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THE IMPACT OF THE SYMPHONOLOGICAL APPROACH TO ETHICAL
DECISION MAKING ON ADVANCED LEVEL NURSING STUDENTS

A Dissertation

Submitted to the School Of Nursing

Duquesne University

In partial fulfillment of the requirements for
the degree of Doctor of Philosophy

By

Megan A. Infanti Mraz

December 2012

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Megan A. Infanti Mraz

2012

THE IMPACT OF THE SYMPHONOLOGICAL APPRAOCH TO ETHICAL
DECISION MAKING ON ADVANCED LEVEL NURSING STUDENTS

By

Megan A. Infanti Mraz

Approved July 27, 2012

Dr. Gladys Husted

Professor of Nursing

(Committee Chair)

Dr. Lynn Simko

Professor of Nursing

(Internal Committee Member)

Dr. Carrie Scotto

Professor of Nursing

(External Committee Member)

Dr. Eileen Zungolo

Dean, School of Nursing

Professor of Nursing

ABSTRACT

THE IMPACT OF THE SYMPHONOLOGICAL APPROACH TO ETHICAL DECISION MAKING ON ADVANCED LEVEL NURSING STUDENTS

By

Megan A. Infanti Mraz

December 2012

Dissertation supervised by Dr. Gladys Husted

Problem: The literature revealed two major gaps; the first gap is the lack of current knowledge about ethical decision-making abilities of the advanced level nurse. A second gap is the need to investigate specific models and theories to support the profession of nursing in making ethical decisions. There are many models for ethical decision-making; many do not address the comprehensive and holistic concerns that are part of the current health care arena. There is a need to test for which model is best designed to meet the present needs.

Purpose: The purpose of this study was to explore the following research questions: What is the effect of a Symphonology-based educational intervention on the ethical decision-making performance of advanced level nursing students, as measured by the JAND?

What is the effect of a Symphonology-based educational intervention on the ethical decision-making performance of advanced level nursing students, as measured by the JAND with and without the scenarios? What do the advanced level nursing students express about the guidance given by the application of Symphonology in dealing with ethics and ethical decision-making in day to day practice? And, what do the advanced level nursing students express about the guidance given by the application of other theories in dealing with ethics and ethical decision-making in practice? Design and Methods: The research design for this study was both a quantitative approach, in the form of a quasi-experimental one group pretest-posttest design, and a qualitative approach, in the form of an online focus group, to address the study's research questions.

Results: This study has generated new information on the ethical decision making performance of advanced practice nursing students that may provide insight for the profession. It has identified that advanced practice nursing students are entering into their graduate studies with varying competencies in ethical decision making. It has identified that while the impact of the theory of Symphonology did not produce statistically significant outcomes, it did identify that participants had varying perspectives on ethical decision making after learning about the theory of Symphonology. Finally, this study identified consistent qualitative feedback regarding the value of the theory of Symphonology during the data collection process.

Implications: This study has identified that advanced practice nursing students are entering into their graduate studies with varying competencies in ethical decision making. It identified that participants had varying perspectives on ethical decision making after learning about the theory of Symphonology. And, this study identified consistent

qualitative feedback regarding the value of the theory of Symphonology to be the most beneficial in practice. Continued efforts must be made to explore the impact of the Symphonological approach on nursing practice and its implications on the nurse patient relationship.

DEDICATION

This document is dedicated to the people who mean the most to me in the entire world; my husband, Tom, and my two daughters, Maura and Teaghan, my mom, dad, brothers, and their families. You all are my rock and you have shown nothing but unconditional love, patience, and support for me, I love you all so very much!

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The Impact of the Symphonological Approach to Ethical Decision Making on Advanced
Level Nursing Students

Chapter I: Introduction

Introduction and Overview

This study addressed ethics and ethical decision-making as related to advanced level nursing students and the influence of ethics on the profession of nursing and nursing practice. In this chapter, the reader is introduced to the discipline of ethics as a separate and vitally important discipline. Furthermore, the importance of ethics and ethical decision-making to the practice of nursing is discussed. This study described the theory of Symphonology and examined ethical decision-making of the advanced level nursing student. Additionally, the theory of Symphonology was not only tested through the design of the study, but it acted as an organizing framework for the study. The study examined whether the theory of Symphonology provides a method by which nurses are guided during the ethical decision-making process to make appropriate and justifiable ethical decisions. Gaps in the literature served as the impetus for this study's purpose, research questions, and assumptions.

Ethics

Ethics is a branch of philosophy that deals with right and wrong and good or bad. It does not only address dilemmas, it also deals with the treatment of others, the intentions behind one's actions, and the responsibility one has in relationships. Ethics includes such things as treating patients and colleagues with respect, carrying out the expressed wishes of a competent patient, educating patients to care for themselves when they have the ability but lack knowledge, and other similar situations.

“Ethics is a study of how decisions and actions move a human life from a state of lesser perfection to a state of greater perfection” (Husted & Husted, 2008, p. 4). It is clear in this statement the impact ethics has in health care. The purpose of caring for the ill is to advance the person from a state of lesser to greater perfection, or to the patient’s idea of what is healthy. Therefore, the science of ethics is a necessary component in the health care system.

Ethics in Nursing

“The nature of the nurse patient relationship...demands that nurses consider the ethical nature of their actions” (Chaloner, 2007, p. 40). Examples of ethics in nursing include: to take those extra couple of moments to maintain a patient’s privacy when placing him or her on a bedpan; placing extra blankets on an unconscious patient when the patient’s temperature seems to be slightly below normal; and assisting a patient with his or her meal when he or she is unable to do so independently. Additionally, nurses become indirectly involved in the ethics surrounding examples such as termination of life support and use of artificial nutrition.

The ethical relationship between the nurse and patient is based on agreements. In an ideal situation, the nurse and patient will both be aware of their surroundings; both will be in control of their own beings; and both will engage in interaction with each other where connections are made (Husted & Husted, 2008). By virtue of the fact that the patient is in the hospital, the majority of the relationships will not result in an ideal situation as many patients are not able to be in control. For these reasons, ethics becomes a vital component in the nurse/patient relationship, a relationship that involves an implicit agreement. “Patients entrust nursing with their health, well-being, and life. Nurses,

practicing nursing, make an implicit promise that the patient is justified in believing that the nurse is worthy of trust” (Husted & Husted, 2008, p. 10). Nurses are responsible for gaining the patient’s trust and attending to the patient’s well-being. It is imperative that the nurse does not take action to dissolve this trust. Therefore, having the appropriate knowledge of the role of ethics in practice is essential to the nursing role.

Ethical Decision-Making in Nursing

Ethical decision-making is pervasive in the nursing role. The concept of ethical decision-making has been identified in nursing literature as early as 1960 (Kluckhohn & Strodtbeck, 1961). Over the past fifty years, research has been conducted to ascertain why students struggle with this area of nursing and then continue through their careers to have difficulty with ethical decision making (Woods, 2005). In order to begin exploration of this struggle, some fundamental principles must be identified. First, as individuals, decision-making coincides with one’s own aspirations, motives, needs, and values. As nurses, ethical decision-making coincides with the aspirations, motives, needs, and values of the patient (Husted & Husted, 2001). Second, for a nurse to make contextually appropriate ethical decisions in nursing, it is essential that the notion of making an ethical decision is considered and perceived as accessible and achievable (Chaloner, 2007).

It is important to address what is required for a nurse to make an ethical decision. Additionally, what does the literature provide in recognizing where the profession currently exists in this task and what can be done to increase the performance of ethical decision-making?

There are many requirements of the nurse when making an ethical decision. It is the responsibility of the nurse to be the patient’s advocate. In present day health care,

there are countless circumstances that arise when the nurse and patient stumble upon unique or perplexing situations. Both the process of making the decisions and foresight into the consequences are requisite for a decision to be ethical. All interaction should be determined in an ethical manner focusing on the commitments and obligations each party has to one another (Husted & Husted, 2001). Consequently, in nursing practice there will be situations in which the nurse is both directly and indirectly involved with ethical dilemmas and ethical decision-making. For many of these ethical decisions, nurses do not need a medical or hospital policy to delineate how they will proceed. In such instances, it is important for the nurse to use theoretical knowledge, among other resources, to assist in the decision.

A brief overview of past research assists in identifying the current status of ethical decision making in student nurses and experienced nurses. These studies are discussed in greater detail in chapter II. The study by Felton and Parsons (1987) measured the participant's ability to make ethical decisions using the Defining Issues Test (DIT). They asked 111 master's nursing students to complete this tool and compared those who had identified a formal education in ethical decision-making vs. those who had not identified a formal education. The results of this study indicated that students with formal ethics education placed more emphasis on identifying dilemmas, ethical/moral reasoning, and the attribution of the nurse's responsibility. The study by Nolan and Markert (2001) reported that lack of confidence, being ignored or overruled, and feeling stressed about ethical decisions was only partially eased by maturity and experience. Both studies discuss serious concerns to the ethical decision-making ability of the experienced and

graduate nurse. Additionally, they suggest that having a formal education in ethical decision-making alleviates some of these concerns.

Another concern identified in the literature is how student nurses and experienced nurses cope with ethical decision-making. “Student nurses do not assert themselves in the face of moral conflict, choosing instead to find ways to cope with their own moral distress, often by passive acceptance or compromise, and sometimes at the expense of doing what they have been taught is the right thing to do” (Woods, 2005, p. 7). This is a serious concern for the nursing profession. Kelly (1998) found that 50 of 67 graduate nurses coped privately with moral distress rather than asserting themselves when ethical decisions were involved. Coping mechanisms for this group included: avoiding patient interaction, leaving the unit, working fewer hours, and leaving the profession of nursing. These coping mechanisms are not only ineffective to the individual nurse, but they are detrimental to the profession of nursing. Avoiding patient interaction is inherently unethical, and placing oneself in that position not only compromises the nurse as a professional but as a human being. Additionally, this study has clearly identified that the distress in ethical decision-making has caused members of the profession to decrease their work hours and even leave the profession. This is a serious concern for members of the profession, as well as for the health care system in general.

Action must be taken to address these concerns. Ethical decision-making contributes to everyday practice and should be applied to all aspects of the professional role. Chaloner (2007) identified that ethical decision-making is a vital role of nurses in everyday practice; regardless of whether it commonly occurs in every day practice; or involves dilemmas that are not resolved without thought and analysis. Ethical behavior

examines, “what ought to be done, within the realm of what can be done, to preserve and enhance human life” (Scotto, 2006, p. 586). Despite this, ethical decision-making is most often thought of only when a dilemma has, or is about to occur. Whichever the case, the theory of Symphonology addresses the ethical approach to all of these situations. This study will test the effectiveness of the Symphonological approach to ethical decision-making and will explore the perceptions of experienced graduate nurses in using the Symphonological approach, along with additional approaches, when making an ethical decision.

Effective formal education must be completed to ensure that nurses enter the profession with the tools and the knowledge necessary to be successful in this very challenging area of nursing (Gaul, 1987). Educating student nurses and experienced nurses to make appropriate ethical decisions with regard to the patient can be challenging. However, it is essential for the professional to be successful in this area of nursing.

Ethical Decision-Making and the Theory of Symphonology

Ethical decision-making is not innately within a person; it is a skill or ability that must be taught, learned, and experienced. Cameron, Schaffer, and Park (2001) studied 45 graduate nurses. Eighty-five percent of the participants studied reported that having a theory or model to assist with ethical decision-making would have been helpful. This suggestion will be explored in the study by testing the theory of Symphonology. The theory of Symphonology provides guidance for ethical actions; and offers a framework for teaching the skills necessary for making ethical decisions.

The theory of Symphonology is based on the concept of agreement. It provides a guide for a nurse or health care professional when faced with ethical decisions (See

Appendix A). The premise of this theory is the ethical agreement between nurses or health care professionals (HCP) and their patients. Symphonology is derived from the Greek word Symphonia, meaning agreement – thus the theory of Symphonology is “a system of interpersonal ethics based on the terms and presuppositions of an agreement” (Husted & Husted, 2008, p. 8). This theory recognizes a patient as, “one who is forced by his circumstances to be passive, one who is unable to take the actions his survival or self-fulfillment requires” and nurse as, “the agent of a patient, doing for a patient what he would do for himself if he were able” (Husted & Husted, 2008, p. 21).

The origination of Symphonology identifies the relationship between the two parties; such as that between a nurse and patient. It then provides guidelines of ethical behavior for each of the parties; this includes the commitments and obligations of each (Scotto, 2006). Once these commitments and obligations have been acknowledged, the theory expands to include practice-based decision-making that supports appropriate interactions between the nurse or HCP and patient (Scotto, 2006). Therefore, the foundation of ethical interaction between the nurse and patient is based on an implicit agreement. The agreement is the foundation of the nurse patient interaction. “In every human relationship, whether it is a pitcher and catcher on a softball team, two people dancing, trapeze artists, or drivers getting directions, arise from an explicit or implicit agreement. The relationship between a professional and patient is one instance of this” (Husted & Husted, 2008, p. 43).

Identified Problem and Gap in the Literature

The review of the literature revealed two major gaps that are discussed in greater depth in chapter II. The first gap is the lack of current knowledge about ethical decision-

making abilities of the advanced level nurse. This is one of the gaps addressed in this study. A second gap is the need to investigate specific models and theories to support the profession of nursing in making ethical decisions. There are many models for ethical decision-making; many do not address the comprehensive and holistic concerns that are part of the current health care arena. There is a need to test for which model is best designed to meet the present needs. Because this study tested a particular model, it begins to help fill this gap.

There has been little research to determine the decision-making ability of advanced level nursing students. Only two studies, which are over 20 years old, have been completed to address this issue. Felton and Parsons (1987) tested 111 graduate and 227 baccalaureate level nursing students to measure four areas of achievement. They wanted to determine if the level of formal education influenced the participant's ability to make ethical/ moral decisions, ethical/ moral reasoning, attribution of responsibility, and resolution of ethical/ moral dilemma. A comparison of ethical/moral reasoning showed that graduate students reasoned at a higher level than undergraduate students. However, the amount of attribution of responsibility assigned and the dilemma resolution score did not differ for the two groups.

Results of the study indicated that the decision-making scores of the graduate versus baccalaureate students did not differ (Felton & Parsons, 1987). However, it was reported that students with more formal and theory-based education demonstrated a higher level of moral reasoning. Accordingly, nurse educators have a continued obligation to facilitate student growth and exposure to nursing focused resolution to ethical dilemmas (Felton & Parsons, 1987).

Cassidy and Oddi (1988) examined 130 randomly selected nursing students enrolled in an associate degree, generic baccalaureate, degree completion, and master's study programs to determine if there was a difference between ethical decision making and students at varying levels of education. The study yielded no differences in perception of ethical dilemmas among the four groups. Despite this, these studies continue to be the only studies to address ethical decision-making among graduate level nursing students.

The most current research reported on graduate level nursing students indicates that educational content regarding ethical decision-making is lacking in graduate level nursing curricula (Felton & Parsons, 1987). In addition, there is insufficient evidence to establish the exact nature of the needed content. The actual ethical decision making abilities of graduate nursing students has not been established. Further research is needed to explore these issues and this study will address the concerns related to the establishment of the nature of the content in curricula, as well as the establishment of the ethical decision-making abilities of a graduate level nursing student.

It is suggested in the literature that theory and model application would increase the student performance in making ethical decisions (Woods, 2005). This was the conclusion that Woods (2005) had identified after a systematic review of the literature. Upon investigation into the five reviewed studies, it was determined that all five studies corroborated a theory and model application after analysis of their results. These studies will be reviewed in greater detail in chapter II. In response to these recommendations, it is the hypothesis of this study that providing an educational program on the theory of Symphonology will enhance student nurses' performance in making ethical decisions.

Purpose of the Study

The purpose of this study was to determine the effect of a Symphonology-based educational intervention on the ethical decision-making performance of advanced level nursing students, and to glean some information on how students see the application of Symphonology and other theories.

This study measured the performance of advanced level nursing students regarding ethical decision-making, through the Judgments About Nursing Decisions (JAND) tool (See Appendix B). Furthermore, it attempted to develop knowledge regarding the student nurse's experience of learning the theory of Symphonology versus non-nursing focused theories through a focus group discussion that took place after the student has completed the course in ethical decision-making. Through these means of data collection this study gained some insight into the perspectives of advanced level nursing students in learning and applying Symphonology and other ethical theories.

Research Questions

The research questions were developed as a guide to explore the performance and experiences of advanced level nursing students related to ethical decision-making. The research questions guiding this study were:

1. What is the effect of a Symphonology-based educational intervention on the ethical decision-making performance of advanced level nursing students, as measured by the JAND?
2. What is the effect of a Symphonology-based educational intervention on the ethical decision-making performance of advanced level nursing students, as measured by the JAND with and without the scenarios?

3. What do the advanced level nursing students express about the guidance given by the application of Symphonology in dealing with ethics and ethical decision-making in day to day practice?
4. What do the advanced level nursing students express about the guidance given by the application of other theories in dealing with ethics and ethical decision-making in practice?

Operational Definition of Terms

Ethics is “a study of how decisions and actions move a human life from a state of lesser perfection to a state of greater perfection, or how decisions prevent a human life from moving from a state of greater perfection to a state of lesser perfection” (Husted & Husted, 2008, p. 4).

Ethical decision-making is defined as a system of decision making arising out of the rights agreement and shaped by the implications of the agent to agent agreement as to what is and what is not justifiable in the context of the standards of agreement (James Husted, personal communication, April 25, 2009).

Advanced level nursing students is defined as a group of students seeking an advanced degree in the area of nursing.

Symphonology is defined as, “A system of ethics based on the terms and presuppositions of agreement. In any specific case, this will be the agreement that establishes the nature of the relationship between the parties involved in interaction” (Husted & Husted, 2008, p. 321).

Assumptions

The following assumptions have been accepted as being true:

1. All participants responded honestly to the JAND tool.
2. The participants did not discuss the contents of the study with one another or with outside peers until the study has reached fruition.
3. There is a relationship between ethical decision-making and the standards set forth by the theory of Symphonology.

Limitations

The following limitations have been identified in the proposed study. It was expected that the second limitation would be irrelevant upon the completion of the study.

1. The use of one university for participant selection may limit the variability of knowledge; however, this course is a distance course that will open the participant pool to various geographic regions.
2. The principal investigator will not have direct, in person, contact with the participants. A potential limitation is that it may take longer for the principal investigator to develop a rapport with the participants.

Significance to Nursing Practice

Implications of previous research revealed that there are concerns regarding the content that is needed in an ethics course and what the advanced level student's ability is to make ethical decisions (Swider, Mcelmurry, & Yarling, 1985). The results of this study added to the current body of knowledge by identifying if learning about the theory of Symphonology improved the extent to which the advanced level student nurses are capable of making bioethical decisions.

This study helped to improve practice in many ways. Because this study recruited and studied clinical nurses seeking an advanced degree in nursing, it was able to address

both the concerns of the student nurse, as well as the clinical nurse with some clinical experience. This study was an initial step toward improving ethics education in both nursing academia and practice. It aided in shaping nursing curricula and assisted in identifying resources for nursing practice such as clinical education components. This should include nursing orientation, preceptorships, and continuing education.

Chapter II: Review of the Literature

Introduction

The concept of interest for this study was ethics content in curriculum and ethical decision-making, specifically in the population of students seeking an advanced degree in nursing. For purposes of this study, the area of nursing specialty sought by the students in their pursuit of a degree was not specific. Both baccalaureate and master's students were included to broaden the explored review of literature. Time of publications was not narrowed; however, there were no identified studies on this topic prior to 1980.

The studies included in this review were chosen based on the concept of ethical decision-making using a population of individuals seeking a nursing related degree. The inclusion of these studies did not discriminate based on design, instrument, analysis method, variables, findings, or implications for nursing practice. Additionally, the reliability and credibility of the instrument and findings were considered during the review; however, studies were not omitted from the review if it was identified in the limitations that the tool or findings were not reliable. The search criteria, in order to identify all research conducted in this area of interest, are kept as open as possible.

Throughout the nursing literature, ethics in nursing practice is discussed. The 1970s and 1980s address professional responsiveness (Giarelli, 1989). The 1990s address nursing frustration over nursing not being fully acknowledged as a discipline that is capable of responding effectively to ethical decisions in practice (Caffrey & Caffrey, 1994).

Recently, nurse educators have debated over the best ways to teach ethics to nurses in order to empower them to contribute to the moral and ethical issues that continue to arise

in practice (Gastmans, 2002). Despite these discussions and findings, studies continue to show that nursing ethics is not being addressed in the curricula.

Gaps in the literature were identified as a lack of consensus about the ethical decision-making content to add to nursing curricula and a lack of current knowledge about decision-making abilities of the graduate level student nurse. This chapter addresses these concerns in great detail. Additionally, this chapter discusses how there is a lack of understanding as to how to educate the student nurse to make ethical decisions as a representative for patients who cannot make these decisions for themselves. It is for these reasons that this study attempted to identify an intervention that will increase student performance in ethical decision-making.

Organizing Framework

The conceptual framework used in this study is the bioethical theory of Symphonology (Husted & Husted, 1991, 1995, 2001, 2008). One aim of this study is to test the theory of Symphonology. Therefore, the major concepts of the theory will be thoroughly addressed.

The theory of Symphonology is based on the concept of agreements. It provides a guideline for a nurse or health care professional to follow when faced with an ethical decision. The premise of this theory is that an ethical agreement exists between the nurse or health care provider (HCP) and her patient. Symphonology is derived from the Greek word “symphonia”, (agreement) – thus the theory of Symphonology is “a system of ethics based on the terms and presuppositions of an agreement” (Husted & Husted, 2008, p. 8). This theory recognizes a patient as, “one who is forced by his circumstances to be passive, one who is unable to take the actions his survival or self-fulfillment requires”

and recognize a nurse as, “the agent of a patient, doing for a patient what he would do for himself if he were able” (Husted & Husted, 2008, p. 21).

The origination of Symphonology identifies the relationship between the two parties; a nurse and patient. The foundation of ethical interaction between the nurse and patient is based on this agreement. It then provides guidelines of ethical behavior for each of the parties through the parameters of the agreement which are the bioethical standards. This includes the commitments and obligations of each party (Scotto, 2006). Once these commitments and obligations have been acknowledged, the theory expands to include practice-based decision-making that supports appropriate interactions among the nurse or HCP and patient (Scotto, 2006). These practice based guidelines include the acknowledgement of the individual’s rights, and the importance of context in making bioethical decisions.

According to Husted and Husted, the authors of the theory of Symphonology, ethical behavior examines, “what ought to be done, within the realm of what can be done, to preserve and enhance human life” (Scotto, 2006, p. 586). In present day health care, there are countless circumstances that arise where the nurse and patient stumble upon unique or perplexing situations. For example: Which patient is entitled to an organ? Or: Who should decide the medical treatment of a family member? Additionally, it also deals with everyday ethics, not just dilemmas, it deals with the treatment of others, the intentions behind one’s actions, and the responsibility one has in relationships. It focuses on what one ought to do in any given situation. In Symphonology, both the process of making the decisions and foresight into the consequences is important for an ethical

decision to be ethical. All interaction should be determined in an ethical manner focusing on the commitments and obligations each party has to the other (Husted & Husted, 2008). Because this theory requires precise terminology, “the pronoun ‘she’ is used to designate the health care professional. This convention is for the reader’s ease of understanding and to keep understanding in context. The singular is preferred to the plural or indeterminate because professionals are individuals, and a practice-based ethics, and ought to be, an individualistic ethic. On the other hand, we almost invariably use the pronoun ‘he’ to designate the patient, again for the same reason” (Husted & Husted, 2008, p. xviii).

major concepts.

the nurse or health care professional and patient agreement.

