was often ignored or pushed aside for other content, and that the time and amount of ethics covered was affected by teacher sensitivity and confidence. Two others commented that many faculty have little background to cover ethics in depth, and another lamented that the faculty do not appreciate the importance of ethics as a priority in nursing. Two respondents commented that the questionnaire had served to highlight the weaknesses of their curricula in this area. One respondent commented bitterly that although state boards of nursing hear many cases of ethical/legal violations by nurses, since the NLN accreditation standards and the NCLEX-RN exam do not explicitly address ethics, the faculty at that program had just voted to drop the required ethics course and replace the hours with more medical-surgical content.

This last respondent also described with concern a faculty misperception that all student nurses were “angels.” Another respondent commented that the teaching of ethics is less significant than the selection of ethical individuals to be nursing students, “as evidenced by major problems with academic and clinical dishonesty in recent years.” A third respondent identified the need for character and virtue ethics in nursing education because students entering nursing today are driven more by economic incentives and less by altruism and humanitarian motives.

These comments reflect the respondents' beliefs about the importance of ethics education, and identify some problems with how it is addressed in nursing curricula. Problems identified include a lack of sound theoretical bases for teaching ethics and a lack of faculty expertise in or valuing of ethics.

### Summary

The population surveyed for this study was the total population of accredited baccalaureate nursing programs, and the results represent a description of 65% of all National League for Nursing accredited baccalaureate nursing programs. About half of the responding programs were combined generic and RN to BSN programs, and the rest were divided about equally between the two types. The average size of responding programs was 250 students, and half were in public colleges or universities. The geographic distribution of the responding programs was similar to the distribution of all programs.

The first research question was answered with descriptive data about curriculum process variables. Most faculty members who taught ethics reported some form of preparation in ethics, but less than half the programs had recent faculty development programs in ethics. The ethical framework most often used was nursing codes of ethics and standards; the other frameworks were used about equally. A small percentage of programs used no ethical framework. Most programs had goals and objectives for ethics.

All of the identified areas of ethics content and learning experiences were included by most programs. More than half of the programs placed the

content and learning experiences at the junior or senior levels, with some placing it at both underclass and upperclass levels. Programs were divided about equally between having or not having a separate ethics course. Most programs that had no separate course integrated ethics content, and a large part of those programs that had a course also integrated content. Of the programs that provided separate ethics courses, most offered only one course, and most ethics courses were offered only at the junior or senior level. Most programs had no systematic plan for integrating ethics content from course to course; many had planned specific content in some courses and allowed instructor free choice of ethics content in other courses. Most programs had both planned and spontaneous linkages between classroom content and clinical experiences.

The average total hours of ethics content provided was 54.9 hours. Most programs provided lecture hours, and almost as many provided non-lecture experiences. The most commonly used learning resources were journal articles and a chapter on ethics in a nursing text. The ethics content was taught by a small proportion of program faculty, but for most programs, the nursing faculty taught all or part of the ethics content, including half the ethics courses.

The second research question was answered by examining associations between pairs of variables. There were statistically significant associations between having faculty development programs in the last ten years and using either a philosophical ethics or a bioethical framework, having terminal objectives for ethics, having a separate ethics course and also integrating content, having a systematic plan for integrating ethics content from course to course, and use of a philosophical ethics text or an ethics bibliography.

Use of each of the ethical frameworks was significantly associated with several other variables. Use of a philosophical ethics framework was associated with having terminal objectives for ethics, specifying the ethics content in at least some nursing courses, having a systematic plan for integrating ethics content from course to course, and use of a nursing ethics text, an ethics bibliography, or ethics videotape. Use of a nursing code of ethics and standards framework was associated with specifying the ethics content in at least some nursing courses and having a systematic plan for integrating ethics content from course to course. Use of a bioethical framework was associated with use of a bioethical text. Use of a caring or relational framework was associated with having a systematic plan for integrating ethics content from course to course. Use of a moral development framework was associated with having terminal objective for ethics and use of ethics videotapes. Having no ethical framework was significantly associated with ethics content being freely chosen by course instructors and having no systematic plan for integrating ethics content from course to course.

Having terminal objectives was significantly associated with having a separate ethics course and also integrating ethics content, having a systematic plan for integration of ethics content from course to course, and specifying the ethics content in a course syllabus or curriculum plan. Terminal objectives were also significantly associated with use of a nursing ethics text.

Having a separate ethics course was significantly associated with having more than 40 total hours of ethics content and with using a philosophical ethics or bioethics text; having a separate course and integrated ethics content was associated with using an ethics bibliography; and having no separate course



was associated with using a chapter on ethics in a nursing text. A systematic plan for integrating ethics content from course to course was significantly associated with using an ethics bibliography . Having more than 70 total hours of ethics content was significantly associated with using a philosophical ethics, bioethics, or nursing ethics text, or an ethics bibliography.

The last data reported were the qualitative data from the final open ended question. The responses to this question reflect respondents' beliefs about the importance of ethics education and identify some problems with how ethics is addressed in nursing curricula.

## CHAPTER 5

### Discussion, Conclusion, Limitations, and Recommendations

After a brief summary of the study, this chapter presents the survey results and a conclusion. The limitations of the study and recommendations for further research are then discussed.

#### Summary of the Study

The purpose of this study was to survey baccalaureate nursing programs to analyze curricular approaches to teach nursing ethics. A questionnaire concerning ethics in the baccalaureate curriculum was researcher-developed and pilot tested. The questionnaire contained questions about content and learning experiences for ethics, sequencing of content, learning resources used, hours of lecture and non-lecture experiences related to ethics, placement of ethics into a separate course and/or integrated across the curriculum, and the identification, and integration and linkage of ethics content throughout the curriculum. Other questions addressed the preparation and experience of the faculty who taught ethics, what ethical frameworks were used, and goals and objectives related to ethics. Demographic information was also sought.

The questionnaire was mailed to all National League for Nursing accredited baccalaureate nursing programs, using Dillman's Total Design Method for mail surveys (Dillman, 1978). The results were analyzed using descriptive statistics. Associations between each of the variables and the demographic data were examined. Content analysis was used to evaluate the

responses to the open-ended question about additional information or concerns.

## Discussion

The discussion of the study presents the findings within the framework of the steps of the curriculum process. The implications of the findings related to the curriculum process are discussed.

The theoretical framework used for this study was Beauchamp's curriculum process (1981). The first three steps of Beauchamp's four-step process, curriculum planning and decision making, designing and structuring the curriculum, and implementing the planned and designed curriculum, serve as an organizing structure for examining variables related to curricular approaches to teaching ethics. The results of the survey are discussed in the context of these steps of the curriculum process.

### Curriculum Planning and Decision Making

The curriculum planning process was examined using the variables of faculty knowledge of ethics, use of an ethical framework, and goals and objectives for ethics. Faculty knowledge of and experience with ethics impacts on their willingness and commitment to include ethics in the curriculum. The results of this study indicate that faculty knowledge of ethics is inconsistent, and that not all faculty were involved in the teaching of ethics.

