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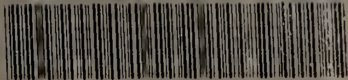

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VALUES EDUCATION IN BACCALAUREATE NURSING CURRICULA IN THE UNITED STATES

A Dissertation Presented

By

Diann B. Thomason Uustal

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION

February 1983

Education

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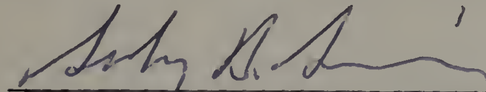
Approved as to style and content by:



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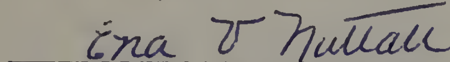

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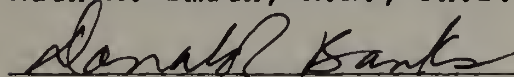

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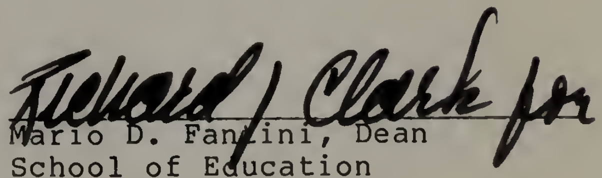

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Diann B. Thomason Uustal 1983

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my Mom and Dad for their support and for their love and example to me which has, as ever, been a great source of strength to me.

To all of you who have supported my efforts, I am deeply grateful and am proud to share this success with you. Thank you.

ABSTRACT

Values Education in Baccalaureate Nursing Curricula
in the United States

February 1983

Diann B. Thomason Uustal, B.S., University of Rhode Island
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Directed by: Professor Sidney B. Simon

Knowledge concerning attitudes toward values education in nursing education and the extent of its incorporation into nursing curricula is limited. Therefore, the purpose of this descriptive study was to examine the perceived need for values education as identified by deans and curriculum coordinators of National League for Nursing accredited baccalaureate nursing programs. It also examined the location of values education in baccalaureate nursing curricula and the influence of selected sample and faculty characteristics on the perceived need for values education.

Data were collected by utilizing a questionnaire and an institutional and faculty characteristics sheet. Data were analyzed by the use of descriptive statistics.

The overwhelming majority, or 97.5% of the respondents agreed that there was a need for values education to be included in baccalaureate curriculum. Ninety-four percent

of the respondents indicated that there was a need to incorporate it into their curriculum. The perceived need for values education in nursing curricula was not influenced by location or type of school, student enrollment or nursing faculty size, or preparation of the faculty in values education. Ninety-two percent of the respondents reported that values content was integrated into various nursing courses or addressed as questions and discussions developed. Data also indicated that the teaching of this content was primarily informal and unplanned. The degree of inclusion, time for addressing this content, and quality of teaching varied considerably among nursing programs.

Formal integration of values education has implications for the preparation of faculty, curriculum planning and design, and the scope and quality of integration. It is recommended that values education be more formally and systematically included in baccalaureate nursing education.

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CHAPTER I

INTRODUCTION

Nurses' involvement with patients and clients in numerous health-care settings makes them vulnerable to conflicts in values. In addition, rapid development and change in health-care technology influences nursing practice and presents nurses with distressing personal and professional value dilemmas. Does nursing education have an obligation to more adequately prepare its practitioners to resolve values issues and dilemmas? What direction should nursing education pursue in effectively preparing students for decision making in contemporary nursing?

Nurses need to be prepared cognitively and emotionally to cope with and resolve the complex value conflicts and dilemmas which exist now and which will continue to emerge in the future. They need to clarify and utilize values which form the basis for a sound ethical philosophy and which will arm them to deal creatively and decisively with multifaceted issues. It is of major concern to some nursing educators how nurses can be better prepared to cope with and resolve present and future conflicts in nursing practice (Aroskar, 1977; Davis, 1980; Silva, 1974).

Both literature and interviews with nurses indicate

the complexity of the value conflicts nurses must face in their daily nursing practice. These dilemmas appear to fall into two main categories: conflicts arising from technological advances which affect patient care and nurse-patient relationships, and those arising from the nursing profession itself. Advances in medical technology, such as organ transplants and life-sustaining equipment, have ushered in the use of aggressive resuscitative measures for dying patients. Nurses are caught in the confusion between attempting to respond to the patient's needs and desires, which may be in sharp contrast with the treatment initiated, and the legal obligation to follow orders. As a result, nurses are often witness to the prolonging of an individual's suffering which poses inherent conflict with values esteemed by the practitioner. These developments in technology raise many value questions for each nurse such as the sanctity of life and death, the quality of life, the termination of treatment for dying patients, and the patient's right to informed consent and to refuse treatment. Nurses express their concern and confusion in facing these issues and realize that they have no effective decision-making framework for resolving them (Jenkintown, 1974).

Conflicts within the care-giving setting or with other health-care professionals often prevent a nurse from being able to disclose the truth or to fully inform a patient who

requests information about medical care and treatment. These conflicts place a nurse in the position of violating professional values and trust with a patient and of being unable to advocate with authority and autonomy for a patient's right to know. Nurses also report difficulties in caring for individuals whose values sharply differ from those of the nurse. The resulting confusion in personal and professional values is distressing and difficult to resolve (Jenkintown, 1974).

The second broad category of values conflict for nurses is that of issues which arise from within the profession itself. For example, the changing image and role in nursing, the desire to be identified as a profession, and the very definition of nursing are three major issues that concern nurses and which must be clarified. Churchill (1977) describes the changes in nursing's image and role as a major values problem within nursing. He describes the profession as "poised precariously between past and future images, caught between dissatisfaction with what nursing has been and doubt about what it should be" (p. 873).

Other issues within the profession, such as the appropriate educational entry level into professional nursing practice and the concern with voluntary versus mandatory continuing education, are causes for heated debate. Nursing's position in the health care hierarchy,

autonomy, credentialing, and licensure are topics of discussion in both nursing education and practice settings. Add to these issues the confusion over unions versus professional organizations in nursing, third party payments for nurses and cost analysis of patient care and one begins to visualize the scope of the values issues and dilemmas with which nurses must deal (Clark, 1978; Partridge, 1978). These conflicts in values and the resultant "burnout" that nurses experience are identified by McDonnell, Kramer, and Leak (1972). Their study of nurses' responses to value issues shows that these conflicts result in a decrease in the quality of patient care, a lack of commitment to professional values, and a lowering of morale among nurses.

In the midst of these value dilemmas, few nurses seem to have an awareness of their values or a process for resolving issues. According to Aroskar (1977) and Langham (1977), nurses base complex value decisions on intuition, emotion, or policies and precedents with very little awareness of the consequences or impact of these decisions.

Do students have the opportunity for guided reflective thinking concerning these value issues and dilemmas in their educational experience? Perusal of undergraduate program objectives in a variety of baccalaureate nursing schools throughout the United States indicates that the emphasis in the nursing curriculum is placed on the development of cognitive abilities, such as analytical and

critical thinking and the ability to conceptualize, rather than on the affective domain which includes the examination of values and their influence on decisions and behavior (Reilly, 1978). Aroskar believes that current nursing nursing curricula and educational practices are seriously deficient in providing nursing students with repeated, structured opportunities and experiences in values education which stimulate and prepare them to make decisions on the basis of a clarified and consciously chosen set of values. "If nurses are to be prepared to face increasingly complex professional value conflicts, they need planned curriculum offerings" (Aroskar, 1977, p. 264).

Need for and Significance of the Study

During the past 15 years, rapid changes have taken place in the practice on nursing in the larger health care delivery system. The nurse's role and responsibilities are in a dynamic period of redefinition and considerable ambiguity exists concerning professional values in nursing and their effect on nursing practice and patient care. Value conflicts arising from the clash between what is identified as "ideal" in nursing practice and the actual delivery of nursing care are constant. As a result, decision making in these areas of value conflict and change is complex and confusing to practitioners and educators

alike.

There is an urgent need for nursing education to prepare practitioners who are competent to analyze complex issues and resolve value conflicts in nursing. Students in nursing need assistance in identifying and clarifying professional values which have a direct impact on the delivery and quality of nursing care. The rapid proliferation of values issues in nursing, the lack of clarity regarding nursing values, as well as the lack of a decision-making process based on these values makes this a propitious time for the study of the inclusion of values education in baccalaureate nursing curricula.

The need for this study was made clear when it was observed by this researcher, in her respective roles as a private consultant in values education and as a faculty member, that nursing students and nurses are constantly engaged in arduous, emotionally provoking questioning in their efforts to resolve the value dilemmas they face. Their confusion and difficulty may be due to the lack of educational experiences which provide opportunities for guided, systematic analysis and resolution of values issues within the classroom, before confronting them in practice settings.

The significance of this study rests on the fact that there are no other studies reported to date which have examined values education in nursing curricula. In

addition, attitudes toward this type of education, and the extent to which it is included in baccalaureate nursing education are unknown. This study is also significant because it will generate information which will be particularly relevant for deans, curriculum coordinators, and faculty as they revise, design, and implement change in present nursing curricula to more effectively prepare graduates to resolve values issues and practice in contemporary nursing.

Purpose of the Study

The purpose of this exploratory, descriptive study is to examine the perceived need for values education in nursing curricula as identified by deans and designated curriculum coordinators in baccalaureate nursing programs. The study also seeks to examine the extent of existing values education in baccalaureate nursing curricula and the relationship between the inclusion of values education and selected faculty and sample characteristics of nursing programs throughout the United States.

Statement of the Problem

Knowledge concerning the perceived need for values education in nursing and the extent to which values education is incorporated into nursing curricula is limited. Therefore, this study seeks to answer the

following questions:

1. How do deans or designated curriculum coordinators of baccalaureate nursing programs perceive the need for values education in nursing?

2. Where is values education content incorporated into baccalaureate curricula in nursing?

3. Does the perceived need for the inclusion of values education in nursing curricula vary according to geographical location, type of parent institution, student enrollment size in nursing, nursing faculty size, or preparation of the faculty in values education?

Definition of Terms

Baccalaureate nursing programs: These programs combine professional education in the theory and practice of nursing with general education in the humanities and the behavioral, biological, and physical sciences. They are located in four year colleges or universities and award a baccalaureate degree upon successful completion of the program.

Dean: An individual who has been designated as the administrator of the school of nursing.

Designated curriculum coordinator: A nursing faculty member who is knowledgeable about the nursing curriculum in a particular college of nursing. This may be the chairperson of the curriculum committee.

Ethical issues and dilemmas: Those circumstances and situations which primarily involve conflicts in ethical principles. Resolution is effected by reasoning which

utilizes an ethical theory that defines right action in specified ways. Choice is limited to alternatives which seem equally unfavorable.

Ethics: A branch of philosophy which attempts to deal with important questions of human conduct, moral problems and judgment, and the concept of morality. Ethics delineates the extent to which moral judgments are reasonable or justifiable, and raises the question as to what is right or what ought to be done in a situation that calls for a moral decision.

Nursing curricula: Written designs for intended learning outcomes in nursing which include educational goals and experiences organized in logical sequences.

Values: Personal standards which are preferred by the individual, provide a framework for evaluating beliefs, attitudes, and actions, and mediate behavior.

Value conflict: A value conflict occurs when two or more values deemed worthy in a given situation must be weighed and prioritized and one value must be chosen as the framework for decision making and action.

Values education: Values education refers to those learning opportunities deliberately designed to help individuals explore their values and their personal knowledge; that is, the conscious experiences of their thoughts, feelings, values, and actions in relation to self and others. The aim of this educational process is to

encourage values awareness, clarity and implementation, and to enhance psychological, cognitive, and professional growth within the individual. The components of values education include values identification, values analysis, values clarification, and the development of values.

Values issues and dilemmas: Those circumstances and situations which, by their nature, involve conflict in values for the individual attempting to resolve the problem. Choice is based on prioritizing values.

Assumptions

There are three underlying assumptions upon which this study is based:

1. Nursing students facing values issues and dilemmas may have difficulty making decisions in these areas.

2. Values education in nursing curricula can assist students in identifying and clarifying their values, analyzing values issues, examining the effect values have on their decision making and behavior, and resolving values issues and ethical dilemmas more effectively.

3. The deans and curriculum coordinators responding to this study are aware of and are adequately able to differentiate between values education and the study of ethics and are reporting their responses in this study only in relation to values education.

Limitations of the Study

The selection of only National League for Nursing accredited baccalaureate programs in nursing is a limitation of this study. Accreditation is a voluntary process and there may be baccalaureate programs in schools of nursing which meet accreditation standards, but who have not applied, and are therefore not included on the list of programs accredited by the National League for Nursing. Second, this study is only interested in baccalaureate degree programs in nursing and, therefore, other types of nursing programs such as associate degree and diploma schools of nursing will not be represented in this sample. Nursing students educated by all these schools face values issues and dilemmas; however, this study deals with values education for only those students in baccalaureate programs. The data are only generalizable to those nursing programs who responded to this study.

CHAPTER II

REVIEW OF RELATED LITERATURE

Literally thousands of books, articles, and studies have shaped the literature concerning values. Most of these writings and studies have focused on the nature and development of values, the identification of particular values that individuals hold, or the measurement of the relative importance of these values. A selective review of the literature was made in relation to values and values education in nursing curricula. This review is reported in three categories: (a) Theoretical framework of values and values education (b) The need for values education in nursing education, and (c) Research relevant to this study.

Theoretical Framework of Values and Values Education

In this section of the review of related literature, the definitions of a value and value systems, distinctions between values and value-indicators, effects of values on behavior and decision making, theories of value formation, and the focus of values education will be discussed.

Definitions of Values

The use of the word "values" in everyday speech and as a term used by a number of disciplines evokes various

connotations. There is little uniform agreement as to the definition and meaning of the concept "value" or the processes by which values are developed. Educators, psychologists, anthropologists, and sociologists have made contributions to the literature and research and have influenced both definition and theory. These fields consider values as:

> attitudes, motivations, objects, measurable quantities, substantive areas of behavior, affect-laden customs or traditions, and relationships such as those between individuals, groups, objects, and events. The only general agreement is that values somehow have to do with normative as opposed to existential propositions. (Kluckhohn, 1951, p. 390)

There are a number of scholars who have significantly contributed to the definition and clarification of the concept, value. These definitions vary slightly and complement one another. Raths, Harmin, and Simon (1966) define values as guides to behavior that evolve and mature, are seen as worthy, and give direction to life. They use the term "value" to denote "those beliefs, purposes, attitudes and so on that are chosen freely and thoughtfully, prized and acted upon" (p. 38). Values are described as those elements that indicate how a person has decided to use one's life. Values are not seen as static; rather they change as the individual matures and changes. The development of values is seen as a life-long process.

Raths, Harmin, and Simon (1966) are less concerned with the particular values one chooses than with the

process one uses to obtain one's values. They feel it is wiser to focus on the process of valuing and describe a series of seven steps that make it clear how they define a value. "Unless something satisfies all seven of the criteria noted below, we do not call it a value. In other words, for a value to result, all of the following seven requirements must apply" (p. 28). They see values as based on the following three processes: choosing, prizing, and acting.

> Choosing: (1) freely
> (2) from alternatives
> (3) after thoughtful consideration of the consequences of each alternative
>
> Prizing: (4) cherishing, being happy with the choice
> (5) willing to affirm the choice publicly
>
> Acting: (6) doing something with the choice
> (7) repeatedly, in some pattern of life
> (p. 30)

Collectively, these seven steps define the process of valuing and the products of this process are called values. This valuing process emphasizes that if individuals are to develop values, there must be the crucial element of personal choice and selection from alternatives which are prized and have meaning for the individual. These alternatives must be truly available for selection and the consequences of each must be fully understood. Based on this process, values are described as personal in nature and involving affective responses.

Kluckhohn (1951) states that "a value is a conception,

explicit or implicit, distinctive of an individual or characteristic of a group, of the desirable which influences the selection from available modes, means, and ends of action" (p. 395). A conception of the desirable: is a preference for one mode of behavior over an opposite mode or mode-state lower in one's value hierarchy, or a preference for one end-state over an opposite end-state (Rokeach, 1973). Kluckhohn also states that a value

> implies a code or standard which has some persistence through time, or more broadly put, which organizes a system of action. Value...places things, acts, ways of behaving, goals of action on the approval-disapproval continuum. A value is not just a preference but is a preference which is felt and or considered to be justified--"morally" or by reasoning or by aesthetic judgments, usually by two or all three of these. (p. 395-396)

Kluckhohn also describes values as personal in nature.

> Values are clearly, for the most part, cultural products. Nevertheless, each group value is inevitably given a private interpretation and meaning by each individual, sometimes to the extent that the value becomes personally distinctive. Some values are directly involved in the individual's existence as a "self." Values which manifest this quality appear to be especially important in many ways...are apprehended as part of the "self," ...such values... are constitutive of the person's sense of identity" (p. 398)

According to Maslow (1959), values can be classified as B (being)-values and D (deficiency)-values which suggests that values can be ordered along a continuum of lower- to higher-order values as is indicated by his theory of motivation (1954). Maslow identifies values with needs and categorizes subsets of values based on his well-known hierarchy of needs: safety, security, love, self-esteem,

and self-actualization. These basic needs are common to all mankind and since needs are seen as values, Maslow believes that values are shared and common to man (1959). He proposes that certain values are better, higher and more desirable for psychological fulfillment than others and believes that evidence suggests that there is an ultimate value toward which all people strive. This value has been called "self-actualization, self-realization, integration, psychological health, individuation, autonomy, creativity, productivity, [which] amounts to realizing the potentialities of the person, that is to say, becoming fully human, everything that the person can become" (1959, p. 123).

According to Rokeach (1973), a value is an enduring belief that a certain type of behavior or a certain condition of life is desirable. More specifically he defines a value as "an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence" (p. 5). Rokeach also agrees that values have a strong motivational component as well as cognitive, affective, and behavioral components. He describes the functions of values as standards which serve as principles for conflict resolution and decision making, which have motivational functions, and which have adjustive, ego defensive, knowledge, and self-actualization functions.

Rokeach formulated five assumptions about the nature of human values:

> (1) the total number of values that a person possesses is relatively small
> (2) all men everywhere possess the same values to different degrees
> (3) values are organized into value systems
> (4) the antecedents of human values can be traced to culture, society and its institutions, and personality
> (5) the consequences of human values will be manifested in virtually all phenomena that social scientists might consider worth investigation and understanding. (1973, p. 3)

By dividing values into two categories, Rokeach has identified a typology of human values: instrumental values (desirable modes of conduct) and terminal values (desirable end-states of existence). Instrumental values are also referred to as "means" values; terminal values are labelled "ends" values. Instrumental values are further divided into moral and competence values. Moral values are considered more narrow than the general category "values" and categorize mainly modes of behavior which "have an interpersonal focus which, when violated, arouse pangs of conscience or feelings of guilt for wrong doing." (1973, p. 8). Competence values or self-actualization values are not concerned with rightness or wrongness and have a personal rather than an interpersonal focus and when not actualized lead to feelings of shame and personal inadequacy.

Terminal values are also divided into two categories: personal and social. In turn, personal values and societal values can each be divided into an intrapersonal and an

interpersonal focus.

This categorization of values into means- and ends-values has been recognized by philosophers (Hilliard, 1950; Lovejoy, 1950), psychologists (English & English, 1958), and anthropologists (Kluckhohn, 1951; Kluckhohn & Strodtbeck, 1961). Still other scholars have focused on either means- or ends-values. French and Kahn (1962), Kohlberg (1963), Piaget (1965), and Scott (1965) have concentrated on values as means-values or idealized modes of behavior. Woodruff (1942), Morris (1956), Maslow (1959), Allport, Vernon, and Lindzey (1960), Rosenberg (1960), and Smith (1969) have focused on values as desirable end-states.

Definitions of a value are articulated differently by a number of individuals who represent a variety of fields of learning; however, it is possible to identify elements of these definitions that are held in common. Kluckhohn (1951) notes that there are three significant elements that are essential to the definition of a value and these elements can serve to organize the similar elements of the definitions identified by Raths, Harmin, and Simon, and by Rokeach. They are the cognitive (conception), conative (selection) and the affective (desirable) components. Steps one through three of the valuing process as identified by Raths et al. (1966) demonstrate this cognitive component of values. The affective element of a

value is expressed in definitions by Kluckhohn (1951) as "a conception of the desirable" (p. 395); by Raths et al. "as prized and cherished and publicly affirmed" (p. 30); and by Rokeach as a "preference considered to be justified" (p. 5). The conative or selection element of the definition is articulated by Kluckhohn, Raths et al., and Rokeach. These major theorists also agree that values have another component which is a behavioral or action-oriented element associated with values and which serves as a fourth common element in each of the definitions.

Defining Value Systems

Value systems are frequently referred to in the literature. According to Rokeach (1973), a value system is defined as "an enduring organization of beliefs concerning preferable modes of conduct or end-states of existence along a continuum of relative importance" (p. 5). It is a learned set of principles and roles organized to help a person choose between alternatives, resolve conflicts, and make decisions.

Raths, Harmin, and Simon (1966) also believe that there is a dynamic interrelationship among an individual's values. "Values seldom function in a pure and abstract form" (p. 27). Judgments are made on the basis of a number of interacting values and by a process of weighing and balancing one's values.

Williams (1968) writes that value systems rather than a single value guide a person's behavior.

> particular acts or sequences of acts are steered by multiple and changing clusters of values. After a value is learned it becomes integrated somehow into an organized system of values wherein each value is ordered in priority with respect to other values. Such a relative conception of values enables us to define change as a reordering of priorities and, at the same time, to see the total value system as relatively stable over time. (p. 287)

Silver (1976) believes that a value-system is the rank ordering of values in terms of their importance with respect to one another. "A person's value system represents a learned organization of values for making choices and for resolving conflicts between values" (p. 14).

Distinctions between Values and Value-indicators

The literature often erroneously refers to beliefs, aspirations, goals, and attitudes as values. Distinctions between values and concepts such as needs, beliefs, goals, and attitudes have been extensively explored by a number of scholars. According to Raths, Harmin, and Simon (1966) value-indicators are those expressions which do not meet all of the criteria of the valuing process. They include goals or purposes, aspirations, attitudes, interests, feelings, beliefs, convictions, and activities. Value indicators are seen as potential values and are important since they indicate expressions which approach values, but are not considered to be values since they do not meet all

the criteria of the valuing process. Any belief, attitude, or other value indicator that is chosen freely, thoughtfully, prized, and acted upon consistently is defined as a value.

The terms "values" and "beliefs" are often used interchangeably; however, values and beliefs are also seen as different by Kluckhohn (1951). He states that "a belief refers primarily to the categories, 'true' and 'false'; 'correct' and 'incorrect'. Values refers primarily to 'good' and 'bad'; 'right' and 'wrong'" (p. 432).

Rokeach (1973), however, disagrees with the idea that beliefs and values differ. He has identified three types of beliefs:

> descriptive or existential beliefs, those capable of being true or false; evaluative beliefs, wherein the object of belief is judged to be good or bad; and prescriptive or proscriptive beliefs, wherein some means or end of action is judged to be desirable or undesirable. A value is a belief of the third kind--a prescriptive or proscriptive belief. (pp. 6-7)

Values and other value-indicators are also incorrectly used as interchangeable concepts. For example,values and ideals should be defined separately because the concept of "ideal" does not imply the notion of choice or selection which is inherent in the most frequently accepted definitions of a value (Kluckhohn, 1951; Raths et al., 1966; Rokeach, 1973).

Values and goals have also been mistakenly referred to as the same concept. Although values are seen as a

fundamental component in all aspects of action, they "are not the concrete goals of behavior.... Values appear asthe criteria against which goals are chosen" and are therefore, unique (Kluckhohn, 1951, p. 429).

Values and needs have been described as closely related; however, they are not identical with specific needs of the organism.