The role of the nurse or HCP in Symphonology is to act as the agent of the patient. The term agent means to act. The nurse has an obligation to do for the patient what he would do for himself if he were capable. The goal of the nurse is to help the patient become his own agent insofar as he is able (Scotto, 2006). In other words, the actions of the nurse should be involved with the fundamental principles and goals of the patient.

These patient dynamics delineate the responsibilities of the nurse. This interchange forms an implicit agreement between the nurse and patient. The implicit agreement is a reciprocal relationship between the nurse and patient. It is within this implicit agreement that the nurse will maintain the role of the nurse and the patient will maintain the role of the patient. In order to maintain an ethical practice, all professional interactions must remain within the implicit agreement (Husted & Husted, 2008).

The agreement is, “a shared state of awareness on the basis of which interaction occurs” (Husted & Husted, 2008, p. 33). The agreement is not formed through a written contract or consent; it is formed through the understanding of the relationship. When the nurse walks into the patient’s room to identify and introduce herself, the relationship has been established, an agreement has been set. The agreement is perpetuated through expectations and commitments. These expectations and commitments will establish the success of the ethical interaction or relationship (Husted & Husted, 2008). The Symphonological process only exists through agreement. Each participant ought to behave through the existence of that agreement.

Agreement is the foundation of every ethical interaction and is implicit in the nurse-patient relationship. The understanding of the relationship is, in fact, an agreement. When the nurse accepts her assignment, she is agreeing to participate in this agreement with her patient. When a patient is admitted into the hospital, he is agreeing to the understanding that a nurse will be there to assist him in recovering. It is impossible to achieve the standards of Symphonology without the acceptance of the agreement. Without agreement there can be no establishment of fidelity. A nurse would have no sense of commitment to her patient, and the patient would have no reason to feel comfortable with care he receives from the nurse. Fidelity becomes the crux of the agreement for if one does not intend to be faithful, the agreement did not exist (Husted & Husted, 2008).

Once the nurse and patient have established their agreement, they establish what each has the right to expect from one another. To act within the terms of the agreement defines what is right, and to fail to maintain the agreement defines what is wrong (Husted

& Husted, 2008). Without agreement, interaction cannot exist. This interaction involves the recognition of both the factual and ethical dimensions of the relationship. Whenever there is a gap between this interaction and a desired end, the gap results in the failure of someone to recognize an aspect of the context and thus enters unethical interaction. Once this disconnect is recognized, through the understanding of the context, interaction and agreement can be reconnected (Husted & Husted, 2008).

context.

Context “is the interweaving of the relevant facts of the situation” (Husted & Husted, 2008, p. 313). Relevant facts are matriculated through three aspects: context of the situation, context of knowledge, and context of awareness. All three areas of context are required for the nurse to gather enough information to act in an effective manner. “In ethics everything is contextual; and the context of every action is unique and unduplicable, with the result that even a small difference between two situations may yield a difference in our moral verdict” (Hospers, 1972, p. 63).

context of the situation.

The context of the situation, “is the interwoven aspects of a situation that are fundamental to understanding the situation and to acting effectively in it” (Husted & Husted, 2008, p. 314). The situation will change often and will vary depending on the individuals involved in the situation. The context of the situation could be comprised of a patient’s medical condition, his current life situation, his aspirations, motivations and resources available to him (Husted & Husted, 2008). It is through the nurse’s context of knowledge, as well as her awareness of what is relevant in the situation, that will enable her to recognize the context of the situation.

context of knowledge.

The context of knowledge “is an agent’s preexisting knowledge relevant to the situation” (Husted & Husted, 2008, p. 313). The nurse possesses a body of knowledge that allows her to approach the ethical decision appropriately and effectively. The context of knowledge allows the nurse to recognize all facts in the case, within the context of the situation and through her context of awareness, to determine the appropriate ethical decision.

It is noted in Symphonology that an individual is not responsible for information or knowledge that is unknown to the individual and cannot be known to them. Ethical decisions are based on the current knowledge possessed as it pertains to the situation. This form of context is reviewed every day in the current healthcare setting. A man is found unconscious in the hospital cafeteria, the current knowledge is that there is a man, found unresponsive, and he will most likely die if unattended. Help is sought and the man regains consciousness. As he is recovering, he presents a document that indicates that he does not wish to have any measures of resuscitation. This piece of knowledge was not available to the healthcare practitioner at the time of intervention. Therefore, the actions of the healthcare provider at the time, based on the available knowledge, were ethically appropriate.

“In ethical decision-making, the context of knowledge is a body of previously acquired knowledge, and that which can be acquired. The value of that knowledge is achieved through a context of the situation and a state of present awareness” (Husted & Husted, 2008, p. 88). This context of awareness presumes that the nurse is capable of

placing all information gathered through the context of knowledge, and placed relevantly into the situation, into a comprehensible form.

context of awareness.

Context of awareness, “is an agent’s present awareness of the relevant aspects of the situation” (Husted & Husted, 2008, p. 313). This is what bridges the context of the situation and context of knowledge. The context of awareness results when the nurse integrates all aspects of the context of knowledge together with the context of the situation. Without this connection the nurse could not act effectively in the workplace. Every decision that is made must be made according to one’s context of knowledge, the facts that are relevant to the situation, and one’s awareness of what is relevant to the situation. “Her knowledge enables her to recognize what is relevant in the situation. That which is relevant in the situation enables her to apply her knowledge. Both enable her to act to accomplish her purposes” (Husted & Husted, 2008, p. 89). In order to maintain awareness, the nurse must maintain an understanding of the agreements and responsibilities that constructed her ethical situation. Additionally, the nurse must be able to put all relevant aspects together to form intelligible causal sentences (Husted & Husted, 2008).

“The context of the situation is a context of discovery. Through the context of the situation, an agent discovers whether something ought to be done, what ought to be done and for whom it ought to be done. The context of knowledge is a context of justification. Through the context of knowledge, an agent discovers why it should be done and how it should be done. The context of awareness is a context of engagement, when an agent

actively enters a dilemma or situation in order to resolve it” (Husted & Husted, 2008, p. 85).

the bioethical standards.

The Bioethical standards are the center of ethical decision-making within the theory of Symphonology, as they are each pre-conditions of every agreement. These standards must be applied contextually in every situation and according to the terms of the agreement. They are guidelines in maintaining one’s rights and responsibilities. They include: autonomy, freedom, objectivity, self-assertion, beneficence, and fidelity (Husted & Husted, 2008). In order to maintain the agreement, the nurse must respect the patient’s right to these standards. Failure to adhere to one of these standards will result in the dissolution of the agreement.

autonomy.

The concept of autonomy “is the independent uniqueness of every individual person. This uniqueness is the specific nature, the character structure, of that person. One’s autonomy includes one’s specific identity and consequent ethical equality with all other rational agents. Primarily, however, it refers to an agent’s uniqueness” (Husted & Husted, 2008, p. 312). The concept of autonomy refers to the uniqueness of an individual person. A person’s right to autonomy is the individual right to act upon, and value, his own wishes and desires. Autonomy enables the individual to act and make decisions based on who he is. Autonomy is the ultimate standard; it forms the umbrella under which all the other standards fall.

freedom.

Freedom is the bioethical standard of self-directedness. It is the “agent’s capacity and consequent right to take independent, long term actions based on the agent’s own evaluation of his circumstances” (Husted & Husted, 2008, p. 315). Freedom is the capacity of an individual to take action based on his own conceptualization of what is right based on his own values. Freedom is the power of the individual to make voluntary choices. It is the right to function as an independent being, and to initiate actions without interference. Freedom is the right and ability to take actions that may have an influence over one’s entire lifetime.

objectivity.

Objectivity is “a desire to know something as it is in itself and apart from distorting conditions or misleading prejudgments; a patient’s need to achieve and sustain the exercise of his objective awareness” (Husted & Husted, 2008, p. 318). It is the right to be aware of, and act upon, the situation according to one’s own awareness. The nurse, through objectivity, accepts the unique nature of the patient and the patient’s right to make judgments that have a direct impact on his life.

self-assertion.

Self-assertion is the “right of an individual to be free of undesired or undesirable interaction, the right to control one’s time and effort, and the right to initiate one’s own actions” (Husted & Husted, 2008, p. 321) It implies a person’s self-ownership and the right to make informed decisions, to be independent and in control of his own being. Additionally, self-assertion recognizes the patient’s right to form purposes, pursue his goals, bring about change, and act from his own autonomy. One’s rights to privacy,

choice, consent, and confidentiality are integrated into the concept of self-assertion. Self-assertion is the ability of the patient to take action here and now.

beneficence.

Beneficence is defined as “the act of assisting a patient’s effort to attain that which is beneficial. The desire to benefit one with whom one empathizes. Beneficence is the power of a patient, or the professional acting on behalf of the patient, to acquire the benefits he desires and the needs his life requires” (Husted & Husted, 2008, p. 312). It should be the intention of the agent to act in a manner of benefiting the patient, as well as, to avoid harm. Because of the agreement, it is the role of the nurse to treat the patient with beneficence.

fidelity.

Fidelity is “adherence to the terms of an agreement, an individual’s faithfulness to his autonomy. For a nurse, it is a commitment to the obligation she has accepted as part of her professional role” (Husted & Husted, 2008, p. 315). Fidelity is defined in terms of commitment to one’s autonomy, or own uniqueness. Commitment of the patient to his own virtues is an inherent aspect of fidelity, as is the nurse’s commitment to the fidelity of the patient. Consequentially, agreement is always involved in the standard of fidelity. Fidelity requires that the nurse fulfills the implicit agreement between the nurse and the patient. Fidelity is the root of the agreement, it holds the agreement together.

All of these standards exist together, and are intertwined with the nature of the individual and the context with which the individual exists. When the bioethical standards are in harmony with each other, and applied within the context, that action is ethically justifiable. The interplay of all of these concepts is similar to the interplay of

musical instruments in the performance of a symphony composition. In Symphonology this relationship among the bioethical standards is necessary because of the nature of the human person and the relevance to the agreement between the nurse and the patient. Every agreement is developed through human interaction, which is structured through the bioethical standards. The product of this agreement is an adherence to one's rights.

rights.

Symphonology identifies rights as a singular concept. It is an individual right to make choices that are based on one's own desires, purposes, and values as long as these choices do not violate the rights of another.

Rights is, "The product of an implicit agreement among rational beings, made and held by virtue of their rationality, not to obtain actions nor the products or conditions of actions from one another, except through voluntary consent, objectively gained" (Husted & Husted, 2008 p. 22). The understanding of the rights is essential for the foundation of the nurse-patient agreement since it is basic to, and prior to, the nurse-patient agreement itself. This right is prior to the patient agreement.

"As Symphonology is disseminated, it is easy to envision its use in nursing education. Currently, ethics is often addressed in nursing curricula as a topic separate from nursing. The broad applicability for Symphonology makes it an excellent framework for nursing curricula" (Scotto, 2006, p. 594). The next section will address ethical decision-making as it relates to the student nurse.

ethical decision-making in student nurses.

Ethical decision-making was first introduced into the nursing literature in the 1960s. Kluckhohn and Strodtbeck (1961) identified the variations in the values of nurses

and differentiations in the way in which nurses make ethical decisions. These authors stated that the variation that exists among the profession could be confusing to patients and to novice nurses who are emulating the experienced nurse. It was also the opinion of Kluckhohn and Strodtbeck (1961) that nurse researchers identify why the differentiation exists and review what schools of nursing are implementing in their curricula.

Students participating in past studies have varied in their experience with ethical decision-making courses and utilization of ethical decision-making models. Furthermore, of the students who have adhered to an ethical decision-making model, the model was of a medical design (Cameron, Shaffer & Park, 2001; deCasterle, Grypdonck, Wauters, & Jasnsen, 1997; Felton & Parsons, 1987; Park, Cameron, Han, Ahn, Oh, & Kim, 2003; Swider, Mcelmurry, & Yarling, 1985). Many of the studies used the design of ethical inquiry and phenomenology as their means of data gathering. (Cameron et al., 2001; Park et al., 2003) Others used data gathering tools such as the Judgments About Nursing Decisions (JAND), Nursing Autonomy and Patients' Rights Scale (NAPRS), The Ethical Behavior Test (EBT), and The Defining Issues Test (DIT) (Cassidy & Oddi, 1988; Frisch, 1987; LeVeille, 1987). Lastly, some researchers opted to provide the participants with case scenarios and use open-ended essay questionnaires to identify their ability to recognize and make ethical decisions. These case scenarios were not entirely based on clinical situations (Doane, Pauly, Brown, & McPherson, 2004; Han & Ahn, 2000; Haping, 1997; Nolan & Markert, 2002; Parsons, Barker, & Armstrong, 2001). Themes that have emerged in the literature thus far included students' ethical struggles that involve other health care professionals, ethical problems with patient behavior, ethical problems involving persons with contagious diseases, and ethical problems involving management

(Cameron et al., 2001; Park et al., 2003). It is important to look at each study specifically to review the content of the study in greater detail. The next eight sections will review the literature according to specified topics. It will look at the body of knowledge that exists in relation to ethical decision-making and nursing students. Each section will review past studies in terms of research questions, purpose, sampling, methodology, instrumentation, results, and discussion of the results as identified by each team of investigators.

review of the literature: ethical decision-making in nursing students.

student nurses' ethical decision making.

Swider, Mcelmurry, and Yarling (1985), examined the questions: What are the values of the nursing profession? How do nurses respond to ethical dilemmas? And, why do nurses respond the way they do to ethical dilemmas? In order to respond to these questions, the researchers recruited 16 schools with a total of 146 small groups containing 755 nursing students. Each small group contained 1 to 11 students with ages ranging from 20 to 50 years with a mean age of 24 years. Seven hundred and five of the participants were generic baccalaureate students and the remaining 50 were RNs completing a baccalaureate degree. Groups were decided by each participant counting off a number. Each group was given a case study and asked to decide, as a group, what action, if any, the nurse should take to resolve the dilemma using descriptive statements. Content validity for each case was done through a review and critique of each case by a registered nurse, nurse administrator, a lawyer, and a philosopher. Next, they used a qualitative methodology to decide what the nurse should do if the first resolution was unsuccessful. The participants would continue with this method until all reasonable responses were exhausted. Reports of suggested decisions to the dilemma were given in

essay form. Three categories of nursing responsibility, derived from the nursing literature, were used to categorize the decisions the students had made. They were; patient-centered, physician-centered, and bureaucratic-centered. The small groups of students made from three to 17 decisions with a mean number of eight decisions per group. A simple content analysis was completed to analyze the data. Of the 1,163 decisions, 9% were patient-centered, 19% were physician-centered, and 60% were of the bureaucratic-centered category. Group responses did not differ significantly by education, clinical experience, previous experience, or RN status. The conclusions of this study suggest that the senior nursing students studied were confused and unclear about the endpoint of the nurses' responsibility in the ethical decision-making process. The conflicting loyalties and responsibilities of nurses create problems in trying to arrive at clear, crisp answers. Recommendations for further research included exploration of more registered nurses, nurse administrators, and others in the profession to identify what they would do in these scenarios.

deCasterle, Grypdonck, Wauters, and Janssen (1997) investigated what is the meaning of ethical behavior in nursing practice. Ethical behavior was defined as: nurses' behavior that is based on their own decisions, their personal value judgments, and their commitment to promoting patient welfare. The investigators recruited 2,624 nursing students enrolled in three-year technical or professional nursing programs. Using random selection from 14 Flemish, or Dutch speaking schools, participants were enrolled. From these 14 schools, 84% were professional schools, and the other participants were enrolled in a University. Ages ranged from 18 to 23 years of age. Using the Ethical Behavior Test (EBT), the investigators observed nursing students' ethical behavior in five nursing

dilemmas. The reliability and validity of the measurement of both ethical reasoning and the implementation of ethical decisions were thoroughly evaluated by multivariate analyses, and found to be satisfactory for the purpose of this study. The participant responses of the EBT were evaluated according to the Kohlberg model of moral development. The researchers placed each student in a stage of the model based on their response to the dilemma. The level of ethical reasoning was assessed by analyzing the means of ethical reasoning scores (0-55). Ethical reasoning by nursing students and implementation of ethical decisions identified a Kohlberg level stage of one through five. The majority of students were found to be located in the fourth moral stage of Kohlberg's theory, which is the conventional level of moral development. This was tested using a two-way analysis of variance.

The findings suggest that students are still guided by professional rules, norms, and duties and have not succeeded in making personal ethical decisions on the basis of their own principles. The results also revealed significant differences in ethical reasoning between males and females, with females scoring higher. The findings have important implications for the daily practice of care. These implications were identified by the investigators and are as follows: quality of care will depend largely on the quality of the established rules, norms and laws; the influencing of students' ethical decisions by the situational context (fear of punishment, hope of reward, expectations of others, and organization's rules) might lead to care situations that do not contribute to the patients' welfare; the existing concern about student nurse's ethical competence, therefore, seems to be justified for this population and should stimulate leaders in education and nursing practice, to find ways to improve ethical expertise.

The findings of deCasterle et al. (1997) were determined through the use of five questionnaire vignettes and the Ethical Behavior Test. A study by Ha-ping Yung (1997) yielded similar results suggesting that 17% of students based ethical decisions on the professional role conception and those professional and bureaucratic role discrepancies had a negative impact on the students' ethical decision-making abilities. In order for nurses to achieve optimal ethical decision-making abilities, they would have to reach the fifth or possibly sixth level of Kohlberg's model. This level indicates the ability to act with intention to preserve human dignity (Eggen & Kauchak, 2007).

Ha-ping Yung, (1997) designed a study to explore the relationships of the professional, bureaucratic, and service role conception to the ethical behaviors of nursing students. The purpose of the study was to answer the following research questions: What are the three nursing role conceptions and role discrepancies of the degree and certificate nursing students? Are there significant differences between the degree and certificate nursing students in the three nursing role conceptions and role discrepancies? Also, what is the relationship between the three nursing role conceptions and the ethical behavior of degree and certificate nursing students? It is important to note that role conceptions, and role discrepancies were not defined. In order to answer these questions, Ha-ping Yung recruited 140 students enrolled in a certificate nursing training program and 81 students from a degree nursing program. The purpose of this study was to identify what each student felt his/her role was in the health care field to ethical behaviors in the health care setting. Role conception and role discrepancy were measured by using the modified Nursing Role Conception scale and ethical behaviors were measured by the JAND. In using the JAND for these purposes, it was determined that Ha-Ping Yung (1997) utilized

criterion referenced measurements. The guidelines for criterion-referenced measurement are congruent with the tool because the purpose of the JAND was to assess for the amount of knowledge each participant had for the role vs. the actual behavior. In other words, the guidelines for this study were to identify the participant's knowledge of ethical decision-making as it pertains to what is the intended role of the nurse (role) versus what he/she will actually do (actual behavior). This is congruent with the measurements taken by the JAND which identify what the participant would do in an ideal versus realistic situation. The intention was to look at each participant individually without comparison to the others. In assessing the reliability and validity of the JAND, Ha-ping Yung expressed that the content validity of the JAND was established by nursing experts. The tool was also significantly correlated to the known measure in the DIT. Additionally, the JAND scored high in internal consistency. Validity and reliability of these scales were achieved through previous studies where nursing administrators and experienced nurses used the tool. Independent t-tests were used to evaluate the differences between certificate and degree students' role conception and outcome means. Standard deviations were used to determine the ideal and actual role conceptions between certificate and degree students as well as the discrepancy role conception. Multiple regression analyses were used to determine ethical scores as criterion and role conception. The study revealed that the ideal professional role conception was a significant predictor accounting for 17% of the variance in the ideal ethical score of the degree students. Actual service role conception was a better predictor of the actual ethical score, explaining 10% and 14% of its variance for the certificate and degree students respectively. Professional and bureaucratic role discrepancies were found to have a negative effect on the actual ethical

behavior of the degree students. Therefore, for the three role conception types, professional, bureaucratic and service, only ideal professional and actual bureaucratic role conceptions were found to be higher in the degree students. The service role was identified as a significant predictor of ethical decision-making in the certificate students. In recommendations for future use of the JAND, Ha-ping Yung felt that these results lacked generalizability and suggested that future investigators consider a triangulated methodology to gain data from a qualitative perspective to answer the question of why the participants chose the answers that they did.

Han and Ahn (2000) aimed to study the ethical decision-making procedures in clinical cases identified by evaluating nursing students in a clinical practice situation who have received some ethical education. The purpose of the study was to analyze the types and frequencies of ethical dilemmas perceived by the student nurse, analyze the rationale of the ethical decision, and evaluate the ethical decision. One hundred undergraduate senior nursing students, enrolled in a two credit course in nursing ethics, were recruited to participate in the study. The study design employed both quantitative and qualitative research methods. The quantitative method was used to measure the types and frequencies of ethical dilemmas perceived in cases and to calculate the frequencies according to the Model of Ethics for Korean Nurses. For example, did the student nurses identify types of ethical dilemmas such as euthanasia, transplantation, or informed consents, and how often did they do so. The qualitative methods were used to evaluate ethical rules and principles for the purpose of analysis and to evaluate ethical decision-making in specific cases according to the criteria evaluation. Examples would include if students were sensitive to moral issues, were the principles and rules of ethics

appropriately applied, and did the student nurse have a sense of moral obligation in attending to the ethical dilemma. The instrument used in both cases was an informal discussion session where students were given clinical cases and analyzed them according to the case analysis model. As previously stated, the case analysis model was in accordance to the Korean Nurses Code of Ethics. The researchers evaluated the discussion according to the evaluation criteria which includes: was the student nurse sensitive in identifying the moral issues? Did the student nurse rationally apply the principles and rules of ethics? Was there a sense of moral obligation in the ethical decision made by the student nurse? Analysis of the discussion revealed that the ethical dilemmas identified fell into four categories and were of 27 types. The most frequently experienced dilemma by the student nurse was the family's giving up on the patient and not telling the truth to the patient. According to the Code or Model of Ethics, the most common rules and principles applied in the ethical decision-making were veracity and non-maleficence. With regard to the moral reasoning process, the primary concern was the welfare of the patients. The rationale used by the student nurses was in accordance with some clauses delineated by the Korean Nurses Code of Ethics. Based on this study, the investigators identified a need for the development of nursing ethics in undergraduate nursing curricula to assist students with the application of ethics education in the clinical/practical setting.

Almost all nursing curricula include nursing ethics in two or three class sessions. While students benefit from the knowledge, opportunity for student reflection is often lost because such activities take a time period longer than what is allowed in this time frame. The next section is a review of various teaching methodologies studied in nursing

ethics to identify the impact that a teaching method may have on the retention of knowledge obtained by the student.

teaching methodologies for ethics.

