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Implementing Ethics Education for Nurse Managers

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Implementing Ethics Education for Nurses Managers

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Abstract

Background Every day, nurses are faced with making decisions for patient care and may come across complicated ethical decisions. Ethical practice is essential in every health care organization in providing care and how they conduct themselves (ANA, 2015). Nurse managers are responsible for ensuring ethical standards are met by nursing staff.

Problem Nurse managers are faced with ethical problems more than fifty percent of their work time (Aitamaa, 2019). There are studies that show nurse managers and nurses have difficulty solving ethical problems because they lack understanding of ethical principles (Huang, et al., 2020). Evidence shows nurses are deficient in ethical knowledge that affect decisions for patient care (Huang, et al., 2020). In the last three years nurses have been challenged with an increase in complex ill patients, nursing shortage and burnout that encumbers recognizing ethical dilemmas.

Methods A quantitative cross-sectional study was performed that compared survey results before and after ethics training. Participants included nurse managers and charge nurses from two Indian Health Service hospitals. A sample t-test was performed to determine the effectiveness of education.

Results The findings of the study indicate there was improvement in knowledge of nursing ethics after receiving training. The t-test revealed a statistically significant increase from pretest knowledge (M = 86, SD = 2.74), to posttest knowledge (M = 95.2, SD = 6.57) is found t (5) = -3.07, p value = 0.037, P value of 0.05 indicating statistical significance.

Implications The study shows significant results of increased knowledge on nurse code of ethics and suggests implementing ethics training in health care settings for nurses to improve ethical knowledge.

Keywords: nurse manager, ethics education, ethical leadership, competence, interventions, and nurse of ethics.

Introduction

Implementing Ethics Education for Nurse Managers

Nurse managers face ethical problems more than fifty percent of their work time and these ethical problems are staff or organizational related according to current reports (Aitamaa, 2019). Evidence shows nurse managers and nurses have difficulty solving ethical problems because they lack understanding of ethical principles (Huang, 2020). Globally, the recent pandemic impacts, nurse shortage and increase in complex healthcare have challenged nurse managers with ethical problems. This study's aim is to explore if ethics education will improve ethics knowledge for nurse managers.

There are no statistical rates for the deficiencies in understanding ethical principles among nurse managers, however, studies do indicate insufficiencies of ethic knowledge among nurse managers and nursing staff (Momennasab et al, 2021). In one international study, only 25% of nurses were familiar with nursing codes (Izadi, et al., 2020). These shortcomings are found globally among nurse leadership, management, and nursing staff. The American Nurse Association, International Nurse Council and other international organizations are aware of the deficiencies in ethics and education and have put effort in awareness (Robichaux 2022).

Literature findings indicate international and national organizations recognize ethical gaps in all levels of nursing and encourage movements to transform ethics education in

universities and healthcare settings (Izadi, et al., 2020). In recent works, the International

Council of Nurses Code of Ethics committee are supporting transforming ethics education and

draws objectives for nurse code of ethics as a universal guide for all nations to follow

(Robichaux, 2022). These studies show there are efforts in revamping ethics education for nurses

across nations.

Nurse managers set themselves and the organization at risk for consequences from failure

to understand ethical principles. The biggest harm is toward patients if nurse managers and

nurses are unable to make effective ethical decisions. Nurse managers' inability to support or

make appropriate ethical decisions with nursing staff can impact staff morale. In addition, the

organization can lose integrity and trust from patients and community from nurses' inability to

understand ethical principles. Healthcare facilities are affected financially from added procedural

and treatment costs for patient harm from nurses' inability to make ethical decisions.

Nurse managers are responsible for ensuring ethical standards are met by nursing staff.

Nurse managers are ethical leaders and must be able to understand ethical principles to be

competent in assisting recognizing and resolving ethical issues, in a fair, compassionate, and

effective manner. Ethical leadership is important to support nursing staff struggling with

performance and to ensure trust, respect, understanding and confidentiality. Instances such as

nursing shortage, increase in ill patients, limited access to care and negative work environment

affect nurses' ethical decisions. Understanding the foundations of ethics and awareness of one's

own values are components needed to appropriately resolve ethical issues.

The aim of this study is to measure the effectiveness of teaching nursing ethics through

reading code of ethics slides. The object of this study is to improve knowledge and effective

decisions for patient care and staff ethical issues. Foremost, the study is to reduce patient safety

risks and improve staff work satisfaction.

Problem/Significance of the Problem

Nurse managers have difficulty resolving ethical issues in today's complex healthcare

environment. Nurse managers working in clinical units are struggling to distinguish the nature of

ethical problems. Globally, nurses are unable to recognize and resolve day-to-day ethical issues

(Hemberg, 2020). Evidence shows nurse managers are not equipped with suitable ethics

knowledge to be able to address daily situations that arise in healthcare settings (Robichaux,

2022). Interestingly, there are reports from nurse managers that theoretical knowledge is not

enough to effectively solve ethical problems (Aitamaa, 2019). Ethical problems arise

unexpectedly, and nurse managers are expected to understand ethical principles, model solving

ethical dilemmas based on ethical standards and support and develop nursing staff.