> Physiologic deprivation and gratifications may be relevant to a great many values, but do not themselves constitute value-phenomena...to put it another way, "value" can only become actualized in the context of "need" but is not thereby identified with need." A value might be considered as "that which continues to be desired... after imperious segmental deprivations have been removed. (Kluckhohn, 1951, p. 428)

Effects of Values on Behavior and Decision Making

Many theorists and writers discuss values in terms of their influence on behavior. Raths, Harmin, and Simon (1966) discuss the interrelatedness of values and behavior: "where we have a value, it shows up in aspects of our living.... Values tend to have a persistency, tend to make a pattern in a life.... The development of values is a personal and life-long process (pp. 29; 37). Persons with unclear sets of values "seem not to have clear purposes, to know what they are for and against, to know where they are going and why." They seem "to lack direction for their lives, lack criteria for choosing what to do with their time, their energy, their very being" (p. 12). It is clear that Raths, Harmin, and Simon identify

values as having significant and direct influence on behavior.

Rokeach (1973) also concurs with the control role of values in effecting behavior. He asserts that values serve as standards that guide behavior and lead us to choose particular positions, and help us evaluate, judge, and compare what is of worth. "Values are nevertheless more central than attitudes as determinants of human behavior" (p. 51).

Values have been given a role of central importance as the basis for social action and interaction by psychologists, sociologists, and anthropologists. Parsons and Shils (1951) report that "patterns of value orientation have been singled out as the most crucial cultural elements in the organization of systems of action" (p. 159).

Simon et al. (1972) states that "everything we do, every decision we make and course of action we take, is based on our consciously or unconsciously held beliefs, attitudes and values" (p. 13). Decision making and one's actions are directly influenced by one's values according to Simon.

Moscovice and Nestegard (1980) suggest that a hierarchy of values, or a value system enables one to resolve conflicts and make decisions. The more important a value is in relation to other values in the conflict, the more it is utilized for the decision-making process and

resolution of the conflict.

Theories of Value Formation

There are several different theoretical frameworks which attempt to account for the origin and development of human values. Three of the most common theoretical frameworks for the study of values development are the psychoanalytic, social-learning, and cognitive-developmental theories.

Psychoanalytic approach. An early explanation of the development of values was derived from Freud's work. The psychoanalytic approach describes the development of values based on the establishment of the superego. The superego is seen as the center of moral and ideal standards within the person and its function is to suppress, neutralize, or divert instincts which, if acted upon, would violate moral values the society holds. According to this theory, a child learns values by identification with the parent and incorporates the parent's values. Psychoanalytic theory holds that values are internalized and established early in childhood and that they are not affected by later influences and identifications.

Erikson (1950) continued the work of the psychoanalytic approach and identified eight stages of ego identity which were described as a series of psychological stages related to physical maturation. These stages begin at birth and continue until old age and define the central

concerns and conflicts in values unique to each developmental period. The eight stages are: (a) basic trust versus basic mistrust, (b) autonomy versus shame, (c) initiative versus guilt, (d) industry versus inferiority, (e) identity versus role confusion, (f) intimacy versus isolation, (g) generativity versus stagnation, and (h) ego integrity versus despair.

Social-learning approach. The main premise of social learning theory is that values are learned. Social learning as applied to value development is based on stimulus-response learning: values are learned by direct positive or negative reinforcement of behavior (Bandura & Walters, 1963). Parents are identified as the crucial figures in this process of social learning since they shape a child's values in three ways: punishment, reward, and modeling (Wright, 1971). Even though a child's preferences for particular values and behaviors change as a result of age, cognitive development, and importance to the child, this theoretical approach asserts that values and behavior learned early tend to persist.

Cognitive-developmental approach. The cognitive-developmental approach to values and value judgement processes was pioneered by Piaget and continued by Kohlberg's research. According to this theoretical approach, moral value development (a subset of values) occurs in stages and sequence. Piaget (1932) demonstrated

that moral rules and values become more internalized or "interiorized" as an individual moves through the stages. Values and rules are seen as entirely external by the young child and with cognitive maturation they become a part of the child's internal guidelines. At this point, reciprocity has entered into the child's thinking and s/he complies with rules and values because of mutual respect and cooperation and not merely external authority. Moral judgment and value selection is then autonomous.

The second major theory on cognitive-moral development is that of Kohlberg (1964). Like Piaget, Kohlberg's explanation of moral development is aligned with cognitive development and emphasizes the child's ability to reason about moral problems and to choose values more autonomously. Kohlberg's longitudinal research identifies three levels of moral judgment reasoning: preconventional, conventional, and post-conventional. There are six stages into which these levels are divided, two at each level. The stages are categories which are representative of more adequate ways of handling moral/value reasoning. For example, the way in which rules and values are conceived changes with each stage of development. First, a child follows rules and values based upon external compulsions and punishment (stage 1), and later based on rewards (stage 2), then according to social approval (stage 3), then in relation to upholding some ideal order (stage 4), and

finally based on the articulation of social principles necessary for living with others (stage 5, personal value orientation and stage 6 principled morality). It is not until an individual has matured cognitively to stage 5 that one is truly autonomous in the choice of one's values as guides for behavior since the need for external approval is so operative at the earlier cognitive maturational levels. Kohlberg has also shown that these arbitrary stages represent organized systems of thought and that these stages are natural steps in one's value development. He claims that all people move through these stages in an invariant sequence and that a person reasons predominantly from one stage. Individuals can progress to higher stages of development by deliberate educational programs and techniques which create cognitive conflict in a person's mind and encourages the person to examine personal values and decision making.

The Focus of Values Education

"Values education can be broadly defined as the systematic effort to help students identify and develop their personal values" (Silver, 1976, introduction). The purpose is to provide opportunities for students to identify and choose among competing values and to examine the consequences of their choice. Values education enables students to gain sensitivity to values and moral issues and allows them to "exercise their capacity for moral

judgment.... It focuses on the person in the learning process. The learner's values, feelings, beliefs and judgments are of primary concern in any approach to the teaching of values" (Silver, 1976, introduction, p. 19). Values education also provides students with tools or strategies, abilities, and skills for clarifying values and making value judgments.

Silver (1976) feels that values education incorporates many complex elements: values clarification, judgment, decision, and action. Under the rubric values education, he includes values clarification, moral reasoning, values analysis, role playing, confluent education and action learning. He states that:

> While particular values education approaches may differ in theory, methodology and emphasis, they have a common objective. Each approach attempts to make values and valuing serve the real needs and concerns of students. In each case students are asked to examine their own values, emotions, and feelings, and to grapple with those of others. (introduction)

Values education offers written strategies and verbal interaction which provide opportunities for students to examine and consider a variety of modes of thinking and analyzing of alternatives, of considering various alternatives and of determining whether their decisions and actions reflect their stated values. Values education exercises are designed so that questions and issues can be examined in a systematic way and values and actions can be brought into harmony. Most importantly, values education

exercises attempt to expose the student to alternatives and to encourage free choice in terms of values. This choice is crucial since it is only when individuals begin to choose and evaluate the consequences of their choices will they begin to develop their own values (Simon et al., 1972).

This researcher describes values education as including four main components: values identification, values analysis, values clarification, and the development of values. Collectively these components assist individuals in identifying and developing personal and professional values and in examining the influence of values on decision making and behavior. Values education offers a process for systematic decision making rooted in personally identified and chosen values which can be utilized in resolving values issues and ethical dilemmas. It is a collection of effective, experiential strategies and exercises which are developmentally appropriate for the learner and designed to enhance the individual's human development and potential.

In contrast to values education, the primary focus of education in ethics is to examine ethical theories and to identify ethical principles fundamental to various theories. Traditional ethics education attempts to assist the student in defining what is considered to be "good," "right," or "obligatory" in decision making and behavior

based upon a particular theory. The analysis of values issues and ethical dilemmas is grounded upon ethical principles and ethical reasoning which is proscribed by a chosen ethical theory.

Furthermore, ethics education is not primarily concerned with the individual's exploration of personal values, or thoughts and feelings in relation to personal values or ethical principles inherent in a given dilemma. Neither is the primary focus on the enhancement of psychological, cognitive, or professional growth of the individual. In addition, ethics education, unlike values education, examines the "good" or "right" of chosen values and principles influencing decision making. While the primary goal of enhancing the individual's ability to resolve difficult issues and dilemmas for both values and ethics education is the same, the significant differences between them must be identified.

This writer asserts that personal and professional values must be identified, analyzed, clarified, freely chosen, and utilized in one's process for decision making and behavior before the more abstract and ideal ethical principles are taught and the patterns for decision making are proscribed by a given theory. It is this writer's opinion that both values and ethics education enhances effective decision making but that the sequence of these educational opportunities is critical.

The Need for Values Education in Nursing Education

Evidence of the need for and interest in values education in nursing is reflected in the literature in two ways: the numerous articles identifying the multitude of contemporary issues nurses face in their practice, and the expressed, collective concern of nursing educators regarding the lack of educational preparation of nurses to resolve these issues. This section of the review of the literature will discuss the need for values education in nursing from these two perspectives.

Contemporary Issues and Dilemmas in Nursing

Countless articles and personal testimonies of nurses in practice identify an increasing array of issues in nursing. The profession's hallmark seems to be a growing and overwhelming sense of confusion with omnipresent values-oriented dilemmas. From a through review of the literature, it is apparent that the issues confronting nursing can be divided into two broad categories. The first category includes those value issues which are created by rapid technological changes in the delivery of health care and the second incorporates those issues which are unique to nursing in terms of its history and contemporary struggle as a profession.

Advances in science have caused value changes in society at large, and these have affected the health

professions. The rapid acceleration of medical technology in particular has posed value dilemmas for nurses in such areas as "the sanctity of life and death, human experimentation, truth telling, compliance, informed consent, procreation rights, rights of the handicapped, and the allocation of scarce resources" (Mahon & Everson, 1979, p. 4). The use of resuscitative measures for terminally ill patients, caring for abortion patients, and truth telling are described as creating the most difficult value dilemmas and ethical conflicts by nurses who participated in a national survey (Jenkintown, 1974).

According to Silva (1974)

> Advances in sciences are bringing with them severe tests of deeply held beliefs. Such scientific advances may shake if not shatter personal and professional beliefs that most of us value highly: the dignity of human life, the uniqueness of every human being, and the freedom of every individual to control his life and life style." (p. 2004)

Genetic experimentation, in vitro transplants, euthanasia, the rights of human subjects during research and genetic surgery are not merely science fiction dilemmas, but rather are related to the broader issues of the direction and role of science in our society and therefore affect the practice of nursing. Silva's comment accurately represents many contemporary nurses' concerns regarding these issues and their feelings of helplessness in resolving them.

> That nurses are involved daily in ethical issues is self-evident; that nurses will become more deeply

> involved in the future is a certainty .... What is less than clear, however, is how the nurse can better prepare herself to cope with difficult ethical issues of the future. (p. 2006)

In addition to these confusing scientific advances and inherent value conflicts, historical factors have created values issues with which nursing still struggles. The first such factor is that nursing has always been an indistinguishable and buttressing part of the hospital's bureaucracy and has existed to carry out the organizations' rules and regulations (Partridge, 1978). Even nursing education was indistinguishably linked with the hospital since students became the main supply of inexpensive labor. Zaskowska (1974) has pointed out the nature of this problem in a poignant statement.

> Nursing further diluted its strength by supporting a philosophy promoting institutional goals. Seeking professional identity, nursing aligned itself with the hospital and its management structure, meanwhile giving up patient-related practice to para-professionals. (p. 8)

These historical roots still create value issues for contemporary nursing. Nurses, as employees, work under policies which are established by others, they have relatively little influence on the system and continue to remain unclear about their professional identity and their autonomy (Bandman & Bandman, 1978; Murphy, 1978; Steinfels, 1977).

A second historical factor which creates contemporary value conflicts is that nursing has not fully emerged as an

independent profession from medicine (Partridge, 1978). Nursing has suffered from the "physician's-rib-syndrome" and seems to have always held a subservient position and lacked the sense of prestige the male-dominated profession of medicine has enjoyed. Historically, nurses were seen as handmaidens to the physician and forced to clean up the wards and to work hard in order to be more socially acceptable. Patients were, and still are, seen as the doctor's patients; the orders were, and still are, the doctor's orders; the system was, and still is, set up in a military, hierarchical fashion. This background continues to seriously restrict nursing autonomy.

A third factor is that historically nursing has been a predominantly female profession whose members have been constrained by their feminine socialization and their lack of assertiveness, decisiveness, and decision-making skills. In the past, nurses were rewarded for being submissive, not questioning authority, and doing as they were directed. In contemporary nursing, there is an increasing emphasis on assertiveness, accountability and autonomy; however, many nurses find it difficult to actualize these values and behaviors in a system that still does not accept or encourage nurses' independence (Partridge, 1978).

Additional value dilemmas characterize contemporary nursing besides those created by the scientific advances and nursing's history. No segment of nursing seems to

escape the current perplexity and change which seems to define the profession. Briefly, there is debate concerning the appropriate educational entry level into nursing practice, continuing educational requirements, licensure, and certification in nursing (Christman, 1973). Expanded roles in nursing as well as integrating wellness and holistic health care values into nursing practice are elusive concepts and cause confusion (Flynn, 1980). Third party payments, unions, and quality assurance create value conflicts. Finally, concern with accountability, peer review, and professional autonomy cause more anxiety among nurses (Partridge, 1978). This list of values issues is by no means complete, yet many nurses are unprepared to effectively resolve these and other value conflicts.

One of the most discouraging current issues nurses face is the sharp criticism of the profession, both from outside and within the ranks of nursing (Partridge, 1978). For example, practicing nurses hear complaints from angry patients and families about the poor quality of care and the absence of caring. Many new graduates soon become disillusioned and feel overwhelmed and unprepared to meet the challenges of their first clinical assignments. They experience burnout and reality shock and often leave nursing during their first year (Kramer, 1976). Nursing educators attempt to prepare students who are able to be leaders, who can cope adequately with change and who are

creative in their nursing care within an often constraining system, only to be frustrated by the criticism that neophyte nurses are ineffective in their practice in the "real world of nursing." Nursing service administrators constantly experience failure in their balancing of the cost of care and the rapid turnover of nursing personnel with the vision of what ideal nursing care should be (Partridge, 1978). Collectively these criticisms lower nursing's morale and decrease its ability to effectively care for its clients.

The definition of the nurse's role is frequently documented in the literature as one of nursing's most pervasive issues. Steinfels (1977) identifies the conflict in values which arise between the professional model of nursing education and the bureaucratic model held by the health care institutions. This creates role confusion and value dilemmas for the nurse who is simultaneously responsible to two opposing ethical systems. Aroskar (1978) also identifies this conflict between the personal and professional values that nurses hold and the values the institution supports as the most pressing ethical dilemma facing nurses. She points out that nurses are constantly caught in the controversy of trying to be accountable, at times, to opposing values. Giovinco (1978) agrees that the issue of role definition is the most serious value issue. She asserts that the role of the nurse changes in various

situations and, as a result, is ambiguous and confusing. "The complexities in nursing practice encompass undetermined varied situations, such as overlapping functions, duties, powers and obligations between the practice of nursing and the practice of medicine" (p. 97). Gadow (1978) identifies the confusion with the role of the nurse as the most significant dilemma and attempts to define this role by posing the question of "What is the nurse's relationship to the client?" (p. 93) She maintains that the nurse's response affects not only legal but also ethical guidelines as well as the autonomy nurses have in their practice. She states that "the very definition of nursing is an ethical problem ... and certain ethical constraints follow from one's view of the nurse-client relationship" (p. 94). Jameton (1977) claims that nurses often have responsibility for patient care but not true accountability since they have little authority for patient care within the system. They generally have either limited or no input into decision that they are responsible for implementing which creates dilemmas (Bandman & Bandman, 1978; Boyd, 1977; Bunzl, 1975). As a result, nurses experience role conflict with other health care professionals, especially physicians. This creates value conflicts which are often difficult to resolve (Boyd, 1977; Bunzl, 1975; Jameton, 1977).

Still other issues unique to the profession are

discussed by esteemed nursing educators and researchers. McDonnell, Kramer, and Leak (1972) have examined the conflict between meeting the needs of the patient or the needs of the institution and its effect on nurses. They report a decrease in the quality of patient care, a lack of commitment to professional values and a lowering of morale among nurses as a result of their inability to resolve this problem. Bindschadler (1976) addresses this same conflict and encourages nurses to attempt to resolve the conflicts between the bureaucratic system and their professional values and to demonstrate their caring, human values in practice.

Christman (1973) has identified six dilemmas which significantly shape nursing practice. They are the (a) emphasis on specialization in nursing, (b) the "life saving motif" where the ideal seems to be defined as the saving of lives, (c) death with dignity, (d) the impersonalization of health care, (e) the fact that the patient is not allowed to be the major decision maker in the health care team, and (f) the patient is not encouraged to define the quality of life for him or herself. Christman believes that these values issues in nursing are expressed in a broad range of tensions between individual freedoms and institutional regulation and between privacy and right to information. These conflict areas are being reflected in an increasingly complex range of specific dilemmas such as the termination

of treatment of dying patients, and conflicts of interest among health research and a patient's right to refuse treatment. He holds that these ethical dilemmas are unresolved in nursing and challenges nurses to examine these issues carefully.

These values issues and ethical dilemmas are harsh realities which nurses as individuals and collectively, as a profession, must face. Indeed, the list of specific issues and conflicts is a lengthy one which could be extended for pages. Some of these issues are familiar to nurses, others have emerged more sharply on the crest of the wave of rapid technological and social change--change that has set in motion seemingly endless institutional as well as personal value dilemmas leaving many nurses bewildered and uncertain about their role, decision making and values. Nurses need educational experiences which will help prepare them to analyze and resolve these complicated value issues. They need to identify and clarify personal and professional values which can serve as sound guidelines for confronting multifaceted dilemmas.

The Concern and Need for the Educational Preparation of Nurses

A cornerstone for the foundation of American higher education has always been a concern for the ethical instruction and development of students. Yet, by the middle of the twentieth century the importance and

centrality of moral studies was eroded and instruction in values and ethics was confined almost exclusively to departments of philosophy and religion (Clouser, 1980, p. v.).

In the past decade, however, there has been a remarkable resurgence of interest in and commitment to the teaching of values and ethics in undergraduate and professional school curricula. Educators in nursing reflect this trend and expressed concern in relation to the student's preparation to enter practice with sufficient skills to resolve values issues and ethical dilemmas is increasing. "What direction should nursing education pursue in effectively preparing students for decision making in contemporary nursing?" is the primary question raised and is the major theme of many articles and conferences. Nursing educators are presently concentrating primarily on the teaching of ethics as the means to better prepare nursing graduates to make difficult decisions and to practice more effectively. In reviewing the literature, it is apparent that fewer articles focus on the broader conceptual framework of values education which includes the identification, analysis, clarification, and development of values. Rather, they concentrate on the teaching of ethics. It is noteworthy to emphasize that ethics and values education share the same general objectives for helping students analyze and resolve values issues and

dilemmas more effectively in nursing practice. It is this researcher's position that an understanding of values education is fundamental to an understanding of ethical principles and theory and that the combination of both values and ethics education significantly influences effective decision making in nursing.

In a dissertation on the development of autonomy in baccalaureate nursing students, Aroskar (1976) discovered that nursing students were interested in learning experiences in which they could demonstrate autonomous decision making in the classroom and clinical settings throughout the curriculum. On the basis of her research, she concluded that "students need experiences in thinking systematically about ethical dilemmas...in a structured way throughout the curriculum for which the faculty take major planning responsibilities" (p. 36). Her study set the stage for a closer examination of the role of nursing education in preparing graduates to effectively resolve dilemmas in nursing.

Aroskar (1977) feels that nurses are particularly vulnerable to conflicts in decision making because of their lack of educational preparation in the area of resolving value and ethical conflicts. She raises the issue of how to prepare students to cope with difficult situations and states that "if students are to be prepared to face increasingly complex professional value conflicts, they

need planned curriculum offerings" (p. 260). Aroskar maintains that "students need to have some knowledge of types of arguments and positions leading to different conclusions and decisions and the opportunity to do some guided reflective thinking about their own moral and ethical positions" (p. 264). She believes that it is "crucial that nurses be able to identify (ethical issues) and articulate thoughtful ethical positions as individual human beings and as professionals. Baccalaureate nursing programs should provide this opportunity for students at all levels of the curriculum" (p. 264). She feels that faculty-designed experiences for examining issues must be provided rather than the current approach of integrating ethical content into the curriculum whenever the questions are raised by students.

Rabb (1976) has also expressed concern about the lack of attention paid to the formal presentation of content in the areas of values, moral issues, and ethical theories in professional nursing curricula. He observes that "one cannot cope with a conflict-of-duty situation unless one has some understanding of what is involved in making moral judgments and some knowledge of how to subject one's moral principles to critical, rational examination" (p. 179). He, too, strongly advocates for the incorporation of courses and opportunities where students can examine value and ethical dilemmas in a guided manner.

Langham (1977) criticizes that "when nurses are called upon to make moral decisions, they make them simply on the basis of 'moral intuitions', grounded in uncritically accepted religious, societal, and legal mores" (p. 221). He recommends that nursing students be taught ethical principles as well as a process for applying the principles to ethical dilemmas in order to increase a student's analytical ability and enhance the effective resolution of dilemmas.

Curtin (1978) also concurs with Langham's criticism and advocates for the integration of courses in ethics in the nursing curriculum. She states, "we are long past the stage where 'opinion' and 'gut level feelings' can safely guide our actions in this area." Courses in ethics must "offer sustained and intensive exposure to ethical issues and ought to provide the student with the cognitive 'tools' helpful (if not essential) in formulating judgments in the face of an ethical dilemma" (p. 21).

Ketefian (1981b) agrees with Langham's (1977) and Curtin's (1978) observations that nurses' decision making and ethical practice is more often based on "intuition, self-interest, pragmatic considerations, and so on" rather than that of a well-reasoned and well-informed process (p. 172). She asserts that society has the right to expect nurses to practice "morally," according to established values, and with thought and "reflection." Ketefian

believes that educational strategies "to enhance moral reasoning levels can lead to sound moral decision making. Moreover, it is imperative that the educational process better prepare these nurses to confront the reality awaiting them" (p. 175). She emphasizes the inclusion of moral development strategies designed to assist students in making a moral decision. Moral judgment development has been shown to be positively correlated with moral development strategies designed to promote cognitive conflict and disequilibrium (Kohlberg, 1976; Rest, 1976).

Ketefian's (1981a) research demonstrated that moral judgment development was at more advanced stages of development in nurses who received professional education than those who received technical educational preparation. Her findings have been verified by Crisham (1979) and together with Murphy (1976) they serve as the key proponents for the inclusion of moral development in nursing education. Crisham (1981) also believes that an individual's values influence decision making and that not enough emphasis is placed on the influence of values on decision making by nursing educators. She reports that both the educational setting and health institutions neglect to appropriately prepare nurses to exercise moral judgment skills based on their values even though nurses are consistently confronted with moral dilemmas in practice.

In an unpublished doctoral dissertation, Murphy (1976) conducted a study to determine the levels of moral reasoning of a selected group of nursing practitioners which has important implications for nursing education. She found that most of the participants were at the conventional level of moral reasoning, which stresses obedience to authority and the need for harmonious relationships with institutions and authority figures. She concluded that these nurses could have become fixated during a critical period of moral development because their nursing education and practice environments lacked higher stage stimulation. The next level of moral reasoning beyond the conventional level is what Kohlberg (1973) refers to as the post-conventional or principled thinking level. At this level of moral development an individual resolves moral-value dilemmas on the basis of clarified personal values and principles. Murphy feels that this critical, reflective identification of one's values is not consistently provided in nursing education and that most nurses' level of moral development is not adequate to cope with dilemmas frequently arising in professional nursing practice. She strongly recommends the inclusion of courses which focus on values identification and moral development and which provide opportunities for guided moral discussions.