Frisch (1987) hypothesized that a teaching strategy that emphasized the need for evaluation and weighing of facts prior to drawing a conclusion would impact the level of the moral and cognitive development of the student nurse. The teaching strategy was value analysis. Cognitive and moral developments were defined in accordance with Kohlberg's theory. Value analysis is a method of teaching that emphasizes the need for careful evaluation and weighing of facts prior to drawing conclusions regarding ethical problems. The testing period lasted over two semesters with both the control and experimental groups being enrolled in the same course. The first semester, 24 nursing students were recruited with these students being identified as the control group. The second semester, 28 nursing students were recruited and identified as the experimental group receiving the value analysis teaching methodology. Both groups were junior level nursing students enrolled in a mental health nursing course. The average age was 21 years old for both groups and 91% of the subjects were female. The majority of the students were single with no information provided in regard to the religious affiliation. Both groups were assessed for moral development levels at the beginning and end of the semester. Rest's Defining Issues Test (DIT) was utilized to measure the level of cognitive moral development. There was no mention of the reliability and validity of this tool. To evaluate change in student pre and post-test scores, analysis of variance on repeated measure was calculated on P scores for both the control and experimental groups. The results indicated that neither the control nor experimental groups demonstrated

statistically significant changes. Despite this, the DIT stage score showed a statistically significant difference between the experimental group and control group. The DIT stage scores are based on Kohlberg's model of moral development. Defined, stages one and two would include Kohlberg's preconventional stage, stages three and four would be identified as Kohlberg's conventional stage, and stages five and six would be defined as Kohlberg's postconventional stage (Eggen & Kauchak, 2007). Because the stage scores were an analysis of each participant to the identified stages of moral development, the resultant data differed. A comparison of gain score was analyzed using the Wilcoxin sign rant test and determined that the experimental group showed a statistically significant difference in gain. The author reported that a brief intervention based upon the values analysis model may produce measurable change in students' levels of moral judgment. Because nurses are likely to encounter ethical dilemmas in their practice, such a teaching intervention could be useful in preparing students to deal with these issues after graduation.

Parsons, Barker, and Armstrong (2001) used the Delphi technique to gather participant viewpoints on three objectives. These objectives were: to provide a forum to discuss health care ethics, to explore views, to gather qualitative data on teaching health care ethics to students, and to test the applicability of the Delphi technique as a means of implementing the first two objectives. To achieve these goals, eight participants (seven males, one female) were recruited for participation in the study. They were senior nursing students in a mental health nursing course. Data collection included a series of three questionnaires. Questionnaire one contained likert-type questions, questionnaire two sought to clarify ethical issues and seek explanation of viewpoints, and questionnaire

three included an investigation of values, role models and teaching methods. This was a pilot study used to determine the reliability and validity of the questionnaires as an instrument. Responses were transcribed using Word 97 for questionnaire one. The students then received questionnaire one back, after the transcriptions were made, and were given the opportunity to clarify their responses. These clarifications were identified as questionnaire two. Questionnaire three reviewed the students' views of teaching methods as it relates to their values and role models. The data were analyzed in the hope of identifying themes, patterns of interest, and areas of concern. The results identified seven participants claiming not to be persuaded by moral philosophies, such as Deontology or Consequentialism. One participant was influenced by moral rules and another by humanistic principles. All eight participants, or 100%, believed that teaching health care ethics is vital to the education of nursing students. They indicated that the teaching of ethics in nursing is essential in nursing programs. Seventy-two point seven percent (72.7%) felt that insufficient time was allocated to ethics in the curriculum, 45.5% did identify that they were taught ethics, but 50% felt that it should be taught later in the curriculum. The authors concluded that the teaching of ethics must stem from ethical theory, as well as, virtue, moral, and humanistic perspectives.

Turner and Bechtel (1998) evaluated the effectiveness of guided design as an instructional method in ethical decision-making. Guided design is a decision-making process that progresses the student through a series of events and incorporates discussion from other members of the group. In other words, the students are forced not only to examine logically their own viewpoints, but the viewpoints of others as well. This type of instruction is thought to enhance collaboration among professionals. One hundred and

forty five community health students were recruited to participate in this quasiexperimental recurrent institutional cycle design. Data were collected and measured using the JAND in a non-randomized pretest-post-test method. A multivariate analysis found no statistically significant difference overall in moral reasoning between the pre- and post-test scores. However, when the seven areas of ethical decision-making were factored in measurement, the use of guided design, as an instructional tool, is supported as a method for teaching ethical decision-making to community health nursing students. These include: encouraging patients in decision-making; $F 0.01, P .916$; confronting issues on behalf of the client; $F 1.50 P .308$; taking professional initiatives; $F 6.86 P .010$; selecting accountable responsible behaviors; $F 0.01 P .914$; willingness to face consequences of actions $F 0.08, P .777$; providing client's family with information $F 0.64, P .426$; and having consultative collaborative relationships $P 0.37, P .545$.

Teaching strategies have been identified as a means of introducing students to ethics in nursing using alternative formats. Additionally, the literature has identified ethical decision-making models as beneficial to student learning. This next section will review the impact of ethical decision-making models to student nurses.

use of ethical decision making models.

Cameron, Schaffer, and Park (2001) used the methods of ethical inquiry and phenomenology to answer the following questions: What is the nursing students' experience of an ethical problem involving nursing practice and, What is the nursing students' experience of using an ethical decision-making model? The participants of this study were 73 senior baccalaureate nursing students, 67 women and six men. The ages ranged from 20 - 36 years with a mean of 24 years of age. In order to answer the

proposed questions, the investigators modified an essay question type of instrument to which the participants responded. This instrument has been used to collect data in two previous research studies and a pilot study was also conducted to ensure reliability and validity of the instrument. The essay questions included: What situation involving nursing practice has caused you the most conflict about the right thing to do? Describe and examine why you felt conflict or are feeling conflict, your resolution of the conflict, and the rationale for your resolution. Additionally, write a second essay consisting of the ethical decision-making model used to assist with the resolution of the dilemma. To ensure scientific adequacy, two authors each analyzed half the essays, validated the other half and analyzed across essays to establish common elements. The third author validated the analysis of each essay and across essays and two independent assessors validated the final results. Five themes emerged with the student nurse experience. The themes were:

1. ethical problems involving health professionals (such as understaffing) this theme emerged in 40% of the student responses and was by far the most concerning;
2. ethical problems involving disagreement with clients' behavior;
3. ethical problems involving persons with HIV/AIDS and other contagious diseases;
4. ethical problems involving managed care; and,
5. ethical problems involving quality of life and death.

In relation to the qualitative analysis of the data, 85% of the students reported that they had experience with ethical decision-making models and the model were helpful. The ethical decision-making models introduced to the participants were: the action guide of

Beauchamp and Childress, Caring and Justice ethical decision-making model, Frankena's mixed deontological theory of obligation, Thiroux's universal ethical principles, and Value, be, do: guidelines for resolving ethical conflict. The ethical decision-making model most frequently used was the Caring and Justice ethical decision making model, followed by Thiroux's universal ethical principles, and Value, be, do: guidelines for resolving ethical conflict. Finally, Beauchamp and Childress, and Frankena's mixed deontological theory of obligation were the most infrequently used models (Cameron et al., 2001).

According to the investigators, the results of this study suggest that nursing ethics education should address students' actual ethical problems, offer education on ethical decision-making models, discuss professional standards, promote ethical behavior and relationships, and encourage ethical listening. In terms of nursing practice, the finding that 40% of students' ethical problems involved health care professionals was discussed as most concerning. Nursing students need effective role models so that they, in turn, will practice ethically.

Park, Cameron, Han, Ahn, Oh, and Kim (2003) replicated the study completed by Cameron, Schaffer, and Park (2001). The changing variable went from studying ethical decision-making in American nursing students to studying ethical decision-making in Korean nursing students. Using a combination of ethical inquiry and phenomenology, students were asked to respond to two questions: What is the nursing students' experience of ethical problems involving nursing practice and, what is the nursing students' experience of using an ethical decision-making model? The subject sample included 97 Korean female baccalaureate nursing students, from 20-23 years of age, all

who have attended a nursing ethics seminar. Since this is a replication of a previous study, the design and instrument were identified as reliable and valid for its purpose. Data were collected and analyzed using Oiler's phenomenological steps which are: investigate a phenomenon, investigate essences, and describe relationships among essences. Two authors analyzed half of each essay, validated the other half, and analyzed across essays to establish common elements. Two other authors validated the analysis of each essay and across essays. Two independent assessors validated the final results and the findings were reported using the students' quotes. The results yielded student experience with ethical decision-making, and student experience with ethical decision-making models. Five content categories emerged; they include ethical problems involving health care professionals (69.1%), ethical problems involving quality of life and death (16.5%), ethical problems involving disagreement with patients' behaviors (2.1%), and ethical problems involving contagious diseases (5.2%). The basic nature of the ethical problem was the students' experience of conflict, resolution, and rationale. Using a model helped 94% of the students. As in the previous study, the ethical decision-making models introduced to the participants were: the action guide of Beauchamp and Childress; Caring and Justice ethical decision-making model; Frankena's mixed deontological theory of obligation; Thiroux's universal ethical principles; and, Value, be, do: guidelines for resolving ethical conflict. The ethical decision-making model most frequently used was the Value, be, do: guidelines for resolving ethical conflict. Thiroux's universal ethical principles, and Beauchamp and Childress, were the second most frequently used, followed by Caring and Justice ethical decision-making model, and Frankena's mixed deontological theory of obligation. This study has confirmed the

results of the previous study conducted on American students. It implies that students experience less distress if they recognize ethical conflict and resolve it effectively using a decision-making model. The authors identify that educators and clinicians must work together to decrease conflict between education and practice and not only review ethical models with students but introduce them to the characteristics of caring, appropriate boundaries, fairness or justice, integrity, respect, and trust.

ethics courses in nursing curricula.

LeVeille-Gaul (1987) explored the effects of an ethics course on the ethical choices and actions of baccalaureate nursing students. The research questions were: Is there a significant relationship between ethical choice and ethical action in baccalaureate nursing students who have completed a nursing ethics course and those who have not and, do baccalaureate nursing students who have completed a nursing ethics course differ in ethical choice and ethical action from those who have not? The American Nurses Association Code of Ethics and Kohlberg's Model of Moral development were used as organizing frameworks for the study. LeVeille-Gaul (1987) proposed to measure ethical choice, ethical action, moral choice, and moral action in nursing students. Norm-referenced measurements were employed in this study. This is evident through the primary purpose of obtaining scores for intention of comparison among members of the group, which is in conjunction with the guidelines of norm-referenced measurement. The investigator recruited 17 students enrolled in a 3 credit elective course in ethics and 20 students who were matched for placement in the curriculum but were not enrolled in the ethics course. A Demographic data sheet and Judgment About Nursing Decisions (JAND) Instrument were administered to the students enrolled in the course and to those

who were not. In this study, reliability for the JAND was tested using Cronbach's coefficient alpha, which showed a range from .66 to .73 across different samples (Ketefian, 1987). For this particular study, an internal consistency of .70 was identified. The investigator notes that the reliability and validity for the JAND is well established. The participants are asked to respond to each action within the instrument. The response consists of whether or not the student believed that this action is a nursing issue and whether or not it is an appropriate response by the nurse. The responses were reviewed as they compared to the ANA Code of Ethics. Pearson's product moment correlation coefficient was used to determine the relationship between ethical choice and ethical action. T tests for independent samples were performed to determine the difference between the two groups in ethical choice and ethical action. While there were no significant differences between groups on the scores obtained, the total scores of the interventional group were higher in the JAND than those for the control group resulting in a higher level of ethical choice among the interventional group. The results of this study support the inclusion of a course in ethics in nursing curricula. Continued research in this area is identified by the investigator as a high priority. Recommendations for future use of the JAND consisted of increasing the sample size, as well as adding diversity to the sample that would be consistent with the nursing profession (such as a quota sampling technique).

Nolan and Markert (2002) completed a longitudinal study to identify and compare the ethical values and thinking of nursing students at the beginning and end of the student careers. The aim of this study was to make recommendations on the teaching and curricular content of ethics. Recruitment of the subject sample yielded 15 nursing

students completing a 29 item questionnaire at the beginning of the curriculum in 1995 and a slightly modified questionnaire at the end of the curriculum in 1999. The original likert-type questionnaire contained forced choice questions on ethical thinking and ethics in health care. The culminating questionnaire was the same but included three items to elicit developments in the students' ethical thinking over the four years of their training. Inter-rater reliability and consensus were obtained in an analysis of all items. The study did not analyze the data. Instead, the researchers compared the student responses from 1995 to 1999. The intention was to look directly at the results for student's maturity regarding ethical decision-making. By the end of the study, it was determined that the students were more likely to consider it important to include ethics in their training than they had four years previously. The percentage of nursing students rating the ethics component of their training as "vitaly important" rose from 13.3% to 83.3%. Other areas of investigation included current ethical issues. In 1995, abortion was identified as the largest ethical issue with an 80% response rate, in 1999 resource allocation was deemed the priority ethical issue receiving 93.3% of the response. Major influences on ethical decision-making were clinical experience in 1995 and in 1999 clinical experience remained the largest influence on a nurse's ability to make ethical decisions. In response to political affiliations, the majority of students identified themselves as conservative (35.7%) or no affiliation (35.7%); in 1999, the majority of students identified themselves with no affiliation (50%). In relations to the importance attributed to the teaching of health care ethics, 80% of students felt that it was important in 1995 and in 1999, 83.3% of students felt that it became vitaly important. The authors report that the study results provide some insights into how the teaching of ethics should be managed and the

conditions under which students learn best. Additionally, they suggest that ethics courses are important because the majority of students have had little previous exposure, education of this nature will enable students to practice ethically when their patients views differ from their own. Finally, students want to understand this area of nursing, which may stem from fear of litigation.

longitudinal studies of student nurses' transition into practice.

Kelly (1992) explored the perceptions of senior nursing students, enrolled in an undergraduate nursing program, about professional values and nursing ethics. The research question asked was: How do American nursing undergraduates describe their perception of good nursing? A grounded theory approach was used on 23 informants. Data were collected through audio taped interviews and clinical logs. Findings from this study revealed that the informants identified respect and caring as the essential components to nursing ethics. They further described respect as that for patients and families, self, colleagues, and the profession. Caring was described as “the little things” such as: showing love and concern, providing psychological support, getting involved, being cheerful and friendly, and taking the time to do a good job. Based on the results of this study, Kelly (1992) decided to follow up on this group of students as new graduates.

Kelly (1998) developed a study to describe, explain, and interpret how new graduate nurses perceive their adaptation from the academic setting to the hospital setting and what they perceived as major influences on their ethical roles. Participants were recruited from Kelly's original study in 1992, 22 of the original 23 informants participated. A grounded theory approach was used to explore the new graduates' transition. These participants were observed and interviewed after having one year of

nursing experience. The research questions guiding the study were: How do new graduate nurses describe their adaptation to the real world of hospital nursing and, What do they describe as factors influencing their moral values and ethical role in hospital nursing? Data collected through open ended audio taped interviews were analyzed through the constant comparative classification of patterns and themes. All data, in both studies, were collected by the principal investigator. The findings identified a six stage process explaining how new graduates perceived their adaptation. The six stages are: vulnerability, getting through the day, coping with moral distress, alienation from self, coping with lost ideals, and integration of new professional self-concept. Major factors of influence were described as their own moral conviction and their standards on what a good nurse should do, as identified in the original study. Kelly reports that the findings of this study indicate that instructional strategies need to be considered by nurse educators to prepare the new graduate effectively for the social impacts upon entering into the profession.

ethical decision making in graduate level student nurses.

There has been little research to determine the decision-making ability of graduate level nursing students. Only two studies have been completed to address this issue. Felton and Parsons (1987) tested 111 graduate and 227 baccalaureate level nursing students to measure four areas of achievement. They wanted to determine if the level of formal education influenced their ability to make ethical/ moral decisions, ethical/ moral reasoning, attribution of responsibility, and resolution of ethical/ moral dilemmas. Cassidy and Oddi (1988) questioned if there was a difference between ethical decision-making and students at varying levels of education.

Students participating in this study were all female, and all had completed 18 semester hours of course work in an ethical decision-making course that is required in their respective programs. All schools providing this course were NLN accredited. The Kohlberg model of moral development theory and Heider's attribution of responsibility construct provided the theoretical framework. Felton and Parsons measured the students' achieved ability through the Defining Issues Test (DIT). The DIT is a highly structured objective test composed of six hypothetical stories, each dealing with a moral dilemma. The information was used to determine the subject's dilemma resolution (DR) score and the overall index of ethical/ moral reasoning (D score). The attribution of responsibility instrument was also used to measure the commission, foreseeability, intentionality, and justification levels of responsibility in the responses. Both instruments were tested through a pilot study and yielded a Cronbach's alpha reliability coefficient of .85. Data analyses were conducted to determine if a difference existed between the graduate and undergraduate samples in relation to the variables in the study. Independent two-tailed t-tests were computed to determine the influence of education on ethical/ moral reasoning, attribution of responsibility, and dilemma resolution scores. A comparison of the overall index of ethical/ moral reasoning (D score) showed that the graduate students had a higher mean D score (M=28.21) than the undergraduate (M=25.78). $P=.002$. The amount of attribution of responsibility assigned as well as the dilemma resolution scores did not differ between the two groups. The results of this study support the finding reported in the literature that students with more formal education morally reason at higher levels; however, formal education has no significant impact on the ability to assign responsibility or resolve professionally related dilemmas. Accordingly, nurse educators

have a continued obligation to facilitate student growth and exposure to nursing-focused resolution to ethical dilemmas. This study reported that undergraduate and graduate nursing programs must place more emphasis on identifying dilemmas, ethical/ moral reasoning, and the attribution of responsibility.

Cassidy and Oddi (1988) aimed to determine if there was a difference between ethical decision making and students at varying levels of education. They did so by proposing to measure student perception on the role of autonomy, patients' rights, role rejection, idealistic behavior, and realistic behavior. Additionally, they looked at student education levels of associate degree, generic baccalaureate, degree completion and master's study. The purpose of this study was to measure the perceptions of ethical decisions among associate degree, baccalaureate degree, degree completed (such as RN to BSN), and master's students. In using the JAND for these purposes, it was determined that Cassidy and Oddi (1988) employed norm referenced measurements. This is evident through the primary purpose of the research to obtain scores for intention of comparison among members of the group, which is in conjunction with the guidelines of norm-referenced measurement. In assessing the reliability and validity of the JAND, item total correlations were used to eliminate unreliable items and all modified items were computed for effect through using analysis of variance, Pearson product moment correlations, and Cronbach's alpha. Actual numerical values of these tests were unidentified. The authors recruited 130 randomly selected nursing students enrolled in associate degree, generic baccalaureate, degree completion, and master's study. Of the whole, 45 students were in a master's program, 33 degree completion, 29 generic baccalaureate, and 23 associate. The mean age was 31.46 years with a range of 21 to 55

years. Demographics had identified that 50 students had completed a course in ethics and 64 had completed a seminar in ethics. Data were collected through the completion of a demographic data sheet, the Judgments About Nursing Decisions (JAND), and the Nursing Autonomy and Patients' Rights Scale (NAPRS). All tools were altered from original form secondary to an initial computation that indicated that some of the items were unreliable with the study sample. Using SPSS, ANOVA, Pearson Product Moment correlations and Cronbach's alpha the revised instrument was determined as valid for the study sample. A demographic data sheet was used to obtain data to describe the sample. Data were collected on such variables as the type of program, age, education of ethics, and licensure as a registered nurse. The variable of perceptions of ethical dilemmas in nursing practice was measured by subscores on the JAND. The variables for attitudes toward autonomy and advocacy, patients' rights, and rejection of traditional role limitations were measured by the subscales on the NAPRS. Significant differences among the four subgroups were found on autonomy ($F=20.93$, $p=.000$), patients' rights ($F=3.14$, $p=.027$), and rejection of the traditional role limitations ($F=5.51$, $p=.001$). Post hoc test using the Scheffe procedure ($p=.05$) indicated that for autonomy the associate degree and generic baccalaureate students scored significantly higher than the degree-completion and master's students. No groups were significantly different at the $p=.05$ level on patients' rights. Associate degree students scored significantly higher than did the master's students on rejection of the traditional role limitation ($F=5.51$, $p=.001$). No significant differences among the subgroups were found on perception of idealistic ($F=.272$, $p=.84$) and realistic ($F=.367$, $p=.77$) moral behavior. Additionally, younger students scored significantly higher on autonomy, patients' rights, and rejection of

traditional role limitations. Registered nurses scored significantly higher than non-registered nurses on autonomy, non-registered nurses scored significantly higher on patients' rights, and rejection of traditional role limitations. Students who had taken a course in ethics scored significantly higher on autonomy, and rejection of traditional role limitations. From this study, the authors reported that more research needs to be conducted in order to determine what form of education is needed in order for the student nurse to feel confident in all areas of ethical decision-making. In recommendations for future use of the JAND, Cassidy and Oddi (1988) concluded that the modification to the instrument may have compromised the content validity and would not recommend that decision for future use. Additionally, the reliability of the JAND has been tested on subject samples of 17 –79. This particular study had 130 participants. The author recommends that future investigators adhere to this sample limit.

ethical decision making between the student nurse and the experienced nurse.

Kim, Park, and Han (2007) aimed to determine the differences in idealistic and realistic moral development scores between nursing students and nurses (hospital settings); to analyze the difference between idealistic and realistic moral decision scores; and, to identify the factors affecting the idealistic and realistic decision-making abilities of qualified nurses. This longitudinal study lasted three years, with the first part of the study beginning when the participants were seniors in nursing school and then culminating three years later as the participants were into their second year as experienced nurses. The purpose of this longitudinal study was to examine ethical decision-making in nurses over a three year period of time. Beginning with their senior year of nursing school to their time as a registered nurse with two years of experience. In

using the JAND for these purposes, it was determined that Kim et al., (2007) utilized criterion referenced measurements. The guidelines for criterion-referenced measurement are congruent with the tool because the purpose of the JAND was to assess individuals against themselves over a given period of time. In establishing reliability, the Cronbach's alpha of .70 was established for internal consistency. For column "A" Cronbach's alpha was .63 and .56 for column "B". The tool was used on 80 nursing students in Suwon, Korea. They were tested in 2001 during their senior year and again the same participants were tested three years later in 2004 after they had been working in the hospital as nurses. Initially, 100 participants were recruited; however, only 80 completed the study. Data were collected for this study using the JAND as a pre and post experience. A paired t-test was used to analyze the differences in idealistic and realistic scores. Independent t-tests and analysis of variance were used to determine factors affecting moral judgment. Results were that the qualified nurse scored significantly higher in idealistic and realistic moral judgment than the nursing student. Additionally, when comparing idealistic and realistic moral judgment, both the qualified nurse and nursing student had higher scores for idealistic moral judgment, indicating that both, before and after experience, the participants more readily adhered to appropriate ethical judgment in an ideal situation versus a realistic situation. The authors of this study report that an ethics centered education should be provided to student nurses to enhance the practice of ethical decision-making within the profession. Additionally, a suggestion for investigation of qualitative data were made to supplement the quantitative data. In recommendations for future use of the JAND, Kim et al (2007) expressed concern with the decrease in Cronbach's alpha, which indicates a decrease in generalizability (Polit & Beck, 2008).