There are a few methods that current nurse managers practice in resolving ethical issues.

Nurse managers continue to use past and personal experiences to make ethical decisions for staff

and patient care issues. This is in line with present practice findings revealing 74% of nurse

managers use personal values to solve ethical issues (Aitamaa, 2019). Evidence shows nurse

managers veer towards disregarding making any ethical decisions for patient care and staff issues

which is relevant with current practice in some healthcare settings (Hemberg, 2020).

Observations and interviews show this practice is consistent among nurse managers in rural

healthcare settings. The most common method used by nurse managers is through discussions

with other nurse managers or outside experts in healthcare settings indicating a rate of 94%

according to studies (Aitamaa et al., 2019). However, in most recent observations, nurse

managers do not use any form of discussions to solve ethical issues in small rural hospitals.

The main attention of the problem is lack of understanding ethical principles among nurse managers. This in turn results in nurse managers' inability to recognize ethical issues to make sound decisions. Contemporary studies point to inadequate ethics education and other factors that contribute to deficiencies in ethic knowledge (Robichaux, 2022). There are studies that show ethics education increases ethics knowledge among nurse managers and leaders in addition to improving resolving ethical issues (Storaker, et al., 2022).

Investigations from patient's and staff's incident reports identified nurse managers' inability to address ethical issues. The investigations and interviews revealed nurse managers lack understanding of ethical principles to recognize ethical issues and address accordingly. In one month's, time, there were thirteen complaints from patients and staff with two of the complaints being addressed appropriately. The eleven complaints were disregarded by nurse managers with the reason they were unable to understand the nature of the problem. Another example, there have been five sentinel events within four months duration and none of the events had ever been investigated by nurse managers. In investigating reasons for discounting sentinel events, the nurse managers revealed lack of support or direction to confront the events and inability to understand the nature of the problem.

In this study, nurse managers are the main population of focus within an Indian Health Service facility involving ethical problems and training. Many Indian Health Service facilities are in rural areas with insufficient support for ethics guidance or trainings for nurse managers that may be cause for inadequate ethics knowledge. The increase in complex care from evolving technology and ill patients challenges nurse managers to recognize ethical issues, develop high quality care and support nursing staff with advancing ethical knowledge. Thus, it is

vital to perform the study in a rural healthcare setting to decide if ethics education improves

understanding among nurse mangers.

Literature Review/Available Knowledge

There are concerns with nurses' ethical practice locally, nationally, and internationally

that affect patient care. Literature search recognizes ethical issues among nurse managers' such

as insufficient ethical knowledge, ethical leadership, inadequate ethics education, including

background factors affecting resolving ethical issues.

Current studies indicate nurse managers face ethical challenges in their daily practice

involving nursing and organizational issues (Aitamaa, 2019). A number of studies show gaps in

ethical knowledge among nurses across various nations specifically deficiency in using methods

to solve and inability to recognize ethical issues (Momennasab et al, 2021). Previous studies

show general methods are used to solve ethical issues such as use of discussions and cooperation

to resolve staff ethical issues and ethical resources such as committees and guidelines being used

less frequently among nurse managers and administrators (Aitamaa, 2019). One interesting

finding is that, although ethical codes are universal, there are variations in following codes

among nations for the reason that most nurses do not understand ethical principles

(Momennasab, et al., 2021).

Another finding from studies indicate nurse managers are not ethically competent in

supporting or empowering nurses (Hemberg, 2020). Globally, nurse managers are deficient in

ethical competencies such as respect, honesty, trustworthiness, objectivity, and accountability

(Hemberg, 2020). In one study, interviews found nurse managers seldom establish sound support

and solid relationship developments with nursing staff effecting morale (Maluwa et al., 2017). In

other studies, evidence shows nurse manager's inability to identify early factors such as stress,

emotional fatigue, including burnout which is found to hinder identifying ethical issues (Markey et al., 2020). For example, a mass of nurses experienced unprecedented hardship during COVID pandemic of emotional and physical distress from having to work long hours, managing patient influx while trying to adapt to fast patient care changes. Similarly, nurse managers lack ethical leadership to effectively support ethical nursing care (Maluwa, et al., 2017). Interestingly, contemporary studies found that nurses' feel lack of support from nurse leaders in guiding safe effective care (Storaker, et al., 2022).