Although most of the faculty who taught ethics reported having some form of preparation in ethics, less than a third of all faculty taught ethics. Less than

half of the respondents reported having had faculty development programs in ethics in the last ten years, and for those which did, the number of programs was most often one.

Most programs did use some ethical framework for teaching ethics, but most used more than one framework. One possible explanation for the use of multiple frameworks is that individual course faculty choose different frameworks for different courses. This may represent diverse perspectives of faculty, but also may indicate that program faculty have not identified a common ethical framework for the curriculum.

More programs had course objectives related to ethics than had level or terminal objectives. However, in most programs not all nursing courses had course objective related to ethics. Three quarters of programs did have terminal objectives, indicating that the faculty valued the concept of including ethics in the curriculum, even if that commitment did not extend to all courses.

### Designing and Structuring the Curriculum

Curriculum design and structure were examined using the variables of content and learning experiences, sequencing of content and learning experiences, placement of ethics into a separate course and/or integrating it, and identification, integration, and linkage of ethics content across the curriculum. The results of this study indicate that most of the identified areas of ethics content are included in most nursing curricula, but that there is little attempt to structure or sequence the content. Most programs state that they integrate ethics content, with or without a separate ethics course, but most programs have no systematic plan for integrating the content. It appears that

although ethics content is included in the curriculum, it is at risk of being scattered and unstructured.

Patient rights and the nursing code of ethics and standards of practice were content areas included by nearly all programs. Most programs included ethics theory, moral principles, values clarification, moral reasoning skills, role taking experiences, and ethical dilemmas related to the quality of life, the right to die, procreative issues, and the allocation of scarce resources. Even those topics which were included by fewer programs, the ethical dilemmas related to human experimentation and to genetic screening and counseling, were included by many programs. Many of these issues represent current ethical challenges arising out of recent social and technological changes in health care, particularly the quality of life, the right to die, and the allocation of scarce resources.

There was little evidence that ethics content and learning experiences were sequenced. All content and experiences were most often placed at the junior or senior levels. This may reflect the fact that in many programs the nursing courses are more often placed in the upper division, after most of the general college courses have been completed. The content and experiences which were placed at the freshman or sophomore levels by more than 10% of programs were the nursing code of ethics and standards of practice, moral principles, patient rights, ethics theory, and values clarification. It is likely that these topics and experiences are seen as basic and fundamental to the study of ethics in nursing. However, the nursing code of ethics and standards of practice, patient rights, and values clarification were also placed at all levels by 30-40% of the programs, which indicates that these topics are visited and

revisited at every level. Four topics were placed at the junior or senior levels by more than 75% of the programs: allocation of scarce resources, procreative issues, genetic counseling and screening, and human experimentation. This may reflect the common placement of nursing management, obstetric nursing, and nursing research in the upper division.

Programs were divided about equally between the curricular designs of having a separate ethics course and not having a separate course. Of the programs that offered ethics courses, less than a third presented the course at the freshman or sophomore levels, which would provide a grounding of ethics prior to teaching the nursing courses. Most programs did state that they integrated ethics content, with or without a separate course in ethics. However, one of the respondents to the open-ended question pointed out a problem also identified in the literature, that although ethics may be integrated, it is easily ignored or pushed aside for other content.

One reason that integrated content may at risk for being pushed aside is that the integration of the content is often unstructured and left to the discretion of individual course instructors. A little less than a third of programs specified course content in ethics by a curriculum plan or in the course syllabus, and about half combined specifying content with allowing the course instructors free choice. However, since only a third of the programs had a curriculum plan for integrating ethics content across the curriculum, many of the programs must have specified the content only in the course syllabus. Without a systematic plan, there is a risk of content being lost or duplicated. Linkage of ethics content between the classroom and clinical experiences was more structured; few

programs reported that the linkages were only spontaneous, and the rest reported both planned and spontaneous linkages.

### Implementing the Planned and Designed Curriculum

Curriculum implementation was examined using the variables of number of hours of ethics content, learning resources used, who teaches ethics, and faculty experience with ethics in the curriculum. The number of hours of ethics content reported supports the finding that most areas of ethical content are included in the curriculum. However, the lack of use of ethics texts as a learning resource is consistent with the finding that the ethics content is scattered and unstructured. Most of the ethics content is being taught by nursing faculty, with the effect that ethics is being taught by faculty who have knowledge of ethical issues in nursing. However, most of the nursing faculty do not participate in teaching ethics, which makes it difficult to systematically reinforce and integrate ethics content throughout the curriculum.

The average number of total hours of ethics content reported (54.9) is more substantial than the 11.5 hours previously reported in the literature (Beardslee, 1983). Having more than 40 hours of total ethics content was associated with having a separate course in ethics, which probably represented the bulk of those hours. However, the total number of non-lecture hours (19.9), which are also likely to have been included in nursing courses, was also substantial.

The most commonly used learning resources for ethics education were journal articles and a chapter in a nursing text. Much less often used were ethics bibliographies and texts of philosophical ethics, bioethics, or nursing

ethics. This may reflect, in part, the ready availability to the students of journal articles and nursing texts, and the reluctance of faculty to require students to purchase additional (and expensive) textbooks.

Nursing faculty took all or most of the responsibility for teaching ethics to their students. In almost two-thirds of programs, ethics was taught exclusively by nursing faculty, and in nearly one third more, ethics was taught by both nursing and non-nursing faculty. However, not all faculty participated in teaching ethics; on average, a little more than a quarter of the faculty in a program taught ethics. The percentage of the faculty who taught ethics tended to be larger in smaller schools and smaller in larger schools. This may reflect the necessity in a smaller school for all faculty to teach something of everything.

Although the question about how many years the curriculum had included ethics yielded imprecise data, the answers tended to indicate that most programs had included ethics in the curriculum for a long time. Since the question was intended to examine the faculty's experience with ethics in the curriculum, these answers are interpreted to indicate that faculty did have some experience with ethics in the curriculum.

#### Implications Of The Findings Related To The Curriculum Process

Based on the finding that three-quarters of programs had terminal objectives related to ethics, it would appear that teaching ethics is valued in principle by most programs. However, the actual structuring and implementation to include ethics in the curriculum does not reflect as deep a commitment to teaching ethics as the use of terminal objectives would imply. The relatively high number of hours of content, and the inclusion of all the



identified content topics and learning experiences by nearly all programs, indicate that attempts are being made to provide ethics education. However, the lack of systematic plans for integrating ethics across the curriculum, and the lack of evidence for planned sequencing of content, suggest that these attempts are not yet fully realized.

### Conclusion: Profiles of Curricular Approaches

From the analysis of the statistically significant associations between the variables in this survey (with a Bonferonni adjusted  $p = .005$ ), a cluster of related variables was identified. It was possible to differentiate this cluster of variables into two profiles of curricular approaches to teaching ethics: one more structured and one less structured.

