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

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Disclosure

Melissa Cole, author

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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

Target Article

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
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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 (85%), 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.

Review of literature

Ethical leadership and nursing practice

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

Barina, R. (2014); Birks, Y. (2014); Holt, J., & Convey, H. (2012); Keyko, K. (2014)

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)

Theoretical Model

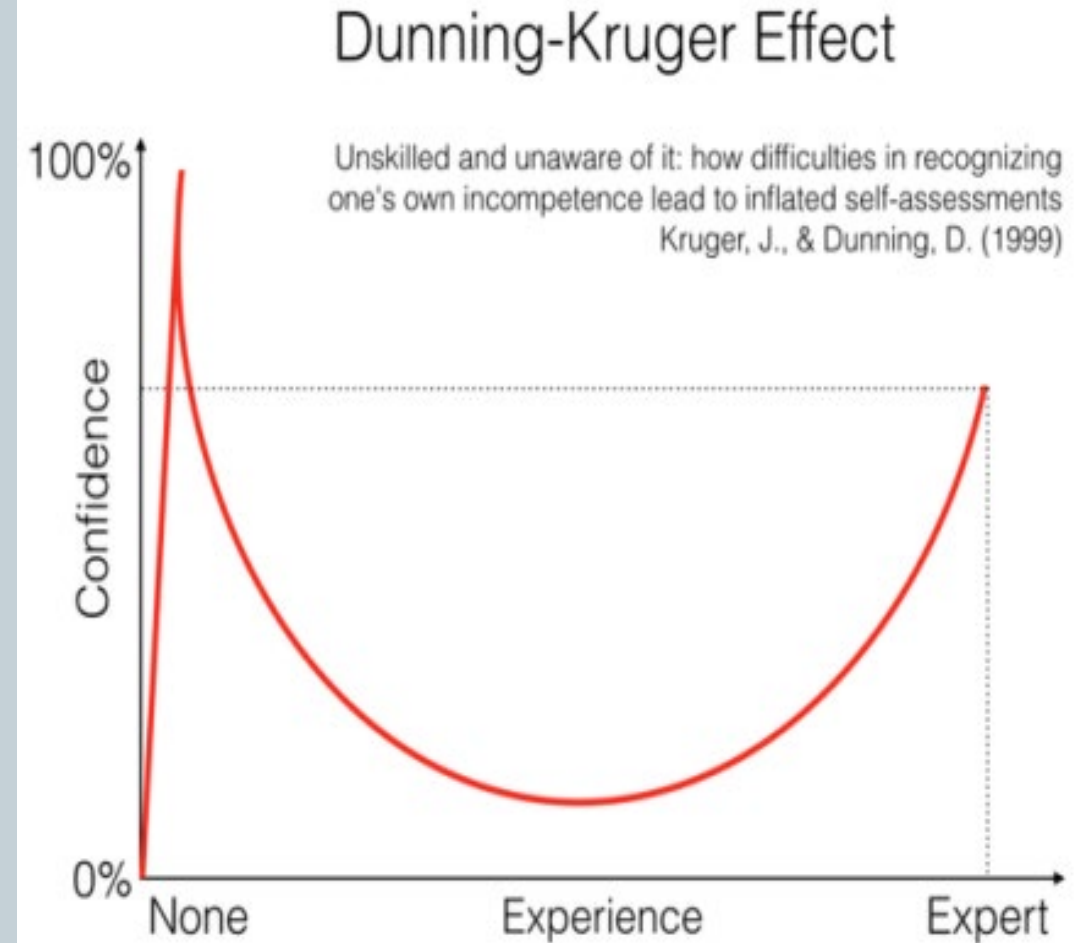Kolb's Experiential Learning Cycle

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

Kolb D.A. (1984) 'Experiential Learning experience as a source of learning and development', New Jersey: Prentice Hall
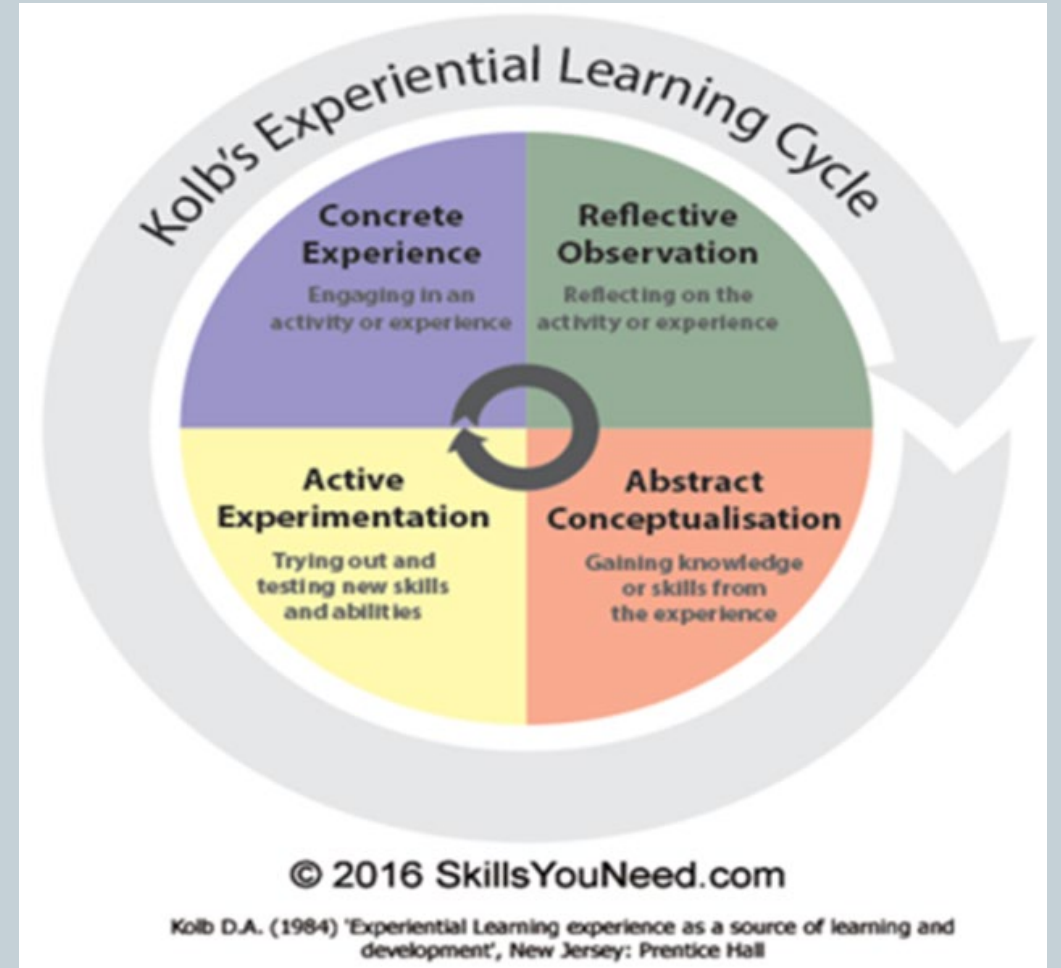
Dunning-Kruger Effect

Expected outcome

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

Dunning-Kruger Effect

Unskilled and unaware of it: how difficulties in recognizing one's own incompetence lead to inflated self-assessments
Kruger, J., & Dunning, D. (1999)

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

III. Practice ethical decision making	Almost Never	Occasionally	Frequently	Almost Always
I explicitly consider ethical issues when making management decisions.				
I use a standardized process to make decisions on management issues with ethical implications.				
When faced with a tough decision, I look to VHA mission and values statements (or similar documents) and use them to evaluate various options.				
When faced with a tough decision, I think through the short-term and long-term effects on various individuals and groups.				
When faced with a tough decision, I make sure that I am not unfairly favoring a particular individual or group.				
When I need advice on an ethical issue, I go to a person with ethics expertise.				
When I need advice on an ethical issue, I refer to published sources				
When making important decisions, I involve those who will be most affected.				
When important decisions are made by a group, I ensure that someone is specifically tasked to call attention to ethical considerations.				
When I announce important decisions to staff, I take time to explain the decision-making process and who was involved.				
When I announce important decisions to staff, I take the time to explain the rationale for the decision.				