Present studies showing deficiencies in ethical knowledge lean toward insufficient ethics education and training (Momennasab, et al., 2021). Several studies focus on various methods of teaching ethics to nursing students such as moral sensitivity, judgment, reasoning, and ethical principles, and using case scenarios including reflective reasoning for new nurses (Robichaux, 2022). Evidence identify gaps in ethics education both nationally and internationally, however are unable to point to which methods of education are effective. On another hand, studies have indicated ethics education have positive impacts on improving ethical knowledge and overall ethical development (Momennasab, et al., 2021).

The literature identified several background factors that affect ethics knowledge and resolving ethical issues in today's global healthcare environment (Maluwa, et al., 2021). The impacts from the pandemic, burnout, stress, nurse shortage, and increase in complex ill patients affect how nurses respond to ethical challenges (Huang, et al., 2021). These background factors are experienced by nurses globally to the present day, according to studies (Huang, et al., 2021).

Relevance to New Mexico

New Mexico health care systems have experienced increase in ill patients and overcrowded hospitals since the 2020 pandemic (Swetlitz, 2021). Studies indicate factors such as

burnout, nursing shortage and demands from growth of ill patients are caused to not be able to recognize ethical situations.

New Mexico has suffered increase in ill patients and overcrowded clinics and hospitals that sway nurses from recognizing ethical issues. New Mexico is experiencing a nurse shortage including burnout from demands of rising ill patients in hospitals and clinics. It is estimated there are 17,000 nurses in New Mexico. Less than what is required to maintain health care for the growing population, compared to 58,000 in Arizona and 80,000 in Colorado (Narvaiz, 2022). To provide safe patient care, the ratio set for registered nurses (RN) to patients is 1:5. The current estimated population for New Mexico is 2.116 million. It would take approximately 423,200 RNs to care for the New Mexico population indicting severe shortage of nurses to provide safe effective care.

In addition, New Mexico news indicate NM hospitals are at 130% over their capacity with ill patients (KOB, 2022). Lastly, there is limited access to care in clinics across New Mexico. Based on personal working experience, New Mexico specialty clinics are limiting accepting patients for evaluations from rural hospitals and clinics. Therefore, NM nurses are placed in ethical practice challenge based on these factors.

PICO Question

The numerous findings of deficiencies of ethical knowledge among nurse managers cause to investigate further if implementing an ethics education intervention improve nurse manager's knowledge of ethical principles. Population/Patient Intervention Comparison Outcome (PICO) for the study is implementing ethics education for nurse managers.

Evidence Search/Literature Review

The databases used for the study are CINHAL, Pub Med, Google Scholar, and Medical Subject Headings (MeSH). Search terms were nurse manager, ethics education, interventions, nurse leadership, competence, and nurse code of ethics. Total articles captured from the databases equal to 1,471. Forty-seven articles were duplicates and 1,401 articles were removed. Twenty-three articles were found to be eligible for further review. These articles were specific to nurse managers, ethical leadership, and ethics education. Eleven articles removed were dated therefore removed. Twelve articles selected supported the study were current with publications ranging from 2017 to 2021 and focused on nurse managers, ethical leadership, and ethics education.

The main search was performed in September 2021 and completed March 14, 2023. The searches were limited to English articles, peer-reviewed, qualitative, and quantitative research articles published from January 2008 through December 2021. The literature search was focused on ethics education or interventions for nurse managers. The twelve articles were thought to be fit for this study as they focused on nurse managers, ethics education, interventions, and topics on ethical leadership.

More than three fourths of the studies found pertain to ethical education and competence focusing on students from broad range of universities including other ethic issues were removed. Large number of studies were based in international hospitals, clinics and nursing homes from Finland, Europe, Iran, China, and Spain. Twenty-three articles were specific to nurse managers regarding ethical competencies and education interventions. The methods used in the study were surveys and interviews among working nurses. Studies were similar in looking at effectiveness of ethical education among nurse managers and clinical nurses. Studies revealed reliable nurse ethical education interventions in improving knowledge of ethical principles. Most studies

recommend continuing research on nurse ethics education to develop competence in ethical reasoning.

Organizing Framework/Theory

Nurse managers are found to be deficient in understanding ethical principles which affect patient care. Dr. Patricia Benner's Novice to Expert Model was used as a framework to implement an educational intervention to improve ethical knowledge among nurses (1982) (Figure 1). Benner's model is based on the Model of Skill Acquisition from Stuart and Hubert Dreyfus (1980) in developing nurses' practice knowledge.

Dr. Benner introduced five step processes in developing nursing knowledge, skill, competence, and understanding of patient care through training and experiences. These steps include Novice, a beginner with no professional experience; Advanced Beginner shows acceptable performance, gained experience in actual nursing situations, and recognizes concepts based on experiences to articulate situations to guide their actions. Competent nurses with three years nursing experience are more aware of goals and gained perspective from their own actions to achieve efficiency including ability to organize. A proficient nurse understands and perceives situations which improves decision-making including what to expect in situations and adjust plans. Expert nurses no longer rely on principle, rules, or guidelines to link situations and determine actions. They have a deeper background of experience and insightfulness to grasp clinical situations.