The variables which form the more structured profile are as follows: having had faculty development programs in ethics within the last ten years; using an ethical framework, either philosophical ethics, nursing codes of ethics and standards, or bioethics; having terminal objectives related to ethics; having a separate ethics course and also integrating ethics throughout the program; and having a systematic plan for integrating ethics content from course to course. As part of the systematic plan, the ethics content is specified by course syllabi and/or the curriculum plan, and there are planned links between classroom ethics content and clinical experiences. In addition, there are 40 or more total hours of ethics content, both lecture and non-lecture, and one or more of these learning resources is used: a philosophical ethics text, a bioethics text, or an ethics bibliography.

The variables which form the less structured profile are as follows: having had no faculty development programs in ethics within the last ten years; using no ethical framework; not having terminal objectives related to ethics; having no separate ethics course and/or discussing ethical issues only when they come up; and having no systematic plan for integrating ethics content from course to course. As a consequence of having no systematic plan, the ethics content is freely chosen by the instructors, and there are no or only spontaneous links between classroom ethics content and clinical experiences. There are less than 40 total hours of ethics content. Chapters on ethics in nursing textbooks are commonly used as learning resources, but other resources are not used.

These two profiles of curricular approaches to teaching nursing ethics are distinctly different in the amount of structure and integration provided for ethics education. Curriculum planning, curriculum design and structure, and implementation of the curriculum are approached very differently in each profile. These more structured and less structured approaches have the potential for producing distinctly different effects on the ability of graduates to apply ethics to the practice of professional nursing.

### Limitations of This Study

#### Response Rate

The method used for this mail survey was adapted from Dillman's Total Design Method (1978). This method uses successive follow-up mailings to improve response rates. Of the 577 questionnaires sent to programs which had

nursing curricula and which were still open, 396 (68.6%) programs replied to the letter and questionnaire. Of those who replied, 21 programs did not complete the questionnaire. A total of 375 programs responded with completed questionnaires, resulting in a usable response rate of 64.99%. Of the 375 programs which returned completed questionnaires, 204 (54.4%) were returned within three weeks of the initial mailing; 79 (21.1%) were returned three to seven weeks after the initial mailing, but before the second mailing; and 92 (24.5%) were returned after the second mailing.

With this response rate of 65%, there is a slight possibility for bias in this description of the population, because the non-respondent programs may be different from the respondent programs described. However, since the population surveyed was the total population of accredited baccalaureate nursing programs, it is not necessary to generalize from a sample to the total population, and the description of the population from this survey is more representative than a description based on a sample would have been. The results of this survey represent a description of 65% of the total population of accredited baccalaureate nursing programs.

In addition, the analysis of the descriptive data on the late respondents indicates that for the cluster of significantly associated variables, the late respondents are either similar to the total respondents, or more closely resemble the less structured curricular approaches profile. Since non-respondents tend to be like late respondents (Fowler, 1988), it can be inferred that the non-respondents are also similar to the total respondents or closely resemble the less structured curricular approaches profile.

### Survey Tool

One limitation on this study is that some of the information sought was not adequately elicited by the survey tool. For example, there was little evidence of sequencing of ethics content and learning experiences in the data received. This may have been because asking in which year the content or ethics course was provided did not provide enough discrimination. Also, analysis of the associations between the variables related to identification and integration of ethics content in nursing courses and clinical experiences resulted in confusing data. It may be that only an inspection of curriculum plans and course syllabi, which was not feasible with this large survey population, will yield this information.

For the two questions about separate ethics courses, the number of respondents reporting having an ethics course was different. For the question about having a separate course versus integrating ethics content, 175 respondents reported a separate course, and for the question of whether ethics courses were required or elective, 154 reported a required course and 44 reported only elective courses, for a total of 198. One difficulty was that not all respondents replied to the questions asking for more information about ethics courses. It may be that some of the respondents to the first question who did have a required ethics course did not provide the additional information requested in the later questions.

The question about how many years the curriculum had included ethics yielded imprecise data, as many respondents replied "for as long as the program has existed," or "for as long as I've been here," without specifying how many years that was. Since the intent of the question was to measure the

faculty experience with teaching ethics, these responses were interpreted as indicating that the faculty had experience with teaching ethics.

Despite these limitations, this survey did produce an extensive description of curricular approaches to teaching nursing ethics, and identified a cluster of significantly associated variables which form two distinctly different profiles of more and less structured curricular approaches.

### **Recommendations**

The results of this study have provided a detailed description of curricular approaches of teaching ethics in nursing. The findings indicate that although teaching ethics is valued in principle by most programs, the actual structuring and implementation of the curriculum related to ethics does not reflect a deep commitment to teaching ethics. Attempts are being made to provide ethics education, but the lack of systematic plans for integrating ethics across the curriculum indicate that these attempts are not fully realized.

### **Future Curriculum Planning**

The results of this study represent a baseline description of current curricular approaches to teaching ethics, and can provide a sound foundation for future curricular planning of ethics education in both undergraduate and graduate nursing education. For undergraduate programs, this analysis can serve as a starting place for evaluating current curricular approaches for ethics education. For graduate education, this description can provide information about what ethics education background can be expected from students

entering graduate programs, and what kind of graduate education in ethics will be needed.

### Follow-up Studies

Previous research studies evaluating the effectiveness of various curricular approaches to teaching nursing ethics have produced conflicting conclusions (Bell, 1984; Gaul, 1987; Haywood, 1989; Kellmer, 1984; Kennedy, 1989; Krawczyk, 1982). Examination of these studies revealed inadequacies in the descriptions of how ethics is incorporated into nursing programs, making it difficult to clearly differentiate among the various approaches studied. Using the results of this study, it is now possible to identify and classify distinctly different curricular approaches, and to design research studies to evaluate the effectiveness of the different approaches. Programs which fit the more structured profile should be compared to programs which fit the less structured profile to determine if the different approaches actually affect the ability of graduates to practice nursing as ethical professionals.

A further analysis of the data from this study should be performed to identify how many programs fit the more structured and less structured curricular profiles. Furthermore, this study should be replicated in another five to ten years, since the curricular approaches to teaching ethics in nursing are changing constantly.

## Summary

This study surveyed baccalaureate nursing programs to describe curricular approaches to teach nursing ethics. Curriculum planning and decision making were examined using data on faculty preparation in ethics, use of an ethical framework, and goals and objectives for ethics. Curriculum design and structure was examined using data on content and learning experiences, sequencing of content and learning experiences, placement of ethics in a separate course and/or integrating it, and the identification, integration and linkage of ethics content across the curriculum. Curriculum implementation was examined using data on the number of hours of ethics content, the learning resources used, who teaches ethics, and faculty experience with ethics in the curriculum.

