How Nurse Leaders Assess Their Practice of Ethical Decision Making Before and After Ethical Leadership Training

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Disclosure

Melissa Cole, author

- Educator, University of New Mexico (UNM) Hospitals
- Adjunct Faculty, UNM College of Nursing
- No sponsorship or financial support provided by either facility
- No conflict of interest in presenting this material
Learner objectives

- Identify the importance of ethical leadership in patient safety, staff engagement and retention
- State how shared experience supports learning and recall
- Provide evidence of how nurse leaders benefit from collaboration
Ethical leadership

Definition: moral courage, setting clear expectations, exhibiting a moral compass “walking the walk”

Ethical Leadership
- Gallup poll 18 years
- 82% American’s rate nurses’ ethics high or very high
Background

- Nurses are known respected ethical leaders
- Nurse leaders are confronted with a variety of ethical challenges
- Ethical leadership training improves patient safety, outcomes and staff retention
- Ethical issues increase with patient acuity
- Only 57% of nurse leaders experienced some form of ethics education
Does Ethics Education Influence the Moral Action of Practicing Nurses and Social Workers?

Christine Grady and Marion Danis, Department of Clinical Bioethics, National Institutes of Health Clinical Center
Karen L. Soeken, University of Maryland
Patricia O'Donnell, Center for Ethics, Inova Health System
Carol Taylor, Center for Clinical Bioethics, Georgetown University
Adrienne Farrar, Department of Social Work, National Institutes of Health Clinical Center
Connie M. Ulrich, University of Pennsylvania School of Nursing

Purpose/methods: This study investigated the relationship between ethics education and training, and the use and usefulness of ethics resources, confidence in moral decisions, and moral action/activism through a survey of practicing nurses and social workers from four United States (US) census regions. Findings: The sample (n = 1215) was primarily Caucasian (83%), female (83%), well educated (57% with a master’s degree). No ethics education at all was reported by 14% of study participants (8% of social workers had no ethics education, versus 23% of nurses), and only 57% of participants had ethics education in their professional educational program. Those with both professional ethics education and in-service or continuing education were more confident in their moral judgments and more likely to use ethics resources and to take moral action. Social workers had more overall education, more ethics education, and higher confidence and moral action scores, and were more likely to use ethics resources than nurses. Conclusion: Ethics education has a significant positive influence on moral confidence, moral action, and use of ethics resources by nurses and social workers.

Keywords: ethics education, moral action, ethics consultation
Review of literature

Ethical leadership and nursing practice

- Ethical nurse practice = improved patient care
- Quality care, positively correlates with employee engagement


Ethical leadership characteristics

- Moral courage to address challenges
- Exhibiting a moral compass and the organization’s ability to provide ethical care

Beauchamp and Childress (2013); Edmonson (2013); Nelson (2013)
IntegratedEthics® (IE)

- IE implemented across 152 Veteran's Administration Hospitals and 21 regional networks
- Increase in staff productivity, patient satisfaction, improved patient safety, lower rate of turnover, and cost savings.
- IE results leveraged by The Joint Commission (TJC) for the Ethical Standards Chapter
- IE implemented: the Centers for Disease Control and Prevention; Georgetown University, Harvard Hospitals, Kaiser Permanente, etc.

Bottrell, Pearlman, Foglia and Fox (2013); Cohen, Foglia, Kivong, Pearlman and Fox, (2015); Foglia, Cohen, Pearlman, Bottrell and Fox (2013); Foglia, Fox, Chanko and Bottrell (2012); Fox, (2013); Fox, Bottrell, Berkowitz, Chanko, Foglia and Perlman (2010); Pearlman, Bottrell, Altemose, Foglia and Fox (2013)
Kolb’s Experiential Learning Cycle

- Model used in ethical leadership training
- Case studies, small groups and shared experiences
Dunning-Kruger Effect

Expected outcome

- Consistent with educational models
- Self-assessment elevated pre-training, drop post-training
PICOT Question

- **P:** Nurse leaders at level 1 trauma center
- **I:** Training in ethical leadership and decision making
- **C:** Pre-training self assessment and post-training self assessments in practice ethical decision making
- **O:** Initial ethical leadership decision practice self assessment scores may drop after training; anticipate scores to increase over time.
- **T:** 6 months
Study Design: ELSA

- Domain III, Practice Ethical Decision Making behaviors
- Question #3 adapted to align with study site

Note: IE training adapted to align with study site
Findings

- Years in nurse leadership: 1 to 35 years
- Number of years in current position: < 1 to 11 years

<table>
<thead>
<tr>
<th>Role</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Nurse Officer, Administrator,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director</td>
<td>8</td>
<td>20.5</td>
</tr>
<tr>
<td>Senior Director, Director</td>
<td>24</td>
<td>61.5</td>
</tr>
<tr>
<td>Manager</td>
<td>7</td>
<td>18</td>
</tr>
</tbody>
</table>
## Findings