Benner's model stages were used to integrate ethics education for nurse managers and charge nurses to achieve proficiency in making ethical decisions. Using the pre-survey score and years of experience helped identify the nurse participant's stage or category of skill acquisition (step) form the model. After identifying the participants stage or category from the Benner's

model the method of education or training is determined corresponding to the model for effective learning for each participant.

Based on the Benner's model stage definitions the number of years of work experience and pre-survey score categorized the nurse participants at the competent stage. Participants in the competent stage have the opportunity to advance to the next stage of proficiency of ethics principles and become more confident in making ethical decisions with less time thinking or planning (Benner, 1982). Based on the model, competent nurses are able to learn through an in-service or read to learn, or use of case study method to promote critical thinking (Benner, 1982). Thus, the nurse participants were given power point slides on ethic principles as read to learn method of teaching. Since Benner's model allows the participants to move from one stage to another as they advance in knowledge and skills, they were able to progress through effectively with the method of learning.

Benner's model was effective in accomplishing participants gaining knowledge on ethical principles from an in-service method of teaching. The participants proved they learned from the model intervention by scoring better on the post survey. This enlightens nurse leaders that Benner's method of identifying training methods based on categories are effective in improving understanding of nursing topics.

Finally, the model encourages participants to continue developing knowledge in ethical principles based on learning methods according to each stage. According to Benner's model (1982), once a participant achieves the expert category, they are capable of guiding or coaching nursing staff that are at the novice to beginner stages.

Project Design Plan

The study is a quantitative cross-sectional study of a pre and post survey intervention on ethics education for nurse managers implemented through focused sampling. The participants included nurse managers and charge nurses from two Indian Health Service (I.H.S.) facilities.

Setting and Population

The primary facility was the Zuni Indian Health Service and secondary was Gallup Indian Medical Center (GIMC). Zuni I.H.S. consists of ambulatory clinics, inpatient, and Obstetrical unit. GIMC consist of ambulatory clinics, inpatient units (Orthopedic, Obstetrics, Labor & Delivery, and Medical/Surgical), and surgery. The study participants were all registered nurse managers or charge nurses working in either medical/surgical or emergency department with minimum work experience of 6 years and maximum of 20 plus years. Two participants were nurse managers and three were charge nurses (see Table 1). Nurse managers supervise nursing staff, oversee nursing staff functions including ensuring ethical standards are met by unit staff. Charge nurses oversee the unit ensuring there is efficient patient care flow, delegates assignments and provide supervision for unit nurses and support staff.

Steps for Implementation

Flyers for the study were posted at local Indian Health Service (I.H.S.) hospitals in anticipation of capturing participants for the study. Nurse managers were solicited through email and flyers posted at local and private hospitals. Email invitations, consent forms, and research information were sent to seven known nurse managers working at Zuni I.H.S. and Gallup Indian Medical Center (GIMC). Two managers responded with consent forms and pre-surveys; therefore, extra emails and flyers were sent to five known charge nurses for additional recruitment. Five participants responded with completed consent and pre-survey forms.

Demographics such as years of education, work experience, clinical setting and work satisfaction were other conditions considered for the study. The demographics of the participants are as follows: Two participants were nurse managers and three were charge nurses; two had master's degree, two with bachelor's and one with associate degree; three worked in medical surgical unit and two in emergency department; two had 6 to 10 years work experience, one with 11-15, one with 16-20, and one with 20 plus years; three were very satisfied with work and two were satisfied (Table 1).

Procedural Steps

In anticipating using an existing survey pertaining to nurse code of ethics and an educational intervention, this DNP student reached out to authors Huang (2021) who developed a survey and educational intervention resulting in an unreturned response. Therefore, survey questions were formed from elements of nursing code of ethics focusing on ethical principles and provisions. The questions were made according to significance of the problems identified from the ethics literature studies. This include basic ethic principles, ethical decision making, values, patient care and confidentiality. Each question was made directly from the provisions by rephrasing definitions and concepts.

There are eighteen ethics questions and five demographic inquiries. There was a limit in questions for time purpose in avoiding diversion from the participant. The questions included identifying four ethical definitions such as beneficence, autonomy, fidelity, and justice. A few involved knowledges on professional relationships, compassion, respect, accountability, professional integrity, and collaboration. Some questions focused on safety and improving the care environment. The eighteen survey questions consisted of true and false and multiple choice (Figure 2). The survey questions were used to determine basic understanding of ethical principles

and provisions. The survey scoring consisted of one point for each correct answer with the

highest score of eighteen points as achieving 100% correct. The score was determined by scoring

the surveys with the number of correct answers.