Doane, Pauly, Brown, and McPherson (2004) sought to understand how nurses live and experience ethics. Specifically, they wished to explore the meaning of ethics for three groups of nurses: nurses providing direct care, nurses in advance practice positions in nursing, and nursing students. A total of 19 focus groups (each consisting of three to seven participants), were conducted, 12 of these groups were practicing nurses, four were student nurses in the third and fourth years of their baccalaureate nursing program, and three were advanced practice nurses. A list of questions was used to guide the focus group discussions. The questions were in keeping with an interpretive/ constructivist paradigm. The actual questions were not provided. Data analysis occurred concurrently with data collection. The first level analysis commenced with individual researchers reading through the transcripts to develop preliminary themes. The second level analysis was conducted in monthly team meetings, where each researcher shared individual analyses and the team engaged in in-depth discussion about these themes. A third analysis was undertaken to examine the apparent difference between the student nurse, the direct care nurse and the advanced practice nurse. The three groups of nurses varied in how they reconciled what they termed their professional selves. The different role expectations and the contexts within which each group shaped their ethical practice and the more educational opportunities and learning experiences seemed to support the nurses in their role of engaging themselves with confidence in their moral agents. Consequentially, the themes that have emerged are reconciling the personal and professional self, role expectation and context, and educational experience. It is evident in the accounts from all groups that nurses need opportunity to develop the knowledge and skills necessary to reflect on ethically troubling situations, to have time to engage in

conversation and thought, and to experience adequate support to sustain a sense of personally involved moral agency. It is essential that student nurses engage in more ethical discussion in order to be adequately prepared for this role.

moral distress.

Through the review of the literature, the concept of moral distress became apparent. Kelly (1998) studied 22 novice nurses with two years' experience. She explored their concerns in nursing now that they have had a few years of 'real world' experience. The results indicated that novice nurses are faced with moral distress. Their responses address various stages of moral response, including: vulnerability, getting through the day, coping with moral distress, alienation from self, and coping with lost ideals.

Felton and Parsons (1987) reported that students with more formal education morally reason at higher levels; however, formal education has no significant impact on the ability to assign responsibility or resolve professionally related dilemmas.

Consequentially, there should be a continued obligation to facilitate student growth and exposure to nursing focused resolution to dilemmas.

gaps in the literature.

Additional research needs to be conducted to determine what the student nurses' experience in ethical decision-making is, what resources are used by the students, and what is necessary for student nurses to feel confident in ethical decision-making (Cassidy & Oddi, 1988). Based on the review of the current literature, the investigators suggested that nurse educators should be concerned about the problems that students are experiencing with assimilating the requirements of a good ethics preparation for practice. The research showed that student nurses are struggling to maintain an adequate ethical

responsiveness in health care settings. Consequentially, the remedy may be the greater exploration of student nurses' perspectives of clinically-focused and critically-oriented methods with a strong basis in an ethically-oriented nursing theory (Kelly, 1998; Nolan & Markert, 2001; Cameron et al., 2001).

Current knowledge regarding the student nurses' ability to recognize ethical decisions are inadequate to elicit any type of practice protocol, procedure, or policy in the present healthcare and educational system. Further research and increased knowledge is needed to implement clinical policy and procedure in nursing education and policy and procedure in the healthcare setting (Han & Ahn, 2000). More research on nursing performance needs to be completed so that nursing can have a unified approach on which perspectives and experiences nurses base their ethical decisions (Woods, 2005).

More recently, the struggle student nurses are facing in practice, with ethical decision-making, has provoked further research questions. The current research has identified that student nurses are in need of theory and models to guide their practice (Cameron et al., 2001; Park et al., 2003). This is evident both through the findings of the current research as well as the development of models such as the ethical decision-making model of Symphonology. Further research is needed to explore the best way to help nurses and student nurses resolve ethical dilemmas and better understand the ethics of their practice.

Based on previous research, there are a few recommendations regarding the future of ethics and ethical decision-making. The first is to explore the student nurses' experiences with ethical decision-making. This inquiry was clearly recognized in a study completed by Frisch (1987). Frisch (1987) identified that the research to date may have prematurely studied nursing students' ethical decision-making abilities without

considering whether or not the student nurse is able to recognize an ethical dilemma. Therefore, Frisch (1987) suggested that there might be value in researching the student nurses' experience with ethical decision-making to determine if the participants can adequately determine the presence of an ethical dilemma. Additionally, recommendations were made to provide the student nurses with a nursing based ethical decision-making model. This recommendation was made clear in a study completed by Doane et al. (2004). Doane et al. (2004) enrolled 19 focus groups to explore ethical decision-making among nursing students. An evident theme that emerged from these discussions was the need to have an ethically based decision-making model to support the student nurse adequately when making an ethical decision. In addition to these studies, Cameron, et al. (2001), as well as Park, et al. (2003), have supported the notion that student nurses find ethical decision-making models to be helpful.

The research clearly identifies that ethics content should be implemented into nursing programs; however, there was insufficient evidence as to what content should be added into the course. Recall the studies of Cameron, et al. (2001), as well as Park, et al. (2003), where 85% and 94% of students respectively felt as though an ethical decision-making model was helpful, but the participants had five models to choose from. Further research will need to be conducted to explore specifically which model is most helpful and why. More investigation of the needs of the novice nurse or new graduate, as well as the experienced nurse, will need to be conducted in order to formulate any knowledge that will meet the needs of this population.

Current researchers have discovered that education regarding ethical decision-making is necessary in the student curriculum. Examples of this evidence includes a

study completed by Parsons, Barker, and Armstrong (2001) where they found that 72.8% of the educators surveyed believed that insufficient time was allocated for nursing ethics and ethical decision-making in their nursing curriculum.

Ethical decision-making is prevalent in the healthcare system and it is the responsibility of the nurse to be the patient's agent (Husted & Husted, 2001). Proper education must be completed to ensure that student nurses are entering into the profession and experienced nurses are continuing in the profession with the tools and knowledge necessary to be competent in ethical decision-making.

The review of the literature revealed two major gaps in relation to ethical decision-making within the nursing profession that will attempt to be addressed in this study. The first gap is the lack of consensus about the content of ethical decision-making to add to nursing curricula; and, lack of current knowledge about decision-making abilities of the graduate level nurse. This study will only begin to address these gaps. It will provide information on a decision-making theory to the participants and determine if performance improves, following the educational intervention. It should be stated that this will only test one theory and one cohort of individuals. This study will serve, only, as the first step in addressing these gaps.

There is a need to investigate specific models and theories to support the profession of nursing in making ethical decisions. There are many models for ethical decision-making; but in this researcher's opinion, they are not the best to use for nursing because they do not address the comprehensive and holistic concerns that are part of the current health care arena.

The current research indicates that educational content regarding ethical decision-making is lacking in graduate level nursing curricula (Felton & Parsons, 1987). The actual ethical decision-making abilities of graduate nursing students have not been established. Further research is needed to explore these issues and this study addresses the concerns related to: the nature of the content in curricula through teaching and testing a theory on ethical decision-making, as well as the ethical decision-making abilities of advanced level nursing students.

Opportunities for further research on these previously mentioned results have never been studied. In response to these recommendations, it is hypothesized that providing an educational program on the theory of Symphonology will enhance student nurses' performance in making ethical decisions. The results of this study may assist in curricular development that addressed concerns related to ethical decision-making in graduate level nursing students.

Despite this study's attempt to address gaps in the literature, there are still areas that are not addressed. One testing of a theory is insufficient, more testing is needed. Further investigation is needed to determine if students should receive this education in the beginning, middle, or end of the program. Additionally, some studies expressed concern over the student nurse's willingness to follow physician or bureaucratic rules and regulations; but offered no suggestions on how a student nurse could be an agent of her patient without violating policy and procedure. This process would require interdisciplinary collaboration. Finally, none of the research studies in this review identifies the student nurse's ideal focus for making ethical decisions. This may have caused some student confusion and added to the less than adequate scores on their

respective research tools. More research needs to be completed so that nursing can have a unified approach on which perspective nurses base their ethical decisions. As previously stated, this study only begun to address some of the current concerns as identified in the literature.

Post data collection, a review of the literature was conducted to ascertain new information regarding students and ethical decision making. As with the development of this study, both baccalaureate and master's students were included to broaden the explored review of literature. Time of publications was not narrowed; however, there were no identified studies on this topic post 2010.

The inclusion of these studies did not discriminate based on design, instrument, analysis method, variables, findings, or implications for nursing practice. The search criteria, in order to identify all research conducted in this area of interest, included the key terms: nursing student, student nurse, ethics, ethical decision making, decision making in nurses/students nurses, teaching bioethics to nurses and/or effect of ethics courses, use of models, moral distress, and focus groups as a methodology.

This search yielded one study that has yet to be included. It was published in 2010 by Lin, Wang, Yarbrough, Alfred, and Martin. This study analyzed the changes in professional values of a student from the beginning of their student nurse career to the end. Using the Nurses Professional Values Scale, it was determined that the participant's professional values did change in a positive direction during the course of their education (Lin, Wang, Yarbrough, Alfred, and Martin, 2010).

Additionally, it should be noted that an updated chapter on the theory of Symphonology is currently in press for the *Nursing theorist and their works* text.

Summary

The literature was able to identify the struggles that student nurses are currently having with ethical decision-making. This review has identified the need for ethical decision-making courses to be implemented in nursing curricula (Swider et al., 1985; deCasterle et al., 1997; Ha ping Yung, 1997; Han & Ahn, 2000). The findings suggest that students receive great benefits from these courses. It is the responsibility of the nurse to be the patient agent. Proper education must be completed to ensure that student nurses, experienced nurses and advanced-practice nurses are entering into the profession with the tools and knowledge necessary to be successful in this very challenging area of nursing.

Chapter III: Methodology

This chapter addresses the design, setting, sample, instrument, data collection, ethical considerations, and data analysis for the study. The dual purpose of this study was to determine if the introduction of the theory of Symphonology would assist advanced level nursing students in making ethical decisions as measured by the JAND tool, as well as to gain insight into the differences experienced by graduate nursing students in learning and applying Symphonology and other ethical theories. It was hypothesized that providing an educational program of the theory of Symphonology would increase student nurses' judgment in making ethical decisions.

“The impact of ethics and ethical decision-making on professional practice is being increasingly recognized. This raised ethical awareness, seemingly unceasing technological and social developments mean that the range and complexity of ethical issues that nurses should respond to will increase. This development will ultimately emphasize the need for enhanced ethical sensitivity and reasoning skills by the nurse” (Chaloner, 2007, pp. 40-41). This study helped to address the ethical reasoning skills of advanced level nursing students before and after receiving instruction in the theory of Symphonology, which is a practice based ethical decision-making model.

Design

The research design for this study was both a quantitative approach, in the form of a quasi-experimental one group pretest-posttest design, and a qualitative approach, in the form of an online focus group, to address the study's research questions. The quantitative aspect of the study addressed the research question of: What is the effect of a

Symphonology-based educational intervention on the ethical decision-making judgment of advanced level nursing students? This question was measured through the Judgments About Nursing Decisions (JAND) tool (Appendix B). The qualitative aspect of the study addressed the questions: What do the advanced level nursing students express about the guidance given by the application of Symphonology in dealing with ethics and ethical decision-making in day to day practice? and, What do the advanced level nursing students express about the guidance given by the application of other theories in dealing with ethics and ethical decision-making in day to day practice? A focus group survey is used to address the qualitative portion of the study (Appendix E).

According to Polit and Beck (2008), the major strength of a quasi-experimental study is that it is a practical approach to conducting research that one may not have the opportunity to find in the real world. Placing a student nurse in an ethical dilemma prior to providing instruction on ethical decision-making is inherently unethical. Staging the actual participation in an ethical dilemma within the clinical setting is inappropriate, and would eliminate the opportunity of conducting a true experiment. While nurses experience ethical dilemmas routinely in practice, it may not be until after the event has occurred that the participants have truly realized the impact of their decision.

Additionally, in a true experiment, there may not be an opportunity for the participant to fully concentrate in absorbing the content of the intervention (Polit & Beck, 2008).

The JAND was implemented as the pretest-posttest tool for the collection of the quantitative data. Polit and Beck (2008) indicate that a one group before-after, or pretest-posttest, design may be productive, “if the intervention involved a teaching intervention, with baseline knowledge data obtained immediately before the intervention and posttest

knowledge data collected immediately after it” (p. 267). They continue to identify that if this was, in fact, the desire of the researcher, then a one group pretest-posttest design is “the most plausible, and, perhaps, only explanation for knowledge gains” (Polit & Beck, 2008, p. 267). Since this is the aim of this research, this design seemed to be most appropriate.

The focus group session took the form of a semi-structured interview that sought to illicit rich data through the benefit of group dynamics. This is data that may not have been addressed through the tools and, therefore, would have been lost during the quantitative portion of the study. Data gathered from the focus group proved to be an advantage to the researcher and study by obtaining multiple viewpoints from the participants in an efficient time frame. It also serves as a means for answering research questions three and four. In order to obtain the purest and most abundant data possible, the session took place online, so as not to deviate from the format familiar to the participants. Groups will contain 2 to 5 participants. This was slightly smaller than suggested in order for there to be enough individuals to engage in discussion, but was the only feasible number given the participant rate (Polit & Beck, 2008).

Focus groups were first introduced in 1956 by Robert Merton. Merton developed this form of research to apply to a situation in which the participants were asked specific questions about a topic after a substantial amount of research was already complete. It is a form of qualitative research in which a group of people is asked about opinions towards a concept. Questions are asked in an interactive group setting where participants are free to talk with other group members in a permissive, non-threatening environment. Group discussion produces data and insights that would be less accessible without interaction

found in a group setting—listening to others’ verbalized experiences stimulates memories, ideas, and experiences in participants. Focus groups also provide an opportunity for disclosure among others in a setting where participants are validated. Focus groups are most often used to stimulate new ideas and creative concepts. Additionally, focus groups’ participants talk about the phenomenon of interest which may supplement the data of quantitative research tools (Merton, Fiske, & Kendall, 1990).

Setting

Duquesne University is a private university located in Pittsburgh, PA. It was founded in 1878 as a Catholic College by the Order of the Holy Spirit. As of the fall of 2007, there were 3,780 graduate level students enrolled in the 66 graduate programs being offered (About Duquesne University, n.d). As of fall 2009, there are 10 distance education graduate degrees offered at Duquesne University, with four of these degrees being in the School of Nursing. These programs offered by the University include: RN – BSN/ MSN; Master of Science in Nursing; PhD of Nursing; Post Master’s Certificates; DNP; Master of Music in Music Education; Bachelor in Human Leadership; Master of Art; and multiple programs which offer a Master in Science. Since all eligible participants of this study were enrolled in a distance program, the method for data collection was through an online format. This setting was expected to provide a sufficient number of subjects for the study, as well as maintain the study sample throughout the data collection process.

Sample

The sample was comprised of advanced level nursing students, primarily at the master’s level. The inclusion criterion includes: being a nurse, pursuing an advanced

degree within nursing, having access to a computer and phone (or computer microphone), and electing to take the bioethics course in the summer or fall of 2010 and 2011. This criterion may include nursing students elsewhere who are pursuing an advanced degree and elect to take this course. Gender, race, ethnicity, and religion were not a consideration for inclusion in this study as the sample is one of convenience.

The principal investigator, along with a consulted statistician, identified that the sample number of 15 participants would be sufficient for the study. This number was calculated through power analysis. The sample number was calculated by using an effect size of 0.5 and 0.8 and within subject correlation (Appendix G).

Sample Recruitment

It was expected that the average participant would spend approximately three hours total involved in the study. The sample would be comprised of advanced level nursing students taking a course in bioethics at Duquesne University, School of Nursing. For the MSN students it is a required course; for the PhD students, it is an elective. Because the students are seeking an advanced degree, it was assumed that there would be a certain level of motivation and dedication to the development of nursing knowledge from this sample. Despite these assumptions, recruitment efforts were made to seek the largest sample possible within the parameters of the study and the population taking the course. Several months prior to the semester that the bioethics course is taught (summer and fall) the researcher asked the graduate advisor to send e-mails to the students whose program plans indicate that they would be taking the course, as well as all advanced level nursing students in the program in the event that they decide to take the course as an elective or out of sequence. The principal investigator was responsible for developing this

announcement to be sent out in e-mail and to be placed on the nursing blackboard (BB) site, with the approval of the faculty advisor and asking the appropriate person to post it on the general nursing BB site. In addition to the course requirements, participants who consent to participate in the study received a \$10 gift certificate to Amazon for summer and fall of 2010 and summer of 2011, and a \$45 gift card to Amazon in the fall of 2011. The discrepancy in the compensatory amount is a result of minimal participation in the first year of data collection. Initially, the participants were recruited with a \$10 gift card. Participation was low, consequentially, the IRB was asked to review the possibility of providing increased compensation, in the amount of \$45. This request was approved; therefore, participants in the second year of data collection received \$45 compensation for their participation. The participants were asked to do three tasks: complete the JAND and demographic data sheet, retake the JAND, and be involved in a focus group discussion.

The e-mails and postings on BB directed the graduate students, who were interested, to review an introductory video that was found as an attachment in each respective document. This video was prepared by the principal investigator and welcomed the participants to the study, explained their rights as participants, and provided an overview of the study. The overview included: the purpose of the study; the design and the tool that the participant was expected to complete twice; a description of the focus group participation that was conducted at the end of the study; various aspects of the consent form, such as the request of the participants to not discuss anything related to the study; and, the time commitment involved, not including class time. The rationale for the video is to provide the potential participant with a humanistic approach to the

conduction of a primarily online study, as well as provide them with another form of dissemination of the content. Appendix H provides a more detailed outline of the video content.

Instrument

The main instrument for this study was The Judgments About Nursing Decisions Tool (Appendix C). In addition, participants were required to complete a demographic questionnaire (Appendix D). Data were also collected through an online focus group (Appendix E).

JAND.

The JAND is a self-administered, quantitative tool. It has been used to compare nurses of various demographic standing, education levels, years of experience, and areas of experience. This tool replicates a nurse facing an ethical conflict. Dr. Ketefian first introduced this tool in the early 1980s. The theoretical framework of the JAND was based on Kohlberg's Model of Moral Development and Gilligan's Theory of Moral Development for Women (Ketefian, 1982). The stories and scenarios were given to Ketefian by practicing nurses, and were based on actual clinical experiences from the practicing nurses, modified to fit into vignette form. Since then it has been used numerous times and with different audiences.

There are a total of 48 actions across the six stories and two scenarios. This tool has been modified in other studies to add or withdraw nursing actions. The JAND was last revised in 2007. Appendix C reflects the 2007 instrument (S. Ketefian, personal communication, June 11, 2008). This is an objective measurement with six stories and two scenarios depicting nurses in ethical dilemmas. Each story and scenario has a list of

nursing actions. The respondent is asked to identify a response on a five point Likert scale ranging from “strongly agree” to “strongly disagree” in each of the columns. For recommended actions the scores are expected to be “agree” or “strongly agree”, resulting in a numeric value of five, for not recommended actions, the score would be “disagree” or “strongly disagree”, again resulting in a numeric value of one. Participants, who disagree with the recommended actions or agree with the not recommended actions, will receive a lower score, resulting in a numeric value of one. Appendix I provides a copy of the investigator version of the tool in which the recommended and not recommended actions are identified.

After reading the description of the situation, the participants are faced with nursing actions. For each action the participant must respond to the nursing actions in Column A and Column B. Column A relates to what is the ideal ethical judgment, when there are no restrictions from within an organization. Column A demonstrates ideal choices that a nurse could have access to if restricting or constraining factors such as organizational norms, administration or physician retribution, and coworker opposition did not exist. Column B displays the realistic behaviors that nurses actually have or are expected to have in accordance with the rules and regulations of the institution. The instrument measures two components of moral behavior: knowledge valuation of ideal moral behavior and perception of realistic moral behavior.

While the difference between the vignettes and scenarios is never identified by Dr. Ketefian, it is evident that the stories have to do with clinical dilemmas. The non-clinical scenarios have to do with a nurse making a decision about personal involvement in the profession in some way.

A panel of professionally recognized nursing experts in ethics has determined the correct answer to each response. Additionally, the experts rate each action according to the ANA *Code of Ethics*. The scores in each column are summated. This summation reflects the participant's score on the ideal and actual ethical decision (Ketefian, 1982). In response to a concern related to the content validity of the JAND, an expert panel was formed. This concern related to measuring the effectiveness of Symphonology in regard to the two scenarios. The author of the theory thought that the scenarios did not represent bioethical dilemmas and, therefore, did not lend themselves well to resolutions through the theory of Symphonology. The committee members, who have written using the theory and taught it, also held the opinion that the scenarios do not indicate bioethical dilemmas but are personal choices. Therefore, a request was sent to an expert panel of 10 members to review the JAND tool (Appendix J). The request was for each of the experts to read the six stories and two scenarios and make a judgment as to whether they saw each story and each scenario as having an ethical dilemma requiring ethical analysis that lends itself to being resolved by the theory of Symphonology and thus, test the theory. It was explained to the panel that for Symphonology, the purpose of ethics is to come to a judgment about what one ought to do – what is right or wrong - in a given context, based on an agreement. And based on the perceptions about these, there could be deletion of any story or scenario that is evaluated as not involving a true ethical dilemma appropriate to being resolved using the theory of Symphonology. With this understanding, the expert panel was asked to review the tool and place their judgment about each story and each scenario on the response form provided to them. Of the 10 members, nine responses were received. The responses are as follows:

- Story one: all respondents indicated the story as appropriate to measuring the effectiveness of Symphonology
- Story two: 89% of respondents indicated the story as appropriate to measuring the effectiveness of Symphonology
- Story three: 78% of respondents indicated the story as appropriate to measuring the effectiveness of Symphonology
- Story four: 89% of respondents indicated the story as appropriate to measuring the effectiveness of Symphonology
- Story five: 89% of respondents indicated the story as appropriate to measuring the effectiveness of Symphonology
- Story six: all respondents indicated the story as appropriate to measuring the effectiveness of Symphonology
- Scenario one: 56% of respondents indicated the story as appropriate to measuring the effectiveness of Symphonology
- Scenario two: 56% of respondents indicated the story as appropriate to measuring the effectiveness of Symphonology

The responses from the experts indicate that while the stories are acceptable, there is some concern surrounding the scenarios. Because there was not a majority opinion, the scenarios cannot be eliminated. However, being that 44% of the expert panel thought that the scenarios were not acceptable; the researcher sought the opinion of the dissertation committee. The committee members, as well as the chair being the author of the theory, suggested that the scenarios be included but that the analysis of the data is done with and without the scenarios to show if there are differences. Reliability studies were done for

the tool with the scenarios included and for the tool without them. This assisted the researcher in answering the question of participant judgment. Additionally, it assisted in alleviating any concerns over tool content versus participant application of the theory.

instrument score interpretation.

The JAND tool measures the judgment of nurses when faced with ethical dilemmas. Each action has two required responses. Response number one (Column A) postulates what the nurse should do ideally in order to complete this action. The participant responds in a Likert scale form of one to five. Response number two (Column B) postulates what the nurse will realistically do to complete this action. For purposes of this study, only Column A was analyzed. This was to ensure that the participant would respond with regard to their ethical understanding as opposed to what variables the workplace may contain. Again the participant responded in Likert scale form. Of the 48 total actions, 28 are recommended, 10 are ambiguous, and 10 are not recommended. For recommended actions, if the participants respond as agree or strongly agree, they received a five; if neutral, they received a three; and, if they respond as disagree or strongly disagree, they received a one. For ambiguous items, the participants received a five if they respond neutral, for responses that agree or disagree they received a three. For not recommended actions, if the participants respond as disagree or strongly disagree, they received a five; if neutral; they received a three; and, if they respond as agree or strongly agree, they received a one. Thus, the total possible ethical score for the tool is the sum of the actions that are recommended (28 actions x 5 = 140); plus the sum of the actions not recommended (10 actions x 5 = 50); plus the sum of the actions that are ambiguous (10 actions x 5 = 50). The highest score one can obtain, per column, is 240.