Krawczwk and Kudzma (1978) point out that nurses'

educational preparation does not meet the demand for them to be able to develop rational, autonomously chosen grounds for making decisions. They state that:

> Moral education in nursing curricula frequently consists of courses in theoretical ethics that are unrelated to the moral dilemmas that nurses encounter in their daily practice. Such courses tend to focus on a variety of ethical theories without ever altering the student's cognitive maturity with regard to moral issues, so this approach is questionable. (p. 254)

According to these educators, seminars in which students are presented with specific ethical dilemmas and allowed to discuss decisions within a small group can contribute more to a student's moral development and ability to deal effectively with nursing dilemmas than formal courses in theoretical ethics.

Clark (1978) is a major proponent for the inclusion of values clarification courses within the nursing curriculum. She states that the complex situations nurses face cause students a great deal of confusion concerning "the value of health, death, family, sex, work, friendship, leisure, salary, aging, drugs, instructions, learning, rules and authority, physical appearance and life styles." (p. 198) She identifies that traditionally nurse educators teach values by moralization or indoctrination or, on the other extreme, simply allow students to discover values on their own. Clark feels that this type of values education in nursing is inappropriate and advocates a values clarification approach which "gives students a set of skills to

clarify and develop values and to problem solve whether or not the teacher is present (p. 199). Without this educational process, she feels that students "bombarded with stimuli and confronted with pressures and forces to act in particular ways, ...will have no basis upon which to decide appropriate action. Ignoring ethical and moral dilemmas will not make them go away" (p. 198).

In a position paper by Clement (Note 1) it is strongly suggested that ethical concepts be placed in the nursing curriculum in a "structured manner, utilizing a systematic evolutionary approach" (p. 9). The content should be presented from the general to the specific in a course dealing with general ethical theory and principles, and then a more advanced course dealing with medical and nursing issues should be conducted. She states that "most nurse practitioners lack both a knowledge base and a process by which their ethical values can be made known personally and publicly. Nursing education can facilitate the articulation of and acting upon ethical values by nurses through the inclusion of ethical concepts in the nursing curriculum" (p. 5).

The position that a sequence of courses beginning with fundamental concepts and proceding to deliberate ethical decision making based on theory is also advocated by Clemence (1966). She defines the clarification of values as an integral component of ethics education and states

that "every person--and nurses are no exception--needs the foundation provided by a coherent philosophy to integrate all her values--spiritual, professional, societal and esthetic--and to ordain them in a healthy hierarchy" (p. 501).

Sigman (1979) also believes that ethics should be included in the nursing curriculum but cautions that such courses should be designed for and address dilemmas faced by nurses and, ideally, should be developed for clinical settings as well as formal class discussion. Her closing comments in a recent article serve as a concise summary and reflection of the feelings of contemporary nursing educators' positions regarding ethics in the nursing curriculum:

> The need exists for decision makers in nursing to develop responsible ethical behavior as part of their natural decision making repertoire. Ethical dilemmas are a daily reality facing professional nurses. Therefore, active movement toward teaching ethics in professional nursing curricula is a key step toward helping future practitioners deal with ethical problems. (p. 50)

In yet another paper, Aroskar (1980) identifies four major arguments for including ethics in the nursing curriculum. She feels that nursing students must be aware of social issues and their impact on health care and must be given opportunities to clarify these issues as individuals, professionals, and as members of society.

> If one does not have the skills necessary to reflect on these issues/dilemmas then one may decide to act on the basis of fear, what someone in authority tells one

> to do, or what is simplest and most comfortable for one's self. (p. 32)

According to Aroskar, these sources of action are not conducive to responsible and accountable action characteristic of a professional practitioner in nursing.

Her second argument for the inclusion of ethics education in nursing curricula is the concern with the importance of the ethical as well as the legal aspects of nursing practice. She feels that legal issues and policies are taught; however, the more difficult and elusive ethical aspects of caring for patients go unexamined. Aroskar cautions that nursing education must prepare its practitioners for more than technical and professional expertise in nursing since "technical and professional expertise do not automatically make one and expert in reflecting on the ethical or moral aspects of a situation where there is conflict about the right action to take" (p. 32).

In her third argument for the inclusion of ethics in the curriculum, Aroskar states that the complex, changing role of the nurse involves decision-making responsibilities and skills yet "the nurse often possesses few decision making powers or the skills to analyze such situations systematically from any ethical perspective" (p. 34). She observes that nurses are educated to practice in intensive care units, as community health nurses and as nurse practitioners in primary care settings and yet maintains

that their education does not prepare them to analyze and formulate effective decisions in the area of values issues and ethical dilemmas.

Aroskar completes her argument for ethics education by raising the question of where in the nursing curriculum students have the opportunity to examine values issues such as "patient's rights, nurses' rights, nursing care determined solely by human need, the right to health care, holistic patient care, nursing contracts and accountability." She contends that "value laden language ... and value laden concepts require systematic reflection in order to clarify their meaning and implication in nursing practice" (p. 36).

Aroskar, the most prominent of those speaking in favor of the inclusion of ethics in the nursing curriculum, challenges nursing educators to include this component in nursing education in more organized, measurable ways and to "assist students to obtain the needed skills to begin dealing with the dramatic and 'everyday' dilemmas confronting nurses and the nursing profession at all levels of the health care system in an increasingly turbulent environment" (p. 37).

Davis (1980), a nurse-ethicist, also feels that nurses must have a better understanding of ethical principles and decision-making tools for resolving dilemmas in nursing. She indicates that these dilemmas are complex, difficult to

resolve and that nurses need formal situations in which they can analyze and discuss dilemmas and that they have an "obligation to move away from a totally emotional response and to embrace a more reasoned one" (p. 23). Davis suggests the educational technique of ethics rounds, or clinical ethics conferences, as a means of assisting nurses to develop an understanding of their values and to facilitate an understanding and application of ethical principles. She remarks that there are few formal mechanisms whereby nurses and other health care professionals can discuss ethical dilemmas. As a result, decision making is inconsistent and burnout often occurs.

> I am convinced that one of the factors that can explain the burn-out phenomenon in nurses is the confronting of ethical dilemmas without an arena in which to work these dilemmas out in a reasoned way. (p. 26)

In addition to ethics rounds and discussions for nurses, Davis also supports the inclusion of ethics courses in the nursing curriculum. In her opinion, courses should be interdisciplinary in approach so that issues can be addressed by health care professionals together and should not be mere "token inclusion" of ethics integrated throughout the curricula.

Fromer (1980) has joined the growing ranks of nursing educators who believe that the teaching of values, moral development, and ethics should be included in nursing curricula. She advocates for the inclusion of ethics

within the curriculum and remarks that

> if baccalaureate students are to recognize and act on the ethical implications of everyday practice situations, they need both a sound theory base and the opportunity to discuss specific applications." (p. 604)

She concurs that the purpose of teaching ethics to nursing students is to help them to think and analyze ways of resolving dilemmas by utilizing ethical principles and theory.

In summary, a thorough review of the literature reveals that contemporary nursing educators express their concern that nursing education should prepare students to analyze and resolve issues and dilemmas in nursing more effectively. These educators have suggested the incorporation of values clarification, moral development, and ethics into the nursing curriculum. Ideally, such courses and seminars should provide students with systematic learning experiences that will enhance their decision-making capabilities, the clarification of their values, and provide them with skills and opportunities for resolving difficult values issues and ethical dilemmas with faculty guidance.

Research Relevant to This Study

To date, no studies have been conducted which examine the extent to which values education is incorporated into the undergraduate nursing or health-related curricula.

There is, however, recent interest in the placement of ethics in the curricula for both medicine and nursing. Two studies focused on ethics in the nursing curriculum have been completed and four studies to assess the present state of ethics teaching in the curricula of undergraduate and professional schools in the United States have been conducted. Even though none of these studies focus on values education, this writer is aware of the interrelationship among values clarification, moral development, and ethics education and believes that the educational goals and content are similar, hence the rationale for including these areas in the nursing curricula is compatible and complementary. Therefore, the research on ethics education is relevant and related to the present study.

Veatch and Sollitto (1976) conducted a survey of medical ethics teaching in American medical schools. Of the 107 schools that responded, 97 indicated that some kind of medical ethics teaching was included. Fifty-six of these schools reported that they conducted special conferences, lectures, or seminars on issues in medical ethics. Forty-seven schools indicated that they offered specific elective courses in ethics and six schools indicated that ethics was a required course. These figures represent a rapid increase in the emphasis on ethics in medical school curricula as compared with an earlier study

by the same authors (1972). Analysis of the data also indicated that even though ethics is reported as being included in the medical curricula, there is a wide range regarding the extent to which ethics is studied and incorporated. Veatch and Sollitto (1976) found wide variations among course content, method of instruction, and the preparation of the faculty. They reported that most of the teaching of ethics was informal, integrated with other courses, taught by part-time teachers with no special preparation in ethics, and offered as a non-required course. They concluded that the trend that medical schools are including more exposure to ethics in the curricula indicated the growing awareness of the need for ethics education and an increased sophistication of medical schools in meeting this need.

Aroskar (1977) conducted a study of ethics in baccalaureate nursing programs similar to the Veatch and Sollitto studies and in cooperation with the Institute for Society, Ethics, and Life Sciences, The Hastings Center. Her study is the most relevant and closely associated research to this researcher's study. The purpose of the project was to study how ethics was included in nursing programs and to consider implications for curriculum development. Two hundred and nine questionnaires were sent to National League for Nursing accredited baccalaureate nursing programs in the United States and 86 were returned.

Findings showed that faculty designed opportunities to incorporate ethics throughout baccalaureate nursing curricula varied widely. Of the 86 schools responding, 66 or approximately two-thirds reported that ethical content was only informally integrated throughout nursing courses and only 6 schools required a course in medical or general ethics. Fifteen schools indicated that they had no planned opportunities for students to study ethical concepts of practice. In analyzing these data further, Aroskar found that slightly over half the respondents did not identify planned student opportunities for analysis of ethical issues such as elective courses, symposia, or workshops. Courses that were most frequently mentioned as including discussions of ethical issues were: community health nursing, leadership in nursing, research courses, and issues and trends in nursing. These were usually offered in the senior year.

The manner in which ethical content was presented was also assessed. Half the respondents indicated that they used no special audiovisual resources and half reported using case studies, texts, articles, and some audiovisual aids. According to Aroskar, these data emphasized that teaching methods did not provide for the systematic and thorough incorporation of ethics content in the curriculum.

It is significant that when asked how ethics should be incorporated into the nursing curriculum, over two-thirds

of the respondents indicated that ethical aspects should be incorporated into a "broader program with a major focus on personal and professional values related to nursing practice in a complex society" (p. 262). More specifically, 40% of the respondents preferred the broader focus which values clarification was identified as offering, as opposed to just including ethics in the curriculum. An additional 31% of the participants indicated that the values clarification approach along with the examination of issues approach should be used, and 11% indicated that the issues only approach would be effective.

When asked to identify four top priority areas of content to be studied within the field of ethics, participants in Aroskar's study reported that the nurse's professional code of ethics, ethical theories, values clarification, and patient's rights and obligations were the most important.

Where in the curriculum ethics should be included and by whom ethics should be taught was also examined. Almost half the respondents indicated that ethics courses were offered by departments other than nursing on campus, primarily by the department of philosophy. The majority of respondents reported that a multidisciplinary course would be more desirable than a course for nurses alone. The benefits most frequently mentioned were the sharing of different perspectives and the possibility for promoting

understanding of common problems and collegiality. A smaller number of respondents felt that the multidisciplinary approach to the teaching of ethics was too broad and would not focus on areas of specific concern to nurses. Two respondents indicated that nursing ethics is a distinct field of study and should not be diffused in a multidisciplinary course. These data revealed a strong tendency toward a multidisciplinary approach to the teaching of ethics and courses which are held outside the department of nursing.

Aroskar also reported that the preparation of nursing faculty to teach ethics was minimal and that no nursing faculty members had the term "ethics" in their title. This finding validated the same finding reported in the Veatch and Sollitto study (1976).

Another significant finding of this study was that 55% of the participants indicated that there was a need for the incorporation and further development of ethics education in their program. Thirty-five percent indicated no such need, and 10% did not respond to this important question. Aroskar was forced to conclude that "some faculty feel that this [ethics] is not essential content for all students in the nursing curriculum" (p. 263).

In interpreting the data from her study, Aroskar has suggested that ethics is an important area of content in the nursing curriculum and that this emphasis is usually

conveyed to the student through some form of evaluation. She found that objectives written for this content area were not clear and were confusing to both students and faculty. She also pointed out that the faculty's commitment to the teaching of ethics was vital and most clearly reflected by "whether ethical aspects are a required or elective part of the curriculum" (p. 263). This finding supports the same concern identified by the Veatch and Sollitto study (1976).

Aroskar strongly recommended that "formal preparation of faculty to teach ethical aspects and recognition of this responsibility as part of a faculty load "be encouraged and viewed as a specific sign of commitment on the part of a school" (p. 263).

She also concluded that the "development of broader programs focusing on values was the most useful approach" for the inclusion of ethics in the nursing curriculum and that "such an approach represents major curriculum change as opposed to merely offering an elective in ethical aspects of nursing practice" (p. 264). Aroskar emphasized that "faculty planned experiences in ethics [must] take precedence over those which are unplanned and serendipitous" and "the nursing faculty ... have the primary responsibility for planning the nursing curriculum" (p. 264). She holds that:

> commitment to the development of teaching ethical aspects in not merely a matter of attitude. It is

> indicated by the allocation of faculty time, the requirement for specific preparation, and the provision of funding, both within the nursing program and within the larger college or university setting. (p. 264)

Her final recommendation was that "baccalaureate nursing programs should provide these opportunities for students at all levels of the curriculum" (p. 264).

The Institute of Society, Ethics and the Life Sciences, the Hastings Center (1980), completed an extensive two year study to assess the state of ethics teaching in the curricula of undergraduate and professional schools in the United States and to offer recommendations concerning goals for ethics teaching based on their findings. In 1977 and 1978 data were collected by examining the catalogues and through correspondences, visits, and consultations with approximately one-quarter or 623 of all the institutions of higher education in the United States. In general, the report acknowledges new interest in and a growing number of ethics courses offered in the undergraduate and professional schools such as medicine, nursing, law, journalism, and engineering; however, in spite of this reported surge, the report cautions that the teaching of ethics is by no means uniform.

> Probably the majority of professional schools still offer nothing of a serious and systematic nature in ethics, and hundreds of undergraduate institutions--most of which stress the importance of ethics in the introductions to their catalogues--offer little in the way of ethics other than some traditional (and usually

> elective) departmental offerings in philosophy and religion. (p. 5)

The major findings from this study demonstrated that formal opportunities to pursue moral questions are infrequent and episodic in curricula and the "opportunities to examine the nature of the professions and their moral purpose are scant" (p. 79).

Additional general conclusions about the teaching of undergraduate ethics were made. Most programs in ethics have been initiated within the past 10 years (1970-1980) and most ethics and values courses were elective rather than required courses. Most of these courses were interdisciplinary, team taught, and not exclusively confined to departments of religion or philosophy and focused on issues rather than ethical principles. The impetus for the inclusion of ethics programs came from students, faculty, administration and professional societies and these programs complemented but did not constitute, major areas of study or concentration. It was reported that comparatively more ethics courses and programs were instituted by schools that had or have religious or denominational ties. Many of the newer "core curriculums" in universities gave a prominent place to ethical and value issues; yet, in few of these programs has "that general commitment given rise to systematic programs" (p. 23). To date, this study is the most thorough attempt to identify the extent of ethics education in undergraduate curricula

in the United States.

More specific information in relation to the study of bioethics in professional nursing was discovered by Clouser (1980). His report on the teaching of ethics in the nursing curriculum also conducted in cooperation with the Hastings Center, indicated that programs on the teaching of ethics in the nursing curriculum "seem rather fluid" (p. 38). He concluded that there was interest in the inclusion of ethics, but that the inclusion of formal courses and planned programs was less developed than in other undergraduate curricula and medical schools that were reviewed. Clouser strongly recommended that

> If the nurse is to help others think through the issues, to be a morally knowledgeable and sensitive member of the health-care team, and to be able to assess the loyalty versus moral obligation conflict, then she or he can profit considerably from the study of biomedical ethics. (p. 38)

The first recommendation seen as "ideal" was the offering of a course in ethical theory prior to the more specialized courses in medical or nursing ethics. The second recommendation was for teaching which would provide structured opportunities to deal systematically with classical ethical themes in a variety of settings. The third suggestion was that bioethics should be taught in both multidisciplinary and specialized groups. It is clear that the findings reported in the Aroskar (1977) study on the teaching of ethics in the nursing curricula contrast

with these "ideal" recommendations since only 11 of 86 schools had separate course offerings in ethical areas and only 6 schools required a broadly based ethics course.

Purtillo (1978) surveyed two allied health fields, physical therapy (PT) and occupational therapy (OT), to determine if ethics teaching was being conducted in these areas of baccalaureate-level programs. Forty-four valid questionnaires were analyzed: 29 from the field of PT and 15 from OT. The study was designed to collect information regarding the methods by which ethics teaching is provided and the extent to which these students were exposed to ethics material outside their respective programs. Results of the study indicated that 16% of the PT programs and 60% of the OT programs had no formal courses in ethics and that ethics content was primarily addressed as discussion questions when there was a need. Probing more deeply, Purtillo discovered that 63% of the PT and 40% of the OT programs offered courses in which some of the content included medical ethics. By comparison, the Veatch and Sollitto (1976) study of medical ethics found that 71% of the medical schools they studied reported that the ethics content was presented only as a part of another course or as questions arose. Aroskar's (1977) study also supported these findings that ethics content is integrated throughout the curriculum and that ethics is largely taught in an unplanned manner. In addition, Purtillo also noted that

the individuals who taught ethics content were not ethicists, but rather were "competent amateurs" (p. 15). This fact was also substantiated by the Veatch and Sollitto (1976) and Aroskar (1977) studies.

The extent to which PT and OT students were exposed to ethics electives offered by other departments was also assessed. The results indicated that 18 PT and 10 OT programs utilized one or a combination of the following alternatives: elective courses, interdisciplinary seminars, workshops or conferences. Purtillo concluded that PT and OT students have more exposure to ethics than the offerings within their own programs suggest, and, that even those programs which include ethics in their own curriculum also have students involved in courses and other settings where ethics is being presented. Purtillo also found that programs that required ethics also have students involved in courses and other settings where ethics is being presented. Purtillo also found that programs that required ethics courses or ethics content to be incorporated into some course were more likely to offer interdisciplinary exposure to ethics for their students than those who offered no formal course work. It is clear from this study that the time, quality and format of ethics teaching varies widely within the fields of PT and OT. This final conclusion is strongly supported by the Veatch and Sollitto (1976) and Aroskar (1977) studies for the

medical and nursing curricula.

Schilling (1979) conducted a study of ethics in the curriculum of schools of nursing in Texas as part of her doctoral study. Her main purposes were to identify the extent to which ethics was being taught, and the content which was being included under the title "ethics." Her study closely resembles Aroskar's study. Questionnaires were used and a structured interview with administrators of the schools was conducted. Ninety-two percent of the qualified administrators participated in the study and all of them reported that ethics was being taught. It was again discovered that this learning experience was most frequently integrated into the curriculum with the greatest emphasis being placed in the introductory and final nursing science courses, as well as in the areas of obstetrics, critical, care and community health. The content reported most frequently included was the Nurse's Code of Ethics, Patient's Bill of Rights, birth and death related issues, and other "controversial" issues arising in the clinical laboratory or conferences. It is significant that none of the schools reported that ethical theory was being taught as part of the content, nor was it a prerequisite to nursing. Schilling's study re-emphasized the need for the incorporation of ethics in the nursing curriculum in a systematic way with specific areas of content being addressed in order to more effectively prepare students to

resolve issues in nursing practice.

A summary of related research shows that an increased interest in the area of ethics has manifested itself in a number of ways: an increased number and variety of ethics courses offered in undergraduate curricula and professional schools, and a wider interest in ethics by a variety of disciplines other than philosophy, such as medicine, law, nursing and allied health fields such as physical and occupational therapy. It is also apparent that in addition to an increased number of courses in ethics, a rapidly proliferating number of symposia, colloquia, seminars, and workshops are also being conducted. The inclusion of ethics content within appropriate courses in curricula is also increasing significantly. Individually and collectively these studies raise concerns about the content which should be included in ethics courses, where in the curricula ethics courses should be placed, who should teach these courses, and whether or not the courses should be interdisciplinary. One conclusion that each of these studies strongly upholds is the acknowledgement that ethics is a vital area of study and should be included in baccalaureate and professional education curricula. How ethics is to be included continues to remain an area of concern and debate.

It is this researcher's position that even though the attention is being placed on ethics education, which is

important in nursing education, the first educational approach for helping students to resolve values issues and ethical dilemmas is not the study of ethics, but rather the study of values. Values education can prepare students to identify, analyze, clarify, and develop their personal and professional values, to examine the influence of values on decision making and behavior, and to utilize a process for decision making based upon values. Students are then more adequately prepared to examine ethical theories, issues, and dilemmas and to engage in ethical debate based on personally identified values and ethical principles.

This review of the literature focused on values and values education in nursing. It was divided into three main sections. The first section was the theoretical framework of values, which included the definitions of values and value systems, distinctions between values and value-indicators, effects of values on behavior and decision making, theories of value formation, and focus of values education. The second section reported the need for values education in nursing education by identifying the contemporary values issues and ethical dilemmas nurses face in their practice and the concern collectively voiced by nursing educators regarding the lack of educational preparation of nurses to resolve these issues. The third section reported the research conducted which was pertinent to this study.

CHAPTER III

METHODOLOGY

The discussion in this chapter includes the research design of the study, description of the sample, method of data collection, data collection instruments, and the data analysis plan.

Research Design of the Study

The research was a descriptive study designed to identify the perceptions held by deans and curriculum coordinators toward values education in nursing education and to assess the extent to which values education is incorporated into nursing curricula by analysis of data obtained from a questionnaire.

Description of the Population and Sample

The population for this study consisted of the deans or designated curriculum coordinators of all the National League for Nursing accredited baccalaureate programs in nursing located throughout the the United States. According to the information published by the National League for Nursing about NLN accredited baccalaureate programs in nursing there were 356 accredited baccalaureate programs in nursing in 1981-1982 in the United States. Each of the deans of these schools was contacted, was

invited to participate in the study, and received a questionnaire and an institutional and faculty characteristics sheet. The data producing sample for this study consisted of the deans or curriculum coordinators of 278 or 78.1% of the NLN accredited baccalaureate programs in nursing.

Protection of Human Rights

Care was taken by this researcher to ensure confidentiality for each participant. A code number was assigned to each questionnaire only in order to facilitate a second mailing. No names were used in connection with the code number, thereby avoiding any possibility of tracing a set of responses to a particular individual. When the questionnaires were returned, the responses were coded and the numbers were removed to ensure confidentiality. A cover letter (Appendix A) described the purpose of the study and the individual's rights and was included with each questionnaire.

Method of Data Collection

Permission to conduct this research was granted by each of the dissertation committee members and by filing the research proposal for review in the Human Subjects/Applied Behavioral Science division of the College of Education at the University of Massachusetts. On

January 4, 1982, 356 questionnaires and institutional and faculty characteristics sheets, cover letter and pre-stamped, addressed envelopes were mailed to the deans and designated curriculum coordinators of all NLN accredited baccalaureate programs in nursing in the United States. Consent to participate in the study was indicated by the return of the completed questionnaires and institutional and faculty characteristics sheet.

A second mailing of questionnaires and institutional and faculty characteristics sheets was initiated on February 12, 1982, six weeks after the first mailing, to deans and curriculum coordinators who did not respond to the initial mailing. No more questionnaires were accepted for analysis after March 26, 1982.

Description of the Instrument

A questionnaire and institutional and faculty characteristics sheet designed by this researcher constituted the primary instruments in this study (Appendix B and Appendix C). The questionnaire was designed based upon a thorough review of the literature, this researcher's experience as a nursing educator and consultant, and the research questions posed.