To implement the ethics education, this DNP student searched for an existing video

training on nursing codes without success. Therefore, the DNP student developed a power point

training based on the American Nurse Association (2015) nursing code of ethics principles and

provisions. The power point included definitions on four ethical principles and detailed

information on each ethic provision along with examples.

The study did not commence until the first part of December after approvals were

completed in late October 2022 and nurse managers were identified. The forms, surveys, flyers,

and power point were reviewed again prior to starting the study. Consent forms and pre-surveys

were disseminated to participants in December 2022 through February 2023. The first data from

the pre-survey was collected in late January and was used as a baseline to measure knowledge of

nursing codes. The power point education was sent to participants in late January 2023 following

the pre-survey. The education was intended to be an in-service type training, however, because

of the short time frame to complete the study, the power point was sent to the participants to

view at their own time. The pre-survey was scored and averaged including configuring the

demographics.

IRB Concerns

It took four months for IRB processing such as accessing link to IRB, awaiting approvals

with numerous application edits, and requesting approval from I.H.S. supervisor and

organization headquarters to implement the study as an outside activity. This was a requirement

from the I.H.S. organization for employees seeking a request to perform another activity other

than the employee's regular duties. The study did not commence until the first part of December

after approvals were completed in late October 2022 and nurse managers were identified. The

forms, surveys, flyers, and power point were reviewed again prior to starting the study.

Data Analysis Plan

The data was analyzed using Microsoft edge excel program. Descriptive statistics of

mean, standard deviation and frequency distribution were used to evaluate data. Inferential

statistics of paired t-test were used to estimate differences in means between the pre and post

surveys (see Table 3). The two tailed *t*-test was used in micro soft excel since the number of

participants was very small (5).

Project Results

The data was organized in an excel spreadsheet and a two tailed *t*-test was performed.

The two tailed *t*-test revealed a statistically significant increase from the pre survey and post

survey, indicating that improvement in knowledge of nurse coded of ethics after the receiving an

education intervention pertaining to the nursing codes.

Analysis of the Results

A paired t-test examines differences of a single group with two different pairs of

measurements. Measurements are from the same group of people with different measurements at

different instances. The analysis of the result is, significant increase from presurvey knowledge

(M = 86, SD = 2.74) and post knowledge (M = 95.2, SD = 6.57), t (5) = -3.07, p value = 0.037.

In this study the *P*-value of less than 0.05 indicates statistical significance, thus the results of *P*-

value of 0.037 indicates there is enough evidence to determine the two-survey means are

different (Table 2).

Potential Barriers

Limitations

There are several limitations in the study. The first limitation relates to recruitment with

only two participants responding initially from the target population. The second limitation

involved bias as the recruited participants knew the author and possibly triggered potential bias.

The third limitation involved extended process for approvals from IRB and site authorizations

which impacted the timeline for the study. The fourth limitation, participants did not receive

monetary gifts except a thank you note. And the last, results may have been biased toward

positive education and work experience than those with less work experience and education.

<p align="center">**Sustainment and Dissemination Plan**</p>

Dissemination Plan

Results of the project will be shared with participants and stakeholders for awareness of

ethical problems and positive outlook on educational interventions for improvement in ethical

decisions by nurses. recruit champions to continue implementing ethics education/training.

Unintended Consequences

The author made attempts to include known nurses who diverge from ethical practices

and found they declined to participate in the study. Because these nurses diverge from ethical

practices, patient neglect and unprofessional behaviors continued to occur.

<p align="center">**Organizational Impact/Implications to Practice and Policy**</p>

Based on personal knowledge, insufficient knowledge of ethical principles from nurse

managers has caused poor patient outcomes, hospital readmissions, affect patient satisfaction,

strained organization credibility including financial effects in a healthcare setting. Because of

deficiencies in understanding ethical principles patients suffered injuries leading to readmissions

and costing the facility additional monies for hospital stay and treatments. This have been known to affect patient satisfaction and strain the organization's credibility.

There is evidence that implementing ethics training for nurse managers improves knowledge of ethics principles significantly. To decrease negative impacts healthcare facilities should implement nursing ethics training to increase knowledge, understanding, and awareness of ethical issues. Healthcare facilities should provide support and resources for continuing ethics education and encourage nurse managers to engage in organizational and political ethical activities to further develop their experience. Developing ethical policies will ensure nurses to center their practice around ethical principles in their daily practice.