The lowest is 48. Therefore, each participant produced a numeric value between 48 and 240. A total high score indicates that the respondent's ethical decision-making judgment is at a level consistent with the standards set forth by the ANA Code of Ethics. A total low score indicates poor decision-making judgment that is inconsistent with the standards set forth by the ANA Code of Ethics.

The previous explanation provided analysis of the data with the inclusion of the scenarios. Because the data were analyzed with and without the scenarios, it was necessary to review the result of the tool without the scenarios. Therefore, without the scenarios, the total possible ethical score for the tool is the sum of the actions that are recommended (23 actions x 5 = 115); plus the sum of the actions not recommended (6 actions x 5 = 30); plus the sum of the actions that are ambiguous (8 actions x 5 = 40). The highest score one can obtain, per column, is 185. The lowest is 37. Therefore, each participant produced a numeric value between 37 and 185.

validity.

The JAND has demonstrated content validity by including a sampling of ethical conflicts that are representative of all areas of nursing. All scenarios in the instrument were assessed and evaluated by experts in the *Code of Ethics*. The JAND has demonstrated evidence-based validity through correlations to the Defining Issues Test (DIT), which has been the designated tool in measuring moral behavior. This correlation was completed in a study where 79 nurses were tested with the JAND and DIT. It was found that Column A scores of the JAND (what do the nurses think should be done ideally) and Column B scores (what the nurses believe will be done realistically) were correlated with the DIT. Column A and the DIT were $r = .28$; $p < .01$ and column B and

the DIT were $r = .19$ and $p < .05$. Pearson's product correlation, denoted through the r symbol, measures the correlation and linear relationship between two variables. This measure ranges from -1 to $+1$ (Polit & Beck, 2008). The r value of $.28$ and $.19$ indicates a positive correlation. The p values were $.01$ and $.05$, indicating that there is a 1% and 5% chance, respectively, that the results identified were inaccurate. (Hulley, Cummings, Browner, Grady, Hearst, & Newman, 2001). Evidence-based validity has also been established through the comparison of JAND outcomes among subjects of various educational groups. Construct validity was established by using the known group's technique (Ketefian, 1982).

reliability.

The reliability of Column A and Column B as separate scales were determined by using Cronbach's coefficient alpha to estimate internal consistency. Cronbach's alpha measures how well each section of the tool measures a concept or variable, in this case the concept of ethical decision-making. Cronbach's alpha can range from negative infinity to 1, although only positive numbers make sense. A number indicating close to 1 suggests positive internal consistency (Polit & Beck, 2008). Initially, Column A was greater than that of Column B and both columns were low for Cronbach's alpha. Modifications and refinements were made to Columns A and B to increase the reliability to approximately $.71$ to $.78$ respectively. A value of $.70$ is generally accepted as reliable. This demonstrates a strong relationship between the tool and concept. In addition, the scores for the two columns were compared using a t-test for non-independent samples, resulting in a t value of 4.403 , $df = 29$, $p = .000$ (Ketefian, 2008). Reliability will be

calculated in this study for the tool as a whole and then the tool as changed, with the scenarios removed.

practicality.

There are times nurses may believe and think that they should, from a professional point of view, act in a certain manner. However, because of various rules and other limiting factors that exist in an organization, they may not always be able to act according to their beliefs and thoughts. This tool seeks to distinguish between the two perspectives. It does so in a clear and consistent manner. The scenarios are practical and realistic, the nursing actions are understandable. A concern regarding this tool is that it is unknown to what extent the respondents intent, as it is expressed in the tool, reflects how the respondent would actually behave in a given situation (Norris, 2001).

Demographic Questionnaire

The demographic questionnaire was intended to gather data such as: age, gender, race; type of program attending; and, year in the program in order to describe the sample. Additionally, this form sought to gain knowledge related to: previous clinical experience; previous clinical experience with ethical decision-making; previous participation in ethics courses; and, previous experience with ethical decision-making models.

Intervention

If the individual meets the inclusion criteria and wishes to continue participation in the study, he/she was to e-mail the principal investigator to express his or her interest. All recruitment e-mails, the video and BB postings displayed the e-mail address of the principal investigator. As the principal investigator received requests to participate in the study, she e-mailed each participant. The e-mail contained a set of instructions (Appendix

F) that guided the participant through the study, and provided a consent form. Once the consent form was received, the principle investigator contacted Computing Technology Services (CTS) to enroll the participant in the study. At that point, CTS contacted the participant with a code number that the participant used through the remainder of the study. The participant was then asked to write down the code, as it was necessary on all further interventions. The consent forms were kept in a locked file and remain separate from the data. Apart from the consent form, no other forms contained the name of the participant. The principal investigator knew of each individual who participated in the study but was not able to correlate the consents received with the data collected. In addition, the researcher, once consent was sent, deleted any e-mails from her computer, making sure that there is nothing in the address book to identify the person by shutting off the method of having the address placed directly into the address book. The code was only be used to ensure that the participant completes all four forms of data for the study. For example, the principal investigator may have sent out five e-mails for individuals who have expressed interest. These individuals may receive the code 001, 002, 003 etc. Perhaps only subject 002 decided to participate. The investigator did not track which consent form 002 signed, the investigator only ensured that there is a demographic data sheet, two JAND tools, and online focus participation for 002.

In relation to the obtainment of consent, the participant opened the attachment and was able to either: sign the consent form electronically and e-mail it back to the principal investigator; or print the consent form, sign it, and, either fax it or scan it, and e-mail it back. All information received by the principal investigator was placed in a locked filing cabinet for participant protection. Once the consent form was received the participant

received an e-mail from the principal investigator with information on how to contact CTS. This was the final e-mail communication to the participants from the principal investigator.

BB was chosen because of the familiar nature of the site to the participants as it is the method of class delivery. In addition, there is the ability to protect confidentiality and maintain anonymity. For these reasons, the participants were provided a generic account which was built by the principal investigator along with members of CTS. It will only contain content that is pertinent to the study and again was accessed through a generic name and password. For example, participant 002 will appear on the BB site as “code, 002.”

At this point, the participant was required to complete the demographic data sheet as well as take the JAND for the first time. The process, up to the completion of the first JAND, must be accomplished, at the latest within two days prior to the beginning of the course. No one was permitted to participate in the study once the course had started. Following this, the participants began their course in Bioethical decision-making with Dr. Gladys Husted, the co-author and designer of the theory. The course focused strictly on the theory of Symphonology through an eight week period. Following the presentation of the theory in its entirety, the participants were asked to complete the JAND for a second time through BB. This survey was entitled JAND II so as not to confuse the pre and post surveys. Once the participants completed the JAND for the second time, they continued with their lessons in ethical decision-making and became familiar with other theories of ethical decision-making. At the end of the course, the participants were asked to participate in a one hour online focus group with approximately two to five students per

group. In order to maintain confidentiality of the participants during the focus group discussion, the participants were able to use the same code provided to them for access to the demographic data sheet and JAND. This code was the only identifier of the group session. Again, the only reason for each participant to have a code during the focus group discussion is so that the investigator can establish congruency between the JANDs completed and participation in the focus group.

Discussion took place using focus questions, these focus questions can be found in Appendix E. The participant was expected to log into BB and enter the Wimba classroom that was set up by the principal investigator. Each participant was expected to have a speaking device or access to a phone (a simple microphone is all that is needed or it can be done via the telephone) for this focus group. Once all participants are present, as evidenced by the representation of their respective codes, the principal investigator began archiving the session. Once the discussion was complete archiving was stopped and recorded. The decision to participate in voice discussion was based on the richness of data content that were to be received. In relation to confidentiality, voice recognition is of little concern as these participants are from a distance learning environment where voice discussion is rarely, if ever, practiced.

Data Collection

Data collection took place both before and after the educational intervention. After the participants received an explanation of the study through the introductory video, and submitted a signed consent form they completed the demographic data form and the JAND for the first time. Again, this was done on BB and completed at least 2 days prior to the beginning of the course. Next, the participants engaged in the graduate level course

on Bioethical Decision-making which focused on the theory of Symphonology. After the first part of the course, dealing only with Symphonology, was completed, the participants were asked to complete the JAND again. The participants had four days to complete the JAND on BB from the time the content in Symphonology was completed. Following this, the course continued with a discussion of other ethical theories. At the end of the course, the participants were required to participate in a one hour focus group in the format of an online discussion. This was accomplished through the participants' using the code provided to them in the initial packet as the user name and a password that was provided to them once the consent form was received. This code user name sent the participant into the BB site where the focus group discussion chat section was accessed. A reminder posting on BB was available that stated the times of the focus group sessions. During the focus group sessions, a one hour live chat took place among one to five of the participants, along with the principal investigator. The participants were asked to sign up for the time that is best for them using their code. In this way, there will not be any session with too many participants. See Appendix E for focus group guide in the study.

The identity of the participants was protected by each participant's having his/her identity established through a numeric code. The feasibility of this data collection was discussed with experts at CTS through ticket number 133338. The use of BB was determined as an appropriate and realistic means of obtaining data while maintaining patient anonymity.

By comparing the judgments before and after intervention, this tool provided insight into the influences the theory of Symphonology has on assisting nurses with ethical decision-making as measured by the JAND. Additionally, the focus group served

as a means of closure to the study as well as an opportunity to allow the participants to explore their feelings related to the influence of ethical theory on practice.

Ethical Considerations

To protect the rights and welfare of the participants, they were given a written explanation of the research study. IRB approval was sought and obtained through Duquesne University. Students were assured that participation in this study would have no impact whatsoever in their classroom judgment evaluation, and that confidentiality would be maintained at all times. The researcher had access to the names of the participants through the consent forms, but had no ability to correlate the names to the codes of the JAND (both copies), demographic data sheet, and focus group user name. Furthermore, there was a clause on the consent form that indicates that the researcher would not discuss the identities of the participants with Dr. Husted, the instructor of the course. Finally, Dr. Husted signed a form saying that she would not reveal the names or any information about the students in the class. In addition, she would reveal nothing about the principal investigator (Appendix K).

The researcher worked with participants but never had contact with them during the course as an educator. This avoided bias from the participants, and also avoided any unexpected stress on the participants, as well as avoided bias of the researcher. Consent was provided to the participant, the participant had the opportunity to review, ask questions, and sign the consent form (Appendix B). The informed consent included: title of study, purpose, explanation of the research, risks, benefits, and information about freedom to withdraw at any point in time during the study. The consent forms and tools were maintained separately. Once the participant submitted the consent form, the names

on the consent form were never looked at again, and all data were collected through the participant's identified code. All outcomes of the study were correlated to the participant's code with no connection to the participant's name.

During the data collection process of the focus group, data was secured and protected through a password secure online program. The participants were informed that the researcher may use the findings of the study in oral or written reports, but that names would never be attached to the data.

Protection of Human Subjects

The information provided to potential human subjects included a description of the study, potential risks and benefits to participation in the study, alternatives to participation in the study, and the right to refuse or withdraw from the study. As previously explained, the focus group was conducted in such a manner that provided confidentiality. Additionally, all data obtained during collection was kept in either a locked file cabinet or a password protected software program and will be destroyed upon completion of the study or until it has been identified that the data can be destroyed.

Data Analysis

quantitative analysis.

The first research question focused on the effect of a Symphonology-based educational intervention on the ethical decision-making judgment of advanced level nursing students. The second question focused on the effect of a Symphonology-based educational intervention on the ethical decision-making judgment of advanced level nursing students, as measured by the JAND with and without the scenarios. These questions were analyzed through the data obtained from the JAND, both pre and post

data. In relation to scoring for purposes of the research study, the recommended and not recommended actions according to the participant were compared to recommended and not recommended actions of the author of the tool, who based the “right answers” of the tool on the Nursing *Code of Ethics*. The quantitative data was coded and analyzed using the Statistical Package for the Social Sciences (SPSS), Microsoft Excel, and SAS business and analytical software programs. After the data has been entered, descriptive statistics will be given for the demographics to describe the participants’ make up.

According to Browner, Newman, Cummings, and Hulley (2001), because this study measured the participants’ judgments on the JAND a paired *t* test would be most appropriate and was used to compare each student against his/her own judgment both before and after the intervention, as well as the group as a whole. This analysis answered the first two research question of the effect of a Symphonology-based educational intervention on the ethical decision-making judgment of advanced level nursing students.

qualitative analysis.

The transcript of the online discussion board was analyzed by a simple content analysis of the conversation. The content analysis identified important topics that emerged during discussion. These topics then became categories. According to Morse and Field (1995), it is assumed that the categories would be broad in nature, so it is assumed that the researcher would identify between 10 to 15 categories. Throughout the analysis process, these categories may be combined. Manipulation of the categories continued until saturation was achieved. Morse and Field (1995) indicate that upon completion of the content analysis the researcher would potentially identify a main category with two or more subcategories. Then the researcher would develop a

description of each category and review the impact of the identified categories to the second and third research questions. These relationships may be a consensus of, causes of, effects of, or inverse to the initial category (Morse & Field, 1995).

This method of content analysis was used to determine the presence of certain words or concepts within the group discussion. The researcher proposed to quantify and analyze the presence, meanings and relationships of the words and concepts within the discussion, using NUDIST software, then make inferences about the messages within the texts (Polit & Beck, 2008). According to Berelson (1952), the purpose of a simple content analysis is to describe attitudinal and behavioral responses to communications.

This was the intent of the post intervention focus group. The intent was to determine the participant's responses to ethical decision-making as it relates to the theory of Symphonology versus other forms of ethical decision-making models. Through the content analysis, the researcher was able to extract significant topics or categories that emerge from the participant discussion to answer questions two and three.

If the principal investigator found that the discussion is such that themes are emerging, then a higher level analysis (a thematic analysis) would be done. The thematic analysis is an analysis of explanations. Patterns were reviewed and themes were identified by "bringing together components or fragments of ideas or experiences, which often are meaningless when viewed alone" (Leininger, 1985, p. 60). A thematic analysis involves a more in depth search into the identification of common themes that occur throughout the interview. They are not so apparent but attempt to answer the question, "What are these folks trying to tell me?" (Morse & Field, 2008, p. 139). These themes are indicated by the data as opposed to the content analysis which can be found directly

within the data. In order to code for thematic analysis, the researcher read and re-read the interviews. Once the data were reflected upon, the researcher would extrapolate significant concepts that link portions of the interview together (Morse & Field, 2008).

Chapter IV: Results

Introduction

The results of data analysis are presented in this chapter. The chapter begins with a general overview of the methodology used for data collection as well as an overview of the ethical actions measured in this study; a description of the demographic data of the sample; and an analysis of the results as they relate to each of the four research questions. The findings of this triangulated study illustrate the effect of a Symphonology-based educational intervention on the ethical decision-making performance of advanced level nursing students. The results of this study were obtained and interpreted in accordance with the studies organizing framework. In using Husted and Husted's theory of Symphonology, the participants provided feedback to 48 ethical actions that were devised from an ethically rooted story/ scenario.

Over the course of two calendar years, 70 potential participants were provided the opportunity to participate in this study. A convenience sample of 16 advanced level nursing students was recruited from Dr. Husted's course in Bioethical Decision Making. Using a margin of error set at 0.05, significance for this sample was obtained by using an effect size of 0.5 and 0.8 within subject correlation (Appendix G).

Intervention format and length; Ethical Actions Overview

Data collection took place between May of 2010 through December 2011. Potential participants were recruited approximately one academic semester prior to their program plan indicating that they would be enrolling in the course. Once recruited, the participants were to complete the demographic survey and pre-test until the first day of class. Approximately eight weeks into the course, the participants were asked to take the

post-test, they had approximately four days to complete the task before the class. Approximately four weeks after the post-test, the participant engaged in a focus group interview.

Participants were required to apply their knowledge regarding ethical decision making to the ethical actions presented in each of the stories/ scenarios. In the pre-test, participants had to rely on knowledge gained from previous ethics courses, previous life and professional experiences, and intuitive knowledge to guide their responses. In the post-test, participants were able to apply knowledge gained in their Bioethical Decision Making course to select the most appropriate action in accordance to the *ANA Code of Ethics*.

Demographic data of the sample

As outlined in table 4.1, 17 participants enrolled in this study. Of the 17, 16 completed the requirements of the study and one withdrew after completing the demographic questionnaire and pre-test. Therefore, for consistency, only 16 will be discussed as the final review of participants. Variables measured in the demographics included: age, gender, race, degree sought, years in the program, years in nursing, US citizen, previous experience with an ethical review board, and previous experience with an ethics course.

Table 4.1

Demographic Makeup of the Participants		
N = 17		
Age		
20 – 34 years	12	
35 – 45 years	3	
46 – 59 years	2	
Gender		
Male	1	
Female	16	
Race		
White	14	
Black	2	
Latino	1	
Degree Sought		
MSN	15	
PhD	2	
Years in the Program		
1 Year	15	
2 Years	1	
3 Years	1	
Years in Nursing		
1 – 5 years	9	
6 – 10 years	3	
11 – 15 years	1	
16 – 20 years	2	
21 – 25 years	1	
26 – 35 years	1	
U.S. Citizen		
Yes	17	
Previous Participation in an Ethics Committee		
No	17	
Participation in a Free Standing Ethics Course		
Yes	7	If yes, where: Nursing School – 6 Hospital Course - 1
No	10	

Results

Pre and Post Ethical Actions

Research question one and two

Research questions one and two state:

1. What is the effect of a Symphonology-based educational intervention on the ethical decision-making performance of advanced level nursing students, as measured by the JAND?
2. What is the effect of a Symphonology-based educational intervention on the ethical decision-making performance of advanced level nursing students, as measured by the JAND with and without the scenarios?

The goal of this study was to assess if there was a difference in response to a series of questions from pre-test to post-test. Each of 16 participants was asked to answer 48 questions. These questions were further partitioned into eight dilemmas, consisting of six questions each. Each dilemma had a scenario in which the participants read a scenario and then had to answer six questions on nursing ethics. Each question asked the participant to *strongly agree, agree, neutral, disagree or strongly disagree* with the given question. Each question had a “best” answer that was pre-determined.

- If the question was recommended and they answered a strongly agree or agree, they received a 5, if it was a neutral answer then 3 and a disagree or strongly disagree a 1.

- If the question was not recommended and they answered a strongly agree or agree they receive a 1, if it was a neutral answer then 3 and a disagree/strongly disagree a 5.
- If the question was a neutral answer and they answered neutral they received a 5; otherwise, a 3 was given for their answer.

For each participant, the total was calculated both pre-test and post-test by summing the responses to all of the questions. Hence, the maximum possible score was 240 and the minimum possible score was 48.

This process described above was repeated again for only the first six dilemmas. This repetition was in response to a concern related to the content validity of the JAND. This concern related to measuring the effectiveness of Symphonology in regard to the last two dilemmas. The author of the theory thought that the scenarios did not represent bioethical dilemmas and, therefore, did not lend themselves well to resolutions through the theory of Symphonology. The committee members, who have written using the theory and taught it, also held the opinion that the scenarios do not indicate bioethical dilemmas but are personal choices. Therefore, a request was sent to an expert panel of 10 members to review the JAND tool (Appendix L). The request was for each of the experts to read all eight dilemmas and make a judgment as to whether they saw each as having an ethical dilemma requiring ethical analysis that lends itself to being resolved by the theory of Symphonology and thus, test the theory. It was explained to the panel that for Symphonology, the purpose of ethics is to come to a judgment about what one ought to do – what is right or wrong - in a given context, based on an agreement. And based on the perceptions about these, the plan was to delete any story or scenario that is evaluated as

not involving a true ethical dilemma as opposed to being opinion appropriate to being resolved using a bioethical theory such as Symphonology. With this understanding, the expert panel was asked to review the tool and place their judgment about whether to keep or delete each dilemma on the response form provided to them. Of the 10 members, nine responses were received.

The responses from the experts indicate that while the stories are acceptable, there is some concern surrounding the scenarios. Because there was not a majority opinion, the scenarios could not be eliminated. However, being that 44% of the expert panel thought that the scenarios were not acceptable; the researcher sought the opinion of the dissertation committee. The committee members, as well as the chair being the author of the theory, suggested that the scenarios be included but that the analysis of the data be done with and without the scenarios to show if there are differences. Reliability studies were done for the tool with the scenarios included and for the tool without them. This assisted the researcher in answering the question of participant judgment. Additionally, it assisted in alleviating any concerns over tool content versus participant application of the theory.

Because the numerical outcome of interest is the average change per person from pre-test to post-test, graphs were produced that illustrate this difference for each of the sixteen participants in the study. In the attached graphics, the red arrows indicate decrease in score from pre-test to post-test, while green arrows indicate increase in score from pre-test to post-test. A line segment (with no arrow) indicates no change from pre-test to post-test. Table 4.2 provides an overall visual of this study's significance, table 4.3 refers to the scenario of eight dilemmas, while table 4.4 refers to the scenario of six dilemmas.