Associations were examined between each of the variables and the demographic data. From these associations, a cluster of significantly associated variables was identified which differentiates more structured from less structured curricular approaches to teaching ethics in baccalaureate nursing programs. The more structured profile includes: having had faculty development programs in ethics within the last ten years, use of an ethical framework, having terminal objectives related to ethics, having a separate ethics course and also integrating ethics throughout the program, and having a systematic plan for integrating ethics content from course to course. In addition, there are 40 or more total hours of ethics content, and one or more of these learning resources is used: a philosophical ethics text, a bioethics text, or an ethics bibliography. The less structured profile includes: having had no faculty

development programs in ethics within the last ten years; using no ethical framework; not having terminal objectives related to ethics; having no separate ethics course and/or discussing ethical issues only when they come up; and having no systematic plan for integrating ethics content from course to course. There are less than 40 total hours of ethics content, and chapters on ethics in nursing textbooks are commonly used as learning resources.

It was recommended that this description of existing curricular approaches to teaching nursing ethics be used for future curriculum planning of ethics education in both undergraduate and graduate nursing education. Follow-up studies were recommended to compare programs fitting the more and less structured curricular profiles and to evaluate how effective each approach is in preparing students to practice nursing ethically. Additionally, follow-up studies were recommended to identify how many programs fit the two profiles, and to replicate this study in the future to identify future changes in curricular approaches to teaching ethics in nursing.



## REFERENCES

- Agrafiotis, P. (1987). An analysis of the curriculum of moral education of baccalaureate nursing students in New England (Doctoral dissertation, Boston College, 1987). Dissertation Abstracts International, 49, 360B.
- American Association of Colleges of Nursing. (1986). Essentials of college and university education for professional nursing. Washington, DC: Author.
- American Hospital Association. (1972). A patient's bill of rights. Chicago: Author.
- American Nurses' Association. (1980). Nursing: A social policy statement. Kansas City, MO: Author.
- American Nurses' Association. (1985). Code for nurses with interpretive statements. Kansas City, MO: Author.
- American Nurses' Association. (1991). Standards of clinical nursing practice. Kansas City, MO: Author.
- Applegate, M. (1985). Teaching ethics in the nursing curriculum. In Perspectives in nursing – 1985-1987 (pp. 154-161). New York: National League for Nursing.
- Aroskar, M. (1977). Ethics in the nursing curriculum. Nursing Outlook, 25, 260-264.
- Aroskar, M. (1980). Arguments for ethics in the nursing curriculum. In Ethics in nursing practice and education (pp. 31-38). Kansas City, MO: American Nurses' Association.
- Aroskar, M. (1993a). Incompetent, unethical, or illegal practice--Teaching students to cope. Journal of Professional Nursing, 9, 130.
- Aroskar, M. (1993b). Whither ethics in nursing curricula?. Journal of Professional Nursing, 9, 6.
- Babbie, E. (1990). Survey research methods. Belmont, CA: Wadsworth.
- Baccalaureate and master's degree programs in nursing accredited by the NLN 1995-96. (1995). Nursing and Health Care, 16, 239-246.
- Baker, C. (1985). Maximizing mailed questionnaire responses. Image, 17, 118-121.

- Bandman, E., & Bandman, B. (1990). Nursing ethics through the life span. Norwalk, CT: Appleton & Lange.
- Barry, V. (1982). Moral aspects of health care. Belmont, CA: Wadsworth.
- Beardslee, N. (1983). Survey of teaching ethics in nursing programs and the investigation of the relationship between the extent of ethics content and moral reasoning levels (Doctoral dissertation, University of Northern Colorado, 1983). Dissertation Abstracts International, 44, 2380B.
- Beauchamp, G. A. (1981). Curriculum theory (4th ed.). Itasca, IL: Peacock.
- Beauchamp, T. (1991). Philosophical ethics (2nd ed.). New York: McGraw-Hill.
- Becker, P. (1991). Perspectives of ethical care: A grounded theory approach (Doctoral dissertation, Columbia University Teachers College, 1991). Dissertation Abstracts International, 52, 1346B.
- Belenky, M., Clinchy, B., Goldberger, N., & Tarule, J. (1986). Women's ways of knowing. New York: Basic Books.
- Bell, S. (1984). Effect of a biomedical ethics course on senior nursing students' level of moral development (Doctoral dissertation, West Virginia University, 1984). Dissertation Abstracts International, 45, 3205B.
- Benner, P., & Wrubel, J. (1989). The primacy of caring. Menlo Park, CA: Addison-Wesley.
- Benoliel, J. (1983). Ethics in nursing practice and education. Nursing Outlook, 31, 210-215.
- Billings, J. (1996). A review of physician-assisted suicide: Where do you stand? Journal of Holistic Nursing, 14, 206-222.
- Brink, P., & Wood, M. (1989). Advanced design in nursing research. Newbury Park, CA: Sage.
- Brown, P. (Ed.). (1982). Teaching about values and ethics. Forum for Liberal Education, 4 (3).
- Cady, P. (1991). An analysis of moral judgement in registered nurses: Principled reasoning versus caring values (Doctoral dissertation, Boston College, 1991). Dissertation Abstracts International, 52, 2497B.

- Carr, D. (1990). Responsibility in professional life. Washington, DC: American Association of State Colleges and Universities; St. Cloud, MN: St. Cloud State University. (ERIC Document Reproduction Service No. ED 316 136)
- Cassells, J., & Redman, B. (1989). Preparing students to be moral agents in clinical nursing practice. Nursing Clinics of North America, 24, 463-473.
- Cassells, J., Redman, B., & Jackson, S. (1986). Generic baccalaureate nursing student satisfaction regarding professional and personal development prior to graduation and one year post graduation. Journal of Professional Nursing, 2, 114-127.
- Chally, P. (1992). Moral decision making in neonatal intensive care. Journal of Obstetrical, Gynecological, and Neonatal Nursing, 21, 475-482.
- Clouser, K. (1980). The teaching of ethics IV: Teaching bioethics: Strategies, problems, and resources. Hastings-on-Hudson, NY: The Hastings Center.
- Combs, E. (1996). Home health, AIDS, and refusal to care. Home Healthcare Nurse, 14, 188-194.
- Copp, L. A. (1996). Ethics most relevant. Journal of Professional Nursing, 11, 257-258.
- Crisham, P. (1986). Ethics, economics, and quality. Journal of Nursing Quality Assurance, 1(1), 26-35.
- Crosby, F., Ventura, M., & Feldman, M. (1989). Examination of a survey methodology: Dillman's total design method. Nursing Research, 38, 56-58.
- Crowley, M. (1994). Relevance of Nodding's ethic of care to the moral education of nurses. Journal of Nursing Education, 33, 74-80.
- Curtin, L. (1986). The nurse as advocate: A philosophical foundation for nursing. In P. Chinn (Ed.), Ethical issues in nursing (pp. 11-20). Rockville, MD: Aspen.
- Curtin, L. (1990). The commitment of nursing. In T. Pence & J. Cantrall, Ethics in nursing (pp. 283-286). New York: National League for Nursing.
- Davis, A., & Aroskar, M. (1991). Ethical dilemmas and nursing practice. Norwalk, CT: Appleton & Lange.
- Day, L. (1996). Ethics and the law. Journal of Neuroscience Nursing, 28, 199-203.