A questionnaire was considered to be the most expedient and economical instrument for this particular study since it would allow data to be collected from a

large number of schools geographically located throughout the United States. It was designed to help identify the perceived need for values education in nursing education and the extent to which this type of education is included in baccalaureate nursing curricula without being overly lengthy. The questionnaire contained 12 questions, 3 of which were open-ended questions and 9 of which were multiple, defined-choice or ranking questions. Questions 1 and 2 assessed the perceived need for values education in baccalaureate nursing education and the perceived need for this type of education within individual nursing curriculum. Question 3 was designed to assess the participant's rationales for the inclusion of values education in nursing education. Questions 4 and 5 were posed to determine the actual and ideal location of values education content within the baccalaureate nursing curriculum. Question 6 identified the year and number of hours per semester that values education should be introduced to students. Courses offered by other colleges or departments within the university were identified in Question 7. The advantages and/or disadvantages in teaching values education within the college of nursing and the advantages and/or disadvantages in teaching values education in other colleges or schools separate from nursing were explored by Questions 8 and 9. Question 10 requested information concerning the teaching materials in

values education presently being utilized and those resources considered helpful in teaching values in nursing were assessed by Question 11. Question 12 involved the prioritizing of content areas which could be included in a nursing values education course.

The institutional and faculty characteristics sheet included eight questions which were included to identify baseline variables concerning the characteristics of the schools such as location, type of institution, size; characteristics of the students, such as number and full-time status; and characteristics of the faculty such as full-time status and educational preparation in values education.

Reliability and Validity of the Questionnaire

The questionnaire was pretested for reliability by test-retest methods and face validity was determined by this researcher and five doctorally-prepared nursing educators. Twenty undergraduate and graduate faculty members in a college of nursing at a Southwestern university volunteered to participate in the reliability pretest.

The respondents were instructed to complete the questionnaire and to use their mother's maiden name so that the questionnaires could be distributed again and then compared with the responses to the first questionnaire. The questionnaire was completed by all 20 volunteers both

times. One problem with the test-retest method is that the individuals may remember some of the test items from the first administration. In order to decrease the chances of this biasing the results, the second questionnaire was distributed four weeks after the initial distribution.

Reliability coefficients for the 12 questions on the Values Education questionnaire, using the test-retest method, ranged from .40 to 1.0. The mean of these reliability coefficients was computed; therefore, the overall reliability coefficient for the questionnaire was .70. This score does not indicate a particularly high test-retest reliability; however, the type of characteristics and information being measured rather than the inaccuracy of the test must be questioned in this case. Treece and Treece (1977) report that test-retest reliability should be high for traits and information that are stable, such as intelligence; however, unstable traits such as attitudes, may produce low reliability estimates due to the "nature of the trait rather than the inaccuracy of the test" (p. 114).

This researcher believes that the attitudes toward, for example, the particular teaching materials preferred, or where in the curriculum values education might best be included, may change as a result of the increase in awareness concerning values education and nursing education which might occur from responding to the first

questionnaire. Perhaps then the scores on the test-retest reliability are not an accurate indication of the questionnaire's reliability but rather indicative of the change over time in attitudes or "unstable traits" as reported by Treece and Treece (1977).

A panel of five doctorally-prepared nurse-educators reviewed and judged the questionnaire to have face validity. That is, it was decided that the questionnaire did address the three major research questions under consideration.

Scoring

The questionnaire was composed of qualitative and quantitative questions and both categorical and ordinal data were collected. Content analysis on the responses to the qualitative questions involved the examination of distinguishing factors in the responses to the same questions, the development of a set of categories reflective of these responses, the placement or coding of data into the appropriate categories, and the quantification of the results.

A second master's-prepared nursing educator served as a judge for the coding of data into categories. The judge's coding were compared with those of the researcher and the percentage of intercoder agreement was calculated as a measure of reliability.

Data Analysis

For the purpose of this study, data were subjected to descriptive statistics and analyzed according to the appropriate level of data collected. For the quantitative items on the questionnaire, descriptive statistics such as frequencies, percentages, means, mode, and standard deviations were reported. Crosstabulations were done on the independent variables of geographic location, type of parent institution, student enrollment size in nursing, size of the nursing faculty, and preparation of the faculty in values education with the dependent variables of perceived need for values education in baccalaureate nursing curricula and in the respondent's nursing curriculum. Chi squares and probabilities were computed and reported. The Statistical Package for the Social Sciences was used for all analyses (Hull & Nie, 1981; Nie, Hull, Jenkins, Steinbrenner, & Bent, 1975)

CHAPTER IV

RESULTS

The purpose of this study was to examine the perceived need for values education in nursing curricula as identified by deans and designated curriculum coordinators in National League for Nursing approved baccalaureate nursing programs located throughout the United States. The study also sought to examine the location of values education content in baccalaureate nursing curriculum and the relationship between the perceived need for values education and selected sample and faculty characteristics of nursing programs throughout the United States. This chapter will describe the sample, identify the sample characteristics, and then report the findings from the questionnaire in relation to each of the research questions posed.

Questionnaires and demographic data sheets were mailed to the entire population of 356 NLN approved baccalaureate nursing programs in the United States on January 4, 1982. Two hundred and thirty-three or 65.5% of the population responded to the first mailing which closed on February 17, 1982. On February 12, 1982, a second mailing of questionnaires and demographic data sheets were sent to the 123 deans and curriculum coordinators who did not respond

to the first mailing. Sixty-two or 50.4% returned the questionnaires from the second mailing. The total number of respondents to the first and second mailing was 295 or 82.9% of the individuals in the population. Ten or 3.4% of the questionnaires were returned incomplete with letters stating that due to faculty and financial cutbacks, there was no time to complete requests for research of any kind. Seven or 2.4% of the questionnaires were incorrectly or incompletely filled out and therefore could not be utilized. Therefore, a total of 278 or 78.1% of the questionnaires and institutional and faculty characteristics sheets were returned and able to be analyzed.

Sample Data

Characteristics of the sample such as geographical location, type of parent institution, number of full-time students and faculty in nursing, and the preparation of the faculty in VE were obtained and analyzed. Each of the sample and faculty characteristics is presented below.

Institutional Characteristics

The geographical location of the schools was divided into five major areas: Northeastern, Southeastern, Midwestern, Northwestern, and Southwestern United States. Eighty-six or 30.9% of the schools of nursing were located in the Midwest; 82 or 29.5% were located in the Northeast;

52 or 18.7% were in the Southeast; 40 or 14.4% in the Southwest; and 18 or 6.5% in the Northwest. Table 1 shows these results.

The type of parent institution was divided into five categories: public, private, sectarian, private/sectarian, and public/private. The largest number of responding schools were public institutions. One hundred and thirty-six or 48.9% of the schools of nursing fell into this category. One hundred and twenty or 43.2% of the schools were private educational institutions and 15 or 5.4% were sectarian schools. There were 6 or 2.2% of the schools which were private/sectarian and 1 school or .4% which was both public/private. These data are presented in Table 1.

A crosstabulation of location and type of parent institution was done. It revealed that of the 86 schools located in the Midwest, 39 or 45.3% were public, 37 or 43% were private, 8 or 9.3% were sectarian, and 2 or 2.3% were private/sectarian. Eighty-two schools were located in the Northeast. Thirty-one or 38.3% were public, 47 or 58% were private, 2 or 2.5% were sectarian, and 1 or 1.2% was private/sectarian. Of the 52 schools located in the Southeast, 33 or 63.5% were public, 17 or 32.7% were private, and 4 or 10% were sectarian. Of the 18 schools located in the Northwest, 10 or 55.6% were public, 6 or 33.3% were private, 1 or 5.6% was private/sectarian, and 1

Table 1

Institutional Characteristics

Variables	Number of Respondents	Percent of Sample
Geographic Location		
Midwest	86	30.9
Northeast	82	29.5
Southeast	52	18.7
Southwest	40	14.4
Northwest	18	6.5
Total	278	100.0
Type of Parent Institution		
Public	136	48.9
Private	120	43.2
Sectarian	15	5.4
Private/Sectarian	6	2.2
Private/Public	1	.4
Total	278	100.0
Full-Time Students in Parent Institution		
Below 1000	25	9.0
1001-5000	101	36.3
5001-10,000	47	16.9
10,001-20,000	62	22.3
20,001-30,000	23	8.3
30,000 +	20	7.2
Total	278	100.0
Full Time Baccalaureate Nursing Students		
1-99	45	16.2
100-199	75	27.0
200-299	67	24.1
300 +	91	32.7
Total	278	100.0

or 5.6% was public/private.

Chi square analysis indicated that there was a strong association between the location and type of school, $\chi^2(16) = 38.8$, $p = .0012$.

The number of full-time students as an indicator of the size of the parent institution within which the schools of nursing were located was also reported. The greatest number of schools, 101 or 36.3% had between 1,001-5,000 full-time students. Sixty-two or 22.3% of the respondents reported having 10,001-20,000 full-time students. Forty-seven or 16.9% of the respondents reported that the number of full-time students was 5,001-10,000; 25 or 9.0% reported having under 1,000 full-time students. Twenty-three or 8.3% of the schools indicated that they had 30,000 or more full-time students; and 20 or 7.2% of the schools reported between 20,001-30,000 or more full-time students. One respondent did not answer this question. Table 1 displays these data.

The size of schools of nursing was also assessed by examining the number of full-time students enrolled in the school or colleges of nursing. The number of full-time students in the baccalaureate curriculum in nursing was reported in four categories. Ninety-one or 32.7% of the respondents indicated that they had 300 or more full-time nursing students. Seventy-five or 27.0% reported 100-199

full-time students; 67 or 24.1% indicated 200-299 full-time students were enrolled; and 45 or 16.2% reported a range of 1-99 full-time students. These data are presented in Table 1.

A crosstabulation of location and size of the school as indicated by the number of full-time nursing students indicated the following. Of the 45 schools reporting 1-99 full-time nursing students, 16 or 35.6% were located in the Midwest, 11 or 24.4% were in the Southeast, 8 or 9.8% were in the Northwest.

Seventy-five schools reported 100-199 full-time nursing students. Twenty-eight or 37.3% were located in the Midwest, 22 or 29.3% in the Northeast, 12 or 16.0% in the Southeast, 9 or 12% in the Southwest, and 4 or 5.3% in the Northeast, and 4 or 8.9% were in the Northwest.

Sixty-seven schools had 200-299 full-time nursing students. Nineteen or 28.4% of the schools of this size were located in the Northeast, 16 or 23.9% in the Midwest, 15 or 22.4% in the Southeast, 12 or 17.9% in the Southwest, and 5 or 7.5% in the Northwest.

Ninety-one schools indicated 300 or more full-time nursing students. Thirty-three or 36.3% were located in the Northeast, 26 or 28.6% in the Midwest, 14 or 15.4 in the Southeast, 13 or 14.3% in the Southwest, and 5 or 5.5% in the Northwest.

The number of full-time nursing faculty was also reported and divided into six categories. One hundred and forty-three or 51.4% of the respondents indicated the size of their faculty was between 10 and 25 members. Seventy-seven or 27.7% of the respondents reported a faculty size of 26-50; 41 or 14.7% of the respondents indicated that their faculty size was between 1-9 persons. Seven or 2.5% of the respondents reported a faculty size of 76-100; five or 1.8% indicated having between 51-75 faculty; and two schools or .8% reported a faculty of 100 or more full-time persons. Three schools failed to report this information. Table 2 displays these data.

Faculty Characteristics

Preparation of the individuals on nursing faculties in values education was also assessed by three different questions on the demographic data sheet. The first question requested information concerning how many of the nursing faculty had received education in the area of value education. Respondents could choose one of four categories. One hundred and twelve or 40.3% of the deans and curriculum coordinators reported that they did not know how many of their faculty had received education in this area. Sixty-six or 23.7% indicated that 3 or 4 of their faculty has received this type of education; 53 or 19.1% reported 1 to 2 faculty had received education in the area

Table 2

Faculty Characteristics

Variables	Number of Respondents	Percent of Sample
Full Time Nursing Faculty		
1-9	41	14.7
10-25	143	51.4
26-50	77	27.7
51-74	5	1.8
76-100	7	2.5
100 +	2	.8
Not answered	3	1.1
Total	278	100.0
Faculty Prepared in Values Education		
None	42	15.1
1 or 2	53	19.1
3 or 4	66	23.7
Do not know	112	40.3
Not answered	5	1.8
Total	278	100.0
Courses Taken in Values Education		
Yes	52	18.7
No	42	15.1
Do not know	167	60.1
Not answered	17	6.1
Total	278	100.0
Continuing Education Workshops Taken in Values Education		
Yes	104	37.4
No	37	13.3
Do not know	126	45.3
Not answered	11	4.0
Total	278	100.0

of values education; and 42 individuals or 15.1% indicated that none of their faculty had received education in this area. Table 2 presents these data.

The extent of the faculty's preparation was also assessed by determining if any courses in values education had been taken by faculty members. Respondents could check one of three categories. One hundred and sixty-seven or 60.1% of the respondents indicated that they did not know if any faculty had taken any courses in values education. Fifty-two or 18.7% of the participants reported that their faculty had taken courses in values education. Forty-two or 15.1% of the respondents indicated that no faculty members had taken any courses in values education. Seventeen participants did not complete this question. These data are shown in Table 2.

The preparation of the faculty was also assessed by determining if any continuing education workshops in values education had been taken. One hundred and twenty-six or 45.3% of the respondents indicated that they did not know if any continuing education workshops had been taken by their faculty. One hundred and four or 37.4% of the deans and curriculum coordinators reported that continuing education courses in values education have been taken.

Thirty-seven or 13.3% of the respondents indicated that no workshops in values education had been taken by any

of their faculty. Eleven people or 4.0% did not answer this question. These data are shown in Table 2.

A crosstabulation of location and faculty preparation was done. Fifty-three schools or 19.4% of the sample reported that they had 1 or 2 faculty prepared in values education. Of these 53 schools, 16 or 30.2% were located in the Midwest, 14 or 26.4% were in the Southwest, 11 or 20.8% in the Northeast, 10 or 18.9% were in the Southwest, and 2 or 3.8% were in the Northwest.

Sixty-six schools or 24.2% of the sample reported that they had three or four faculty who were prepared in values education. Of these 66 schools, 22 or 33.3% were from the Midwest, 22 or 33.3% were from the Northeast, 11 or 16.7% were from the Southeast, 8 or 12.1% were from the Southwest, and 3 or 4.5% were from the Northwest.

In all, 119 or 43.6% of the schools in the sample reported that they had at least 1 to 4 or more prepared faculty in values education.

Forty-two or 15.4% of the schools in the sample indicated that they had no faculty prepared in values education. Of these schools, 16 were located in the Northeast, 11 were in the Midwest, 7 in the Southeast, 5 in the Northwest, and 3 in the Southwest.

One hundred and twelve or 41.0% of the schools in the sample reported that they did not know if they did not know

if their faculty had received preparation in values education. Of these schools, 34 were located in the Midwest, 31 in the Northeast, 20 in the Southeast, 14 in the Southwest, and 8 in the Northwest. No statistical association was found between location and faculty preparation, $\chi^2(3) = 11.1$, $p = .52$.

The crosstabulation of location and faculty preparation revealed additional data. About 48% of the schools in the Southeast reported one to four faculty prepared. This was the area of the country with the highest percentage of faculty prepared in values education.

Forty-six percent of the schools in the Midwest and 45% of those in the Southwest reported one to four prepared faculty. The Northeast reported 41% of its schools had one to four prepared faculty. About 28% of the schools in the Northwest reported one to four faculty prepared in values education.

There was no significant statistical association between the areas of the country and faculty preparation in values education.

Fifty-two or 18.7% of the sample reported that the faculty prepared in values education had taken courses in values education. Eighteen or 34.6% of these faculty were located in the Northeast, 16 or 30.8% in the Midwest, 8 or 15.4% in the Southeast, another 8 or 15.4% in the

Southwest, and 2 or 3.8% in the Northwest.

One hundred and four or 37.4% of the sample reported that the faculty prepared in values education had taken workshops in values education. Thirty-four or 32.7% of the faculty were located in the Northeast, 31 or 29.8% in the Northwest, 18 or 17.3% in the Southeast, 15 or 14.4% in the Southwest, and 6 or 5.8% in the Midwest.

A crosstabulation of the type of parent institution and the preparation of the faculty revealed that both public and private schools have a much higher percentage of faculty prepared in values education than sectarian schools. There was not, however, significant statistical association between the type of school and faculty preparation.

Questionnaire

The questionnaire contained 12 questions. Eight were multiple-response and four were open-ended questions.

Research Question One

Questions 1, 2, 3a, and 3b addressed the first research question regarding the perceived need for values education (VE) in both individual nursing curriculum and baccalaureate nursing curricula in general.

The first question sought to determine the perceived need for including VE in baccalaureate nursing curricula.

Two hundred and seventy-one, or 97.5% of the deans and curriculum coordinators indicated that there was a need to include VE in baccalaureate nursing curricula in the United States. Seven other respondents, or 2.5% indicated that there was no need to include this content.

Question 2 was included to assess the perceived need for incorporating VE into the respondent's own nursing curriculum. Two hundred and sixty-two or 94.2% reported that there was a need for this content to be incorporated. Sixteen or 5.8% of the respondents indicated that there was no need to include this content in their curricula. These data are presented in Table 3.

Question 3a was designed to assess the rationale for including VE in individual baccalaureate curriculum. Only the respondents who answered "yes" to question 2 were instructed to complete question 3a. Many respondents gave more than one rationale for the inclusion of values education in their curriculum. The responses to this open-ended question were analyzed and divided into eight categories by two master's prepared nurse educators to insure a high level of agreement of coding of the responses. There were 395 responses reported by 262 individuals who answered this question.

The identification and clarification of values and assistance with personal growth was chosen by 91 or 34.7%

Table 3

Perceived Need for Values Education in Baccalaureate Nursing Curricula

Response	Number of Schools	Percent of Sample
	Needed in Baccalaureate Nursing Curricula	
Yes	271	97.5
No	7	2.5
Total	278	100.0
	Needed in Respondent's Nursing Curriculum	
Yes	262	94.2
No	16	5.8
Total	278	100.0

of the respondents as the most important reason for the inclusion of values education in the nursing curriculum. To improve the nurse's interpersonal effectiveness with clients and to enhance the quality of nursing care was the second most frequently identified category and was chosen by 87 or 33.2% of the respondents. To increase the nurse's decision-making skill and effectiveness was the third most frequently reported rationale for including values education in nursing education. This category was selected by 72 or 27.5% of the respondents. Values education was also identified as assisting with the resolving of nursing issues by 65 or 24.8% of the participants and as facilitating the socialization process in professional nursing by 45 or 17.2% of the deans and curriculum coordinators. Values education was identified as supporting the philosophy or conceptual frameworks of nursing by 17 or 6.5% of the respondents, and as being an integral and vital component in the education of values and in approaching the student in a holistic manner by 10 or 3.8% of the participants. A final category designated as miscellaneous contained the responses of 8 or 3.1% of the individuals who responded to this question.

Question 3b was designed to obtain the reasons for not including values education in individual baccalaureate nursing curriculum. Only those respondents who answered

"no" to question 2, which indicated that they perceived that there was no reason for including values education within their nursing curriculum, responded to this question. Sixteen or 5.8% of the deans or curriculum coordinators in this sample reported reasons for not including values education in their nursing curriculum. These data are presented in Table 4.

Research Question Two

The second research question regarding where VE content is incorporated into baccalaureate curriculum in nursing was addressed by questions 4 and 7. Question 10 concerning the teaching materials utilized in the nursing curriculum is also included in this section.

Question 4 requested information concerning where VE content was primarily included in the nursing curriculum. There were eight choices and the respondents were instructed to choose as many as were appropriate. One hundred and thirty-four, or 51.1% of the respondents indicated that this content was primarily addressed when questions were raised by students and when discussions arose. One hundred and eight, or 41.2% of the respondents reported that VE content was presented in ways which was represented by the category "other." Eighty-four or 32.1% of these respondents indicated that VE content was integrated throughout the curriculum. Twenty-four, or 9.2%

Table 4

Identified Reasons for Including or Not Including Values Education in the Nursing Curriculum

Categories of Reasons for Including Values Education	Number of Respondents[a]	Percent of Sample	Categories of Reasons for Not Including Values Education	Number of Respondents[b]	Percent of Sample
Clarifying values and and personal growth	91	34.7	Values education content already included in curriculum	6	2.2
Improve nurses' inter-personal effectiveness	87	33.2	Values education required before entering nursing	2	.8
Increase nurses' decision-making skills	72	27.5	Curriculum too crowded	2	.8
Assists in resolving values issues in nursing	65	24.8	Values education integrated throughout curriculum	1	.4
Facilitates socialization process in professional nursing	45	17.2	Miscellaneous	5	1.8
Supports and enhances philosophy and conceptual framework of nursing curricula	17	6.5			
Integral component in education of values and approaching students holistically	10	3.8			
Miscellaneous	8	3.1			
Total	395			16	

[a] n = 262.
[b] n = 16.

of the respondents originally choosing the category of "other" reported that VE was located in a wide variety of nursing courses. One hundred schools or 38.2% included VE content in Fundamentals of Nursing, and 96 or 36.6% included this content in their Leadership course in nursing. VE content was included in the Issues in Nursing course in 80 or 30.5% of the schools, and 74 or 28.2% included it in their Currents and Trends course. Fourteen or 5.3% of the respondents reported that the VE content was taught in a separate course. Ten schools or 3.8% reported that VE was not included in any way in their curriculum. Table 5 reports these data.

Question 7 was designed to identify where VE courses were being taught within the university, other than in the college of nursing. Data from the respondents were categorized into 14 major categories by this researcher and another master's prepared nursing educator. The most frequently identified department was philosophy which was reported by 103 or 39.3% of the respondents. Religion departments were identified second most frequently by 50 or 19.1% of the participants. Forty-seven or 17.9% of the respondents reported that this content was not taught in any college or department on their campus. A category of "miscellaneous" was created to include the 25 or 9.5% of the respondents who indicate other colleges, departments,

Table 5

Location of Values Education Content in Baccalaureate Nursing Curriculum in the United States

Location	Number of Respondents	Percent of Sample
As questions and discussions arise	134	51.1
Fundamentals of nursing	100	38.2
Leadership in nursing	96	36.6
Other: integrated throughout curriculum	84	32.1
Issues in nursing	80	30.5
Currents and trends in nursing	74	28.2
Other: various nursing courses	24	9.2
As a separate course	14	5.3
Not included	10	3.8
Total	616	

Note. *n* = 262.

or courses where VE content was taught. Upon closer analysis of this category, it was apparent that numerous courses in various colleges and departments were reported. These courses could not be grouped into any specific categories. The departments and colleges of education, chosen by 22 or 8.4%; sociology, chosen by 20 or 7.6%; and psychology, reported by 18 or 6.9% received the next highest number of respondents. Courses offered in philosophy departments entitled "ethics" were identified by 14 or 5.3% and courses in medical ethics were identified by another 14 or 5.3% of the respondents. The other courses identified by fewer respondents were health, chosen by 9 or 3.4%; nursing, reported by 5 or 1.9%; humanities, chosen by 6 or 2.3%; values reported by 4 or 1.5%; and logic, chosen by 4 or 1.5% of the respondents. These data are presented in Table 6.