### Time 1 Pre-training

<table>
<thead>
<tr>
<th>Time 1</th>
<th>Pre-training</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Almost never</td>
<td>Occasionally</td>
<td>Frequently</td>
</tr>
<tr>
<td>Q1</td>
<td>2, 5.1%</td>
<td>11, 28.2%</td>
<td>26, 66.7%</td>
</tr>
<tr>
<td>Q2</td>
<td>4, 10.3%</td>
<td>14, 35.9%</td>
<td>14, 35.9%</td>
</tr>
<tr>
<td>Q3</td>
<td>4, 10.3%</td>
<td>13, 33.3%</td>
<td>10, 25.6%</td>
</tr>
<tr>
<td>Q4</td>
<td>2, 5.1%</td>
<td>15, 38.5%</td>
<td>22, 56.4%</td>
</tr>
<tr>
<td>Q5</td>
<td>7, 17.9%</td>
<td>32, 82.1%</td>
<td></td>
</tr>
<tr>
<td>Q6</td>
<td>8, 20.5%</td>
<td>10, 25.6%</td>
<td>8, 20.5%</td>
</tr>
<tr>
<td>Q7</td>
<td>12, 30.8%</td>
<td>8, 20.5%</td>
<td>4, 10.3%</td>
</tr>
<tr>
<td>Q8</td>
<td>1, 2.6%</td>
<td>19, 48.7%</td>
<td>19, 48.7%</td>
</tr>
<tr>
<td>Q9</td>
<td>17, 43.6%</td>
<td>8, 20.5%</td>
<td>5, 12.8%</td>
</tr>
<tr>
<td>Q10</td>
<td>1, 2.6%</td>
<td>17, 44.7%</td>
<td>15, 39.5%</td>
</tr>
<tr>
<td>Q11</td>
<td>12, 30.8%</td>
<td>27, 69.2%</td>
<td></td>
</tr>
</tbody>
</table>

### Time 2 Immediate post-training

<table>
<thead>
<tr>
<th>Time 2</th>
<th>Immediate post-training</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Almost never</td>
<td>Occasionally</td>
<td>Frequently</td>
</tr>
<tr>
<td>Q1</td>
<td>2, 5.9%</td>
<td>11, 32.4%</td>
<td>21, 61.8%</td>
</tr>
<tr>
<td>Q2</td>
<td>6, 17.6%</td>
<td>18, 52.9%</td>
<td>10, 29.4%</td>
</tr>
<tr>
<td>Q3</td>
<td>3, 8.8%</td>
<td>8, 23.5%</td>
<td>16, 47.1%</td>
</tr>
<tr>
<td>Q4</td>
<td>1, 3%</td>
<td>8, 23.5%</td>
<td>25, 73.5%</td>
</tr>
<tr>
<td>Q5</td>
<td>3, 9.1%</td>
<td>30, 90.9%</td>
<td></td>
</tr>
<tr>
<td>Q6</td>
<td>2, 5.9%</td>
<td>6, 17.6%</td>
<td>13, 38.2%</td>
</tr>
<tr>
<td>Q7</td>
<td>3, 8.8%</td>
<td>14, 41.2%</td>
<td>11, 32.4%</td>
</tr>
<tr>
<td>Q8</td>
<td>2, 6.1%</td>
<td>4, 12.1%</td>
<td>27, 81.8%</td>
</tr>
<tr>
<td>Q9</td>
<td>7, 20.6%</td>
<td>11, 32.4%</td>
<td>9, 26.4%</td>
</tr>
<tr>
<td>Q10</td>
<td>16, 47.1%</td>
<td>18, 52.9%</td>
<td></td>
</tr>
<tr>
<td>Q11</td>
<td>8, 23.5%</td>
<td>26, 76.5%</td>
<td></td>
</tr>
</tbody>
</table>

* = Stable at 90% or greater Time 1 and Time 2 "Frequently" + "Almost always"  
* = Q2 and Q6 endorse an increase to "Frequently" + "Almost always" (now ≥ 75%) from Time 1 to Time 2  
* = Migration from 'Almost never' to endorsement of more frequent behaviors from Time 1 to Time 2
Findings

Sign tests

More strict threshold $p \leq .01$

- Q7, Q8 statistically significant
- Q3, Q6 and Q9 noteworthy
## Results

**Sign tests: Time 1 to 2; Time 2 to 3; Time 2 to 4**

<table>
<thead>
<tr>
<th>ELSA III</th>
<th>Time 1 to Time 2</th>
<th>Time 2 to Time 3 (2-weeks post training)</th>
<th>Time 2 to Time 4 (3 months post training)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Increase</td>
<td>Decrease</td>
<td>No Change</td>
</tr>
<tr>
<td>Q1</td>
<td>4</td>
<td>4</td>
<td>26</td>
</tr>
<tr>
<td>Q2</td>
<td>10</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Q3</td>
<td>14</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Q4</td>
<td>9</td>
<td>3</td>
<td>22</td>
</tr>
<tr>
<td>Q5</td>
<td>4</td>
<td>1</td>
<td>28</td>
</tr>
<tr>
<td>Q6</td>
<td>17</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Q7</td>
<td>18</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Q8</td>
<td>14</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Q9</td>
<td>16</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Q10</td>
<td>11</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Q11</td>
<td>4</td>
<td>1</td>
<td>29</td>
</tr>
</tbody>
</table>
Interpretation of Findings

Not consistent with Dunning-Kruger Effect
Recommendations for practice

- Sharing best practices, information/knowledge moved from unconscious to conscious
- Shared experience supports ethical leadership behavior
- Results were sustained across time

*Nurse leaders benefit from: sharing best practice
senior leader huddles*
Remarks from participants

- “I enjoyed the ethical leadership training.”
- “It was validating to hear the material and share experiences with others.”
- “Everyone should take this class!”
Thank you

Melissa Cole: MECole@salud.unm.edu
- How many years in leadership – I explicitly consider ethical issues when making management decisions
References