Table 4.2

Overall Scores on the JAND

Eight dilemmas	P = 0.3523
Six dilemmas	P = 0.2390

Table 4.3

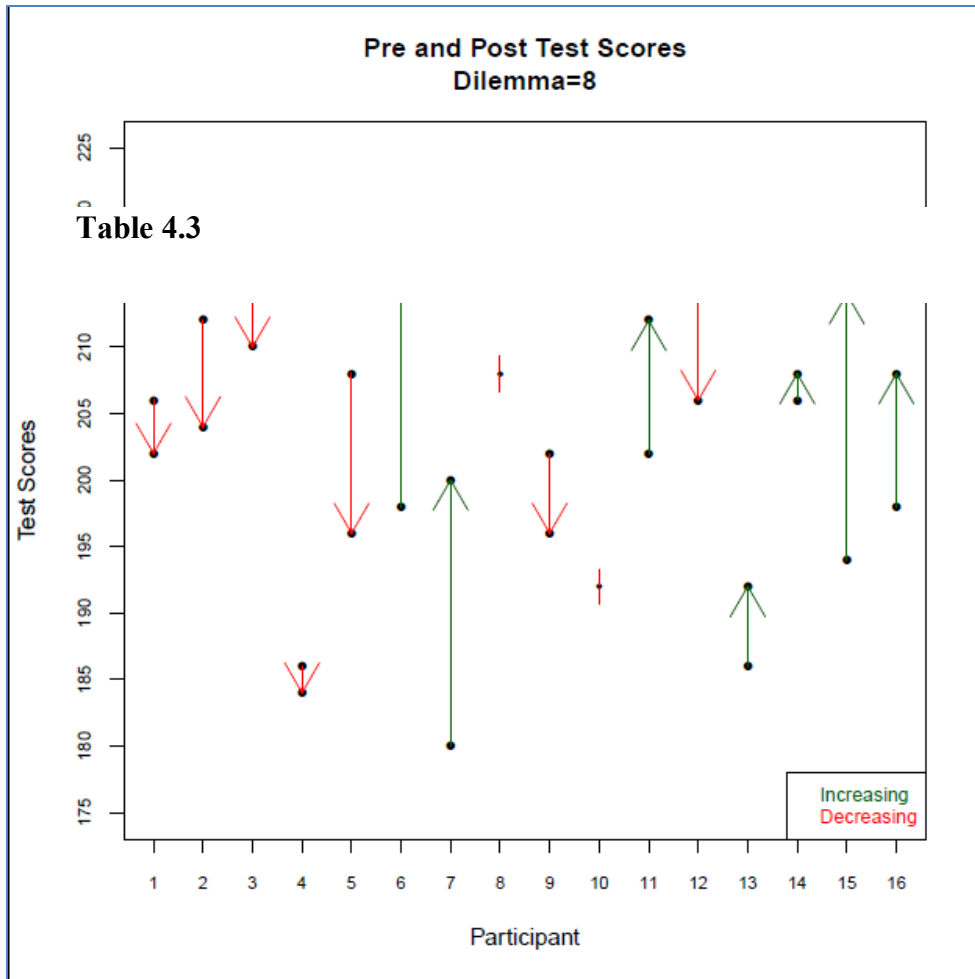
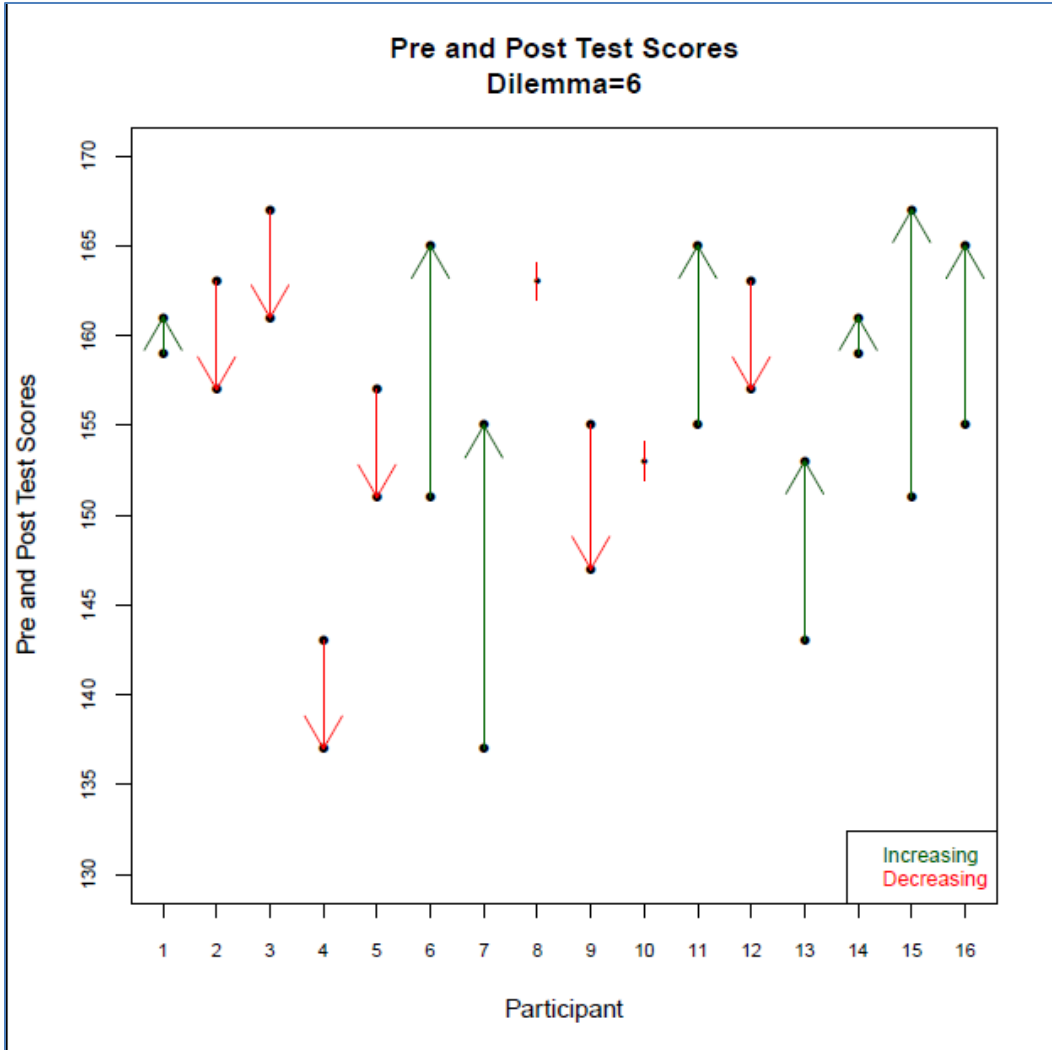


Table 4.4



inferential statistics.

All tests were conducted at a significance level of 0.05.

primary hypotheses.

The null hypotheses of interest are:

- i. There is no change in response to questions from pre-test to post-test for the eight dilemmas.
- ii. There is no change in response to questions from pre-test to post-test for the six dilemmas.

analysis of primary hypotheses.

The analysis was performed using a paired t-test. The paired t-test approach is appropriate here because the purpose of this study was to measure differences at two time points within the same individual. Therefore, it is expected that there will be correlation within each individual from pre- to post- test, and the intent of this study is to summarize (by averaging) those within-person changes.

i: There is no change in response to questions from pre-test to post-test for the eight dilemmas.

For the i^{th} individual in the case study group, the first computation was an overall pre-test score $Spre_i$ by counting the scores on each of the responses from the eight dilemmas. The post-test score, $Spost_i$ was conducted in the same manner. For each individual (i), the difference D_i between the post-test and pre-test score was determined: $D_i = Spost_i - Spre_i$. Averaging these scores across all individuals in the case study group

yields $\bar{D} = \frac{\sum_{i=1}^n D_i}{n}$, where the summation is over all individuals. The t-statistic score was

calculated by dividing \bar{D} by its standard error: $t_{n-1} = \frac{\bar{D}}{s/\sqrt{n}}$ where s is the standard deviation and n is the sample size ($n=16$ in this study).

ii: There is no change in response to questions from pre-test to post-test for the six dilemmas.

The same procedure as described above is used for the second hypothesis, with the only difference being that the pre-test and post-test scores are only summed over the six dilemmas.

results of primary hypotheses.

For the eight dilemma scenario, the average difference, $\bar{D} = \frac{\sum_{i=1}^n D_i}{n}$, was 2.50, with a standard deviation of 10.41. This lead to a test statistic of $t_{15} = 0.96$ with a resulting p-value of 0.3523. Therefore, it is concluded that there is not enough evidence to state that there is a significant change in response from pre-test to post-test.

For the six dilemma scenario, the average difference, $\bar{D} = \frac{\sum_{i=1}^n D_i}{n}$, was 2.75, with a standard deviation of 8.97. This results in a test statistic of $t_{15} = 1.23$ with a resulting p-value of 0.2390. Therefore, it is concluded that there is not enough evidence to state that there is a significant change in response from pre-test to post-test.

Interview

1. What was taught in your undergraduate and/or graduate program about ethical theories and ethical decision-making? Which did you find more helpful, and why?

Interview summary:

Undergraduate Studies

- Don't remember taking class– too long ago
- Did not take any bioethical decision-making classes
- Did not have a particular course, but informally learned some principals of ethics
- Did not have a specific ethics course, but was integrated in the courses
- Took an ethics class 6 years ago, but also from job
- I took a bioethics course – it was not very helpful but gave a good background
- I took a bioethics course 5-6 yrs ago – we kind of reviewed all the theories – didn't enjoy the class; it really opened up to my eyes the kind of dilemmas that you would be having
- I didn't have a course

Analysis:

Answers	(%)
Did not take a course	(33.3)
Did not take a specific course, but ethics was integrate in other courses	(22.2)
Did take a course, but it was not helpful	(22.2)
Did take a course, and was helpful	(11.1)
Don't remember taking an ethics course	(11.1)

Graduate:

- Course was helpful. It helped me to understand the process (ethical committee decision-making)
- Learned when the context changed, the decision changes; importance of justifying your decision
- Did not have an ethics course
- (Current course) The short little vignettes that were presented that demonstrated a situation where a decision needed to be made and you know how your response was or what you should do was determined by whether or not it was ethical for a broader context
- (Current course) It was helpful. As far as the ethics goes. What was helpful was the information on agreement, agreement with yourself, with your patient not clear
- (Current course) It was definitely helpful in thinking about different patient situations, and the different situations I've been in in the past and what I would have done differently

Analysis:

Answers	(%)
Did not have ethics course	(44.4)
Taking it in current class - it has been helpful	(33.3)
The previous grad ethics course was helpful	(22.2)

2. Do you feel the curriculum content in your BSN curriculum on bioethics was adequate to prepare you to make ethical decisions in your practice? Explain.

- No – not mature enough or knowledgeable enough about nursing to appreciate it
- If I would have been exposed to it I would have been a better nurse
- (Current course). Liked the textbook – it flowed well.
- Yes I was able to make ethical decisions, from bits and pieces taught in undergraduate
- To some degree – from course at hospital
- Minimal – what decisions should a typical nurse make, not necessarily individuality
- No -Learned a lot from my current job; Ethics class brushed the surface
- No – it taught the basics for nursing
- No - it was a little bit too abstract to help me concretely
- (Current course) I don't know - a lot of the ideas that were presented were ideas that I had already had experienced and had acted on
- (Current course) the content was good; we've practiced that way already in our every day practices but it is nice to be able to give it a label
- (Current course) Yes- the information was presented in a very broad but logical manner

Analysis:

Answers	(%)
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No – I was not adequately prepared	(33.3)
Yes – I was prepared	(33.3)
Yes – I was prepared, to some degree	(16.7)
No – I was not exposed to ethics	(8.3)
I don't know if course prepared me – I knew a lot from my past experiences	(8.3)

3. Describe for me the other theories given in class that helped you to answer the questions on the JAND – why/why not?

- Social relativism and triage – did not help with survey
- Emotionalism – would not have helped
- Fidelity to the profession; fidelity to the nurse/patient agreement
- Utilitarianism and anthology – but can't say if they made my answers from the first part to the second part any different; Symphonology made a difference.
- None were helpful – the patient was not the main focus
- There was a wide range of theories – they showed different ways to make a decision (more of the big picture)
- I felt like were a lot of what we do in everyday life and what we all should be thinking as nurses anyway
- They helped a little – my background helped more
- The book did not represent the other theories

- I don't know if I can articulate the theories. Try to just do the right thing
- Can't come up with a theory - My theory is based on trying to do the right thing, doing what you would do unto others how you would want to be treated. Kind of the common-sense stuff in life

Analysis:

Answers	(%)
None of the other theories helped	(58.3)
The theory of Symphonology helped	(16.7)
Other	(25)

4. Tell me about which theory you think will help you most in making ethical decisions in your practice?
- All the theories are helpful in different nursing practices
 - Symphonology

Analysis:

Answers	(%)
The theory of Symphonology was most helpful	(90.9)
All the theories helped	(9.1)

5. What struck you as having particular value in helping you to make ethical decisions with this theory?

- Understanding the process of decision-making; autonomy; context of the situation; content of the situation
- Context of the situation; context of knowledge; reasoning to a decision, not reasoning from a decision
- Putting things in context; making sure the patient is fully aware of what's going on
- The nurse as the patient's agent and agency regarding the patient and how you do for the patient, what they would do for themselves if they could; standards of the theory - You apply them to a dilemma looking at each one directly. It actually puts things into perspective regarding dilemmas that I have to deal with at work
- Gathering different parts of the story and different parts of the situation that we need to look at, and putting them all together into the piece of the puzzle to make the major decision that we have to make
- You're able to express your beliefs without imposing them onto the patient
- Bioethical standards like autonomy and objectivity; context of the situation... the context of knowledge; you have to think of everything and look at everything from different angles when trying to make an ethical decision
- It is a very useful theory and much more applicable to nursing; the concept of the agreement with the patient really helps you kind of think through ethical decisions; It kind of helps you remember to treat people in a way

that is respectful and respectful of their underlying rights and also the biomedical standard

- Having the recognition that these decisions are made daily in the little things we do seemingly automatically - slow my process down a little bit to recognize a broader scope
- Recognizing all of the aspects of what is going on and taking a minute to absorb all of that before you go further with any decisions
- Makes you take a step back and look at the whole entire picture; you take the full aspect of everything and then break it down to help make your decision
- It starts with your agreement with yourself and then being patient-centered; Just making sure that you're not violating any of the standards, any of the agreements

Analysis: Unable to analyze secondary to the variation in response

6. Tell me about which theory you think will help you least in making ethical decisions in your practice?

- Social relativism
- Utilitarianism
- None-They could all apply to different areas of nursing.
- Emotionalism
- Anthology
- Every theory has its pros and cons –dependent on the situation
- There was nothing learned that wasn't helpful

Analysis:

Answers	(%)
Utilitarianism	(25.0)
Anthology	(25.0)
None were least; All the theories were helpful	(25.0)
Emotionalism	(16.7)
Social Relativism	(8.3)

7. Which theory best supports the rights of patients to be self-determined? Why?
- Symphonology – patient-centered; increases the patient’s agencies; helps the patient keep his freedom
 - Self-Assertion - causes the nurse to look at the patient and make decisions based on what that patient would want
 - Symphonology – empowering the patient with knowledge to take care of themselves; to empower women to be self-determined, self-sufficient, be able to speak up for themselves and to understand what they want and to tell me what they want.
 - Symphonology - You get to look at the whole situation and take different aspects of the situation to determine the best outcome for the patient and for the nurse making a decision for care.
 - Symphonology - it’s the only one that allows the patient to have full range over their health care; It also allows for them to be the most active and

give the most input in what they would like to have as far as what kind of care they would want to receive

- Symphonology – it is the relationship between the patient and the nurse- if the patient isn't truthful and if the patient doesn't disclose all the information about his condition or his life style, it's hard to have a strong relationship with the patient and be able to reach an ethical decision
- Symphonology - it helps you to think about people, the rights that patients have
- Symphonology – it's the only theory I've studied.
- Symphonology - patient being centered and making sure that their autonomy, their freedom stays intact and that's what you protect as a nurse, to keep that agreement intact

Analysis:

Answers	(%)
Symphonology – Patient Centered	(72.7)
Symphonology – Other	(18.2)
Self-assertion	(9.1)

Summary

This study assessed the effect of a Symphonology-based educational intervention on the ethical decision-making performance of advanced level nursing students. Methods employed to accomplish this purpose were both quantitative and qualitative in design. Quantitatively, this study measured the participant's ethical decision making performance

through a pre and post instructional survey. The survey used was the JAND and participants completed this survey both before and after receiving instruction in a bioethical decision making course with the foundation of this course being focused on the theory of Symphonology.

Per the demographic data, the study sample consisted of 17 initial participants with one withdrawing during the data collection process. It is unknown which participant withdrew based solely on the demographic data therefore, all initial subjects were included. It has been identified that the participant make-up consisted of: 12 subjects between the ages of 20 and 34; three subjects between the ages of 35-45; two subjects between the ages of 46 and 59; one male; 16 female; 14 of white descent; two of black descent; one of Latino descent; 15 seeking a MSN degree; two seeking a doctoral degree; 15 having been in their first year of their program; one in the second year; one in the third year; a large variation in years of experience within the nursing profession; all being United States citizens; none having served on an ethics committee; and 10 not having participated in a free standing ethics course with seven having participated in an ethics course.

Using a level of significance of 0.05, it was determined that there was no change in the response to the survey from pre to post using all eight dilemmas. Additionally, it was determined that there was no change in the response to the survey from pre to post using the six dilemmas (or six stories and omitting the two scenarios). These results do not necessarily indicate that a change does not exist, rather that there is not enough evidence to conclude that this is a significant change from before to after the instructional intervention.

Analysis of subject interviews identified that the majority of participants had not received instruction on ethical decision making prior to taking this course; however, it was inconclusive as to whether or not the participants as a whole felt prepared to enter the profession of nursing able to participate in ethical decision making. A majority of the participants identified that other theories learned were not helpful in completing the JAND and an overwhelming majority believed that the theory of Symphonology was helpful. With this understanding, there were too many aspects within the theory of Symphonology for there to be a majority or theme emergence that would identify specifically what component of the theory helped in the decision making process. When asked what was least helpful, there was no majority, but it should be noted that the theory of Symphonology was not identified as being unhelpful. Finally, in relation to which theory best supported the right of the patient to be self-determined, the overwhelming majority identified it to be the theory of Symphonology.

Chapter V: Discussion and Conclusion

Introduction

The primary objective of this study was to assess the effect of a Symphonology-based educational intervention on the ethical decision-making performance of advanced level nursing students. It did so by asking the following research questions:

1. What is the effect of a Symphonology-based educational intervention on the ethical decision-making performance of advanced level nursing students, as measured by the JAND?
2. What is the effect of a Symphonology-based educational intervention on the ethical decision-making performance of advanced level nursing students, as measured by the JAND with and without the scenarios?
3. What do the advanced level nursing students express about the guidance given by the application of Symphonology in dealing with ethics and ethical decision-making in day to day practice?
4. What do the advanced level nursing students express about the guidance given by the application of other theories in dealing with ethics and ethical decision-making in practice?

A summary of the findings related to the research questions are discussed in relation to the conceptual framework and the literature review. In addition, this chapter discusses the significance or implications to nursing practice, limitations, and suggestions for future research.

Husted and Husted's theory of Symphonology served as the conceptual framework guiding this study. The theory of Symphonology is based on the concept of

agreements. It provides a guideline for a nurse or health care professional to follow when faced with an ethical decision. The premise of this theory is that an ethical agreement exists between the nurse or health care provider (HCP) and her patient. Symphonology is derived from the Greek word “symphonia”, (agreement) – thus the theory of Symphonology is “a system of ethics based on the terms and presuppositions of an agreement” (Husted & Husted, 2008, p. 8). This theory recognizes a patient as, “one who is forced by his circumstances to be passive, one who is unable to take the actions his survival or self-fulfillment requires” and recognize a nurse as, “the agent of a patient, doing for a patient what he would do for himself if he were able” (Husted & Husted, 2008, p. 21). With this understanding, participants were asked to evaluate their ethical decision making performance both before and after receiving an instructional course in this theory.

Discussion of Demographic Data

The final sample of 17 advanced level nursing students shared similar characteristics with the population of the whole but was not consistently representative. In relation to age 12 subjects were between the ages of 20 and 34, three subjects between the ages of 35-45, two subjects between the ages of 46 and 59. This is not consistent with the current representation of age within advanced degree programs of nursing. Currently, the National League of Nursing (2011) has identified the majority of nurses seeking an advanced degree in nursing is over the age of 41. In relation to gender, this study consisted of one male and 16 female. This is consistent with the current culture of gender in the country as it relates to gender within advanced level nursing programs (National League of Nursing, 2011). In relation to race, 14 of the participants were of white

descent, two of black descent, one of Latino descent. This is consistent with the current culture of race in the country as it relates to ethnicity in advanced level nursing programs (National League of Nursing, 2011). For the remaining demographic indicators, there were no nationwide measures with which to compare them. Therefore, 15 seeking a MSN degree; two seeking a doctoral degree; 15 having been in their first year of their program; one in the second year; one in the third year; a large variation in years of experience within the nursing profession; all being United States citizens; none having served on an ethics committee; and 10 not having participated in a free standing ethics course with seven having participated in an ethics course.

Discussion of findings

Research question 1 and 2

Quantitative methods were employed to address the following two research questions:

1. What is the effect of a Symphonology-based educational intervention on the ethical decision-making performance of advanced level nursing students, as measured by the JAND?
2. What is the effect of a Symphonology-based educational intervention on the ethical decision-making performance of advanced level nursing students, as measured by the JAND with and without the scenarios?

Question one is ultimately identified as not enough evidence to conclude any significant changes. There are, however, some components of the data that should be explored further.

For question one, there were a total of 16 completed responses. Of these 16 responses, seven participants did worse on the post-survey, seven participants did better, and two did not identify a change in overall score. For the participants who did better, their score improved by an average of 12.3 points. As opposed to the participants who did worse, which the score was decreased by an average of 7.3 points.

For question two, the ultimate value is that there is not enough evidence to conclude any significant change. However, in this sequence of analysis, six participants did worse on the survey, eight improved, and two remain unchanged. For the participants who did better, their score improved by an average of 10.6 points. For the participants who's score decreased, their score decreased by an average of 5.7 points.

Therefore, based on the overall analysis of question number one and two, both must be identified as not enough evidence to conclude any change with a level of significance. The eight dilemmas provide a larger point range in improvement and decrease and the six dilemmas show a wider margin of averages among improvement versus decrease.

There are a number of considerations one must account for when reviewing the overall analysis of the first two questions. First, it is possible that there was lack of consistency of measurement in the tool with the fundamental principles of the theory of Symphonology. It was determined early on in this study that there was a lack of tools with rigorous psychometric properties to measure ethical decision making performance. Tools reviewed for measurement of the study in its beginning stages include: the Ethical Behavior Test, The Judgments About Nursing Decisions (JAND), the Nursing Autonomy and Patient Relations Scale, and the Defining Issues Test. Of these tools, the JAND was

determined to have the most rigor in reliability and validity. Additionally, the JAND was determined to be the most nursing focused. However, not all aspects of the tool address the fundamental concepts of Symphonology. Therefore, it is possible that this disconnect, not deemed to be ethical discussion, did have an impact in the responses of the participants.

The second consideration regarding the overall post- test scores would be the timing of the intervention. The participants were required to take the pre-test prior to the beginning of the semester. This was during a time that classes were on break and the participants were not active in their studies. The post-test was conducted during the “winding down” part of the semester where stressors and anxieties for students tend to be high. It is probable that the participants had an increased amount of time with less academic stressors during the pre-test than during the post-test, thus, resulting in decreased attention paid to the post test.

The third consideration would be that the participants may not have taken this study as seriously as possible secondary to the time commitment and compensation of the study. After the first three semester of recruitment, subject participation was very low. Therefore, this researcher received approval from the IRB to send out a brief post class email to the potential participants asking feedback on why the decision was made to not participate. An overwhelming response was received (approximately 65%) indicating that the time commitment (approximately 3 hours) involved was problematic. Therefore, it is possible that those recruits who did participate found the time commitment to be overwhelming while adhering to their academic studies and perhaps lacked in their commitments to fully and seriously participate in the data collection process of this study.

The fourth and final consideration for the inconsistencies in the quantitative data would be the variations in the strength of the students. In reference to the demographic makeup of the participants, a majority of the participants were within the 20 to 34 age range (n=12), a majority had identified that they were within the first five years of their practice (n=9), and a majority of the participants had identified that they had never participated in a free standing ethics course (n=10). The lack of nursing experience and foundational undergraduate ethics preparation may have contributed to the overall inconsistencies with the performance in the post-test.

Research question 3 and 4

Qualitative methods were employed to answer the following two research questions:

3. What do the advanced level nursing students express about the guidance given by the application of Symphonology in dealing with ethics and ethical decision-making in day to day practice?
4. What do the advanced level nursing students express about the guidance given by the application of other theories in dealing with ethics and ethical decision-making in practice?

In order to answer the following questions, a post interventional interview was conducted using a simple content analysis of the participants' responses. The analyses of the responses are as follows:

Question number one asked: What was taught in your undergraduate and/or graduate program about ethical theories and ethical decision-making? Which did you find more helpful, and why? A majority of the participants either had never taken a course

during their undergraduate program, did not remember taking a course, or if they did, they did not find it helpful in practice. Responses such as “I don’t remember taking a class that related to ethical decision making” or “I took a bioethics course...it was not very helpful...I didn’t enjoy the class” support the analysis that participants in this study did not have a solid foundation in bioethical decision making prior to taking this course. A small minority of participants did identify that there were some components of their undergraduate education that they found to be helpful in relation to ethical decision making. These participants identified that “it really opened up to my eyes the kind of dilemmas that you would be having.”