Question 10 was included on the questionnaire to determine the teaching materials which are presently being utilized to teach VE in schools of nursing. Six categories were available to choose from and the respondents were instructed to check as many as were necessary. Journals were the most frequently identified teaching material utilized to teach VE content. One hundred and ninety-three or 73.7% of the respondents chose this category. Books were the second most frequently identified material

Table 6

Colleges or Departments Offering

Values Education Courses

College or Department	Number of Respondents	Percent of Sample
Philosophy	103	39.3
Religion	50	19.1
None offered	47	17.9
Miscellaneous	25	9.5
Education	22	8.4
Sociology	20	7.6
Psychology	18	6.9
Ethics	14	5.3
Medical Ethics	14	5.3
Health	9	3.4
Nursing	5	1.9
Humanities	6	2.3
Values	4	1.5
Logic	4	1.5
Total	341	

Note. *n* = 262.

utilized and were chosen by 178 or 67.9% of the respondents. One hundred and eighteen or 45% of the respondents identified films as the third most frequently utilized category of teaching materials. The category designated as "other" was selected by 80 or 30.5% of the respondents. This category was divided into four smaller categories. Twenty-three or 8.8% of these 80 respondents indicated that games, simulations, and role playing were the teaching materials being utilized; 22 or 8.4% reported using case studies, 19 or 7.3% indicated discussions with the professor were utilized, and 16 or 6.1% reported using VE exercises. Seventeen respondents or 6.5% reported that they did not know what teaching materials were being utilized to teach VE. Another 17 or 6.5% of the respondents reported that no teaching materials were being utilized to teach VE. These data appear in Table 7.

Research Question Three

The third research question sought to examine if the perceived need for VE varied according to selected sample and faculty characteristics. These characteristics included geographical location of the parent institution, type of school, student enrollment size in nursing, nursing faculty size, and preparation of the faculty in VE.

A crosstabulation was performed on the perceived need for the inclusion of VE in baccalaureate nursing curricula

Table 7

Teaching Materials Presently Utilized

to Teach Values Education in Nursing Curricula

Materials	Number of Respondents	Percent of Sample
Journals	193	73.7
Books	178	67.9
Films	118	45.0
Games, simulation, role playing	23	8.8
Case studies	22	8.4
Discussions with the professor	19	7.3
Do not know	17	6.5
None used	17	6.5
Values education exercises	16	6.1
Total responses	603	

Note. *n* = 262.

and the location of the school to determine if the location of the school influenced the perceived need for VE. Of the 271 respondents who indicated that there was a need to include VE, 84 or 31% were from the Midwest; 80 or 29.5% were from the Northeast; 50 or 18.5% were from the Southeast; 40 or 14.8% were from the Southwest; and 17 or 6.3% were from the Northwest. In addition, 100% of the schools located in the Southwest, 97.7 of those in the Midwest, 96.6% of those in the Northeast, 96.2% of those in the Southeast, and 94.4% of those in the Northwest reported that VE should be included in nursing curricula.

Seven respondents or 2.5% of the sample reported that they thought there was no need for VE in nursing curricula. Of these seven respondents, two were from the Midwest, two from the Northeast, two from the Southeast, one from the Northwest, and none from the Southwest. A chi square analysis was performed; $\chi^2(4) = 2.10$, $\underline{p} = .72$. There was no significant statistical association between the location of the schools and the perceived need for the inclusion of VE in baccalaureate nursing curricula in the United States.

Another crosstabulation was performed on the perceived need for the inclusion of VE in individual nursing curriculum and the location of the school. Of the 262 respondents who indicated that there was a need to incorporate VE into their nursing curriculum, 79 or 30.2%

were located in the Midwest, 78 or 29.8% were from the Northeast, 48 or 18.3% were from the Southeast, 40 or 15.3% were located in the Southwest, and 17 or 6.5% were located in the Northeast. In addition, 100% of the schools located in the Southwest, 95.1% of those in the Northeast, 94.4% of those in the Northwest, 92.3% of those in the Southeast, and 91.9% of those in the Midwest reported that VE should be included in their nursing curriculum.

Sixteen or 5.8% of the respondents in the sample reported that there was no need to incorporate VE into their nursing curriculum. Of these 16 respondents, 7 or 43.8% were located in the Midwest, 4 or 25% were in the Northeast, 4 or 25% were from the Southeast, and 1 or 6.3% was located in the Northwest. No respondents from the Southwest said "no."

A chi square analysis indicated that there was no significant statistical association between the location of the schools and the perceived need for the inclusion of VE within individual nursing curriculum, $X^2(4) = 3.82$, $\underline{P} = .43$.

The perceived need for the inclusion of VE in baccalaureate nursing curricula in relation to the type of parent institution was also examined. Two hundred and seventy-one respondents were included in this cross-tabulation. One hundred and thirty-three or 97.8% of the

public schools, 116 or 96.7% of the private schools, 15 or 100% of the sectarian schools, 6 or 100% of the private/sectarian schools, and 1 or 100% of the public/private schools reported that there was a need to include VE in baccalaureate nursing curricula. Of the seven schools who reported that there was no need for the inclusion of VE in baccalaureate nursing curricula, three were public and four were private institutions. The chi square was computed; $\chi^2(4) = .95$, $p = .92$. There was no significant statistical association between the perceived need for VE in baccalaureate nursing curricula and the type of parent institution.

The perceived need for the inclusion of VE within the respondents' own curriculum in relation to the type of parent institution was also examined. Two hundred and sixty-two respondents were included in this crosstabulation. One hundred and twenty-nine or 94.9% of the public schools, 112 or 93.9% of the private schools, 14 or 93.3% of the sectarian schools, 6 or 100% of the private/-sectarian schools, and 1 or 100% of the public/private schools reported that there was a need to include VE in their individual nursing curriculum.

Of the 16 schools who reported that there was no need to include VE in their nursing curriculum, 7 were public, 8 were private, and 1 was sectarian. There was no

significant statistical association between the perceived need for the inclusion of VE within individual curriculum and the type of parent institution, $\chi^2(4) = .73$, $p = .95$.

The perceived need for VE in baccalaureate nursing curricula in relation to the number of full-time baccalaureate nursing students was examined. Of the 271 respondents who indicated that there was a need to include VE in baccalaureate nursing curricula, 43 or 95.6% of those with 1-99 full-time students, 72 or 96.0% of the schools with 100-199 students, 66 or 98.5% of those with 200-299, and 90 or 98.9% of those schools with 300 or more nursing students indicated that VE should be included in baccalaureate nursing curricula.

Of the seven respondents who indicated that there was no need for VE, two reported an enrollment size of 1-99 students, three had 100-199 students, one had 200-299 students, and one reported 300 or more students.

There was no significant statistical association between the number of full-time baccalaureate nursing students and the perceived need for VE in baccalaureate nursing curricula, $\chi^2(3) = 2.34$, $p = .50$.

The perceived need for including VE in the respondent's nursing curriculum in relation to the number of full-time baccalaureate nursing students was also examined. Of the 262 individuals included in this

crosstabulation, 39 or 86.7% of the schools with an enrollment size of 1-99 full-time nursing students, 70 or 93.3% of those with 100-199 students, 65 or 97% of those with 200-299 students, and 88 or 96.7% of those with an enrollment size of 300 students or more indicated that VE should be included in their individual nursing curriculum.

Of the 16 respondents who indicated that there was no need for VE in their individual curriculum, 6 schools reported a student enrollment size of 1-99, 5 had 100-199 students, 2 had 200-299 students, and 3 schools had an enrollment size of 300 or more. Chi square analysis was computed, again indicating no significant statistical association between the size of the student enrollment and the perceived need for the inclusion of VE within individual nursing curriculum, $\chi^2(3) = 6.84$, $p = .08$.

The perceived need for the inclusion of VE in baccalaureate nursing education in relation to the size of the nursing faculty was examined. Two hundred and sixty-eight participants were included in this crosstabulation. Forty or 97.6% of the schools with a faculty size of 1-9, 137 or 95.8% with 10-25 faculty, 77 or 100% with 26-50 faculty, 5 or 100% with 51-74 faculty, 7 or 100% with 76-100 faculty, and 2 or 100% with 100 or more faculty indicated that they perceived a need to include VE in baccalaureate nursing curricula.

Of the seven respondents who reported that there was no need for VE, one of the schools reported a faculty size of 1-9, and six had a faculty size of 10-25. There was no statistical association between the perceived need for VE in baccalaureate nursing curricula and the size of the faculty, $\chi^2(5) = 3.94$, $p = .56$.

The perceived need for the inclusion of VE in the respondent's nursing curriculum in relation to the size of the nursing faculty was also examined. Two hundred and fifty-nine individuals were included in this crosstabulation. Thirty-eight or 92.7% of the schools with a faculty size of 1-9, 134 or 93.7% with 10-25 faculty, 73 or 94.8% with 26-50 faculty, 5 or 100% with 51-74 faculty, 7 or 100% with 76-100 faculty, and 2 or 100% with a faculty size of 100 or more reported that there was a need to include VE in their individual nursing curriculum.

Of the 16 schools that indicated that there was no need for VE in their individual curriculum, 3 schools had a faculty size of 1-9, 9 had 10-25 faculty, and 4 had 26-50 faculty. There was no statistical association between the perceived need for VE in individual nursing curriculum and the size of the nursing faculty, $\chi^2(5) = 1.15$, $p = .95$.

The perceived need for the inclusion of VE in baccalaureate nursing curricula in relation to the preparation of the faculty was also examined. Two hundred and sixty-

six respondents were included in this crosstabulation. Fifty-three or 19.9% of these individuals reported 1 or 2 faculty were prepared, 65 or 24.4% indicated there were 3-4 faculty prepared, 41 or 15.4% reported none of their faculty was prepared, and 107 or 40.2% indicated they did not know if their faculty were prepared in values education.

Of the seven individuals who indicated that there was no need for values education in baccalaureate nursing curricula, one reported three or four faculty prepared, one reported no faculty were prepared, one reported no faculty were prepared, and five reported that they did not know how many how many faculty were prepared in values education. There was no significant association between the perceived need for values education in baccalaureate nursing curricula and faculty preparation, $\chi^2(3) = 3.31$, $\underline{p} = .35$.

The perceived need for the inclusion of values education in the respondent's individual nursing curriculum in relation to the preparation of the faculty in values education was also examined.

Two hundred and fifty-seven respondents who reported that there was a need to include values education in their individual nursing curriculum were included in this crosstabulation. Fifty-three or 20.6% of these individuals reported that 1 or 2 faculty were prepared, 62 or 24.1%

indicated that there were 3-4 faculty prepared, 39 or 15.2% reported that none of their faculty were prepared, and 103 or 40.1% indicated that they did not know if their faculty were prepared in values education.

Of the 16 individuals who indicated that there was no need for values education in their nursing curriculum, 3 reported no faculty were prepared, 4 reported 304 faculty prepared, and 9 indicated they did not know how many faculty were prepared in values education.

A chi square analysis indicated no significant statistical association between the perceived need for values education in individual nursing curriculum and faculty preparation, $\chi^2(3) = 4.4$, $\underline{p} = .22$.

Tables 8 and 9 display all the chi squares and probabilities computed from the crosstabulations in relation to the third research question.

Additional Findings.

This section of the results will report additional findings from the questionnaire. Questions 5, 6, 11, and 12 were those which reported the "ideal" in values education. They address the areas where values education should ideally be included, what teaching resources would be helpful, and what content is most important to include in a values education course.

The results from questions 8 and 9 concerning the

Table 8

Perceived Need for Values Education

in Baccalaureate Nursing Curricula

Variables	Chi Square	Probability
Geographic Location	2.10	.72
Type of Institution	.95	.92
Number of full-time nursing students	2.34	.50
Number of full-time baccalaureate faculty	3.94	.56
Preparation of faculty in values education	3.31	.35

Table 9

Perceived Need for Values Education

in Respondent's Nursing Curriculum

Variables	Chi Square	Probability
Geographic Location	3.82	.43
Type of Institution	.73	.95
Number of full-time nursing students	6.84	.08
Number of full-time baccalaureate faculty	1.15	.95
Preparation of faculty in values education	4.39	.22

advantages and disadvantages of teaching values education within and outside the college of nursing will also be reported in this section on additional findings.

Question 5 sought to determine the ideal location or locations for values education content within the baccalaureate nursing curricula. There were seven categories from which the participants could choose as many as they identified as ideal. One hundred and thirty-six or 51.9% of the deans and curriculum coordinators chose the category originally designated as "other." The responses in this category were analyzed by this researcher and another master's prepared nursing educator and were divided into two categories based on the participant's responses. One hundred and twenty-one or 89% of the respondents who chose this category or 46.2% of the sample indicated that they thought values education content should ideally be integrated throughout the entire nursing curriculum. The remaining 15 or 11% of the respondents choosing "other" or 5.7% of the sample reported various nursing courses in which values education could ideally be included.

The second major category chosen for the ideal inclusion of values education was "as questions and discussions arise." This category was chosen by 108 or 41.2% of the respondents. One hundred and seven or 40.8% of the participants chose the Fundamentals of Nursing

course and 100 or 38.2% chose the Issues in Nursing course as the ideal location of values education. Leadership in Nursing was identified by 91 or 34.7% of the participants and Currents and Trends was chosen by 85 or 32.4% of the respondents. Thirty-nine schools or 14.9% indicated that values education content should ideally be taught as a separate course. The results of this question are presented in Table 10.

In addition to reporting the courses where they would ideally include values education within the baccalaureate nursing curriculum, participants were also requested to indicate where the major focus should be for including values education. The greatest number of respondents, 81 or 30.9% indicated that the category of "other" was where they would place the major focus for including values education in the nursing curricula. Upon analysis of this category, it was clear that "other" was specified as "integrated throughout the nursing curriculum" and was chosen by 71 or 87.7% of the respondents choosing this category or 27.1% of the sample. The remaining 10 or 3.8% of the respondents in the sample reported a variety of nursing courses in the nursing curriculum was where the major focus should be placed.

Twenty-two or 8.4% of the participants reported that the major way values education should be included was as a

Table 10

Ideal Location and Major Focus for the Ideal Inclusion of Values Education Content in the Nursing Curriculum

Ideal Location for Including Values Education	Number of Respondents	Percent of Sample	Major Focus for the Ideal Inclusion of Values Education	Number of Respondents	Percent of Sample
Integrated	121	46.2	Integrated	71	27.1
As questions and discussions arise	108	41.2	As a separate course	22	8.4
Fundamentals of nursing	107	40.8	Fundamentals of nursing	18	6.9
Issues in nursing	100	38.2	Issues in nursing	18	6.9
Leadership in Nursing	91	34.7	As questions and discussions arise	11	4.2
Currents and Trends in nursing	85	32.4	Other nursing courses	10	3.8
As a separate course	39	14.9	Currents and trends in nursing	7	2.7
Other nursing courses	15	5.7	Leadership in nursing	5	1.9
Total responses	666		Total responses	162	

Note. n = 262

separate course within the nursing curriculum. Courses in both Fundamentals of Nursing and Issues in Nursing were selected by 18 or 6.9% of the participants as where they would ideally place the major emphasis. Eleven individuals, or 4.2% stated that the values education content should ideally be included as questions and discussions arise in nursing courses. Seven or 2.7% of the respondents identified Currents and Trends in nursing, and five respondents or 1.9% chose Leadership courses as where the major focus should be. This information is presented in Table 10.

Question 6 was designed to assess which year or years participants thought that VE content should be introduced to nursing students. In addition, the number of hours of direct teaching which should be allotted for this content during each year was requested. One hundred and forty-two or 54.2% of the participants reported that VE should be introduced in the junior year and 139 or 53.1% indicated that the sophomore year was the most appropriate. One hundred and twenty-eight or 48.9% of the respondents reported that the senior year was the ideal time and 97 or 37% indicated that the freshman year should be the year VE is introduced to nursing students. Thirty or 11.5% of the individuals felt VE should be introduced at "other" times. The responses in this category were analyzed and grouped

into four categories. Sixteen or 6.1% of the respondents indicated that VE should be introduced to students in an integrated manner within the nursing curriculum, and seven or 2.7% of the respondents reported that a first level course in nursing was where this content should be introduced. Five or 1.8% of the participants stated that "as questions arise" was the best time to include VE. Two or .8% of the respondents reported miscellaneous comments.

The number of hours allotted per year for VE courses was also reported. The range of hours in the junior year was 1-54, with a mean of 7.8 hours computed, a mode of 4 hours, and a standard deviation of 9.1. In the sophomore year the range of hours reported was 1-60 with a mean of 6.1 hours computed, a mode of 2 hours, and a standard deviation of 7.7. The range of hours in the senior year was 1-60, with a mean of 8.4 hours computed, a mode of 2 hours, and a standard deviation of 9.3. In the freshman year, the range of hours reported was 1-36 with a mean of 5.5 hours, a mode of 2 hours, and a standard deviation of 5.8. The range of hours in the category of "other" reported was 1-18, with a mean of 7 hours, a mode of 4 hours, and a standard deviation of 5.8. These results are displayed in Table 11.

Question 11 sought to identify the teaching resources that the participants in the study would consider helpful

Table 11

Years Values Education Should be Introduced to Baccalaureate Nursing Students and Mean Hours Allotted per Year

Year	Introduction of Values Education		Hours Allotted per Year					
	Number of Respondents	Percent of Sample	Number of Respondents	Range	Mean	Mode	SD	Percent of Sample
Junior	142	54.2	54	1-54	7.8	4.0	9.1	20.6
Sophomore	139	53.1	101	1-60	6.1	2.0	7.7	38.5
Senior	128	48.9	104	1-60	8.4	2.0	9.3	39.7
Freshman	97	37.0	97	1-36	5.5	2.0	5.8	37.0
Other			30	1-18	7.0	4.0	5.8	11.5
Integrated	16	6.1						
First level nursing course	7	2.7						
As questions arise	5	1.8						
Miscellaneous	2	.8						
Total responses	536		386					

Note. n = 262.

in teaching VE. Seven categories were available to choose from and the respondents were instructed to check as many of these categories as necessary. Workshops to prepare faculty to teach VE was the resource selected most frequently. One hundred and seventy-four or 66.4% of those answering this question chose this resource. A workbook of experiential exercises in values education was identified by 162 or 61.8% of the respondents as the second most helpful teaching resource. The third most frequently selected resource were films which was identified by 157 or 59.9% of the respondents. Another 157, or 59.9% of the participants identified an annotated bibliography as the fourth most helpful resource. A values education text was selected as fifth by 126 or 48.1% of the respondents. One hundred and nineteen, or 45.4% of the respondents chose the category of resource persons in VE as sixth. The category of "other" was selected by 12 or 4.6% of the responses to this question. Four of these respondents reported that case studies would be useful. The remaining 8 individuals reported a variety of teaching techniques and aids. These data are presented in Table 12.

Question 12 was included to identify the most important areas which could be included in a nursing VE course. Respondents were asked to rank order their top five priorities so that number one was the most important

Table 12

Teaching Resources Considered Helpful

in Teaching Values Education

Resources	Number of Respondents	Percent of Sample
Workshop to prepare faculty	174	66.4
Workbook of experiential exercises in values	162	61.8
Films	157	59.9
Annotated bibliography	157	59.9
Values education text	126	48.1
Resource persons	119	45.4
Other	12	4.6
Total Responses	907	

Note. *n* = 262.

area and so on. There were seven categories from which to choose. The ranking of these categories was based on how frequently each category was chosen as the most important area. The following data are presented in Table 13.

One hundred and twelve, or 47.5% of the respondents chose the identification of individual professional and personal values as most important area to be included in a nursing VE course. The theory of values clarification was ranked the second most important category by 71 or 40.3% of the respondents. Forty-six, or 20.5% of the participants indicated that values clarification as a decision making process for value dilemmas was the third most important area. Fourth in importance was the management of value conflicts which was chosen by 15 or 7.6% of the respondents. The application of values clarification to ethical decision making was ranked as fifth in importance by 13 or 6.1% of the individuals in this study. The area reported as sixth in importance was the use of values clarification as a tool to facilitate therapeutic relationships in nursing and was chosen by 11 or 6.5% of the respondents. Four, or 3.1% selected the category of "other" as the seventh most important area to include.

Question 8 sought to determine the advantages and disadvantages of teaching VE within colleges of nursing. From the responses reported by the participants, the

Table 13

Rank Order of Values Education Content Areas

Content Areas	Number of Respondents[a]	Mean	Percent of Sample
Identification of individual professional and personal values	112	2.04	47.5
Theory of values clarification	71	2.34	40.3
Decision-making process	46	2.84	20.5
Management of values conflicts	15	3.33	7.6
Application to ethical decision making	13	3.60	6.1
Tool to facilitate therapeutic relationships	11	3.59	6.5
Other	4	1.4	3.1
Total Responses	272		

Note. Content areas ranked from 1 (most important) to 5 (least important).

[a]*n* = 262.

advantages were divided into five categories by this researcher and another master's prepared nurse. One hundred and forty-one or 53.8% of the respondents indicated that the primary advantage for including VE within the nursing curriculum was that the course content would be focused on nursing and nursing issues. Assisting the student's personal growth was the category chosen second most frequently by 39 or 14.9% of the respondents. The third most frequently reported advantage for teaching VE within the nursing curriculum was the enhancement of the socialization process into professional nursing. This category was chosen by 38 or 14.5% of the respondents. Facilitation of the planning for the course was identified by 36 or 13.7% of the respondents as the fourth most important advantage. The fifth category of advantages was identified as the "miscellaneous" category. Three respondents, or 1.1% of the sample were included in this category.

The disadvantages of including VE within the college of nursing were also reported and were categorized into seven areas. Limited contact with other disciplines was the most frequently cited disadvantage of VE being taught within the college of nursing. This category was chosen by 63 or 24.0% of the respondents. Lack of faculty preparation was cited by 32 or 12.2% of the participants as

the second disadvantage. The category designated as "miscellaneous" was the third most frequently identified and was chosen by 25 or 9.5% of the respondents. This category could not be divided into smaller categories due to the uniqueness of the respondents' comments. Twenty individuals or 7.6% stated that there were no disadvantages in including VE within the college of nursing. Nineteen or 7.3% of the responses indicated that the lack of time is an already crowded curriculum in nursing education was a disadvantage. The sixth category was that the learning from a VE class within the college of nursing would not be transferred to other aspects of life. This category was identified by eight or 3.1% of the respondents. The final and seventh category was identified by six or 2.3% of the respondents and indicated that teacher bias, in terms of values and which values were taught, was a disadvantage in teaching VE within the college of nursing. These data are presented in Table 14.

Question 9 sought to determine the advantages and disadvantages of teaching VE in colleges or departments separate from nursing. From the responses reported by the participants, the advantages were divided into five categories. Ninety-one or 34.7% of the respondents indicated that the primary advantage for including VE outside the nursing curriculum was that there would be more

Table 14

Advantages and Disadvantages in Teaching Values Education within Colleges of Nursing

Advantages of Including Values Education	Number of Respondents	Percent of Sample	Disadvantages of Including Values Education	Number of Respondents	Percent of Sample
Content focused on nursing	141	53.8	Limited contact with other disciplines	63	24.0
Assists with personal growth	39	14.9	Lack of faculty preparation	32	12.2
Enhances socialization into professional nursing	38	14.5	Miscellaneous	25	9.5
Facilitates planning for the course	36	13.7	None	20	7.6
Miscellaneous	3	1.1	Lack of time in curriculum	19	7.3
			Knowledge not transferred to other aspects of life	8	3.1
			Teacher bias	6	2.3
Total responses	257		Total responses	173	

Note. n = 262.

diverse content presented and the ability to utilize this information would be enhanced. The second most frequently chosen advantage was interdisciplinary contact. This was selected by 53 or 20.2% of the respondents. The third category was labeled as "miscellaneous." This category contained 27 or 10.3% of the participants' responses and was not able to be divided into smaller numbers of like responses. The fourth most frequently identified advantage was that personal growth, as an individual and not merely a nurse, would be enhanced by teaching VE separate from the nursing curricula. This category was identified by 24 or 9.2% of the respondents. The fifth and last category seen as an advantage was that the faculty teaching VE would be better prepared if the course were offered by colleges and departments other than nursing. This category was identified by 14 or 5.3% of the participants.

The disadvantages of teaching VE in colleges separated from nursing were also divided into five categories. Course content which would not be focused on nursing and nursing issues was seen as the most significant disadvantage in teaching VE outside the college of nursing. This category received 97 or 37.0% of the responses to this question. The category designated "miscellaneous" was the second most frequently identified and received 19 or 7.3% of the responses. This category contained no responses

which could be grouped. Sixteen respondents or 6.1% indicated that there were no significant disadvantages in teaching VE outside the college of nursing. The fourth category identified the concern that if VE were integrated in other courses outside of nursing, the content would be seen by the students as less important and would be less clearly understood. This category was chosen by 7 or 2.4% of the respondents. The last and fifth disadvantage in teaching VE outside the nursing curriculum was identified as the students' lack of time to take these courses. This category was reported by 4 or 1.5% of the respondents. These data are presented in Table 15.