Future Directions

Further studies on nursing ethics training are recommended to learn current methods that improve ethics knowledge. Sharing the results of this study with stakeholders, hospitals and clinics across New Mexico will inform and encourage implementing ethics training for nurse managers to develop ethical leadership skills and awareness to support nursing staff in making appropriate ethical decisions. Advocating in using Benner's model may provide structure in the program and develop nurses through appropriate stages for better learning. Current literature emphasizes concentrating on developing the core competencies of active listing, understanding to build on trust, objectivity, and applying reflective process with ethical situations for all nurses (Hemberg, 2020). Hospitals and clinics should explore various ethical training tools to improve understanding of ethical principles. Nurse managers are encouraged to participate in ethical leadership at organizational and political levels to develop intellectual and moral values. Lastly, it is vital in providing support and resources for continuing ethics education for nurse managers and nursing staff to sustain ethic knowledge.

Conclusion

The purpose of the project was to learn if implementing ethics education for nurse managers improve understanding of ethical principles. It is recognized that nurse managers' lack insight of ethical challenges that have been known to affect work environments and patient outcomes. Additionally, the impacts from the pandemic such as, rise in complexity of patient care, nurse shortage and burnout affect resolving ethical issues.

The study revealed nurse managers continue to use old methods of resolving ethical issues such as personal values and experience than using current methods of guidelines, teams and case studies. Evidence indicates nurse mangers lack ethical leadership skills and competencies to support nursing staff during hardship. In highlight, the study found that implementing ethics education for nurse managers enhanced their understanding of ethical principles. In moving forward with improving ethics education, more work is needed to heighten resources, guidelines, policies, and communication to build robust nurse ethics programs for future nurses considering better-quality care.

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Table 1

Participant Demographics

Education	
Masters	2
Bachelor's	2
Associates	1
Position	
Manager	2
Charge Nurse	3
Years of Work	
0-5	0
6-10	1
11-15	2
16-20	1
20+	1
Work Satisfaction	
Satisfied	2
Very Satisfied	3

Table 2

Pre and Post Survey Means

Code	Pre-Survey	Post-Survey
A	83	100
B	88	100
C	83	88

D	88	100
E	88	88
Average	**89**	**95.2**

Table 3

Two tailed t-test

Variables	M	n	SD	p
Variable 1	86	5	6.57	0.0370
Variable 2	95.2	5		

p value < 0.05 is significant

Figure 1

Benner's Novice to Expert Model (1982).

Benner, P. (1982). From novice to expert. *American Journal of Nursing*, 82(3), 402-407.
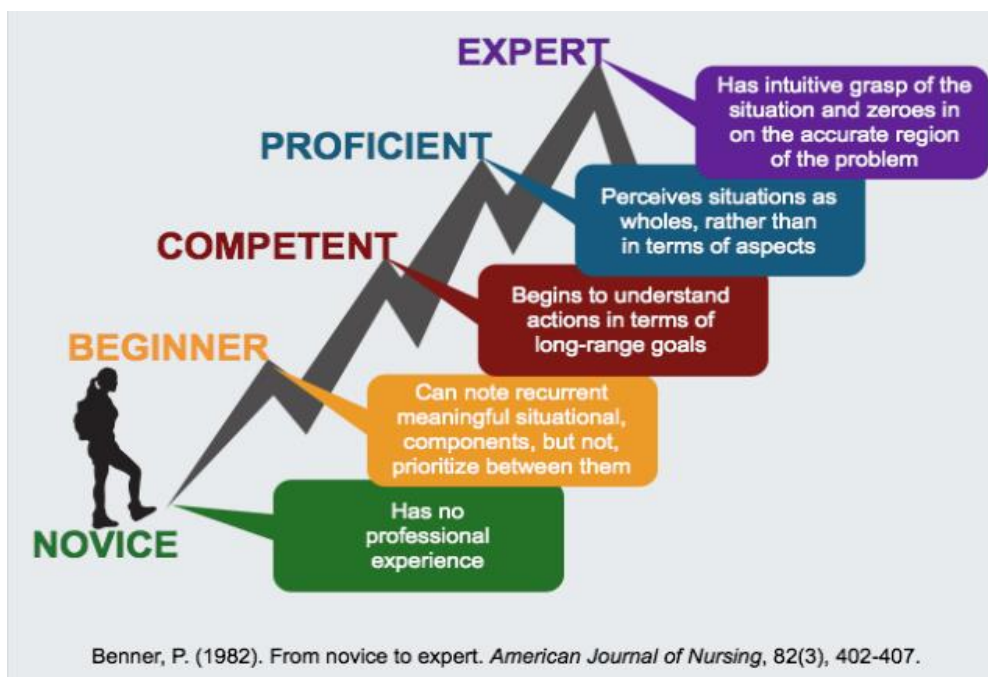
Appendix A

Project Survey Questions

Nurse Survey Questions

Indicate your highest level of education in nursing.

Associates   bachelor's   Master's   Doctorate   Post Doctorate

What shifts do you work?

Day   Night   Evening   Rotating   Weekends

How many years working as a nurse?

1-5 years   6-10 years   11-15 years   16-20 years   20 - 25 years   26 – 30 years   or 31 + years

How satisfied are you with your job as a nurse?