- Dillman, D. (1978). Mail and telephone surveys: The total design method. New York: Wiley.
- Dolan, J., Fitzpatrick, M. L., & Herrmann, E. (1983). Nursing in society: A historical perspective (15th ed.). Philadelphia: Saunders.
- Douglas, J. (1985). Ethical content in baccalaureate nursing curricula (Doctoral dissertation, University of Alabama at Birmingham, 1985). Dissertation Abstracts International, 46, 2621B.
- Du Plessis, P. G. (1981/1984) A conceptual framework for planning the curricula in occupational higher education with reference to technikons. Dissertation Abstracts International, 44, 2340A.
- Elfrink, V. (1989). A description of values education practices among baccalaureate nurse educators in the United States [Abstract]. Proceedings of the Seventh Annual Research in Nursing Education Conference, 7, 30.
- Elfrink, V., & Lutz, E. (1993). Faculty development in values: Need and strategy. Nurse Educator, 18(2), 4-5.
- Erlen, J. (1996). Ethical issues and the new staff mix. Orthopaedic Nursing, 15(2), 73-77.
- Felton, G., & Parsons, M. (1987). The impact of nursing education on ethical/moral decision making. Journal of Nursing Education, 26, 7-11.
- Fink, A., & Kosecoff, J. (1985). How to conduct surveys. Newbury Park, CA: Sage.
- Fowler, F. (1988). Survey research methods. Newbury Park, CA: Sage.
- Frankena, W. (1973). Ethics. Englewood Cliffs, NJ: Prentice-Hall.
- Frisch, N. (1987). Value analysis: A method for teaching nursing ethics and promoting the moral development of students. Journal of Nursing Education, 26, 328-332.
- Fry, S. (1986). Ethical inquiry in nursing: The definition and method of biomedical ethics. Perioperative Nursing Quarterly, 2 (2), 1-8.
- Fry, S. (1989a). Teaching ethics in nursing curricula: Traditional and contemporary models. Nursing Clinics of North America, 24, 485-497.
- Fry, S. (1989b). Toward a theory of ethics. Advances in Nursing Science, 11(4), 9-22.

- Gaul, A. (1987). The effect of a course in nursing ethics on the relationship between ethical choice and ethical action in baccalaureate nursing students. Journal of Nursing Education, 26, 113-117.
- Gaul, A. (1989). Ethics content in baccalaureate degree curricula. Nursing Clinics of North America, 24, 475-483.
- Gilbert, C. (1982). The what and how of ethics education. Topics in Clinical Nursing, 4 (1), 49-56.
- Gilligan, C. (1982). In a different voice. Cambridge, MA: Harvard University Press.
- Gilligan, C., & Attanucci, J. (1988). Two moral orientations. In C. Gilligan, J. Ward, & J. Taylor (Eds.), Mapping the moral domain (pp. 74-86). Cambridge, MA: Harvard University Press.
- Gravatt, R. (1988). The ideal versus the real: A case study of curriculum engineering (Doctoral Dissertation, University of Virginia, 1987). Dissertation Abstracts International, 48, 3040A.
- Haywood, J. (1989). The relationship of moral development stages to ethics content in nursing curricula (Doctoral dissertation, Peabody College for Teachers of Vanderbilt University, 1989). Dissertation Abstracts International, 51, 1744B.
- Health care rationing tops list of pressing ethical issues. (1994). American Nurse, 26 (3), 11.
- Helsel, S. K. (1988). A set of criteria derived from curriculum theory to assist in the planning, use and evaluation of educational interactive videodisc. Dissertation Abstracts International, 49, 1046A.
- Hilliard, M. (1986). The identification of nursing ethics content and teaching strategies for baccalaureate nursing curriculum through Policy Delphi (Doctoral dissertation, University of Connecticut, 1986). Dissertation Abstracts International, 48, 52A.
- Ivy, S. (1996). Ethical considerations in resuscitation decisions: A nursing ethics perspective. Journal of Cardiovascular Nursing, 10(4), 47-58.
- Jameton, A. (1984). Nursing practice: The ethical issues. Englewood Cliffs, NJ: Prentice-Hall.
- Jennings, B., Callahan, D., & Wolf, S. (1987). The professions: Public interest and common good [Special supplement]. Hastings Center Report, 17(1), 3-10.

- Johnson, M. (1988). Definitions and models in curriculum theory. In J. Gress and D. Purpel (Eds.), Curriculum: An introduction to the field (pp.568-585). Berkeley, CA: McCutchan.
- Kellmer, D. (1984). The teaching of ethical decision making in schools of nursing: Variables and strategies (Doctoral dissertation, Gonzaga University, 1984). Dissertation Abstracts International, 45, 1732B.
- Kelly, L. (1991). Dimensions of professional nursing (6th ed.). New York: Pergamon.
- Kennedy, P. (1989). Curricular approaches to ethical instruction and the development of moral reasoning in baccalaureate nursing students (Doctoral dissertation, The Catholic University of America, 1989). Dissertation Abstracts International, 50, 2370A.
- Kerlinger, F. (1986). Foundations of behavioral research. New York: Holt, Rinehart and Winston.
- Ketefian, S. (1986). Education for ethical decision making. In Patterns in specialization: Challenge to the curriculum (pp. 135-146). New York: National League for Nursing.
- Killeen, M. (1986). Nursing fundamentals texts: Where's the ethics? Journal of Nursing Education, 25, 334-340.
- Kipnis, K. (1987). How to discuss professional ethics. Young Children, 42(4), 26-30.
- Kohlberg, L. (1964). Development of moral character and ideology. In L. Hoffman (Ed.), Review of child development research (Vol. 1). New York: Russell Sage Foundation.
- Kohlberg, L. (1976). Moral stages and moralization. In T. Lickona (Ed.), Moral development and behavior (pp. 31-55). New York: Holt, Rinehart and Winston.
- Kohlberg, L. (1978). The cognitive-developmental approach to moral education. In P. Scharf (Ed.), Readings in moral education (pp. 36-51). Oak Grove, MN: Winston Press.
- Kohlberg, L. (1984). The psychology of moral development. San Francisco: Harper & Row.
- Kowalski, S. (1996). Assisted suicide: Is there a future? Ethical and nursing considerations. Critical Care Quarterly, 19(1), 45-54.