This chapter has reported the findings from the institutional and faculty characteristics sheet and the data from the questionnaire in relation to each of the research questions posed.

Table 15

Advantages and Disadvantages in Teaching Values Education in Colleges or Schools Separate from Nursing

Advantages of Including Values Education	Number of Respondents	Percent of Sample	Disadvantages of Including Values Education	Number of Respondents	Percent of Sample
Diverse content and broader application	91	34.7	Course content non-nursing oriented	97	37.0
Interdisciplinary contact	53	20.2	Miscellaneous	19	7.3
Miscellaneous	27	10.3	None	16	6.1
Personal growth	24	9.2	Integrated in other courses, therefore less focus & importance	7	2.4
Better prepared faculty	14	5.3	Students' lack of time	4	1.5
Total responses	209		Total responses	143	

Note. *n* = 262.

CHAPTER V

DISCUSSION

This chapter will discuss the results and findings from this study which examined the perceived need for values education in NLN approved baccalaureate nursing curricula located throughout the United States. The study also examined the location of values education content in baccalaureate nursing curriculum and the relationship between the perceived need for values education and selected institutional and faculty characteristics. This chapter will also discuss the findings from this study in relation to other studies which have previously been documented in the review of the literature.

Sample Data

Institutional Characteristics

For the purpose of this study, the United States was divided into five major geographical areas. The largest number of respondents were from the Midwest, followed by those from the Northeast, Southeast, Southwest, and the Northwest. The proportion of individuals responding from each of these five areas in relation to the total number of NLN approved nursing schools located in each of the same geographical areas was approximately equal. No one geographical area responded more significantly to this

study than the other geographical areas.

There was a total response of 78.1% to this study which was a high percentage for a questionnaire distributed through the mail. According to Treece and Treece (1977) most questionnaires yield a return rate of approximately 33%. The high response rate to this study could be an indication of the growing interest in and attention paid to values education in nursing education. Recently, numerous books and articles in the nursing literature have begun to address this topic and the number of educational forums, workshops, and seminars devoted to values education and its application to nursing practice have rapidly increased.

To date, there have been no other studies on attitudes toward the need for or extent of values education in nursing or on any aspect of values education in nursing education. In addition, the sample size, as well as the percentage of responses, were significantly greater than those reported by Veatch and Sollitto (1976), Aroskar (1977), Purtillo (1978), the Hastings Center (1980), and Clouser (1980). These individuals examined ethics education in nursing, medicine, or higher education. Their findings will be contrasted throughout this discussion with those of this study.

The type of parent institution in which the respondent's college of nursing was located was also reported and was divided into five categories: public,

private, sectarian, private and sectarian, and public and private institutions. Almost half of the respondents reported that they were part of a public school, and about 43% indicated that they were part of a private school. Together, sectarian and private/sectarian schools made up 7.6% of the schools in this study. One school was part of a consortium of schools and that the parent institution was public and their school was private. According to the information available from the NLN's Council of Baccalaureate and Higher Degree Programs in Nursing (1981), the highest percentage of baccalaureate nursing programs are located in public institutions, followed by private and sectarian institutions. This resource does not give the actual percentages of nursing schools included in each of these categories; therefore, there is no way to identify whether the percentage of nursing programs reported in this study is representative, in terms of percentage of each type, with those in the population.

It is interesting to note that in the Midwest there was a fairly even distribution of public and private schools and that this area included the greatest percentage of sectarian schools. The Northeast had the highest number of private schools which included colleges of nursing. The Southeast had a predominance of private institutions and the Northwest primarily had public institutions.

The size of the parent institution and schools of

nursing was assessed by examining the number of full-time students in both the parent institution and in the school of nursing, and by examining the number of full-time faculty in nursing. In terms of the full-time students, slightly over 45% of the schools were smaller institutions with below 1,000 and with a range of 1,000 to 5,000 full-time students reported. Approximately 40% of the schools could be classified as medium sized and included schools with ranges of 5,000 - 20,000 students. Slightly over 22% of these parent institutions had 10,000 - 20,000 students and almost 17% had 5,000 - 10,000 full-time students. The remaining 15.5% of the parent institutions had 20,000 - 30,000 or more full-time students and were classified as large institutions.

Approximately 57% of the schools responding to this study had a full-time nursing student enrollment size of 200-300 or more students and about 43% had a nursing student size of 1-199. It is interesting to observe that the largest number of schools were included in the small parent institution size category, and yet the schools of nursing within the greatest number of institutions reported larger full-time nursing enrollment sizes. A crosstabulation was reported and revealed that the larger sizes of full-time nursing students were located fairly evenly in all sizes of parent institutions. This relatively high number of full-time nursing students in relation to the

institutional size could be a reflection of the emphasis on baccalaureate-prepared nurses in the profession as a means of upgrading the quality of the preparation of its practitioners. In addition, the increasing enrollment size in nursing schools may be indicative of nursing's increasing popularity as a profession.

Faculty Characteristics

Slightly over two-thirds of the schools had a full-time nursing faculty size in the range of 1 - 25 faculty. Almost 30% reported having a medium-sized faculty in the range of 26 - 74 faculty. The remaining small percentage of schools had large-sized faculty ranging from 76 - 100 or more faculty. Perhaps the relatively large-sized nursing enrollment in relation to the large number of schools reporting smaller size faculty is indicative of the increasingly high student-faculty ratio seen in nursing education since there are more students being accepted into nursing programs and fewer qualified faculty in nursing to teach in baccalaureate nursing programs.

Preparation in values education was another characteristic reported concerning the faculty in this sample. Slightly over 40% of the respondents indicated that they did not know if any of their faculty were prepared in values education. This may be an indication that values education is not seen as an area in which an individual

needs extra or advanced preparation in order to be prepared to teach. Therefore, deans or curriculum coordinators may not be aware that individual faculty members have sought extra preparation. In addition, the deans or curriculum coordinators may simply not be aware of the actual preparation of their faculty other than in major specialty areas in nursing due to the nature of their responsibilities.

Approximately 15% of the respondents indicated that none of their faculty had received education in values education. Perhaps these faculty did not want or feel the need to seek further education in this area, or possibly, education in this area was not available to them.

In contrast, almost 43% of the individuals included in this study reported at least one to four faculty who had received education in the area of values education. A crosstabulation of prepared faculty by student size and faculty size was computed. The number of prepared faculty was not related to the enrollment size of the students nor to the size of the nursing faculty. Hopefully the prepared faculty located in the various sizes of nursing schools will share their preparation with their colleagues and therefore significantly influence the degree of preparation of individual faculty members, as well as students in values education.

A further exploration of the type of preparation in

values education received by faculty members was made. Again, the highest percentage, or about 60% of the respondents indicated that they did not know if faculty members had taken courses in values education. Almost 19% of the respondents indicated that faculty had taken courses and approximately 15% reported that none of their faculty had taken courses in values education. Sixty percent reported that they did not know if any faculty members had taken courses. This large percentage may have resulted because it is difficult for deans and curriculum coordinators to know the details of their faculty's preparation and course work. Perhaps the small number of faculty who had taken courses was related to the availability of these types of courses or to the fact that faculty found it necessary to be prepared and to take courses in other areas which were viewed as higher in priority. It is possible that course work in values education is not seen as essential and other alternatives for understanding this content which were less time consuming were available and pursued. Faculty may not feel there is a need to take courses to become aware of values education and may introduce themselves to content offered in shorter presentations.

This seems to be true since approximately 37% of the respondents indicated that members of their faculty had taken workshops in values education which is twice as high

as those who took courses. The increasing availability of workshops in values education designed for nurses and the increasing interest in the affective domain in nursing might account for the relatively high number of faculty who have taken these workshops.

Forty-five percent of the respondents in this sample reported that they did not know if their faculty had taken any workshops. Again, this high percentage is most likely due to the fact that because of their demanding roles, it is nearly impossible for deans or curriculum coordinators to be aware of the workshops faculty members pursue. The remaining 13% of the respondents reported that none of their faculty had taken values education workshops. These faculty members might not have had these workshops available to them, nor had the freedom, time nor interest to attend them. Perhaps many more faculty are prepared in values education because of their own reading and personal study and do not feel the need to attend courses or workshops.

Aroskar's (1977) study examined faculty preparation in ethics education. She found that few faculty were formally prepared to teach ethics and that many nursing faculty expressed interest in ethics and informally prepared themselves by taking workshops, and by engaging in independent study. She did not disclose any percentages in connection with these statements; however, did state that

the formal preparation of faculty to teach ethics is an indication of the school's commitment to teaching ethics.

Veatch and Sollitto's (1976) study of ethics in medical schools reported that there were three different groups involved in teaching ethics: physicians interested in the ethics of medicine, ethicists interested in medicine, and hospital chaplains. The ethicists were formally prepared to teach; the physicians and chaplains were informally prepared and taught most frequently.

The Hastings Center study (1980) on ethics in the undergraduate and professsional schools also revealed that the faculty teaching ethics were also informally prepared.

The findings from this study regarding faculty preparation concur with the general findings from these three studies. Faculty in nursing were reported to be informally prepared, more frequently by workshops than courses, and were not reported to be individuals who had formal education to prepare them to teach this area. It would appear that a higher number of faculty are informally prepared to teach values education than the number prepared to teach ethics as reported in the various ethics studies.

Questionnaire

The questionnaire addressed each of the three research questions concerning the perceived need for values education (VE) in nursing, the location of VE in nursing

curricula, and the influence of selected independent variables on the percieved need for VE in baccalaureate nursing education. In addition, information regarding the rationale for the inclusion of VE, the ideal location, the advantages and disadvantages of teaching this content within and outside the college of nursing, the teaching materials utilized and those identified as helpful, and the importance of selected content areas included in a values education course were requested. Each of these questions and the implications of the findings will be discussed in this section of this chapter.

Research Question One

The need for including VE in baccalaureate nursing curricula was identified by an overwhelming majority of deans and curriculum coordinators. Ninety-seven and one-half percent responded favorably to this first question. In addition, the need for incorporating VE into individual respondent's nursing curriculum was extremely favorably perceived by 94.2% of the respondents in this study.

This astonishing approval of values education in nursing education is most likely influenced by a number of factors. First, during the past six years there has been a steady increase in the number of books, journal articles, seminars, and workshops in the area of VE in nursing. These resources have increased the consciousness of educators in nursing regarding the necessity for VE in

nursing, the application of VE to nursing education and nursing practice, and the beneficial effect of VE for a nurse's personal and professional development. As a result, many nursing educators have become convinced of the usefulness and effectiveness of VE.

Secondly, the study of values and their effect on behavior and personal and professional growth is most likely identified as positive. The word "values" itself is probably perceived positively by those who are well informed, as well as by those who are only superficially acquainted with VE. This positive association may often evoke a positive attitude toward and acceptance of this area. In addition, there is a steady increase in the number of educators who feel strongly that affective education in an important area to be included in nursing education. Many educators believe that the affective domain has been ignored for too long in nursing education and that affective development of the student, which VE plays a significant role in encouraging, is a vital component in education and socialization in nursing.

Aroskar (1977) reported that only 55% of the respondents in her study thought that there was a need for the initiation or further development of ethics education in their curriculum; 35% indicated there was no such need: and 10% did not answer the question. Aroskar concluded that some faculty did not feel that ethics was essential

content in baccalaureate nursing education. These data are in sharp contrast to the findings in this study which indicated overwhelming agreement concerning the perceived need for VE in nursing education. This contrast in the findings may be due in part to the differences in the content and to the fact that this study was done five years later. Perhaps nursing educators do feel VE is more important than ethics, and perhaps in the five years in between the two studies, information about VE and its relevance in nursing education has influenced perceptions toward the need for including this material in nursing education.

In addition to this researcher's conclusions from the findings in questions 1 and 2, the respondents themselves reported why they thought VE should be included in their nursing curriculum. Slightly over one-third of the respondents indicated that the assistance with clarifying values and personal growth was the most important reason. Representative comments from respondents included: that students would be encouraged to look at their values, that they would choose values wisely and consciously, that they would understand themselves better, and that exploring their own feelings and values would increase their self-concept.

The second most frequently identified reason was that by studying values, the nurse's interpersonal effectiveness

with clients would be improved and the quality of nursing care would be enhanced. This category was identified by almost one-third of the respondents. Within this category respondents reported that nurses would be able to help clients identify their values; they would be able to understand and accept the client's values more consistently, even when they differed from their own; clients would be less frequently labeled when their values differed from those of the nurses; and nurses would be less judgmental, and therefore more therapeutic in their relationships with patients.

Approximately 27% of the respondents identified the improvement in decision making as the third most important rationale for including VE in their curriculum. Comments were: that values affect decision making and that students needed to be aware of this; that a decision-making process incorporating values was essential to effective decision making; and that professional decision making must rest on internal values, not external controls; and without awareness of one's values, there would be more inconsistent behavior and cognitive dissonance.

The fourth area identified by approximately 25% of the respondents as a rationale was that education in values helps nurses resolve values issues in nursing. Comments such as dealing with role conflict and reality shock in nursing; resolving numerous contemporary dilemmas

frequently faced by nurses; and being able to confront difficult issues more forcefully and autonomously were shared.

The facilitation of the socialization process in nursing was listed by about 16% of the participants as the fifth most important reason for including VE. Respondents indicated that, as a result of including this content, professionalism would be increased and the implication of the nurse's roles and values would be more fully understood. In addition, respondents stated that nursing is a caring profession and that professional nurses must be clear on value systems in nursing; and that students would be helped to understand the philosophy of nursing more fully and would be able to implement it more consistently by studying VE content.

Almost 17% of the participants offered rationales which indicated that VE helped support or was the basis for the philosophy and conceptual framework of their curriculum and therefore was vital to include in students' education. Comments indicated that the philosophy of these schools supported the identification and realization of values; that it was an important part of the curriculum; and that the very philosophy of nursing rests on values, which are often Christian values. A seventh rationale identified by about 4% of the participants was that VE is a vital component of nursing education. Comments included in this

category were: that VE was education for the future in that it stressed the theory and principles and not just facts; that it addressed the whole student and could meet the emotional, mental, social, and spiritual developmental needs of students; and that it was nursing education's responsibility to provide VE since the growth of the profession depended upon it.

The final category was designated by this researcher as "miscellaneous" and about 3% of the responses were included in this eighth category. Comments indicated that values influenced health-seeking and compliance behavior of clients; that values affect the allocation of human and monetary resources, and that the study of values helps individuals focus on human values and not just values influenced by technology and science. Other comments included that since many nurses are adult learners, there is a great need for a process to help them examine previously learned values during the educational process; and VE was identified as a necessary base prior to and for the study of ethics.

It was clear that many of these opinions were strongly held and that the respondents seemed well informed about VE and firm in their convictions regarding its effectiveness. In this researcher's opinion, the major reasons for wanting to include VE in the nursing curriculum were accurately, perceptively, and completely identified. The ability to

even generate these comments individually, and then to have these statements be repeatedly identified by a wide variety of individuals from all over the country may indicate that these individuals are well informed and have carefully considered the contributions VE can offer in nursing education. Perhaps they are well informed because of personal experience, or from reading the literature or attending continuing educational offerings, or from discussions with their faculty. It is very evident that the overwhelming majority of deans and curriculum coordinators in this study strongly concur with these positive effects of incorporating VE in their nursing curriculum.

Only 2.5%, or 7 respondents in this study reported that they thought that there was no need to include VE in baccalaureate nursing curricula in general, and only 5.8% or 16 indicated that there was no need to include this content in their own nursing curriculum. Reasons for not including VE in their curriculum were given by these individuals and were divided into two main categories: those participants who did not want VE in their nursing curriculum, and those who responded "no" to the question, but gave reasons that contradicted their answer. Seven respondent's comments indicated that they thought there was no need to incorporate VE in their curriculum. For example, one person indicated that VE was merely a current

fad which was already on its way out and that nursing curricula was filled with content already. Another charge was that VE claimed to be neutral, but that it was not. Another respondent indicated that VE was perceived as an intrusion into an individual's values system and was therefore inappropriate. One respondent was concerned that values could not be explored effectively or safely in an educational system that gave grades. This person saw VE as having the potential to brainwash individuals. VE was also identified by two respondents as another area to squeeze into an already full curriculum. Still another participant stated that values were taught by implicit rather than explicit communication,are not accurately measurable or teachable content, and therefore, should not be included in the curriculum. One of the respondents indicated that the nursing curriculum was an upper division major and that the students had matured beyond the need for education in values.

It is this researcher's opinion that many of these comments, although valid to the respondents, indicated an incomplete and somewhat limited view of VE. Many of these comments are those typically levelled as rejections of VE content by those who are not well informed of the nature of VE and appropriate ways in which to discuss values in an education setting. Other comments dealt with the system within which VE was taught and the difficulties with this

system rather than actually criticizing VE itself.

Nine individuals, or over half of those responding to this question, stated reasons for not including VE which were really responses that indicated that they believed VE did belong in their curriculum. Six of these nine people reported that VE was already included in their curriculum. This can hardly be interpreted that these respondents felt there was no need for this content in their curriculum. Another two individuals indicated that VE was required or part of general courses that students took before entering the nursing major and one respondent indicated that it was thoroughly integrated into the nursing curriculum. Since these nine individuals responded to question 3b and were directed not to complete the rest of the questionnaire, their responses were categorized as not in favor of incorporating VE into their nursing curriculum; however, their reasons did not validate the manner in which they responded to this question.

It is clear that since only 7 out of 16 respondents reported reasons that were clearly a rejection of VE in their nursing curricula that there were only 2.6% of the respondents in this sample who thought that VE should not be included in their nursing curriculum. It is also important to note that none of the 16 respondents who answered "no" to question 2 were primarily from one geographical location, nor were they predominantly from one

type of parent institution, faculty or student size, or level of preparation of the faculty in values education.

It is also interesting that all seven respondents who reported "no" to question 1, indicating there was no need for VE in baccalaureate nursing curricula in general, also responded "no" to question 2 regarding the need for VE in their curriculum. This is important to report since it was only these same seven respondents who reported reasons for not including VE in their curriculum which were really against VE in their curriculum. In contrast, all the nine people who responded to question 3b with reasons which contradicted their responses of "no" to question 2, indicated on question 1 that they felt there was a need for VE in baccalaureate nursing curricula in general. This evidence further supports the fact that there is very little disagreement concerning the need for VE in nursing education.

Research Question Two

Questions 4 and 7 explored the location of VE in the respondents' nursing curricula and in the parent institution. Question 10 is included in this part of the discussion since it explored the teaching materials used in the teaching of VE in nursing. Each of these questions will be discussed separately.

Question 4 requested information concerning the location of VE content in nursing curricula. Two hundred

and sixty-two people answered this question and 616 responses were recorded.

Slightly over half the participants reported that this content was included in their curriculum as questions and discussions arose from the students. A similar finding was reported by Aroskar (1977). She reported that two-thirds of the participants in her study on ethics in the nursing curricula addressed ethics content in this same informal manner.

It is beneficial and pragmatic to address values content when questions arise; however, if this is the only way values content is presented to students, it is not a dependable approach in terms of teaching content to students. There is little uniformity of content presented to students, little awareness of what content is being presented by either faculty or students, and no behavioral objectives written to measure learning. Even though half the respondents indicated this is how VE content is delivered, and even though 94% of the respondents reported that there is a need to include VE in their curriculum, this seems to indicate that there may not be the degree of commitment to the inclusion of VE as would have originally been expected. This researcher believes that this content is far too critical to address in such a haphazard fashion. This conclusion was also reported by Aroskar (1977) and in the study conducted by the Hastings Center (1980) on ethics

in higher education.

Fundamentals of nursing was identified second most frequently by about 38% of the respondents as the place in the nursing curriculum where VE is located. Fundamentals is an introductory level nursing course and is therefore a logical and expected place for the inclusion of VE content such as the beginning exploration of personal and professional values.

Leadership in nursing was reported by almost 37% and Issues in nursing was chosen by almost 31% of the respondents. These two courses are usually senior nursing courses, and again a place where the discussion of values, the resolving of difficult values issues, and practice in decision making can be easily included as a part of the course content.

The fifth category selected by about 41% of the respondents was labeled "other" on the questionnaire. It was quickly apparent that it could be divided into two categories: "integrated into the nursing curriculum" and "included in a wide variety of nursing courses." About one-third of all the respondents to this question reported that VE content was integrated throughout the nursing curriculum. It was expected that a high percentage of the participants would report that this content was integrated throughout since this method is convenient. It leaves each faculty member to decide how to and how much content to

integrate. In addition, integration of content into nursing curricula which is already very crowded is common in nursing education today; however, this may lead to ineffective coverage of an important area in a student's development and education in nursing. The effectiveness of including this content in this way only is questionable. This researcher believes that VE should be integrated throughout each course as well as be presented as a separate course or series of courses. Aroskar (1977) also reported that ethics was integrated in a wide variety of courses and concluded that the quality of the inclusion of this material was of concern. She also felt that the inclusion of important content in the nursing curriculum should not be merely left to integration.

Currents and Trends in nursing was reported by about 28% of the participants as the location where they included VE content. The exploration of changing professional roles, socialization into nursing, and the continuing identification of professional values can easily be included in this type of a course.

The seventh most frequent location for VE content are a variety of other nursing courses. Courses such as Critical Care nursing, Rehabilitation nursing, and Helping Relationships were reported. This category was created when the original choice of "other" on the questionnaire was divided.

Values education was reported as a separate course by only 14 or about 5.5% of the respondents in this sample. It was not expected that it would be offered as a separate course by many schools; however, in relation to the overwhelming acceptance of the need for VE in the nursing program, this researcher had hoped to find that it would be offered as a separate course by a greater number of programs in addition to being integrated in various courses and addressed as questions developed. Aroskar (1977) also reported that only 5% of the respondents in her study wanted ethics presented as a separate course. In fact, two-thirds of the respondents in her study indicated that ethics should be incorporated in a broader program with a major focus on personal and professional values. She was forced to conclude that perhaps ethics education was not very important to some educators. This researcher believes that nursing educators do not identify VE as being important enough to warrant a separate course, that there is genuine concern regarding the crowded curriculum and that therefore, few individuals identified VE a being located in their curriculum as a separate course.

Only about 4% of the respondents reported that VE was not included anywhere in their curriculum. In comparison, Aroskar (1977) reported that about 17% of the participants in her study had no planned opportunity to study ethics in their curriculum. An additional 4% of her participants did

not report any nursing content where content was informally addressed. It is unlikely that absolutely no VE content is addressed in even this small percentage of curricula. Perhaps these deans or curriculum coordinators were unaware of the type of content that is included as part of VE or unaware of where it was located.

Other studies reported similar findings and drew similar conclusions to those reported in this study. Veatch and Sollitto's (1976) study of ethics in medical schools reported that some kind of ethics was being included in 97 of 107 medical schools. Content was being included in lectures and conferences in over half the schools and in elective courses in slightly less than half the schools. However, they were firm in their conclusion that the integration of ethics was mostly informal and varied widely based on the course content and preparation of the faculty.

Purtillo's (1978) study examined ethical content in 44 Physical Therapy and Occupational Therapy programs. She reported that ethics was integrated primarily by responding to student's questions and by holding discussions when appropriate. She concluded that the time, quality, and way in which ethics content was presented varied widely among the programs.

A study conducted by the Hasting's Center (1980) on the extent of ethics education in undergraduate curriculum

in the United States concluded that there was growing interest in ethics; however, that there was nothing systematic and serious about how ethics was presented in various courses. Their study examined statements made in the catalogues and actual course content and found that there were few opportunities to pursue study in ethics in most of the schools in the United States.