In relation to past experiences with graduate courses in ethics and ethical decision making, a little less than half reported to having no previous experiences. Some participants identified that the course that they were currently taking was their only experience in a graduate level ethics course. All students who identified that they were currently enrolled in their only graduate ethics course found it to be helpful. Responses to support this analysis include: “it was helpful...as far as the ethics goes was the information on agreement, agreement with yourself, with your patient” and “it was definitely helpful in thinking about different patient situations I’ve been in in the past and what I would have done differently.”

Therefore, in relation to the first question of the focus interview, it can be stated that most participants did not identify their undergraduate ethics course as existent or helpful. In relation to graduate education, the only reported experience was found in the current interventional course. This experience was found to be helpful to participants who were enrolled. This focus survey question assisted in responding to the study question

number three by identifying that all participants who addressed the course of Symphonology as their graduate course experience found the content to be helpful and useful in practice.

The second question of the focus interview asked: Do you feel the curriculum content in your BSN curriculum on bioethics was adequate to prepare you to make ethical decisions in your practice? The majority of participants reported to feel prepared to participate in practice. They identified that their exposure to ethics within their undergraduate programs adequately enabled them to make ethical decisions once in practice.

Based on the responses from the first two questions, discrepancies were identified among the majority responses. It was clearly identified from question number one that the majority of the participants did not report or remember ethics related content in their previous education. However, when asked if they felt prepared to enter into the profession of nursing, a majority of participants identified adequacy in preparation for ethical decision making within the profession. It is unknown as to why this discrepancy exists. Do the participants believe that ethical decision making within the profession is a matter of personal judgment and opinion? Do the participants believe that formalized ethics does not require an objective determination process? While it has been identified by the American Association of Colleges of Nurses (AACN) that a baccalaureate prepared nurse should enter into the profession with an understanding of ethical principles and an ability to demonstrate ethical practice (Association of Colleges of Nurses, 2012), there is not enough evidence based on these responses to indicate whether

or not these objectives are being met. Further exploration of this discrepancy should be investigated in future research.

Question number three assisted in responding to study question number four. In this interview question, participants were asked to: Describe for me if the other theories given in class helped you to answer the questions on the JAND – why/why not? Majority of responses indicated that the reference of other theories for purposes of responding to the JAND were not helpful. The rationale for this statement appeared to be twofold. Some reported that it was not helpful because a particular theory did not address the patient focused aspect of the JAND as evidenced by the statements, “none were helpful... the patient was not the main focus.” And some reported that they did not find other theories to be of assistance because they were unable to recall other theories as evidenced by the statements, “I don’t know if I can articulate the theories...I try to just do the right thing.” While the overwhelming majority did not find other theories to be helpful, it should be noted that the theory of Symphonology was found to be particularly helpful in responding to the JAND from a qualitative perspective. Evidence for this statement was found in statements such as: “Symphonology made a difference.”

The next two questions were developed to assist in answering both research questions three and four. They included: Tell me about which theory you think will help you most in making ethical decisions in your practice? And, what struck you as having particular value in helping you to make ethical decisions with this theory? When identifying which theory was most helpful, the overwhelming majority identified the theory of Symphonology as being most helpful. Therefore, in response to research question number three, it is evident through this analysis that the participants of this

research study found the theory of Symphonology to be the most helpful in relation to their practice. When asked what it was exactly about the theory of Symphonology that was helpful to the participant, there were too many variations in responses to identify a theme. The most likely reason for this is that most participants came into the study with many differences in nursing background and specialty. Consequentially, each participant gravitated to varying concepts within the theory of Symphonology that they found to be most beneficial to their perspective of nursing. Perhaps the variation in focus on what was beneficial within the theory of Symphonology caused the large discrepancy in participant performance on the JAND.

In relation to further exploring theory relevant in practice, the participants were asked: Tell me about which theory you think will help you least in making ethical decisions in your practice? This response was evenly distributed among Utilitarianism and Anthology. While these two appeared most often it should be noted that some feedback in relation to this question was in support of Utilitarianism. Specifically, in the population of participants who work in the public health specialty. Evidence for this can be found in the statement, “I am a public health nurse, and many times we must look at the greatest good for the greatest amount of people...for example, when we decide who should get the first lot of flu vaccines, principles of the Utilitarian philosophy are used...Symphonology does not help me with these decisions.”

The final question asked: Which theory best supports the rights of patients to be self-determined? Why? One hundred percent of the participants identified Symphonology to be the theory that best supports this right. Specifically, participants identified concepts with being a patient agent, and having the nurse patient agreement as

supports of this right. Evidence for this includes the statement, “you get to look at the whole situation and take different aspects of the situation to determine the best outcome for the patient and for the nurse making a decision for care.”

Research questions three and four focused on perspectives of the advanced level nursing student when making ethical decisions with the guidance of the theory of Symphonology and other ethical decision making theories. The focused interview presented a great deal of information regarding these questions. Ultimately, it is clear through these interviews that the majority of participants believed the theory of Symphonology to be helpful in making ethical decisions both in practice and on the JAND. It is unclear at this point what specifically about the theory is helpful to the participants. Varying nursing backgrounds and specialties may contribute to this. Additionally, while it was identified that other ethical decision making theories were not helpful, either in practice or more specifically on the JAND, it should not be overlooked that some of the principles of these other theories have a place in the nursing profession.

Significant Findings

This study has generated new information on the ethical decision making performance of advanced practice nursing students that may provide insight for the profession. It has identified that advanced practice nursing students are entering into their graduate studies with varying competencies in ethical decision making. It has identified that while the impact of the theory of Symphonology did not produce statistically significant outcomes, it did identify that participants had reported varying benefits on ethical decision making after learning about the theory of Symphonology. Finally, this

study identified consistent qualitative feedback regarding the value of the theory of Symphonology during the data collection process.

The theory of Symphonology and its outcomes were supported in the qualitative data within this research study. In relation to which ethical decision making model was most helpful to the participants in making decisions in practice, it was clearly identified that the theory of Symphonology was the most beneficial in practice. In relation to which theory was most assistive in allowing patients to be self-determined, Symphonology was the clear choice. This was evident through statements such as: “Symphonology is patient-centered; it increases the patient’s agency; helps the patient keep his freedom,” “You get to look at the whole situation and take different aspects of the situation to determine the best outcome for the patient and for the nurse making a decision for care,” and “Symphonology - it’s the only one that allows the patient to have full range over their health care; It also allows for them to be the most active and give the most input in what they would like to have as far as what kind of care they would want to receive.” It should be noted that with the concerns related to the quantitative approach to data collection, the qualitative methods employed were perhaps more consistent with measuring the principles of Symphonology and thus the outcomes. Therefore, based on this assumption, it is possible that the theory of Symphonology is more beneficial in practice, but this was not reflected as a result of the inconsistencies in the theory with the quantitative instrument.

Significance to the practice of nursing, in relation to ethical decision making, is in need of further exploration. Based on the qualitative feedback, it can be assumed that members of the profession are looking for guidance. Only 11% of the participants

identified that their previous education was helpful in making ethical decisions and only 33% of the participants reported to feeling prepared to enter into the profession prior to participating in this course. It is of concern that a minority of the sample had reported to feeling comfortable as they entered the profession. Additionally, it is problematic that only 11% of the sample identified any form of guidance, or ability to seek resources, in relation to making ethical decisions. This is important because ethical decision making is a component of the nursing profession where nurses are expected to be participative and contributive. If members of the profession are feeling as though they are not prepared to participate and contribute, it is the responsibility of the profession to investigate ways in which these reports can be resolved.

Limitations

subject participation.

Subject participation for this study was approximately 10% of all recruitments. After the first two semesters of collecting data, an amendment was submitted to the Duquesne University IRB requesting permission to increase the incentive, as well as circulate an email to all previously potential participants asking for feedback on what deterred participation/ could increase participation. Permission was granted to increase the incentive to \$45 and to circulate the email. An email was circulated and received approximately a 50% response. All responses identified that the time commitment was a deterrent with no suggestions for increasing participation. Clearly, attempting to decrease the time commitment on this study was not an option.

electronic data storage.

In relation to data storage, Duquesne University upgraded from Blackboard 7.3 to Blackboard 9.1. This was problematic for this study in that all data stored in 7.3 could not be transferred to 9.1. Consequentially, another amendment was submitted to IRB requesting permission to store the 7.3 data on a secured computer as the staff at CTS need to break down the previous site. Permission was granted data were stored in multiple (specifically 2) areas. Once data collection was complete, the data were transferred to one password protected computer.

time.

As previously reported, there was indication that the time commitment of three hours inhibited those recruited from participating. Additionally, there were concerns with time of data collection during the semester. Data collection took place at the prior to the start of the semester and then during the final weeks of the semester. It is during these final weeks that may have been problematic. This is typically a time in which students report increased levels of stress and anxiety. The addition of a post intervention survey may have thwarted time spent on the tool and the seriousness by which the participants responded thus causing a skew in the post intervention results.

Future Research

The findings from this study highlight areas to be further explored through both quantitative and qualitative research studies. These findings were the initial step in understanding the ethical decision making performance of an advanced level nursing student. Considerations regarding the study's length and compensation should be reviewed prior to further recruitment. Additionally, further exploration should be placed into participant dedication and analysis of beginning scores.

Another important aspect to explore is the discrepancy of the measurements of the JAND with the outcomes of the theory of Symphonology. Although the theory of Symphonology is a way to guide ethical decision making for nurses and health care professionals and the JAND is a measurement of this performance, perhaps the foci of both the theory and tool are inconsistent with one another. An exploration of the relationship between Symphonology and the JAND may be a valuable undertaking. Finally, future research is necessary to determine the actual relationship between the impact of the stories and scenarios when measuring one's performance based on the theory of Symphonology. The elimination of the scenarios will assist with the time commitment involved and perhaps create more dedication to the stories for measurement of outcomes.

Conclusion

Ethics is a branch of philosophy that deals with right and wrong and good or bad. It does not only address dilemmas, it also deals with the treatment of others, the intentions behind one's actions, and the responsibility one has in relationships. "Ethics is a study of how decisions and actions move a human life from a state of lesser perfection to a state of greater perfection" (Husted & Husted, 2008, p. 4). It is clear in this statement the impact ethics has in health care. This study addressed ethics and ethical decision-making as related to advanced level nursing students and the influence of ethics on the profession of nursing and nursing practice.

There has been little research to determine the decision-making ability of advanced level nursing students. Only two studies, which are over 20 years old, have been completed to address this issue. Therefore, this study used both quantitative and

qualitative methods to measure the ethical decision making performance of advanced level nursing students. While there was no evidence of statistically significant measurement data, there were some important outcomes to evolve from this study. This study has identified that advanced practice nursing students are entering into their graduate studies with varying competencies in ethical decision making. It identified that participants had varying perspectives on ethical decision making after learning about the theory of Symphonology. And, this study identified consistent qualitative feedback regarding the value of the theory of Symphonology to be the most beneficial in practice. Continued efforts must be made to explore the impact of the Symphonological approach on nursing practice and its implications on the nurse patient relationship.

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Appendix A

Diagram of the Symphonological Process

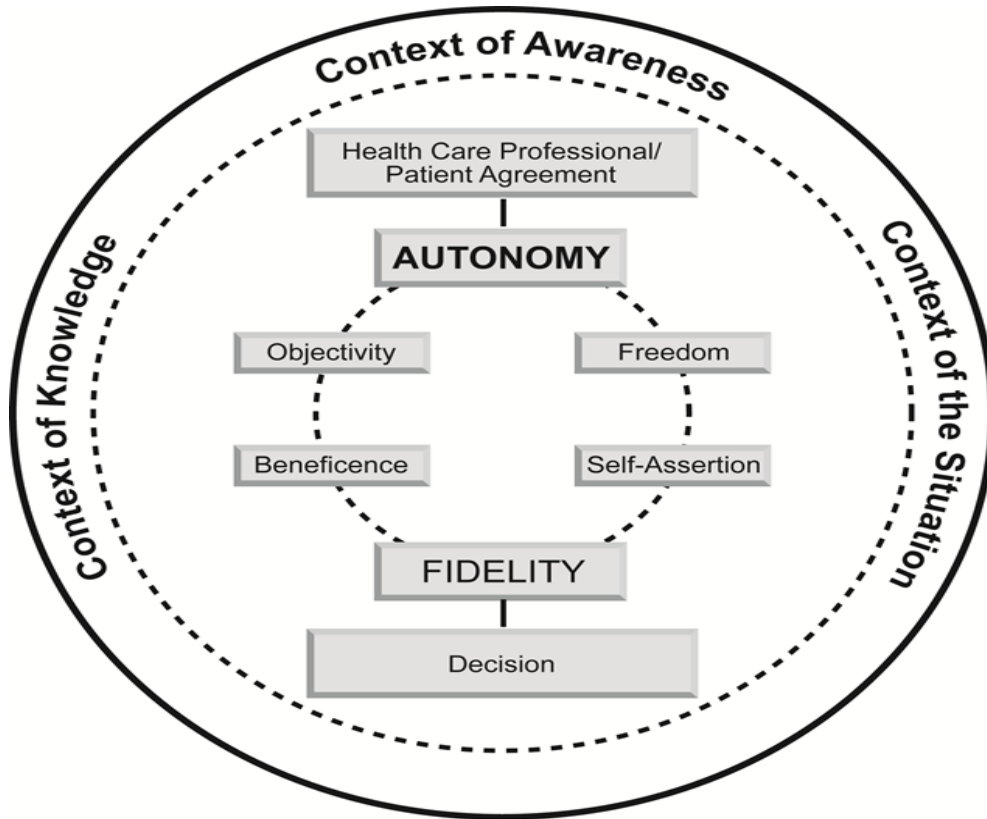


FIGURE 4-1. Husted's Symphonological Bioethical Decision-Making Model I

Appendix B



DUQUESNE UNIVERSITY

600 FORBES AVENUE ♦ PITTSBURGH, PA 15282

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title: The Impact of the Symphonological Approach to Ethical Decision-Making on
Advanced Level Nursing Students

Investigator/ Advisor:

- Dr. Gladys L. Husted

Duquesne University School of Nursing

853 Sherwood Rd Pittsburgh, PA 15221

E-mail: husted@duq.edu

Co-Investigator:

- Megan A. Mraz RN, MSN

Doctoral Student

222K Sturzebecker Health Science Center

West Chester University

West Chester, PA 19380

Phone: (302) 379-2594

E-mail: mmraz@wcupa.edu

Other Investigators/ Sources of Support:

- This study is being performed as partial fulfillment of the requirements for the
Doctoral degree in Nursing at Duquesne University.

Purpose:

- You are being asked to participate in a research project that seeks to investigate the judgment of advanced level nursing students in ethical decision-making both before and after engaging in discussion regarding a nursing theory pertaining to ethical decision-making.
- **Explanatory Information:** You will be asked to complete a questionnaire entitled, *Judgments About Nursing Decisions* (JAND). This questionnaire will take you approximately one hour to complete initially and approximately 45 minutes to complete the second time. Following completion of the JAND the first time, you will engage in a required course in ethical decision-making which concentrates on the theory of Symphonology, a theory on ethical decision-making in nursing and health care. This is part of your normal curriculum and agreeing or not agreeing to participate in this study will not affect you in any way; you will continue in the course, but will not participate in the data collection aspects. At the end of the part of the course that talks about the theory of Symphonology, you will retake the JAND for the second time. Following this, you will continue in the course which concludes with other ethical theories. Upon completion of the entire course, you will participate in a one hour focus group discussion that will review aspects of the theory of Symphonology that are helpful, aspects of other theories that are helpful, and suggestions on areas that may increase a nurse's judgment in ethical decision-making. You will be asked to sign up for the time that is best for you.

Risks and Benefits:

- There are no direct risks introduced to you during your participation in this study. The risks are no greater than those encountered in everyday life. This study will help in developing a better understanding of ethical decision-making for nursing students, and you will potentially gain knowledge in the area of ethical decision-making.

Compensation/ Cost:

- At the end of the study, you will receive a \$45 gift card to Amazon. In order to participate in this study, you will be expected to have access to a computer and the Internet. Additionally, you will need to have the ability to pay for costs associated with the use of a computer and Internet. No additional computer or Internet costs other than your normal monthly fees are needed for participation in this study.

Confidentiality:

- All documents and information pertaining to this research study will be kept confidential in accordance with all applicable federal, state, and local laws and regulations. During data collection and online discussion, you will be given a code which only you and the co-investigator will know. Once the code is assigned, your name and code will not be connected in any way and the information will be kept in a locked file. Your name will not appear at any time in any discussion or publications. Please be advised that Duquesne University's Institutional Review Board (IRB) may review data generated by the study. IRB is

the committee responsible for ensuring your welfare and rights as a research participant. If any presentations or publication result from this research, you will not be identified by name. Furthermore, it is understood that the co-investigator of this study will not discuss the identities of the participants with Dr. Husted, the instructor of the course and also the principle investigator of this study. Dr. Husted will only have access to the de-identified data or transcribed data without identifiers.

Right to Withdraw:

- You are free to withdraw or refuse your consent, or to discontinue your participation in this study at any time without penalty or consequence. Under no circumstances will your participation, lack of participation, or withdraw from the study effect your grade in the Bioethics course or your progression in the school of nursing.

Dissemination of Findings:

- A summary of the results of this research will be supplied to you, at no cost, upon request.

Voluntary Consent:

- I have read the above statements and understand what is being requested of me. I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason. I know that this will not affect my standing in Duquesne University School of Nursing in any way. On these terms, I certify that I am willing to participate in this research project.

- All of my questions were answered to my satisfaction before I consented to participate in this study, but if I have any further questions about the study I may call Megan Mraz, co- investigator, at telephone number 302-379-2594; or I may e-mail Megan Mraz at mmraz@wcupa.edu. If I have any questions about the rights of research participants I may contact the Chairperson of the research committee, Dr. Gladys Husted at husted@duq.edu. I may also contact Dr. Paul Richer, Chair of the Duquesne University Institutional Review Board at 412-396-6326, if I cannot reach the research team or wish to talk to someone else.

Signatures:

I voluntarily give my consent to participate in this research study. I also agree not to discuss the contents of the research study until the study has reached fruition.

Participant's Name (Print)

Participant's Signature

Date

Appendix C

JUDGMENTS ABOUT NURSING DECISIONS 2007

Participant Version

Attached are six stories and two scenarios in which nurses find themselves in an ethical dilemma. Various courses of action that a nurse might take to resolve the ethical dilemma are listed following each story.

There are times nurses may believe and think that they should, from a professional point of view, act in a certain manner. However, because of various rules and other limiting factors that exist in an organization they may not always be able to act according to their beliefs and thoughts. Keeping these constraints in mind, you are asked to respond to each action in two ways.

1. **Column A** Decide if the nurse in the story should, in an ideal situation, carry out each of the described actions or should not take the actions.
2. **Column B** Decide if nurses on the unit where you work would, given constraints present on the unit or in the organization, be realistically likely to carry out each of the described actions.

Different nurses will have different views on these matters. It is your individual assessment and judgment that is sought about the actions in each of the nursing actions in Column A and Column B. Your answers for each column may be similar or they may be different. The nursing actions listed are not mutually exclusive. A nurse may take one or

more actions to resolve ethical dilemmas. If you answer “yes” to one action in a story, you may also answer “yes” or other actions in that story as well.

Please do not write your name on the questionnaire. At no time will your name be identified with any of your answers nor will your individual answers be shared with anyone.

Story One

Rebecca and Nancy, good friends, were working on a Pediatric unit. Matthew, a one year old patient, went into heart failure and was transferred to the PICU. Immediately after transfer Rebecca told Nancy that she (Rebecca) had made a medication error and had given Matthew a larger dose of the digoxin than was prescribed. She said that she had not reported the error and did not intend to report it. Rebecca pleaded with Nancy not to say anything to anyone.

For each action below indicate your level of agreement with the nursing action Nancy should take (Column A) and with the nursing action most nurses are realistically likely to take (Column B) by placing a number in the appropriate box according to the following scale:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

Column A Column B

NURSING ACTIONS	Nancy <u>should</u> :	In my unit nurses are <u>realistically likely</u> to:
1. Overlook this one error because Rebecca is basically a competent nurse.		
2. Reinforce the meaning of professional responsibility and accountability to Rebecca and suggest that she immediately report the error to the PICU staff and Matthew’s physician.		

3. Call the PICU anonymously, tell Matthew's nurse of the overdose, and hang up.		
4. Discuss the matter with the charge nurse and seek advice as to what she should do.		
5. Explain to Rebecca that information on a drug overdose cannot be considered confidential when patient safety is compromised.		
6. Tell Rebecca that it is difficult to acknowledge a medication error but that she will support her during the process of reporting the error.		
7. Volunteer to present an education program to the pediatric unit staff about ethical responsibilities in reporting medication errors.		

Comments

Story Two

Dr. Zimmerman, the chief nephrologist of a community hospital, makes rounds on the dialysis unit visibly intoxicated, appearing disheveled and disorganized. This happens with some regularity. His speech is frequently slurred and inappropriate. Melissa, a staff nurse, has noticed Dr. Zimmerman's behavior for a period of time and has approached both the head nurse of the unit and Dr. Zimmerman's partner to express her concern. She was told by both of them to mind her own business. Melissa has three school age children and she is the sole support of her family. She lives in a small close-knit community and is aware that Dr. Zimmerman and his wife are good friends with the Vice President of Patient Care and her husband. The community hospital where Melissa works is the only agency where she can work within a 75-mile radius.

For each action below indicate your level of agreement with the nursing action Melissa should take (Column A) and with the nursing action most nurses are realistically likely to take (Column B) by placing a number in the appropriate box according to the following scale:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

Column A

Column B

NURSING ACTIONS	Melissa <u>should:</u>	In my unit nurses are <u>realistically likely to:</u>
1. Call her professional organization or the state board of nursing to discuss her concerns and seek advice.		
2. Offer to participate in establishing and implementing a policy and procedure for reporting and handling impaired practice.		
3. Do nothing because it is not Melissa's responsibility to monitor medical practice.		
4. Refer patients who complain about Dr. Zimmerman's behavior to Dr. Zimmerman's partner.		
5. Speak to Dr. Zimmerman privately and express concern about his health and patient safety.		
6. Go to an internet chat room to ask other nurses if they have dealt with such a problem and what they would advise her to do.		

Comments:

Story Three

Mr. Ames, 80 years old, has been unconscious in ICU for 6 days after coronary bypass surgery. Efforts to wean him from the ventilator have been unsuccessful due to his history of COPD and poor pulmonary function tests. The cardiovascular surgeon asked Mrs. Ames to sign a consent to perform a tracheotomy on Mr. Ames so he could be transferred out of the ICU as soon as possible to free up a much needed ICU bed. Mr. and Mrs. Ames had discussed their preferences for end-of-life care before the surgery. Mrs. Ames expressed her belief that Mr. Ames would view a tracheotomy as an extraordinary measure to preserve his life. She refused to sign the consent. Within the next 24 hours, the cardiovascular resident and the intensivist requested her to sign the permit. Mrs. Ames asked to talk privately to Mike, the RN who had taken care of Mr. Ames during the last 2 days. Mike knew that performing a tracheotomy might prolong Mr. Ames' life and that he would want this to be done, regardless of the quality of life, if this were his father.