- Krawczyk, R. (1982). Moral judgment level of nursing students in three different programs (Doctoral dissertation, Boston College, 1982). Dissertation Abstracts International, 43, 380A.
- Lamke, C. (1996). Distributive justice and HIV disease in intensive care. Critical Care Nursing Quarterly, 19(1), 55-64.
- Langerak, E. (1982). Values in the curriculum. Forum for Liberal Education, 4(3), 2-4.
- MacCuish, D. A. (1989). Bridging the gap between curriculum and instruction: A look at Beauchamp. Orlando, FL: Online Computer Systems, Inc. (ERIC Document Reproduction Service No. ED 316 164)
- Mahlmeister, L. (1996). When cost-saving strategies are unacceptable. Pediatric Nursing, 22, 130-132.
- Martin, T. (1931). Instruction in professional ethics in professional schools for teachers. Washington, D.C.: National Education Association.
- McNeil, J. (1985). Curriculum: A comprehensive introduction. Boston: Little, Brown.
- Merrill, K. (1982). Alverno College: Values throughout the curriculum. Forum for Liberal Education, 4(3), 7-8.
- Miles, M., & Huberman, A. M. (1994). Qualitative data analysis: An expanded sourcebook. Thousand Oaks, CA: Sage.
- Munhall, P. (1982). Moral development: A prerequisite. Journal of Nursing Education, 21(6), 11-15.
- National League for Nursing. (1992). Criteria and guidelines for the evaluation of baccalaureate nursing programs. New York: Author.
- Noddings, N. (1984). Caring: A feminine approach to ethics and moral education. Berkeley: University of California Press.
- Obester, D. (1985). The place of ethics as an area of study in the curricula of schools of nursing in Pennsylvania (Doctoral dissertation, University of Pittsburgh, 1985). Dissertation Abstracts International, 47, 1624A.
- Ornstein, A., & Hankins, F. (1988). Curriculum: Principles and issues. Englewood Cliffs, NJ: Prentice Hall.
- Payton, R. (1980). A bioethical program for baccalaureate nursing students. In Ethics in nursing practice and education (pp. 53-65). Kansas City, MO: American Nurses' Association.

- Pence, T. (1986). Ethics in nursing: An annotated bibliography (2nd ed.). New York: National League for Nursing.
- Penticuff, J. (1991). Conceptual issues in nursing ethics research. Journal of Medicine and Philosophy, 16, 235-258.
- Perry, W. (1970). Forms of intellectual and ethical development in the college years. New York: Holt, Rinehart and Winston.
- Peter, E., & Gallop, R. (1994). The ethic of care: A comparison of nursing and medical students. Image, 26, 47-51.
- Quinn, C. (1990). A conceptual approach to the identification of essential ethics content for the undergraduate nursing curriculum. Journal of Advanced Nursing, 15, 726-731.
- Quinn, C., & Smith, M. (1987). The professional commitment: Issues and ethics in nursing. Philadelphia: Saunders.
- Raya, A. (1990). Can knowledge be promoted and values ignored? Implications for nursing education. Journal of Advanced Nursing, 15, 504-509.
- Redman, B. K., & Fry, S.T. (1996). Ethical conflicts reported by registered nurse/certified diabetes educators. Diabetes Educator, 22, 219-224.
- Reynolds, H. T. (1984). Analysis of nominal data. Newbury Park, CA: Sage.
- Rokeach, M. (1975). Beliefs, attitudes and values. San Francisco: Jossey-Bass.
- Rosen, B., & Caplan, A. (1980). Ethics in the undergraduate curriculum. Hastings-on-Hudson, NY: The Hastings Center.
- Rosenblum, R., & Deatrick, J. (1992). Role of the nurse in ethically ambiguous situations. Dimensions of Critical Care Nursing, 11, 318-325.
- Ryden, M., Duckett, L., Crisham, P., Caplan, A., & Schmitz, K. (1989). Multi-course sequential learning as a model for content integration: Ethics as a prototype. Journal of Nursing Education, 28, 102-106.
- Scanlon, C. (1994a). Developing ethical competence. American Nurse, 26(3), 1,11.
- Scanlon, C. (1994b). Ethics survey looks at nurses' experiences. American Nurse, 26(10), 22.



- Schilling, M. (1979). Ethics in the curriculum of schools of nursing in Texas: A function of selected administrative and institutional characteristics. Dissertation Abstracts International, 40, 1122B.
- Shawver, M. (1985). Integrating ethics in the nursing curriculum. Kansas Nurse, 60(10), 8-9.
- Sigman, P. (1986). Ethical choices in nursing. In P. Chinn (Ed.), Ethical issues in nursing (pp. 21-36). Rockville, MD: Aspen.
- Silva, M. (1996). Management perspectives. Nursing Spectrum, 5(5), 5.
- Silva, M., & Sorrell, J. (1991). Research on ethics in nursing education: An integrative review and critique. New York: National League for Nursing.
- Stanley, T. (1980a). Curriculum considerations. In Ethics in Nursing Practice and Education (pp. 39-52). Kansas City, MO: American Nurses' Association.
- Stanley, T. (1980b). Ethics as a component of the curriculum. Nursing and Health Care, 1, 63-72.
- Stark, J., Lowther, M., & Hagerty, B. (1986). Responsive professional education. Washington, DC: Association for the Study of Higher Education. ASHE-ERIC Higher Education Report #3.
- Steele, S., & Harmon, V. (1983). Values clarification in nursing (2nd ed.). Norwalk, CT: Appleton-Century-Crofts.
- Stenberg, M. (1979). Ethics as a component of nursing education. Advances in Nursing Science, 1, 53-61.
- Stone, J. (1989). An analysis of ethics instruction and the preparation of ethics educators in graduate nursing programs in the United States. Dissertation Abstracts International, 50, 2850B.
- Taba, H. (1962). Curriculum development: Theory and practice. New York: Harcourt, Brace & World.
- The teaching of ethics in higher education. (1980). Hastings-on-Hudson, NY: The Hastings Center.
- Thiroux, J. (1980). Ethics: Theory and practice. Encino, CA: Glencoe.
- Thompson, J., & Thompson, H. (1985). Bioethical decision making for nurses. Norwalk, CT: Appleton-Century-Crofts.