Clouser's (1980) study of bioethics in higher education concluded that even though there was high interest in ethics reported, that the teaching efforts were unstructured, unplanned, and not well integrated. He also reported that formal courses and planned opportunities to discuss ethics were less developed in the nursing curricula than those in other undergraduate curricula in other departments and in medical schools.

In summary, the multiple selection of a number of different locations where VE is included in nursing curricula indicated that this content is primarily included by integration. Values content is being presented in almost all nursing curricula and in many different courses; however, the quality of the presentations, the amount and type of the content included, and the format for its teaching varies widely among the schools. VE seems to be integrated in an unplanned, unstructured, informal way and even though 96% of the schools report VE as being included, the vast majority of these schools offer nothing of a

serious and systematic nature in the study of VE.

Question 7 was designed to identify where values education courses were being taught within the parent institution, but not in the college of nursing. Two hundred and sixty-two participants answered this question and reported 341 responses. Almost 40% of the respondents identified philosophy departments as offering courses which included VE content. Religion departments were identified by nearly 20% of the respondents. The third highest number of respondents, almost 18%, indicated that no courses including VE content were offered by the parent institution. A miscellaneous category was the fourth largest category and contained numerous courses in various colleges and departments which could not be divided into any specific categories. Ten additional departments or courses were identified by a smaller number of participants and included education, sociology, psychology, ethics, medical ethics, health, nursing, humanities, values, and logic.

It was not surprising that any of these departments or courses were identified as including VE content. These data indicate that VE content is available in a number of different departments and courses on many university campuses. However, it is important to question how much and what VE content actually is being included in these courses. Furthermore, one must ask if this content is

appropriate for nursing students and can they apply what they learn in nursing practice settings. Courses such as philosophy and religion may contain values content, but the nature of this material may not be as beneficial for students as a course in VE focused on nursing since these courses tend to be philosophical in nature and didactically presented. How much personal investigation and professional exploration of values conflicts can occur in such courses outside nursing is of concern. The data from this and the previous question indicate that VE content is included in many different courses in nursing and outside the college of nursing in an integrated manner. Therefore, there is probably little control over the amount, quality, or type of information shared. It is questionable if students are able to synthesize this content from many different areas, over a given period of time in their educational process in such a way as to be able to utilize the concepts effectively in the professional arena.

The findings from this question were very similar for those found in three other studies. Aroskar (1977) reported that one-half of the respondents in her study indicated that philosophy and religion courses contained ethical content. Purtillo (1978) reported that many other departments offered ethics content for Physical Therapy and Occupational Therapy students. The Hastings Center study (1980) on ethics in the undergraduate curricula also

reported that ethics content was offered primarily in philosophy or religion courses.

Question 10 was designed to assess the teaching materials currently being used to teach VE in the respondents' curriculum. Two hundred and sixty-two people answered this question and checked a total of 603 responses. Journals were identified by almost 74% of the respondents and books were chosen second most frequently by approximately 68% of the participants. Perhaps these two resources were chosen so frequently since they are readily available. In addition, more articles and books in nursing and in the field of education continue to be written which attests to the growing popularity of VE in nursing education.

Forty-five percent of the respondents chose films as the category of materials being utilized third most frequently. A category designated as "other" was identified by approximately 31% of the respondents. Materials and educational strategies included in this category were games, simulations, and role playing; case studies; discussions with the professor; and values education exercises. These materials are also readily available, relatively simple to design, or involve affective educational strategies which are often stimulating to both professor and student.

Approximately 7% of the participants reported that

they did not know what teaching materials were being utilized. It is not difficult to understand that because of the nature of her or his responsibilities, a dean or curriculum coordinator, not directly involved in teaching this content, might not be aware of the teaching materials being used. Another 7% of the participants reported that no teaching materials were being used. Perhaps these individuals and other members of their faculty were not aware of the materials available for teaching VE.

In her study on ethics in nursing curricula, Aroskar (1977) found that the teaching materials most often used were case studies, audiovisuals, texts, and other reading.

None of the teaching materials presently being used were unfamiliar to this researcher. It was encouraging to see the diversity of materials being utilized to teach VE content in these respondent's nursing curriculum. These data indicate that not only were a variety of materials being used, but each of these resources was being used by a large percentage of those teaching VE content.

Research Question Three

The third research question sought to determine if the perceived need for the inclusion of values education in baccalaureate nursing curricula varied according to geographical location, type of parent institution, nursing student enrollment size, nursing faculty size, and preparation of the faculty in values education. A

crosstabulation of each of these independent variables with the dependent variable of perceived need was done and chi squares were computed.

As previously stated, no significant statistical associations were reported, indicating that the perceived need for values education in nursing was not found to vary in relation to any of the independent variables. This researcher expected that the perceived need for VE might be influenced by the geographical location of the nursing school, by the type of parent institution, or by the extent of the faculty's preparation.

Perhaps the need for values education and the attitudes toward values education are perceived very positively in nursing in spite of some of the negative criticism values education has received from some conservative groups.

None of the studies done on ethics education in undergraduate, nursing, or medical curricula examined the influence of any variables such as those identified in this study on the need for or inclusion of ethics.

Additional Findings

Questions 5, 6, 11, and 12 were included to assess the respondent's perceptions regarding the "ideal" in VE. These questions included how VE should ideally be included in baccalaureate nursing curriculum, when it should be included, what teaching resources would be helpful, and

what content should be included in a VE course in nursing. In addition, questions 8 and 9 provided information regarding the advantages and disadvantages of teaching VE within nursing curricula and in other colleges or departments. These questions will be discussed separately and in an order which is different from that of the questionnaire.

Question 12 instructed the respondents to prioritize the seven alternatives given. The most important content area in a VE course was to be ranked as number one, and so forth. The identification of professional and personal values was chosen as most important by almost 48% of the respondents and the theory of values clarification was selected second by about 40% of the participants. The remaining three areas of content were chosen as most important by fewer respondents and were ranked third through fifth in the following order: values clarification as a decision-making process for value dilemmas, how to manage value conflicts, and the application of values clarification to ethical decision making.

The rank ordering of this content is important information since it can be used to suggest the order in which VE content could be presented in an individual course, or the order in which it could be included in the various nursing courses in the nursing curriculum. Since most of the respondents in this study indicated that VE

content is located primarily in individual nursing courses and as an integrated thread throughout the curriculum, the prioritized content areas could be integrated in the following ways. The identification of personal and professional values and the theory of values could be introduced into Fundamentals of nursing. Values clarification as a decision-making process and how to manage value conflicts could be placed in the Issues course and the Currents and Trends course. The application of values clarification to ethical decision making could be included in the Issues course and in the Leadership course. Each of these content areas could, of course, be included in any of these courses; however, the focus on a particular concept in values education in each of these courses could be stressed and therefore, provide consistency in the content being taught to various groups of students. This would help the students to identify and utilize the values content more consistently and would help faculty in planning for the more systematic inclusion of VE. In addition, these prioritized areas can serve as useful guidelines for designing new VE strategies for use in the classroom. It is interesting to note that the order in which these areas were ranked is very similar to the reasons these respondents identified for including VE in their nursing curriculum. This finding suggests that the participants in this study were consistent in what they

viewed as important content to be taught to students in a VE course.

In the study by Veatch and Sollitto (1976) on ethics teaching in medical schools, the content was found to be primarily focused on issues and not on ethical principles. This lack of theoretical preparation was of concern to the researchers. Aroskar (1977) reported that the content included in the nursing curriculum on ethics was the professional code of ethics, theories, and values clarification.

Question 5 explored the ideal location of VE in the baccalaureate nursing curricula. Two hundred and sixty-two respondents answered this question and 666 responses were recorded. The most frequently identified way to include VE in the curricula was by integration and was chosen by about 52% of the respondents. This was not one of the original choices on the questionnaire and was established by examining the category of "other" for similar responses. As questions and discussions arose was chosen by about 41% of the participants and was the second most ideal way in which to include VE. Fundamentals and Issues in nursing were chosen third and fourth most frequently and had similar percentages of respondents selecting these two courses as the ideal location for VE content.

Slightly fewer respondents chose two other standard nursing courses, Leadership in nursing and Currents and

Trends in nursing, as the fifth and sixth most important location. Only about 15% of the respondents indicated that they thought VE content should be presented in a separate course. About 6% of the respondents identified various other nursing courses for the ideal location of VE.

From these data it is clear that the respondents again believed that VE should be integrated and primarily addressed as questions and discussions arise. Again, this researcher believes that the integration method is frequently chosen because of its current popularity, the crowded curriculum, and, in general, it is easier to generally and informally integrate a concept rather than systematically plan for its inclusion. Integration of concepts which serve as conceptual or philosophical frameworks is to be encouraged; however, integration which is not planned by faculty is not the most effective kind of integration.

Even though the respondents in this study overwhelmingly identified the need for VE in nursing, perhaps they do not see it as a critically important enough area to teach separately. In addition, perhaps they are not familiar enough with the amount of material which is included in each of the major content areas and do not think it would need the time available in a separate course. Possibly, some nursing educators believe VE is more effective if it is thoroughly integrated rather than

presenting the material in an isolated course and that students can apply the concepts more frequently if they appear throughout the curriculum.

Question 5 also asked the respondents to choose the one area where they would place the major focus from the areas where VE would ideally be located. Slightly over 43% of the respondents indicated that ideally VE should primarily be included as an integrated concept. The second most frequently chosen location was as a separate course. This was chosen by about 8.5% of the respondents which was a surprising finding since it was not frequently chosen as an ideal location. This finding seems to point out the differences between the real and the ideal in terms of planning for the inclusion of important content in crowded nursing curriculum. Perhaps the respondents felt that the best way to integrate VE is in a separate course, but that this is not usually the best choice under the very real pressure of limited time and expanding information to teach. In addition, this might indicate that they feel the inclusion of this content should ideally be done in a more thorough, systematic manner.

Fundamentals and Issues in nursing, followed by as questions arise, and finally by Currents and Trends and Leadership in nursing were chosen next as location where the major focus could ideally be placed. These data seem to indicate that the more basic courses, and the earlier

offered courses in nursing were identified as more ideal areas for the major focus than are the courses which are often offered later in the nursing curriculum. Perhaps these educators felt that earlier exposure to this content would be more beneficial to the student's personal and professional growth.

It was surprising that the category, as questions and discussions arise, was not chosen more frequently as an ideal way in which the major focus could be placed since it was chosen second most often as an ideal location. Again, perhaps this choice was perceived as a less systematic, and therefore, less of an ideal way of presenting VE content.

Question 6 requested that participants identify which year or years VE should be introduced and how many hours for each year should be allotted for this content. The junior, sophomore, and senior years were all chosen by over half the respondents. This indicates that the respondents think VE should be included when the student is involved in the nursing major, or just prior to entering an upper division nursing major. The junior year is often the first year that students are introduced to nursing content and may account for the reason it was chosen more frequently. These data also reveal that no single year is seen as the ideal time in which to include VE content. In fact, these responses seem to indicate that VE should be included in each year. More credibility is added to this conclusion

when the category "other" is analyzed. The respondents reported that VE should be presented in the first level nursing courses, as questions arise, and integrated throughout the entire nursing curriculum.

The range of hours for each of the years was from 1 - 60 hours. However, the mean number of hours reported for each of these years seems small in comparison to the total time available in an entire year. The mean number of hours for the junior year was almost 8 hours; for the sophomore year, about 6 hours, and for the senior, almost 8.5 hours. Even though the need for VE is clearly agreed upon by most of the respondents in this study, these data indicate that relatively little time is set aside for this content. In addition, only about one quarter of the respondents even answered this part of the question which may indicate that they were unsure about the number of hours this content area would need for adequate coverage.

In the studies conducted by Aroskar (1977), by Purtillo (1978) and by the Hastings Center (1980), wide variations in the number of hours allotted for ethics teaching within a single year, between years, and especially between colleges and departments were reported. Each of these studies concluded that this variation in hours might indicate a lack of commitment to the inclusion of ethics content in each of the curricula examined.

Question 11 was included to identify the resources

which would be considered helpful in teaching in VE. Two hundred and sixty-two respondents answered this question and 907 responses were recorded. Two-thirds of the sample identified workshops to prepare faculty as being the most important resource. Perhaps this indicates that the respondents felt that their faculty would benefit from this type of learning experience. This finding is consistent with the fact that they indicated that VE should be integrated and included in many different courses in nursing and therefore, their desire to have their faculty prepared to teach this content in various courses. Also, a workshop is a relatively economical way in which to prepare a large number of individuals which may account for why it was chosen so often.

A workbook of experiential exercises in values, films, an annotated bibliography, and a text in values education were selected in this order by 50% to 60% of the respondents. This information reveals that the majority of the participants in this study believe that these resources will assist their faculty in becoming more familiar with VE and in presenting this information to students.

The fact that such a high percentage of respondents chose multiple teaching resources may indicate that these resources are preferred because they are all truly useful, readily available, economical, and easy to use in the classroom. In addition many different resources may be

perceived as useful based on preferences for certain resources by individual faculty, as well as the ability of various resources to more clearly communicate the different content areas of VE. The knowledge of the preferences for teaching materials considered to be useful is also important since this information can influence the development of teaching tools in values education for nursing.

The advantages and disadvantages of teaching VE within colleges of nursing were examined by question 8. The major advantage identified was that the content of VE would be focused on nursing. This was chosen by almost 54% of the respondents. Some of the comments in this category were: student's experiences in the clinical area could be utilized as part of the content, values in nursing would be explored, students would be helped to relate concepts directly to nursing, and the nursing faculty knows nursing best and knows what content is most appropriate for students in nursing. From these data it is clear that the most significant advantage was the control over the content included in the course.

Three more advantages were identified, but by significantly fewer respondents. About 12% - 15% of the participants indicated that by teaching VE within the nursing curriculum, students would be assisted with their personal growth, that their socialization into nursing

would be enhanced, and that the planning for the course would be facilitated since the nursing professors would know what content was being included.

Aroskar (1977) also requested that the participants in her study on ethics in the nursing curricula identify the advantages and disadvantages of teaching ethics in colleges of nursing. Fifty percent of her respondents reported that the focus on nursing content was the primary advantage. They also reported that being in classes with just nurses would increase the students' willingness to disclose their feelings regarding difficult problems.

The disadvantages in teaching VE within nursing were divided into seven categories and each was chosen by a smaller percentage of the participants in comparison to the percentage who identified advantages. The major disadvantage, chosen by about 24% of the respondents, was that nursing students would have limited contact with other disciplines and the learning which could occur from individuals in other professions would be lost. The second disadvantage, chosen by approximately 12% of the respondents was the lack of faculty preparation in VE and the concern that the teaching would be less effective than if it were done by someone prepared in this area.

The remaining five disadvantages were each identified by less than 10% of the respondents. Chosen as the third disadvantage was a category which contained miscellaneous

comments. These comments could not be organized into any similar categories. For example, one respondent explained that values are abstract concepts and are therefore difficult to teach. Another described students as becoming easily overwhelmed with value conflicts, as seeking immediate change, and then when change was elusive, becoming disillusioned; therefore, this was a disadvantage in including VE in the student's education. A number of comments identified the concern that if VE was included in many nursing courses, that the content might be too fragmented, be more confusing to the students and faculty, and get lost in the curriculum. Some participants reported that they saw no disadvantages in teaching VE within nursing curriculum. The lack of time in the nursing curriculum for new content was also identified as a disadvantage. Other respondents indicated that if VE was only taught within nursing, that students would have difficulty transferring this knowledge to other aspects of their life. The final disadvantage identified was teacher bias. Participants indicated that many nursing educators might try to teach specific values rather that a process of valuing and, therefore, bias the intended purpose of VE.

In Aroskar's (1977) study, the disadvantages of teaching ethics only in the nursing department were the lack of interdisciplinary contact and the danger of nurses' developing a narrow point of view in regard to resolving

dilemmas. A few respondents expressed concern about faculty not being prepared to teach ethics.

None of the advantages or disadvantages was surprising and this information seems to indicate that the participants were familiar enough with the type of content which would be included in VE and with the nursing curriculum in general, to be able to identify these advantages and disadvantages. Both the primary advantages of the content being focused on nursing, and the primary disadvantage of the limited contact with other disciplines were chosen by a much greater percentage of the participants than were any of the other advantages and disadvantages than were identified. This information is particularly useful for educators planning where to include VE content. By identifying the areas seen as problems, educators can devise strategies to reduce their impact, or avoid them altogether.

Question 9 directed the participants to identify the advantages and disadvantages in teaching VE in other colleges or schools separate from nursing. About one-third of the respondents reported that the major advantage would be that students would be exposed to more diverse content, and therefore, their ability to apply this information in more situations would be enhanced. Far fewer individuals identified each of the remaining four advantages. The second advantage was the interdisciplinary contact that

would occur if VE were taught outside the nursing curricula. This advantage was identified by about 20% of the respondents. Is is interesting to note that, in the previous question, the concern that contact with other disciplines would be limited was reported as the primary disadvantage. The third category was identified as "miscellaneous" and could not be divided into smaller categories. The following comments were included in this category: time would be saved in the nursing curriculum if VE were held outside nursing, VE could be considered a prerequisite if it were included outside nursing curricula, there would be more time for VE exercises and discussion outside nursing, and VE might have a low priority for nursing faculty and, therefore, students would be deprived of this content. The enhancement of the student's personal growth, not merely as a nurse or professional but also as an individual, was considered as another advantage. The final advantage was that a better prepared faculty in VE was available outside of nursing. The lack of faculty preparation was reported in the previous question as a disadvantage in teaching VE in nursing which further validates this category identified as an advantage in this question.

These data indicate that three of the advantages of teaching VE outside of nursing are reported as disadvantages in teaching VE within nursing. This is not a

surprising finding, but rather reflective of the awareness of the complexities of where to place this content.

The disadvantages in teaching VE in schools outside of nursing were also identified by the respondents and were divided into five categories. The primary disadvantage identified by 37% of the sample was that the course content would not be focused on nursing. This was considered a disadvantage since students would not be as able to examine issues unique to nursing. The second category of disadvantages contained numerous miscellaneous reasons identified as disadvantages. Some examples of comments were: that students would be reluctant to discuss nursing values and dilemmas outside of nursing; that other professors do not have an accurate understanding of values as related to nursing; and that the content might be repetitious with that in nursing. Some respondents indicated that there would be no disadvantages in teaching VE outside the nursing curriculum. A small number indicated that since VE content was integrated into other courses outside nursing, there would be less focus and importance placed on this information by faculty and students. The last disadvantage identified was the lack of time students have to take courses outside the nursing major in an already demanding schedule of course work. Again, these disadvantages were identified by the respondents and are realistic to consider before decisions

are made regarding where to place VE content.

The data from both question 8 and 9 serve to identify and emphasize the concern the participants have in the areas of the content which should be included in VE courses which nursing students take, interdisciplinary contact, personal growth of the participants, faculty preparation, the relevance and application of the information, and the time necessary and available for such exploration. Knowledge of both the advantages and disadvantages of teaching VE within and outside the college of nursing is important to carefully evaluate prior to deciding whether this content should be taught within or outside the college of nursing. None of the advantages or disadvantages was unexpected or unrealistic.

Summary

A brief summary of the sample and institutional characteristics in this study and the questionnaire:

1. Each of the five geographical areas of the country was proportionally represented in this study, with the largest number of schools located in the Midwest and Northeast.
2. Public and private schools composed most of the schools in the study.
3. The parent institution size of the greatest number of schools in this study was categorized as small, and the size of the greatest number of nursing schools was categorized as large.

4. The largest number of schools reported a nursing faculty size that was categorized as small.

5. Forty-three percent of the respondents reported at least one to four faculty at their school were prepared in VE. Fifteen percent reported that no one on their faculty was prepared.

6. Nineteen percent of the respondents indicated that some faculty had taken courses in VE and 15% reported none of their faculty had taken VE courses.

7. Thirty-seven percent of the respondents reported that some faculty had taken workshops in VE. Thirteen percent indicated that none of their faculty had taken workshops.

8. The area of the country with the highest percentage of faculty prepared in VE was the Southeast, followed by the Midwest and Southwest.

9. The overwhelming majority, or 97.5% of the deans and curriculum coordinators in this study indicated that there was a need for VE to be included in baccalaureate nursing curricula.

10. Again, the overwhelming majority, or 94.2% of the respondents indicated that there was a need for VE to be incorporated into their nursing curriculum.

11. The two most frequently identified reasons for including VE in the nursing curriculum were the assistance with the clarification of values and personal growth, and the improvement of the nurse's interpersonal effectiveness

resulting in the enhancement of quality nursing care.

12. VE content is primarily included in baccalaureate nursing curricula by being integrated into existing nursing courses and by responding to students' questions. Ninety-two percent of the respondents indicated this content was integrated, 5.3% reported VE was presented in a separate course, and 3.8% reported VE was not included in their curriculum.

13. Respondents reported that the ideal way to include VE would be by integration of this content throughout the nursing curriculum.

14. The junior year was the year most frequently reported as the time when VE should be introduced to nursing students. The mean number of hours allotted for this content was almost 8 hours per semester.

15. Philosophy and religion departments were the most frequently identified as offering VE content.

16. The major advantage of teaching VE within nursing curriculum was the course content would be focused on nursing. The major disadvantage was limited contact with other disciplines.

17. The major advantage of teaching VE outside the college of nursing was that the inclusion of diverse content in the course and the broader application of this information by the student. The major disadvantage was that the course content was not related to nursing.

18. The teaching materials utilized most frequently were journals and books.

19. The resources considered most helpful in teaching VE were workshops to prepare the faculty to teach this content more effectively and a workbook of experiential exercises in VE.

20. The areas considered most important to include in a VE course in nursing were the identification of professional and personal values and the theory of values.

CHAPTER VI

CONCLUSIONS AND IMPLICATIONS

This final chapter includes the major finding from the study, the conclusions, implications, and recommendations for further research.

Major Findings

The major findings from this study are listed below.

1. The overwhelming majority of the deans and curriculum coordinators of NLN accredited baccalaureate nursing programs in the United States agree that there is a need for values education in both baccalaureate nursing curricula in general, and in their own individual baccalaureate nursing curriculum.

2. This perceived need and support for the inclusion of values education in baccalaureate nursing education does not vary according to geographical location, type of parent institution in which colleges of nursing are located, nursing student enrollment size, size of the nursing faculty, or preparation of the nursing faculty in values education.

3. Values education content is primarily included in nursing curricula by integration by 92% of the respondents. It is taught as questions and discussions arise and

included in the content of standard, required nursing courses. Teaching of this content is primarily informal and unplanned. It is offered a separate course by about 5% of the respondents' schools.

4. Respondents reported that the ideal way to include values education content was by integration into nursing courses and in response to students' questions.

5. In most of the respondents' universities, values education was offered in a variety of departments other than nursing. This content was again primarily integrated into the content of courses such as Philosophy and Religion. In about one-fifth of the schools, no values education was offered outside the college of nursing.

6. More advantages in teaching values education within nursing were identified than advantages in teaching this content outside of nursing. The major advantage of teaching this content in nursing was that the focus of the course content would be on nursing. The major disadvantage of teaching within nursing was identified as limited contact with other disciplines and the primary disadvantage of teaching outside nursing was that the course content would be non-nursing oriented.

7. Relatively few faculty are formally prepared in values education and the nature of their preparation is through workshops and courses.

Conclusions

It is clear from the major findings in this study that values education is identified as highly necessary in nursing education today. In addition, there is overwhelming conviction that VE should be included in baccalaureate nursing education. At present, this content has been readily accepted and integrated in many standard, required nursing courses and addressed as the need arises.

In spite of the finding that 96% of the sample includes VE content in their curricula, it cannot be concluded that this content is integrated in any faculty-planned systematic manner. The type and amount of content included, the format for teaching and the quality of the presentations, the time spent on this area, and the methods of evaluation to measure student learning most likely vary extensively from one college of nursing to another. Even though VE content was reported by the respondents in this study as integrated, data suggested that this still represents an unstructured, unplanned, informal attempt at teaching an identified, vital component of nursing education.