Very satisfied   Satisfied   Unsure   Dissatisfied

Nursing ethics is defined by:

    a. Moral principles
    b. Written Rules
    c. Policy and procedures
    d. Standards of care

Nurses should_____

    a. Ignore their personal values when acting in a professional role.
    b. Uphold professional values but be aware of personal values.
    c. Be aware of professional values and always act on personal values.

Patient dignity is earned   **True**   **False**

Nurses should avoid coercion or unintentional pressure in helping patients articulate their own values and preferences.   **True**   **False**

Working with other interdisciplinary, inter-professional or trans-professional colleagues is NOT part of ethical principles   **True**   **False**

A nurse should provide all information regarding their diagnosis, treatment, and care including other resources to encourage participating in mutual decision-making.
                                                True   **False**

The nurse has authority, accountability and responsibility for their practice by making decisions, actions to promote health and care of patients.
                                                True   **False**

CHOSE ONE ANSWER FOR THE FOLLOWING:

Beneficence is _____

    Truth-telling   Loyalty   Doing to benefit patient   doing no harm

Fidelity is _____

    Truth-telling   Loyalty   Doing to benefit patient   doing no harm

Non-maleficence_____

    Truth-telling   Loyalty   Doing to benefit patient   doing no harm

Veracity is _____

    Truth-telling   Loyalty   Doing to benefit patient   doing no harm

What is an example of negligence?

      Yelling at a patient   Leaving an unstable patient in bathroom   Touching pt without consent

The ability for a nurse to carry out their role safely, effectively, and efficiently is _____

      Transparency   Accountability   Competency   Professionalism

What is the first step of ethical decision making?

      Consider the principle/virtues   Consult with colleague

      Identify and define the problem

Which of the following are considered to be NOT ethical?

      Ignoring the needs of a patient that is not assigned to you

      Respecting the residents as individuals

      Asking for assistance from the nurse aid when you are not clear of something

      Keeping information about the resident confidential

You as a nurse have an obligation to act ethically and morally at all times.

                              True   False

Privacy and confidentiality of a patient information is legally protected. When a patient threatens to harm themselves or others, is this an exception to this practice?

                              True   False

Is it appropriate for a nurse to ask another nurse to sign off on a wasted narcotic which was not witnessed by the other nurse?   Yes   No
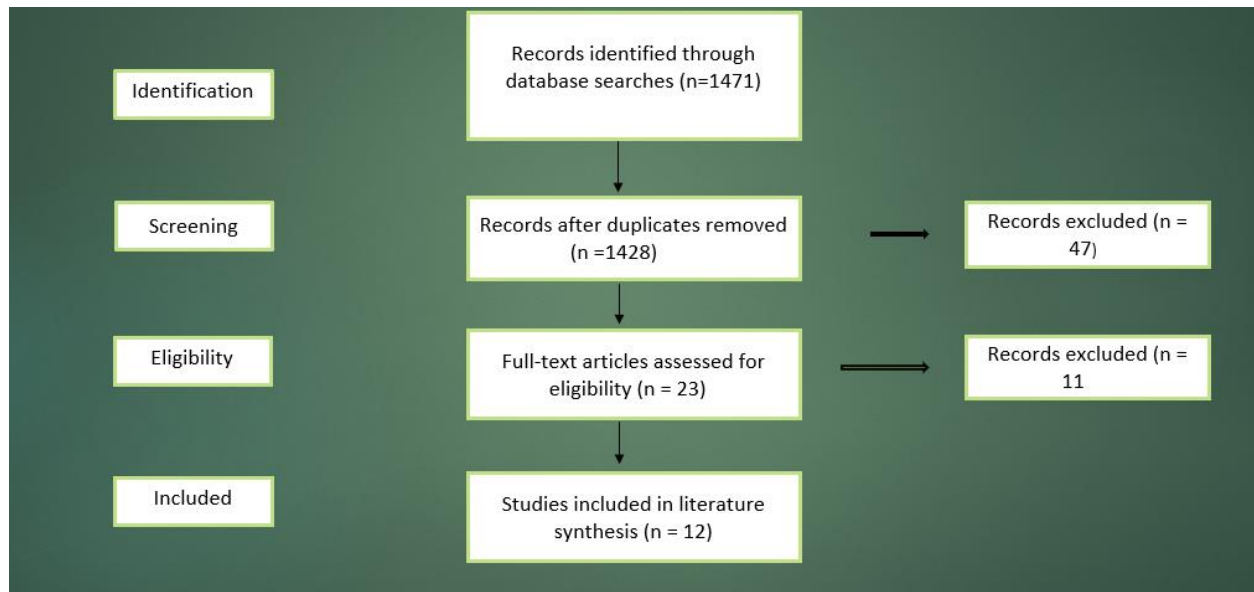
Appendix B

Nurse Code of Ethics Education a Power Point Slide. American Nurse Association (2015). Nurse Code of Ethics.