Findings

Participant Demographics N = 39		
Role	Frequency	%
Chief Nurse Officer, Administrator, Executive Director	8	20.5
Senior Director, Director	24	61.5
Manager	7	18

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

Findings

Time 1 Pre-training

Time 1	Pre-training			
	Almost never	Occasionally	Frequently	Almost always
	(n, %)	(n, %)	(n, %)	(n, %)
Q1		2, 5.1%	11, 28.2%	26, 66.7%
Q2	4, 10.3%	7, 17.9%	14, 35.9%	14, 35.9%
Q3	4, 10.3%	12, 30.8%	13, 33.3%	10, 25.6%
Q4		2, 5.1%	15, 38.5%	22, 56.4%
Q5			7, 17.9%	32, 82.1%
Q6	8, 20.5%	10, 25.6%	13, 33.3%	8, 20.5%
Q7	12, 30.8%	15, 38.5%	8, 20.5%	4, 10.3%
Q8	1, 2.6%		19, 48.7%	19, 48.7%
Q9	17, 43.6%	9, 23.1%	8, 20.5%	5, 12.8%
Q10	1, 2.6%	5, 13.2%	17, 44.7%	15, 39.5%
Q11			12, 30.8%	27, 69.2%

Time 2 Immediate post-training

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

*= 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

ELSA III	Time 1 to Time 2			
	Increase	Decrease	No Change	*p*-value
Q1	4	4	26	1.00
Q2	10	5	19	0.30
Q3	14	4	17	0.05
Q4	9	3	22	0.15
Q5	4	1	28	0.38
Q6	17	5	12	0.02
Q7	18	4	12	0.004
Q8	14	3	16	0.01
Q9	16	5	13	0.03
Q10	11	3	19	0.06
Q11	4	1	29	0.38

Results

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

| ELSA III | Time 1 to Time 2 | | | | Comparisons to Time 2 (Immediate-post training) | | | | | | | |
| | | | | | Time 2 to Time 3 (2-weeks post training) | | | | Time 2 to Time 4 (3 months post training) | | | |
	Increase	Decrease	No Change	p-value	Increase	Decrease	No Change	p-value	Increase	Decrease	No Change	p-value
Q1	4	4	26	1.00	6	4	24	0.75	8	2	24	0.11
Q2	10	5	19	0.30	6	6	22	1.00	8	2	23	0.11
Q3	14	4	17	0.05	8	4	21	0.39	10	3	21	0.92
Q4	9	3	22	0.15	1	4	28	0.38	6	4	24	0.75
Q5	4	1	28	0.38	8	8	18	0.38	2	1	30	1.00
Q6	17	5	12	0.02	5	5	22	1.00	9	7	18	0.80
Q7	18	4	12	0.004	6	6	22	1.00	14	5	15	0.06
Q8	14	3	16	0.01	4	3	25	1.00	4	4	25	1.00
Q9	16	5	13	0.03	12	3	18	0.35	13	7	13	0.26
Q10	11	3	19	0.06	10	4	20	0.18	11	2	21	0.02
Q11	4	1	29	0.38	3	5	26	0.73	5	1	27	0.22