- Thompson, J., & Thompson, H. (1989). Teaching ethics to nursing students. Nursing Outlook, 37, 84-88.
- Turner, L., Marquis, K., & Burman, M. (1996). Rural nurse practitioners: Perceptions of ethical dilemmas. Journal of the American Academy of Nurse Practitioners, 8, 269-274.
- Tyler, R. (1949). Basic principles of curriculum and instruction. Chicago: University of Chicago.
- Urban, W. (1930). Fundamentals of ethics: An introduction to moral philosophy. New York: Henry Holt.
- Uustal, D. (1983). Values education in baccalaureate nursing curricula in the United States (Doctoral dissertation, University of Massachusetts, 1983). Dissertation Abstracts International, 43, 3857A.
- Uustal, D. (1984). Values education: Opportunities and imperatives. Nurse Educator, 9(1), 9-13.
- vanHooft, S. (1990). Moral education for nursing decisions. Journal of Advanced Nursing, 15, 210-215.
- Webb, A. (1990) Ethics in nursing education: Reexamining the need. Imprint, 37(4), 88-92.
- Winslow, G. (1984). From loyalty to advocacy: A new metaphor for nursing. The Hastings Center Report, 14(3), 32-40.
- Wocial, L. (1996). Achieving collaboration in ethical decision making: Strategies for nurses in clinical practice. Dimensions of Critical Care Nursing, 15, 150-159.
- Woods, N., & Catanzaro, M. (1988). Nursing research: Theory and practice. St. Louis: Mosby.
- Yarling, R., & McElmurry, B. (1986). The moral foundations of nursing. Advances in Nursing Science, 8, 63-73.
- Zablow, R. (1984). Preparing students for the moral dimension of professional nursing practice: A protocol for nurse educators (Doctoral dissertation, Columbia University Teachers College, 1984). Dissertation Abstracts International, 45, 2501B.

APPENDIX A  
**ETHICS IN THE BACCALAUREATE CURRICULUM**  
CONTENT

1. Which of the following areas of ethics content or learning experiences (lecture and non-lecture) are provided in your baccalaureate curriculum?  
 (Circle each year of the curriculum in which the content or experience is provided, or NP for not provided.)

<u>Content/Learning Experience</u>	<u>Year of the curriculum</u>					
	1	2	3	4	5	NP
<b>Ethics Theory</b> (deontological & teleological systems, etc.)						
<b>Moral Principles</b> (autonomy, beneficence, etc.)						
<b>Nursing Code of Ethics &amp; Standards of Practice</b> (Including responses to impaired/incompetent colleague, unethical practice, etc.)						
<b>Patient Rights</b> (informed consent, confidentiality, privacy, truth-telling, etc.)						
<b>Ethical Dilemmas:</b>						
<b>Quality of Life</b>						
<b>Right to Die</b>						
<b>Procreative Issues</b>						
<b>Genetic Counseling &amp; Screening</b>						
<b>Human Experimentation</b>						
<b>Allocation of Scarce Resources</b>						

<u>Content/Learning Experience</u>	<u>Year of the curriculum</u>					
	1	2	3	4	5	NP
<b>Values Clarification</b>						
<b>Moral Reasoning Skills</b> (Critical analysis & ethical decision making)						
<b>Role Taking Experiences</b> (Patient advocate, independent decision maker, physician colleague)						
<b>Other Content or Experiences</b>						
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	
_____	1	2	3	4	5	

2. Which of the following are used in your baccalaureate curriculum as resources in teaching ethics? (Circle the numbers for all that apply.)

- 1 **Philosophical Ethics Textbook**
- 2 **Bioethics Textbook**
- 3 **Nursing Ethics Textbook**
- 4 **Journal Articles**
- 5 **Ethics Bibliography**
- 6 **Chapter in a Nursing Textbook**
- Other \_\_\_\_\_

3. Approximately how many hours of lecture on ethics content are provided in your baccalaureate curriculum?

\_\_\_\_\_

4. Approximately how many hours of non-lecture experiences related to ethics are provided in your baccalaureate curriculum?

<u>Experience</u>	<u># of Hours</u>	<u>Experience</u>	<u># of Hours</u>
<b>Written Assignment</b>	_____	<b>Debates</b>	_____
<b>Clinical Conferences</b>	_____	<b>Role Play</b>	_____
<b>Ethical Rounds</b>	_____	<b>Simulations</b>	_____
<b>Case Analysis</b>	_____		

**Other:**

<u>Experience</u>	<u># of Hours</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. How is the ethics content included in your baccalaureate curriculum?  
 (Circle the number which **BEST** describes your curriculum.)

- 1 Separate ethics course(s) and integrated into other courses**
- 2 Separate ethics course(s) and discussed when ethical issues come up in nursing classes or clinical experiences**
- 3 No separate course and integrated throughout**
- 4 No separate course and discussed when ethical issues come up in nursing classes or clinical experiences**
- 5 Separate ethics course(s) only**

**BACCALAUREATE ETHICS COURSES**

6. For each ethics course, please list the title of the course. If you have no separate ethic courses, circle NA.

**NA** (Does not apply)

Title of Ethics Course

**1.** \_\_\_\_\_

**2.** \_\_\_\_\_

**3.** \_\_\_\_\_

**4.** \_\_\_\_\_

**5.** \_\_\_\_\_

**6.** \_\_\_\_\_

7. For each ethics course listed above, complete the grid below. Use the number from the list above to identify each course, and identify whether it is a required or an elective course, in what year(s) of the curriculum it is offered, in which year it is recommended the students take the course, what content areas are included (use the content key below), in what department the course is taught (use the department key below), and whether the course is taught jointly by nursing and non-nursing faculty.

Content Key	
1 Ethics Theory	6 Nurses' Role
2 Moral Development Theory	7 Values Clarification
3 Bioethics (Health Care Ethics)	8 Moral Reasoning & Decision Making Skills
4 Religious Values and Ethics	9 Other (specify)
5 Nursing Ethics & Standards	

Department Key	
1 Nursing	4 Medicine
2 Philosophy	5 Social Work
3 Theology	6 Other (specify)

Course Number	#1	#2	#3	#4	#5	#6
<b>Required (R) or Elective (E)</b>	R E	R E	R E	R E	R E	R E
<b>Years offered</b>						
<b>Year recommended</b>						
<b>Content included</b>						
<b>Department</b>						
<b>Taught jointly Yes (Y) or No (N)</b>	Y N	Y N	Y N	Y N	Y N	Y N

INTEGRATION OF ETHICS INTO BACCALAUREATE NURSING COURSES

8. How are the ethics content and learning experiences in each baccalaureate nursing course identified? (Circle the number which best describes your program, or NA.)

**1 For each course the content and experiences are freely chosen by the instructor(s) teaching the course.**

**2 For each course the content and experiences are specified by the curriculum plan or by the course syllabus.**

**3 For some courses the content and experiences are specified by the course syllabus and for some courses they are freely chosen by the instructor(s) teaching the course.**

**NA** (Does not apply)

9. Does your baccalaureate curriculum have a systematic plan to integrate the ethics content and learning experiences in each course with the content and experiences in earlier or later courses? (Circle Yes, No or NA.)

**Yes**      **No**      **NA** (Does not apply)

10. In clinical nursing courses, how are links made between classroom content and clinical experiences related to ethical issues? (Circle number, or NA.)

**1 Planned or Structured**

**2 Spontaneous**

**3 Both Planned and Spontaneous**

**4 Not Linked**

**NA** (Does not apply)



OTHER

11. What is the number of nursing or non-nursing faculty who participate in teaching ethics in your baccalaureate program?
- \_\_\_\_\_

12. For each faculty member who participates in teaching ethics in your baccalaureate program, identify the department affiliation and whether the person is full or part time, and circle Y for Yes or N for No for the other information.