Nursing Code of
Ethics.pptx

Appendix C

PRIMSA

Appendix D

Project Timeline

Activity	May 2022	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan 2023	Feb	Mar	Apr
Present Project & IRB application	*	*	*	*	*	*	*					
Pre-Evaluation – participant recruitment							*	*				
Data Collection- Demographic									*	*	*	
Pre- evaluation										*		
Implement education/training									*	*		
Post-evaluation											*	
Data Collection									*	*	*	
Data Analysis										*	*	*
Final Paper									*	*	*	*
Present Project to DNP Faculty												*

Appendix E

Literature Matrix

Liter Matrix
5.5.23.docx

Appendix F

Survey Flyer

UNM HSC and
College of Nursing

Help improve nursing practice by participating in

Nursing Ethics Study to
Identify gaps and Improve Ethics Knowledge

To Participate please contact

Mona Lateyice at MLOwaleon@salud.unm.edu or call 505-870-4998

HRRC ID 22-302

Appendix G

Research Consent Form
The University of New Mexico Health Sciences Center

Consent and Authorization to Participate in a Research Study

Dear Prospective Participant,
Researchers at the University of New Mexico are inviting you to take part in a nurse survey/questionnaire about how you as nurse understand Code of Ethics. Code of Ethics are basic standards in performing ethical behaviors, patient care and addressing ethical questions in your work place. Studies show unethical practice by nurses set patients at risk for unsafe care. You as a nurse manager are asked to take part voluntarily to help uncover misunderstanding of code of ethics which may be correlated unsafe care of patients.

WHAT ARE THE KEY REASONS YOU MIGHT CHOOSE TO VOLUNTEER FOR THIS STUDY?

Although you may not get personal benefit from taking part in this research study, your responses may help us understand more about what nurses do not understand about code of ethics and prevent risks of patient harm and errors.

WHAT ARE THE KEY REASONS YOU MIGHT NOT CHOOSE TO VOLUNTEER FOR THIS STUDY?

The survey/questionnaire will take about 15 minutes to complete.

There are no known risks to participating in this study. Although we have tried to minimize this, some questions may make you upset or feel uncomfortable and you may choose not to answer them.

Your response to the survey is anonymous which means no names will appear or be used on research documents, or be used in presentations or publications. The research team will not know that any information you provided came from you, nor even whether you participated in the study. Your response to the survey will be kept confidential to the extent allowed by law. When we write about the study and its results you will not be identified.

We hope to receive completed questionnaires from about code of ethics to prevent patient harm or errors, so your answers are important to us. Of course, you have a choice about whether or not to complete the survey/questionnaire, but if you do participate, you are free to skip any questions or discontinue at any time.

Please be aware, while we make every effort to safeguard your data once received on our servers via REDCap, given the nature of online surveys, as with anything involving the Internet, we can never guarantee the confidentiality of the data while being transmitted to us.

If you have questions about the study, please feel free to ask; my contact information is given below. If you have questions regarding your legal rights as a research subject, you may call the UNM Human Research Protections Office at (505) 272-1129.

Thank you in advance for your assistance with this important project. Please return the survey by February 28, 2023. To ensure your responses/opinions will be included, please submit the enclosed postage-paid envelope to return your completed survey/questionnaire by February 28, 2023. By returning this survey **OR** by clicking on the link below, you will be agreeing to participate in the above described research study.

Sincerely,

Mona Owaleon-Lateyice
College of Nursing University of New Mexico Health Sciences
PHONE: 505-870-4998
E-MAIL: mlowaleon@salud.unm.edu

Appendix H

Letter of Support

DEPARTMENT OF HEALTH & HUMAN SERVICES

Indian Health Service

Zuni-Ramah Service Unit
P. O. Box 467
Zuni, New Mexico 87327

Date: 11/04/2022

To: UNM HSC Research Review Committee
RE: Letter of support for External Site

Dear Jessie Nichols

The Zuni Comprehensive Community Health Center supports the collaboration with University of New Mexico College of Nursing to participate in a project to investigate improvements in nursing accountability by conducting pre and post nurse ethics surveys and implementing nurse code of ethics education among nurse managers and charge nurses at ZCCHC. We support Mona Owaleon-Lateyice involvement in this effort and her time on the project for the investigation.

Thank you for facilitating this important effort.

Jean Othole
Chief Executive Officer
Zuni Comprehensive Community Health Center
Route 301 N 21B Avenue, Zuni, New Mexico, 87327
505-782-4431
Jean.Othole@ihs.gov

Appendix I

Request for Approval of Outside Activity (I.H.S)

R22-481 Approved
HHS-520 Mona Owa