Interpretation of Findings

Not consistent with Dunning-Kruger Effect

Dunning-Kruger Effect

Unskilled and unaware of it: how difficulties in recognizing one's own incompetence lead to inflated self-assessments
Kruger, J., & Dunning, D. (1999)
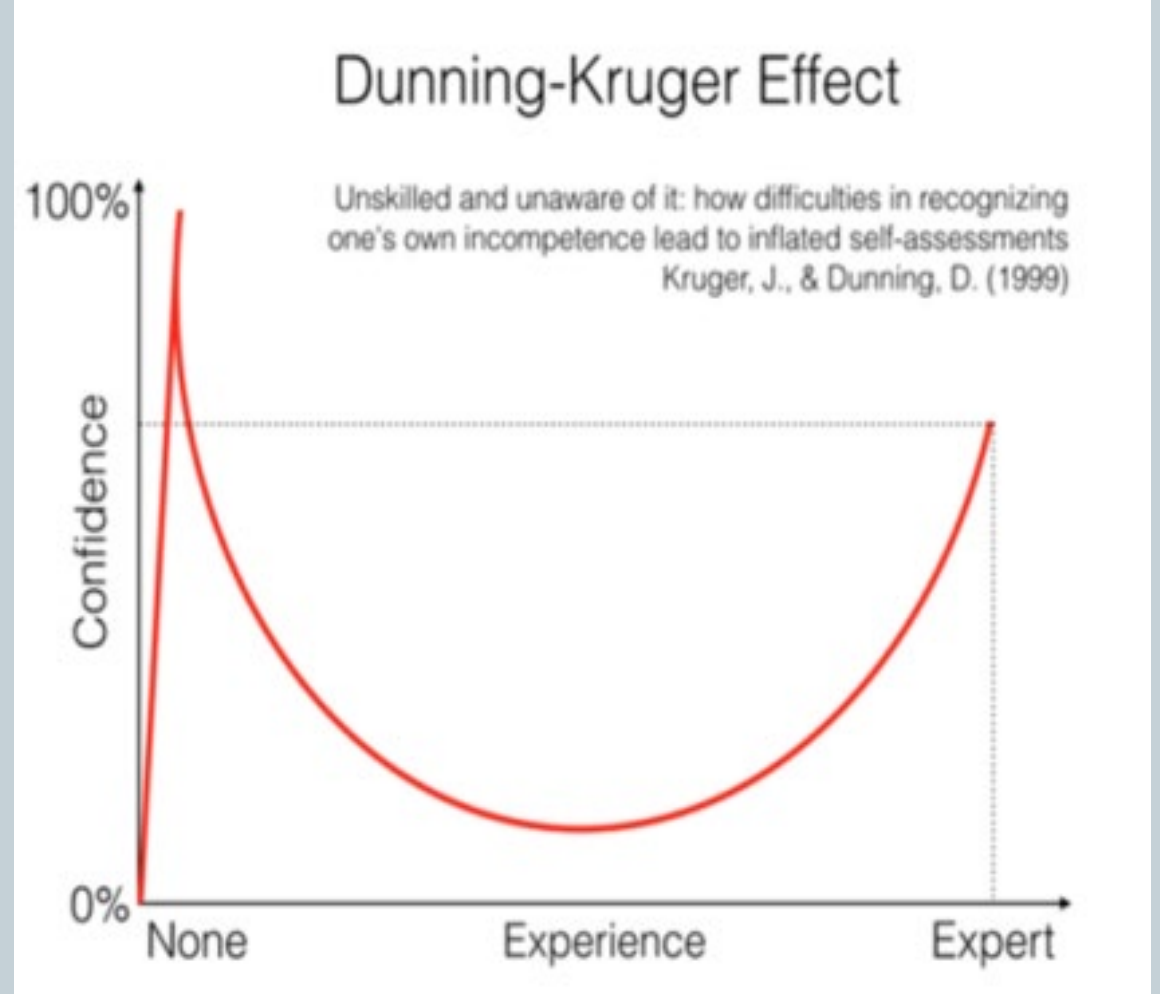
Recommendations for practice

- 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

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Scatter Plot: contrast years as nurse leader to questions

- How many years in leadership – I explicitly consider ethical issues when making management decisions

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