The concept of integration is perceived differently by various individuals. One respondent may perceive that integration means that the study of values is a fundamental part of the philosophy and conceptual framework of the curriculum, and it is therefore integrated throughout all

nursing courses in a formal, measurable way as well as presented in separate courses. Another respondent may perceive integration to mean that some VE content is included when questions arise and where it seems appropriate. The differences in the extent to which VE is integrated would be qualitatively and quantitatively different indeed based on these different perceptions.

That VE is seen as important in nursing education was obvious, but no content in nursing that is strongly identified as important is integrated in anything less than a systematic, formal, and faculty-planned manner. This is not to say that answering students' questions and informally integrating different content in VE in various courses is not useful, rather it must be stated that since VE was identified as important that the faculty must take more responsibility in planning for the systematic inclusion of this content to assure that students are exposed to this content. To do this they must assess the extent and quality of VE content presently included in their curriculum and begin planning for the systematic inclusion of VE content within the existing courses, by designing individual courses, and by offering workshops, seminars, and special discussion groups.

Implications

This researcher believes that educators are at a turning point in the development of values education teaching in nursing. Presently, educators seem to be aware of the applications of VE in nursing education and practice and the benefits this type of preparation can offer students and practicing nurses. The number of schools which believe that there is a need to include this content in nursing education is truly phenomenal. One can hope that this will stimulate further interest in VE and will encourage faculty to become more prepared in this area. It is conceivable that in the near future VE could become a major and integral part of every nursing curriculum, could be offered as a separate course or series of courses in the undergraduate curriculum, and could even be developed as an area of concentration in graduate study in nursing. It is now time for nursing educators to pay more serious attention to the development and inclusion of this vital content area.

There are implications for nursing education and nursing practice which arise from the inclusion of VE in nursing. First, the interest faculty have in this area needs to be assessed. This study indicated that deans and curriculum coordinators enthusiastically endorse VE in nursing education, but is there this positive support throughout the entire faculty? Without a positive attitude

toward VE, this content will never successfully be included in the nursing curriculum.

Secondly, there are implications for the area of faculty development. How should faculty be prepared to teach VE? The presence of this content and its increasing inclusion in curricula demands that all nursing faculty be at least basically prepared to teach the fundamental concepts of VE, and conduct and design experiential exercises to encourage affective learning. This is especially important since it has been shown that VE is primarily included in nursing curricula in an integrated way and that the ideal inclusion was also identified as an integrated area. Therefore, it is necessary that faculty be able to attend seminars, workshops, training sessions, and courses in VE. This type of informal education should prepare faculty to address the basic concepts of VE and to utilize basic teaching techniques. Other faculty need to be encouraged and allowed to pursue more formal means of increasing their competency. Attending summer institutes, regional meetings of other nursing educators, and pursuing formal degrees in psychological education would be some of the ways in which more interested faculty could gain expertise in this area. The Hastings Center (1980) reported that the formal preparation of faculty and the recognition of this responsibility as part of the faculty's load on the part of the administration and the faculty is a

definite sign of commitment to the inclusion of this content on the part of a school.

The inclusion of VE in the nursing curriculum has implications for curriculum planning and design. The extent to which it will be included must be consciously decided upon by the faculty. Should VE be included as a concept to be addressed only when students' questions arise? Other areas of importance are not addressed only in this manner in nursing education. Why should this area which has been identified as so important be addressed in so haphazard a manner? Should VE be included throughout the curriculum in a variety of established nursing courses? Should VE be integrated as a major philosophical thread or conceptual framework throughout the curriculum, therefore necessitating major curriculum changes? Should separate courses be offered in VE and should these courses be required or elective? The type, extent, and quality of VE will be determined as each faculty addresses these questions. It is naive to believe that VE can be integrated in any fashion without answering these questions first as individual faculty members and then as an entire faculty.

Another implication for nursing education is that decisions regarding the content to be included within nursing courses or in separate courses must be made. This first implies that faculty will identify what is important

content in VE and what values in nursing are being consciously and unconsciously taught. Where should different aspects of this content ideally be introduced? Should this content be presented in a separate course and should this course be required or an elective? Should a separate course be only for nursing students or should it involve students from other disciplines? How should this content be delivered? Should it be provided through faculty-planned experiential and didactic presentations or should it be unplanned and in relation to students' questions? What teaching materials are available or need to be developed to facilitate students' learning? Should this content be team taught by nursing faculty and faculty from other disciplines? Again, these questions must be examined and decisions reached before VE can be formally or informally integrated into any nursing curriculum.

Another implication of including VE in nursing curricula is that behavioral objectives must be written to facilitate the evaluation of students' learning. Objectives must be written for the cognitive and affective domains; however, objectives measuring affective learning are more difficult to write. As a result, they are infrequently written and without the objectives being explicitly expressed, the content may not demand much time or attention from either faculty or students in a crowded curriculum. If informal integration is the main or only

approach to the inclusion of this content, and if behavioral objectives are not written, there is the danger that some of the teaching won't be done at all or will not be evaluated, depending on the teacher. Aroskar (1977) contends that the content faculty considers to be important is usually linked with objectives and therefore this message is conveyed to students. In addition, she believes that the development and expression of objectives is an indication of the faculty's commitment to the content area.

The final implications of including VE in nursing curricula in a systematic manner are economical and political and involve practical debates in terms of time and money. For example, those individuals who initially enthusiastically support the inclusion of VE may oppose its incorporation when faced with debates over what to include and leave out in the already crowded curriculum. In addition, external grants are necessary if VE is to be effective. These grants can come from internal and ongoing funding from the parent institution, supporting agencies, or professional organizations in nursing. The money from these grants will encourage and affect the quality of VE teaching by providing opportunities for continuing education for faculty, for consultants to work with faculty, for honoraria for interdisciplinary faculty members involved in teaching some of the content, and for the purchase of teaching materials.

Implications for those individuals already practicing in nursing also exist. Nurses need to be able to identify personal and professional values, utilize a decision-making process which is based upon the knowledge of values and clarify and resolve contempory values issues. They often discuss how unprepared they feel in resolving issues and making difficult decisions and contend that their nursing education did little to prepare them for this type of decision making. Therefore, it is important that practicing nurses are exposed to VE and its applications to nursing. Their needs for this education can be met through seminars, special topics lectures, workshops conducted by their inservice education department or through a university responsive to this need, or by consultants providing continuing education.

In addition, nursing team conferences could be held which focus on personal and professional values issues that frequently confront nurses. These conferences could provide the opportunity for nurses to focus on their personal and professional values which are unclear or in conflict. Alternatives could be explored by the group to reduce the value conflict and increase professional growth and satisfaction in nursing. These discussions could be occasionally expanded to include other disciplines so that there would be an understanding of various points of view and an increase in collegiality.

Finally, a professional nurse with expertise in both nursing education and clinical nursing should ideally be available to act as an advocate-educator for nurses. His or her role would be to help nurses resolve difficult issues they face, clarify values, and examine how they affect behavior and perceptions toward oneself, and assist the nurses to use a decision-making process to resolve difficult issues and resolve confusing feelings arising from the conflict.

Recommendations

Recommendations for nursing education and for further study will be suggested in this portion of the chapter.

Recommendations for Nursing Education

Many of the colleges of nursing are facing difficulties such as financial cutbacks, inability to fill vacated faculty positions, and increased student-teacher ratios and faculty workload. In the face of these problems, it may seem naive to suggest that new curriculum or objectives must be written, new content or courses should be introduced, and that faculty should take time to become more prepared in another new area. Nontheless, this researcher does not hesitate to strongly recommend that the teaching of values education content be formally and systematically included in nursing curricula. Nursing schools have an obligation to help students clarify and

cope with value issues just as they have an obligation to educate them to deal effectively with technical and psycho-social aspects of patient care. Content and courses in VE will not completely resolve the issues and dilemmas nurses face, nor will it be the panacea for their personal and professional development; however, this researcher believes that nursing education that does not encourage and implement the examination of nursing from a values perspective, denies ideal, philosophical goals in nursing education, can not meet the needs of its students in a holistic manner, and is not able to prepare practitioners who are as effective in caring for patients and clients.

It is therefore recommended that values education be included in the nursing curriculum after faculty approval and understanding is sought and is evident. This researcher believes there are several stages in the development of an effective VE teaching program. The first step involves agreement among faculty members that VE should formally be integrated into the nursing curriculum. Formal integration means that the faculty take the responsibility for identifying important VE content, determining where is the most effective place in the curriculum for its placement, and deciding how the content will be delivered. This formal integration, which is structured, pre-planned, and systematic, is very different from informal integration, which refers to the integration

of this content as the need arises or as questions arise. This is not to say that this is a totally ineffective means by which VE content can be addressed, but rather to state that it should not be the only approach utilized to explore such important content.

The second stage in the development of an effective VE program is to formally and informally address VE content in required, standard nursing courses in both the classroom and the clinical area. Such classes would typically be entry level courses in nursing, Issues, Currents and Trends, and Leadership in nursing. In the clinical area, clinical pre- and post-conferences provide ideal atmospheres for the location of such exploration and discussion.

Next, special lectures, conferences, and workshops could be held for the students by faculty within and outside the college of nursing. In addition, outside speakers could be utilized to speak to faculty and students who work together in the workshop atmosphere as mentor-learning teams to enhance understanding of the content and further personal and professional growth.

The fourth stage could be the development of formal courses in values education in nursing designed specifically for nursing students and conducted by those faculty who have demonstrated expertise in the theory and experiential teaching style that characterizes values

education. After these courses are evaluated and further refined, it should be decided by the faculty whether or not this type of a course should be an elective course, a course which students are recommended to take, or one which they are required to take before graduating. This researcher's recommendation is that an introductory level course be designed for all nursing students and that this course be required. Another course could then be designed and offered which would provide those students who are highly interested in this area with advanced study.

Ideally, a number of classes in a required course in VE for nurses would involve students from other disciplines to encourage an interdisciplinary focus and awareness and promote colleagueship and divergent thinking. In an advanced class, it would be recommended that half the semester be solely for nursing students and the second half of the semester include students from other disciplines who have also taken similar VE content in their own departments. This interdepartmental cooperation could serve to expand faculty's learning by teaching with a colleague from another profession or discipline, could enhance the quality of the information which the student receives, and could increase the development of additional teaching strategies and promote research and other publications.

A final step in the development of an effective VE

program is the formal inclusion of VE in the graduate level of study. Again, this content could be included in a formal, faculty-planned manner throughout the curriculum as well as offered in a separate course or series of courses for the serious student who wishes to pursue this area of study.

These stages in the development of an effective VE program within nursing curricula are not merely fanciful suggestions for an already crowded curriculum. Rather they are strong recommendations based on the awareness of the need for and importance of values education in nursing education. These alternatives are proposed in graduated steps in order to facilitate transition and to establish a firm foundation for the formal integration of VE in nursing education. Informal integration of such vital content is inappropriate.

In order to more effectively integrate VE content into one's course or clinical discussions, it is recommended that faculty obtain education in this area. Faculty could attend seminars or a workshop designed to demonstrate how VE content can be taught, what content is important, and what skills will enhance their teaching. Inservice education for faculty who are less familiar with this content by those within nursing, or faculty who are located on campus and have expertise in VE is recommended. Individual study to gain expertise is another means by

which faculty members can become more acquainted with this information. Finally, interested faculty could seek more formal preparation in VE by taking courses or pursuing more rigorous educational preparation in terms of advanced degrees in this area. This last alternative is not necessary or appropriate for every member of a nursing faculty.

Since the inclusion of values education in most nursing curricula will most likely begin with the formal integration of selected content in various nursing courses, it is recommended that the content selected for inclusion by the faculty have some unifying goals, objectives, and general purposes. A primary goal should be to assist the student in examining, clarifying, and applying their personal and professional values. They should be introduced to a broad range of professional issues facing nurses and be prepared to analyze and understand values issues they currently face as well as those they may confront in the future. This goal can be accomplished by offering a theoretically sound, values-based process for decision making which can be utilized with faculty assistance. Analysis of situations and dilemmas in a systematic manner and discussion of difficult situations before they are encountered in the clinical area will enhance the student's ability to resolve difficult issues more effectively. Another goal could be to introduce

students to traditional and contemporary values in the profession and to encourage them to examine their usefulness and rationale. The teaching of specific values is inappropriate. The primary goal is to promote the cognitive skills needed to help a student identify and clarify personal and professional values. To meet these goals, objectives must be written to measure the student's cognitive and affective learning. Without these objectives it is impossible to accurately evaluate a student's development and learning.

Recommendations for Further Research

Further research to determine the attitudes toward VE by members of faculties is necessary. This study focused on deans and curriculum coordinators and their perceptions; however, did not include other faculty. Before VE can successfully be formally integrated into any nursing curriculum there must be faculty support and commitment as well as administrative support. Such a study could utilize a questionnaire similar to the one used in this study and could interview randomly selected faculty.

Secondly, a study to examine the perceived need for VE and the extent of its inclusion in master's and doctoral preparation in nursing is strongly recommended. As nurses continue in their education and assume more complex and challenging roles, their need for astute decision-making skills and ability to resolve demanding values issues

increases. Graduate nursing education has a responsibility to prepare its graduates and leaders in these areas.

A third study which could serve as a follow-up to this researcher's study could examine in greater depth the extent to which VE is integrated into the nursing curriculum of selected schools. Such a study could examine course outlines for objectives and identified content and could conduct interviews with both faculty and students to determine the degree, type, and quality of the integration of VE in the curriculum. It could be enlightening to examine the similarities and differences between students' and faculty's perceptions regarding the importance of VE, the extent to which it is and should be included, and suggestions for strengthening the content in the curriculum. From the results of such a study, recommendations for curriculum design and planning could be written.

Research needs to be conducted regarding the effectiveness of VE in the classroom in preparing nurses for professional practice. What effect does VE have on the retention of knowledge, problem solving, and clinical performance? Do students retain and utilize more content for longer periods of time when the content is taught in an experiential manner rather than in a didactic manner? Do students who use a value-based process for decision making resolve values issues more effectively than those students who do not utilize such a process? Is the development of

values stimulated in a classroom atmosphere where VE techniques are utilized? What are the effects of VE teaching strategies on students' identified values and competency in nursing practice? The answers to these and other questions could help educators determine the effectiveness of VE in nursing education.

The final recommendation for research would be to determine if there is a developmental interrelationship between values, moral development, and ethics. Does the identification of personal and professional values significantly influence an individual's stage of moral reasoning? Is an individual's ability to utilize higher stages of moral development influenced by the ability to identify values and utilize them as a basis for decision making? Is an individual's stage of moral development influenced by values education? Does knowledge about values significantly influence one's ability to effectively resolve ethical questions and dilemmas? In what order should the three content areas of values education, moral development, and ethics education be introduced to students? These and other questions would provide valuable information for educators regarding contributions of each of these areas and the ways in which each area can contribute to students' personal and professional growth and effectiveness.

In this final chapter the major findings from this

study have been summarized, and the conclusions and implications have been discussed. Recommendations for nursing education and for further research have also been presented.

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APPENDIX A

Cover Letter of Introduction

4724 East Sheena Drive
Paradise Valley
Phoenix, AZ 85032

January 4, 1982

Dean or Designated Curriculum Coordinator
Baccalaureate Program
College of Nursing

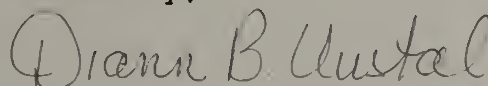
Dear Dean or Designated Curriculum Coordinator:

I am a doctoral candidate at the University of Massachusetts in Psychological Education and am an Assistant Professor in the College of Nursing at Arizona State University. I am conducting a study entitled: Values Education in Baccalaureate Nursing Curricula in the United States, and am writing to ask you to participate by answering and returning the enclosed, brief questionnaire and demographic data sheet.

This information is being gathered to assess the perceptions of the need for and the extent of values education in baccalaureate nursing curricula. Your school of nursing was chosen from the list of baccalaureate nursing programs accredited by the National League for Nursing. Your responses will be held confidential and the results of this study will be reported as group data only. Code numbers have been assigned in order that a second mailing may be accomplished if necessary. Your consent to participate in this study is implied upon your return of the completed questionnaire. You may obtain the results of this study by written request.

I appreciate your taking the time from your busy schedule to answer these questions. Please return the questionnaire to me by February 5, 1982 in the enclosed stamped, self-addressed envelope. If you have any questions, please do not hesitate to call. Thank you!

Sincerely,



Diann B. Uustal, RN, MS
(602) 965-7504 (office)

APPENDIX B

Questionnaire

A SURVEY OF VALUES EDUCATION IN BACCALAUREATE EDUCATION

Before you answer the questions on this survey, I would like to emphasize that I am interested in collecting information concerning values education in nursing and not ethics. By values education, I mean that content area which assists students in exploring the connection between their individual feelings, values and behaviors in relation to issues and dilemmas in nursing. The aim of this educational process is to provide learning opportunities which encourage values awareness, clarity, and implementation.

1. Do you think there is a need to include values education in baccalaureate nursing curricula?

____ YES
____ NO

2. Do you think there is a need to incorporate values education into the baccalaureate curricula in your school of nursing?

(if you answered "YES", see 3a)

____ YES
____ NO (if you answered "NO", see 3b)

3a. Please describe the reason(s)why you think values education should be included in the curriculum.

3b. Please describe the reason(s) why you do not think values education should be included in the curriculum.

If you answered "yes" to question 2, please continue to answer the remaining questions on this survey.

If you answered "no" to question 2, you have completed this survey. Thank you for indicating your reactions to values education in nursing. Please return this survey to me as soon as possible. I am interested in your ideas and comments.

4. Where is values education content primarily included in your baccalaureate curriculum? (Check one ormore responses)

_____ AS A SEPARATE COURSE
_____ IN FUNDAMENTALS OF NURSING
_____ IN A COURSE ON ISSUES IN NURSING
_____ IN A COURSE ON CURRENTS AND TRENDS IN NURSING
_____ IN A LEADERSHIP IN NURSING COURSE
_____ AS QUESTIONS AND DISCUSSIONS ARISE
_____ OTHER (specify) ______________________________
_____ NOT INCLUDED

5. How would you ideally include values education in the baccalaureate nursing curriculum? (Check one or more responses and put an asterisk next to the response which would indicate where the major focus would be placed.)

_____ AS A SEPARATE COURSE FOCUSING ONLY ON VALUES IN NURSING
_____ IN FUNDAMENTALS OF NURSING
_____ IN A COURSE ON ISSUES IN NURSING
_____ IN A COURSE ON CURRENTS AND TRENDS IN NURSING
_____ IN A LEADERSHIP IN NURSING COURSE
_____ AS QUESTIONS AND DISCUSSIONS ARISE
_____ OTHER (specify) ______________________________

6. During what year(s) do you think values education should be introduced to students and how many hours of direct teaching should be allotted during each semester?

YEAR	# HOURS EACH SEMESTER
_____ FRESHMAN	_____
_____ SOPHOMORE	_____
_____ JUNIOR	_____
_____ SENIOR	_____
_____ OTHER (specify)_________	_____

7. Are there other colleges or departments within your university which offer courses in values education in which nursing students participate? (Please list these courses such as philosophy, education, public health.)

COURSES

_________________________________ _________________________________
_________________________________ _________________________________
_________________________________ _________________________________

8. What are the advantages and/or disadvantages in teaching values education within the college or school of nursing?

ADVANTAGES:

DISADVANTAGES:

9. What are the advantages and/or disadvantages in teaching values education in other colleges or schools separate from nursing?

ADVANTAGES:

DISADVANTAGES:

10. What specific teaching materials in values education are presently being utilized in your school of nursing? (Check as many as necessary.)

_____ BOOKS
_____ JOURNALS
_____ FILMS
_____ OTHER (specify)
_____ NO MATERIALS ARE BEING USED
_____ DO NOT KNOW

11. What teaching resources would you consider helpful in the teaching of values in your school of nursing? (Check as many as necessary.)

_____ A NURSING VALUES EDUCATION TEXT
_____ A NURSING WORKBOOK OF EXPERIENTIAL EXERCISES IN V. E.
_____ FILMS OR FILM LOOPS ON VALUES AND NURSING PRACTICE
_____ A WORKSHOP TO PREPARE FACULTY TO USE EXPERIENTIAL TECHNIQUES IN V. E.
_____ RESOURCE PERSONNEL EDUCATED IN V. E.
_____ ANNOTATED BIBLIOGRAPHIES IN V. E.
_____ OTHER (specify) ______________________________

12. The following are a few areas which could be included in a nursing V. E. course. Please rank order your top 5 priorities. (#1 indicates the choice you feel is the most important and so on).

    _____ VALUES CLARIFICATION AS A DECISION MAKING PROCESS FOR VALUE DILEMMAS

    _____ HOW TO MANAGE VALUES CONFLICTS

    _____ IDENTIFICATION OF INDIVIDUAL PROFESSIONAL AND PERSONAL VALUES

    _____ THE THEORY OF VALUES CLARIFICATION

    _____ APPLICATION OF VALUES CLARIFICATION TO ETHICAL DECISION MAKING

    _____ THE USE OF VALUES CLARIFICATION AS A TOOL TO FACILITATE THERAPEUTIC RELATIONSHIPS IN NURSING

    _____ OTHER (specify) ______________________________

Thank you for taking the time to complete this questionnaire. If you would like a copy of the results of this survey, please include you name and address in the space below. Please return you completed questionnaire at your earliest convenience in the enclosed, addressed, stamped envelope.

Diann B. Uustal

Diann B. Uustal, RN, MS

NAME: ____________________

ADDRESS: ____________________

YOUR TITLE OR POSITION: ________

____

APPENDIX C

Institutional and Faculty Characteristics Sheet

SAMPLE AND FACULTY CHARACTERISTICS

Please place a check to indicate which response describes your school.

A. LOCATION: Geographical

____Northeastern U.S. ____Northwestern U.S.
____Southeastern U.S. ____Southwestern U.S.
____Midwest

B. TYPE: The parent institution is:

____public
____private
____sectarian

C. SIZE:

1. Parent institution:

____under 1000 full time students ____10,001-20,000
____1001-5000 ____20,001-30,000
____5001-10,000 ____30,000 or more

2. What is the number of full time students enrolled in the baccalaureate curriculum in nursing?

____1-99 ____200-299
____100-199 ____300 or more

3. What is the number of full time baccalaureate faculty?

____1 - 9 ____51 - 75
____10 - 25 ____76 - 100
____26 - 50 ____100 or more

D. PREPARATION OF THE FACULTY

1. How many people on your faculty have received education in the area of values education?

____none ____3 or 4
____1 or 2 ____do not know

2. Have any courses in values education been taken?

____ YES-------------(please specify):______________
____ NO
____ DO NOT KNOW

3. Have any continuing education workshops in values education been taken?

____ YES-------------(please specify):______________
____ NO
____ DO NOT KNO

APPENDIX D

Second Request Letter

4724 East Sheena Drive
Paradise Valley
Phoenix, AZ 85032

February 5, 1982

Dean or Designated Curriculum Coordinator
Baccalaureate Program
College of Nursing

Dear Dean or Designated Curriculum Coordinator:

Recently you were mailed information to complete for a study I am conducting for my doctoral dissertation. The purpose of the study is to assess the perceptions of the need for and the extent of values education in baccalaureate nursing curricula. Many deans or their designated curriculum coordinators have responded to the study by returning their completed questionnaires, but a greater response rate is required to enhance the study's significance. Such research in important to nursing administrators and educators in that it will lend more information concerning values education and its unique role in nursing education. Therefore, your cooperation and participation by completing the enclosed questionnaire and demographic data sheet will be appreciated.

When you have completed both forms, please return them to me as soon as possible in the enclosed, addressed, stamped envelope. Your responses will be held confidential and the results will be reported as group data only. You may obtain the results of this study by written request.

I appreciate your taking the time from your busy schedule to answer these questions. If you have any questions, please do not hesitate to call. Thank you!

Sincerely,

Diann B. Uustal, RN, MS
(602) 965-7504 (office)