<b>Faculty Member</b>	<b>#1</b>		<b>#2</b>		<b>#3</b>		<b>#4</b>		<b>#5</b>		<b>#6</b>	
<b>Department</b>												
<b>Full Time (FT) or Part Time (PT)</b>	<b>FT</b>	<b>PT</b>	<b>FT</b>	<b>PT</b>	<b>FT</b>	<b>PT</b>	<b>FT</b>	<b>PT</b>	<b>FT</b>	<b>PT</b>	<b>FT</b>	<b>PT</b>
<b>Nurse</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>
<b>Preparation in ethics:</b>												
<b>Faculty Inservices</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>
<b>Ethics Workshops</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>
<b>Continuing Education</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>
<b>College Courses</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>
<b>Ethics Seminars</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>
<b>Other</b>												

13. Has your school had any faculty development programs in ethics in the last ten years? (Circle Yes or No)      **Yes**      **No**

If yes, how many? \_\_\_\_\_

14. Does your program use a defined ethical framework?  
(Circle Yes or No for each framework.)

<b>Philosophical</b>	<b>Yes</b>	<b>No</b>
<b>Nursing Codes of Ethics and Standards</b>	<b>Yes</b>	<b>No</b>
<b>Bioethical</b>	<b>Yes</b>	<b>No</b>
<b>Caring or Relational Ethics</b>	<b>Yes</b>	<b>No</b>
<b>Moral Development</b>	<b>Yes</b>	<b>No</b>
<b>No Framework</b>	<b>Yes</b>	<b>No</b>
<b>Other</b> _____		

15. Does your baccalaureate curriculum have a terminal objective related to ethics?  
(Circle Yes or No.)

**Yes**      **No**

16. Does your baccalaureate curriculum have level objectives related to ethics?  
(Circle Yes or No)

**Yes**      **No**

17. Does your baccalaureate curriculum have course objectives related to ethics?  
(Circle Yes or No.)

**Yes**      **No**

18. For how many years has your baccalaureate curriculum included ethics content?

\_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Type and length of program (Circle number and give length.)

**1 Generic BSN**  
**Number of years**\_\_\_\_\_

**2 RN/BSN**  
**Number of credits**\_\_\_\_\_

What is the total number of students in your **baccalaureate** program  
(all classes), rounded to the nearest 10? \_\_\_\_\_

What is the total number of faculty (FTE's) for your **baccalaureate** nursing program? \_\_\_\_\_

In what type of college or university is your program? (Circle number.)

- 1 Public**
- 2 Private, Non-religious**
- 3 Private, Religious**

If you wish to share any additional information or concerns related to the teaching of ethics in your baccalaureate nursing curriculum, please describe them below.

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.**

If you would like to receive a summary of the results of this survey, please circle Yes.

**Yes**

Please return the completed questionnaire in the return envelope provided to:

Amy S. Bennett

████████████████████

Wyncote PA ██████████

**APPENDIX B****PILOT STUDY EVALUATION**

To assist in the evaluation of this questionnaire form, please note on this page how long it took to complete the questionnaire. In addition, please add any comments you may have related to the format of the questionnaire, the clarity of the directions, the completeness and clarity of the questions, etc.

**THANK YOU**

## APPENDIX C

██████████  
Wyncote PA ██████████  
Date

Dean  
Baccalaureate Program  
College of Nursing  
City, State, Zip

Dear Dean:

Ethics and ethical issues are matters of increasing interest and concern in nursing today, and the role of nursing education in preparing students who are competent to practice nursing ethically is of particular concern to nursing educators.

As a doctoral candidate in nursing at Widener University in Chester PA, I am investigating how ethics is included in baccalaureate nursing curricula. My purpose is to identify the various curricular approaches used to teach ethics in nursing, using a descriptive survey of NLN accredited programs.

The enclosed questionnaire is being sent to your school in hopes that you or an appropriate designate will answer a few questions about how your program includes ethics in your curriculum. An assistant dean, curriculum coordinator, or any other person on your faculty whom you feel is qualified to answer the questions would be satisfactory. The time for completion of the questionnaire should be less than an hour.

A high rate of return is extremely important to develop an accurate picture of curricular approaches. All information will be kept confidential; returned questionnaires and computer data disks will be stored in a locked filing cabinet in my home. **Completion and return of this questionnaire is considered to indicate your consent.**

A self-addressed stamped envelope is enclosed for your convenience. If you have any questions, please call me at ██████████. If you request, a summary of the survey results will be sent to you.

Thank you for your contribution to this area of nursing education.

Sincerely,

Amy S. Bennett, R.N., C., M.S.N.

**APPENDIX D****Date****Dear Dean,**

**Recently I mailed a questionnaire to you concerning how baccalaureate nursing programs include ethics in their curricula. If you have already returned your questionnaire, I thank you for your prompt response. If you have not yet had time to complete the questionnaire, I would appreciate it if you would take a few minutes to respond to this survey.**

**Sincerely,****Amy S. Bennett, R.N., C., M.S.N.**

## APPENDIX E

Wyncote PA  
Date

Dean  
Baccalaureate Program  
College of Nursing  
City, State, Zip

Dear Dean:

Several weeks ago I mailed a questionnaire to you concerning how baccalaureate nursing programs include ethics in their curricula, and I have not yet received your reply. If you have already completed and mailed the questionnaire, thank you, and please ignore this letter.

Ethics and ethical issues are matters of increasing interest and concern in nursing today, and the role of nursing education in preparing students who are competent to practice nursing ethically is of particular concern to nursing educators. As a doctoral candidate in nursing at Widener University in Chester PA, I am investigating how ethics is included in baccalaureate nursing curricula. My purpose is to identify the various curricular approaches used to teach ethics in nursing, using a descriptive survey of NLN accredited programs.

I am aware of the many demands on your time and the time of your faculty, which may have prevented you from completing the questionnaire. However, it is very important that as many schools as possible participate in this survey in order to produce meaningful results.

I am enclosing a new questionnaire, and would be most appreciative if you, your assistant, your curriculum coordinator, or any other person on your faculty whom you feel is qualified to answer the questions, will take some time to respond to this survey. The time for completion of the questionnaire should be less than an hour.

A high rate of return is extremely important to develop an accurate picture of curricular approaches. All information will be kept confidential; returned questionnaires and computer data disks will be stored in a locked filing cabinet in my home. **Completion and return of this questionnaire is considered to indicate your consent.**

A self-addressed stamped envelope is enclosed for your convenience. confidential. A self-addressed stamped envelope is enclosed for your convenience. If you have any questions, please call me at [REDACTED] If you request, a summary of the survey results will be sent to you.

Thank you,

Amy S. Bennett, R.N., C., M.S.N.