For each action below indicate your level of agreement with the nursing action Mike should take (Column A) and with the nursing action most nurses are realistically likely to take (Column B) by placing a number in the appropriate box according to the following scale:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

Column A Column B

NURSING ACTIONS	Mike <u>should:</u>	In my unit nurses are <u>realistically likely</u> to:
1. Suggest a multidisciplinary conference with Mrs. Ames, her family, himself and the physician to discuss the matter.		
2. Recognize that one's own personal values, in this case Mike's, may be in conflict with those of the patient and family.		
3. Suggest that Mrs. Ames discuss the matter with the hospital chaplain and offer to call the chaplain.		
4. Attend a conference on end-of-life decision-making sponsored by the local hospice association.		
5. Support Mrs. Ames regardless of the decision she makes.		
6. Discuss Mr. Ames' quality of life with Mrs. Ames so that she understands the importance of performing a tracheostomy on him.		

Comments:

Story Four

Mr. Gonzales was diagnosed with cancer one year ago and was admitted to the hospital for recurrence of cancer. The oncologist wanted to test an experimental cancer drug on Mr. Gonzales and was trying to convince him that he might be helped by it. The nursing and medical staffs on the unit knew that Mr. Gonzales' questions were not answered fully or truthfully by the oncologist. They knew he wanted to test the drug through further research and was intent on getting Mr. Gonzales as a subject by whatever means. The physician asked Mr. Gonzales to sign a consent form and he was considering signing it because of his prior trust in his oncologist and his fear that saying no would jeopardize his care. He shared these thoughts with his nurse, Hannah. He asked questions about the drug and what he ought to do.

For each action below indicate your level of agreement with the nursing action Hannah should take (Column A) and with the nursing action most nurses are realistically likely to take (Column B) by placing a number in the appropriate box according to the following scale:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

Column A Column B

NURSING ACTIONS	Hannah <u>should:</u>	In my unit nurses are <u>realistically</u> <u>likely to:</u>
1. Tell Mr. Gonzales that it is up to him to decide whether or not to participate in the experimental research.		
2. Reassure Mr. Gonzales that his physician is acting in his best interest.		
3. Request a consult from the hospital ethics committee.		
4. Call and arrange a meeting involving the patient, the oncologist, Mr. Gonzales' primary physician, and herself so that Mr. Gonzales can have his questions answered.		

5. Do nothing because this is usually what happens when patients are asked to consent to research.		
6. Inform the human subjects review committee about Mr. Gonzales' concerns.		

Comments:

Story Five

It was a holiday weekend on a busy 30-bed pediatric unit with several recent post-op and acutely ill patients. Four registered nurses and one aide were on duty. Everything was under control until 6-year old Kyeisha was admitted as an emergency because the Pediatric ICU was full. She had fallen off some monkey bars and sustained a concussion. She required vital signs and neurological checks every hour. Kyeisha’s parents were visibly anxious about her. The nurse in charge, Jennifer, now felt that the unit was not adequately staffed to provide safe care to all the children. Jennifer called several staff members who were off-duty, but no one was available to come in and work. This was not the first time that short staffing had caused an unsafe situation.

For each action below indicate your level of agreement with the nursing action Jennifer should take (Column A) and with the nursing action most nurses are realistically likely to take (Column B) by placing a number in the appropriate box according to the following scale:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

	Column A	Column B
NURSING ACTIONS	Jennifer <u>should</u> :	In my unit nurses are <u>realistically likely</u> to:
1. Ask the resident to move Kyeisha to the pediatric ICU because of her care requirements and the high patient to staff ratio on the pediatric unit.		

2. Call the nurse manager at home and tell her that the unit staffing is unsafe.		
3. Tell the administrative shift coordinator that she (Jennifer) will not accept any responsibility if something untoward happens.		
4. Reassess patient needs and adjust assignments for the present staff to address priorities given the current situation.		
5. Document her concerns about nurse-patient ratios, present them to the nurse manager, and make suggestions that might be implemented to supplement staffing in an emergency situation.		
6. After the crisis is over contact the state nurses' association to explore strategies that might be used to influence changes in staffing patterns within her place of employment.		

Comments:

Story Six

Mrs. Sutton, 60, is an RN. She and her husband had their attorney prepare advance directives for each of them five years ago after they had discussed their wishes with one another and their two adult children, Beth and Peter. Mrs. Sutton did not want any extraordinary measures to sustain her life if there was little hope for recovery of physical and mental functioning. Subsequently she and Mr. Sutton were involved in a car accident; Mr. Sutton was killed instantly and Mrs. Sutton suffered head injuries and a spinal cord injury that left her a quadriplegic. After two weeks Mrs. Sutton suffered multi-organ system failure and the resident approached her children to discuss dialysis. Beth raised concerns about this because of her mother's wishes in her advance directives. Peter became angry and insisted that everything possible be done. Beth asked her mother's nurse, Anne, to tell her brother that he is wrong to override his mother's wishes.

For each action below indicate your level of agreement with the nursing action Anne should take (Column A) and with the nursing action most nurses are realistically likely to

take (Column B) by placing a number in the appropriate box according to the following scale:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

Column A Column B

NURSING ACTIONS	Anne <u>should</u> :	In my unit nurses are <u>realistically likely</u> to:
1. Tell Beth that she cannot mediate family disagreements.		
2. Suggest that Beth and Peter seek advice from the hospital ethics committee.		
3. Call social work to engage Beth and Peter in a discussion about their own values and those of their mother as expressed in her advance directives.		
4. Tell Peter that many physicians are reluctant to carry out advance directives if family members are in disagreement about what should be done.		
5. Volunteer to do a question-and-answer presentation on advance directives for her church's senior citizen group.		
6. Call the legal department for clarification of legal perspectives in such cases.		

Comments:

Scenario One

Jamal, a registered nurse, has been invited to serve on a committee being formed by the American Nurses Association to examine conditions and environments for practice. She is attending graduate school part-time, has a baby daughter, and works full-time. She is very interested in this opportunity but finds herself in a quandary.

For each action below indicate your level of agreement with the nursing action Jamal should take (Column A) and with the nursing action most nurses are realistically likely to take (Column B) by placing a number in the appropriate box according to the following scale:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

Column A Column B

NURSING ACTIONS	Jamal <u>should</u> :	In my unit nurses are <u>realistically likely</u> to:
1. Ask for a month to make a decision because it is an opportunity she is interested in.		
2. Decline because of her work and family responsibilities.		
3. Appreciate that this type of participation helps shape social policy at a broader level than her own unit or even her state.		
4. Accept the premise that collective efforts by nurses through the national professional organization is crucial to the advancement of the profession.		
5. Agree to participate despite her other obligations.		
6. Discuss, with her academic advisor, the possibility that serving on this committee could enable her to do a project for one of her courses, thus achieving two things at once.		

Comments:

Scenario Two

Jason is working on a unit where nursing faculty of the affiliated nursing school conduct nursing research on patient care problems. One of the faculty investigators meets with the nursing staff to offer them the opportunity to join her research team.

For each action below indicate your level of agreement with the nursing action Jason should take (Column A) and with the nursing action most nurses are realistically likely to take (Column B) by placing a number in the appropriate box according to the following scale:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

	Column A	Column B
NURSING ACTIONS	Jason <u>should</u> :	In my unit nurses are <u>realistically likely</u> to:
1. Focus all his efforts on taking care of patients because that is his sole responsibility.		
2. Volunteer to assist because he is planning to start graduate school to learn more about scholarly approaches to patient care.		
3. Use this opportunity to acquire research skills that can result in improved patient care.		
4. Participate when he has a slow day.		
5. Decline because staff nurses don't have the time or knowledge to contribute to nursing research efforts.		

Comments:

Appendix D

Demographic Data Sheet

1. Age:

- A. 20-34 years
- B. 35-45 years
- C. 46-59 years
- D. > 60 years

2. Gender:

- A. Male
- B. Female

3. Race:

- A. White
- B. Black
- C. Asian
- D. Latino
- E. Other

4. Degree Sought:

- A. MSN
- B. Post Master's Certificate
- C. PhD
- D. DNP

5. Year in the program:

- A. 1
- B. 2
- C. 3
- D. 4
- E. 5
- F. 6
- G. 7
- H. 8 or more

6. Number of years in nursing:

- A. 1-5
- B. 6-10
- C. 11-15
- D. 16-20
- E. 21-25
- F. 26-30
- G. 31-35
- H. 36-40
- I. 41-45

7. Are you a US citizen?

A. Yes

B. No

8. Have you ever been part of an ethics committee?

A. Yes

B. No

9. Have you ever participated in a free standing ethics course?

A. Yes

B. No

10. If the answer to question 9 was yes, then please state where you took the course

A. Nursing school

B. Hospital

C. Other discipline

Appendix E

Focus Group Interview Guide

- 1) What was taught in your undergraduate and/or graduate program about ethical theories and ethical decision-making? Which did you find more helpful, and why?
- 2) Do you feel the curriculum content in your BSN curriculum on bioethics was adequate to prepare you to make ethical decisions in your practice? Explain.
- 3) Describe for me the other theories given in class help you to answer the questions on the JAND – why/why not?
- 4) Tell me about which theory you think will help you most in making ethical decisions in your practice?
- 5) What struck you as having particular value in helping you to make ethical decisions with this theory?
- 6) Tell me about which theory you think will help you least in making ethical decisions in your practice?
- 7) Which theory best supports the rights of patients to be self-determined? Why?

Appendix F

Participant Instructions

Welcome and thank you for agreeing to participate in this research study. “The impact of ethical and ethical decision-making on professional practice is being increasingly recognized. This raised ethical awareness, seemingly unceasing technological, and social developments mean that the range and complexity of ethical issues that nurses should respond to will increase. This development will ultimately emphasize the need for enhanced ethical sensitivity and reasoning skills by the nurse” (Chaloner, 2007, pp. 40-41). This study will help, in part, to address this current concern by specifically testing the theory of Symphonology, a practice based ethical decision-making model, and gaining insight into your experience with ethics and ethical decision-making.

Please read the following instructions carefully:

- First review and thoroughly read the consent form, it is attached to this document. If, after reviewing the consent, you want to participate in the study please sign and date the form and either e-mail the form back to me (after adding your electronic signature) or print it off and sign the form. If you choose this method, you may either fax (610-869-0348) it to me, scan the document and e-mail it back, or mail the document to me (address: Megan Mraz 12 Jack Reynolds Way Avondale, PA 19311). You will see a number on the consent form. This is your code that will be used for all further communication. Be sure to write your code down somewhere since you will need to place it on all other correspondences.

- ❑ Once the consent form is received, you will receive an e-mail from me with the links to Blackboard (BB). This site will allow you to complete the demographic data sheet as well as the first JAND. You must complete this one week prior to the beginning of the course. No one will be permitted to participate in the study once the course has started.
- ❑ Following this, you will begin your course in Bioethical Decision-Making with Dr. Gladys Husted, the co-author and designer of the theory. The course will focus strictly on the theory of Symphonology through an eight week period. Following the presentation of the theory in its entirety, you will be asked to complete the JAND for a second time through BB. This survey will be entitled JAND II so as not to confuse the pre and post surveys. You will have only 4 days to complete this. You must do it before beginning the last part of the course that deals with other theories. If you do not complete the JAND for the second time, your prior information cannot be used for the study. Therefore, I hope that you will do this. Reminders will be posted on BB.
- ❑ Once you have completed the JAND for the second time, you will continue with your lessons in ethical decision-making and become familiar with other theories of ethical decision-making.
- ❑ At the end of the course, you will be asked to participate in a one hour online focus group with approximately five to eight students per group. In order to maintain confidentiality during the focus group discussion, you will continue to use your code to log-on to BB. This code will be the only

identifier of the group session. Dr. Husted will be asked to remind you to do the focus group work, but there will also be a general reminder posted onto BB. Sign up times for the focus group sessions will be posted on BB as it comes closer to the culmination of the course.

- You will access the focus group by logging onto BB using the code provided to you and the password “welcome.” If at any time you have questions or you wish to participate but the time of the focus group is inconvenient, please do not hesitate to contact me.
- My e-mail is: infantim@duq.edu
- My cell number is: 302-379-2594

Thank you for your time and consideration in this very important research study!!!!

Appendix G

Statistician Power Analysis

Memorandum

To: Megan Mraz

From: Bob Gallop

Date: 22 April 2009

Subject: Power Issues

Power Background:

Determination of the sample size for a clinical trial involves the control of power for the appropriate statistical test (Mace, 1973). For analytical studies and experiments, the sample size is an estimate of the number of subjects required to statistically detect a meaningful association between the predictor and the outcome variable used in the study. Sample size considers the magnitude of the effect one expects to find, and the specified likelihood of making either a Type-I error, whereby one incorrectly concludes that an observed effect is real and not due to chance, or a Type-II error, whereby one wrongly

concludes that there is no significant relationship between the predictor and the outcome variable when such a relationship exists (Fisher & Van Belle, 1993).

The power of a test is the probability of correctly rejecting a false null hypothesis. This probability is inversely related to the probability of making a Type II error (accepting the Null hypothesis when in fact it is false). Recall, also that the probability of making a Type I error (rejecting the Null hypothesis when in fact it is true) is the alpha-level for the test. You can think of the statistical decision process illustrated in the below table.

	STATISTICAL DECISION	
TRUE STATUS	Reject the Null	Accept the Null
Null is True	Type I error α	Correct Decision $1 - \alpha$
Null is False	Correct Decision $1 - \beta$	Type II Error β

Decisions depend on whether the Null is true or False. The null hypothesis is of key importance because it lays out what we initially believe to be the distribution of the outcome of interest. Statistical significance levels (p-values) and Confidence Intervals are built are based on the Null hypothesis. For this we use “central” t, which reflect reality when the null hypothesis is true. The “non-central” distributions are generalizations of their usual “central” counterparts with an additional parameter known as a noncentrality parameter. The more false the null hypothesis, the larger the

noncentrality parameter. Therefore, the noncentrality parameter is related to effect size and power for a test.

Power for One Sample study examining Pre to Post Change:

Examination of statistical power for a pre-post design, must take into account the within person correlation. With these two repeated measures, the fundamental difference is that repeated observations within subjects are correlated. This correlation has a profound impact on the resulting test of significance (Kraemer, 1981). When the within subject correlation is properly incorporated, the repeated measures analysis takes full advantage of all information obtained from each subject, thereby greatly increasing statistical power over methods that compare treatments Cross sectionally (Gibbons, 1993). One goal of the proposed study is to test the null hypothesis that the mean difference (or change) is 0.00. The criterion for significance (alpha) has been set at 0.05. The test is 2-tailed, which means that an effect in either direction will be interpreted.

With the proposed sample size of n subjects, and a common variance at the two assessments, the study's power is dependent on the size of the effect and the within subject correlation for the pre to post measures. We'll assume the difference between pre to post corresponds to half the common standard deviation between the two assessments. This half a common standard deviation is referred to as the Cohen's (1988) effect size of 0.5 for the test, corresponding to a medium effect. We will also inspect the power for a

large effect size of 0.8 corresponding to an 80% of the common standard deviations in the two means.

Table 1. Power calculations based on medium and large effects for N=30, 25, or 20 as a function of within subject correlation.

Within-Subject Correlation between Pre and Post	N=30		N=25		N=20	
	Medium Effect	Large Effect	Medium Effect	Large Effect	Medium Effect	Large Effect
0.1	0.505	0.884	0.432	0.816	0.353	0.716
0.2	0.553	0.917	0.475	0.858	0.389	0.765
0.3	0.609	0.947	0.527	0.900	0.434	0.818
0.4	0.676	0.972	0.591	0.938	0.491	0.872
0.5	0.754	0.988	0.670	0.970	0.565	0.924
0.6	0.841	0.997	0.765	0.990	0.660	0.966
0.7	0.927	>.999	0.872	0.999	0.782	0.992
0.8	0.987	>.999	0.966	>.999	0.918	>.999
0.9	>.999	>.999	>.999	>.999	0.997	>.999

Now to determine the power for this analysis, you can base it on (a) expected effect, (b) assumed correlation between the pre and post score, and (c) sample size. For example, with a sample size of N=25, with a within subject correlation of 0.2 between the pre and

post assessment, I have 47.5% power to detect a medium effect (mean pre to post differ by ½ a standard deviation) and 85.5% power to detect a large effect (mean pre to post differ by 80% of a standard deviation). Usually people look to exceed 80% power to claim your study is sufficiently powered.

Mace, A.E. (1973). *Sample Size Determinations*. Huntington, NY: Krieger

Fisher, L.D., and Van Belle, G. (1993). *Biostatistics – A Methodology for the Health Sciences*. New York, NY: Wiley and Sons.

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*, 2nd Ed. Hillsdale, NJ: Lawrence Earlbaum Associates.

Kraemer, H. (1981). Coping strategies in psychiatric clinical research. *Journal of Consulting Clinical Psychology*, **49**, 309-319.

Gibbons, R.D., Hedeker, D., Elkin, I., Waternaux, C., Kramer, H.C., Greenhouse, J.B.,, Shea, T, Imber, S.D., Sotsky, S.M., and Watkins, J.T. (1993). Some Conceptual and Statistical Issues in Analysis of Longitudinal Psychiatric Data. *Archives of General Psychiatry*, **50**, 739-750.

Appendix H

Video Outline

I. Welcome

- a. Introduction of the principal investigator
- b. Significance of the study

II. Purpose and research questions

- a. Purpose
- b. Research questions

III. Design

- a. Quasi-experimental one group pretest-posttest design
- b. Online focus group discussion session

IV. Demographic Data Sheet

- a. Purpose

V. Quantitative Data collection

- a. JAND
- b. Reliability and validity

VI. Qualitative Data Collection

- a. Focus Group methodology
- b. Purpose

VII. Time Commitment

- a. Tool and demographic
- b. Online focus group

VII. Consent form

- a. Review of participant benefits
- b. Review of participant expectation to not discuss with other members of the course

Thank you for taking the time to consider this research opportunity. I look forward to working with you!

Appendix I

JUDGMENTS ABOUT NURSING DECISIONS 2007

Investigator Version

Attached are six stories and two scenarios in which nurses find themselves in an ethical dilemma. Various courses of action that a nurse might take to resolve the ethical dilemma are listed following each story.

There are times nurses may believe and think that they should, from a professional point of view, act in a certain manner. However, because of various rules and other limiting factors that exist in an organization they may not always be able to act according to their beliefs and thoughts. Keeping these constraints in mind, you are asked to respond to each action in two ways.

3. **Column A** Decide if the nurse in the story should, in an ideal situation, carry out each of the described actions or should not take the actions.
4. **Column B** Decide if nurses on the unit where you work would, given constraints present on the unit or in the organization, be realistically likely to carry out each of the described actions.

Different nurses will have different views on these matters. It is your individual assessment and judgment that is sought about the actions in each of the nursing actions in Column A and Column B. Your answers for each column may be similar or they may be different. The nursing actions listed are not mutually exclusive. A nurse may take one or more actions to resolve ethical dilemmas. If you answer “yes” to one action in a story, you may also answer “yes” or other actions in that story as well.

Please do not write your name on the questionnaire. At no time will your name be identified with any of your answers nor will your individual answers be shared with anyone.

Story One

Rebecca and Nancy, good friends, were working on a Pediatric unit. Matthew, a one year old patient, went into heart failure and was transferred to the PICU. Immediately after transfer Rebecca told Nancy that she (Rebecca) had made a medication error and had given Matthew a larger dose of the digoxin than was prescribed. She said that she had not reported the error and did not intend to report it. Rebecca pleaded with Nancy not to say anything to anyone.

For each action below indicate your level of agreement with the nursing action Nancy should take(Column A) and with the nursing action most nurses are realistically likely to take (Column B) by placing a number in the appropriate box according to the following scale:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

	Column A	Column B
NURSING ACTIONS	Nancy <u>should</u> :	In my unit nurses are <u>realistically likely</u> to:
1. Overlook this one error because Rebecca is basically a competent nurse. Not recommended		
2. Reinforce the meaning of professional responsibility and accountability to Rebecca and suggest that she immediately report the error to the PICU staff and Matthew’s physician. Recommended		
3. Call the PICU anonymously, tell Matthew’s nurse of the overdose, and hang up. Ambiguous		
4. Discuss the matter with the charge nurse and seek advice as to what she should do. Ambiguous		
5. Explain to Rebecca that information on a drug overdose cannot be considered confidential when patient safety is compromised. Recommended		
6. Tell Rebecca that it is difficult to acknowledge a medication error but that she will support her during the process of reporting the error. Recommended		
7. Volunteer to present an education program to the pediatric unit staff about ethical responsibilities in reporting medication errors. Recommended		

Comments

Story Two

Dr. Zimmerman, the chief nephrologist of a community hospital, makes rounds on the dialysis unit visibly intoxicated, appearing disheveled and disorganized. This happens with some regularity. His speech is frequently slurred and inappropriate. Melissa, a staff nurse, has noticed Dr. Zimmerman’s behavior for a period of time and has approached both the head nurse of the unit and Dr. Zimmerman’s partner to express her concern. She was told by both of them to mind her own business. Melissa has three school age children and she is the sole support of her family. She lives in a small close-knit community and is aware that Dr. Zimmerman and his wife are good friends with the Vice President of Patient Care and her husband. The community hospital where Melissa works is the only agency where she can work within a 75-mile radius.

For each action below indicate your level of agreement with the nursing action Melissa should take (Column A) and with the nursing action most nurses are realistically likely to take (Column B) by placing a number in the appropriate box according to the following scale:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

	Column A	Column B
NURSING ACTIONS	<u>Melissa should:</u>	<u>In my unit nurses are realistically likely to:</u>
1. Call her professional organization or the state board of nursing to discuss her concerns and seek advice. Recommended		
2. Offer to participate in establishing and implementing a policy and procedure for reporting and handling impaired practice. Recommended		
3. Do nothing because it is not Melissa’s responsibility to monitor medical practice. Not recommended		
4. Refer patients who complain about Dr. Zimmerman’s behavior to Dr. Zimmerman’s partner. Not recommended.		
5. Speak to Dr. Zimmerman privately and express concern about his health and patient safety. Recommended		
6. Go to an internet chat room to ask other nurses if they have dealt with such a problem and what they would advise her to do. Ambiguous		

Comments:

Story Three

Mr. Ames, 80 years old, has been unconscious in ICU for 6 days after coronary bypass surgery. Efforts to wean him from the ventilator have been unsuccessful due to his history of COPD and poor pulmonary function tests. The cardiovascular surgeon asked Mrs. Ames to sign a consent to perform a tracheotomy on Mr. Ames so he could be transferred out of the ICU as soon as possible to free up a much needed ICU bed. Mr. and Mrs. Ames had discussed their preferences for end-of-life care before the surgery. Mrs. Ames expressed her belief that Mr. Ames would view a tracheotomy as an extraordinary measure to preserve his life. She refused to sign the consent. Within the next 24 hours, the cardiovascular resident and the intensivist requested her to sign the permit. Mrs. Ames asked to talk privately to Mike, the RN who had taken care of Mr. Ames during the last 2 days. Mike knew that performing a tracheotomy might prolong Mr. Ames’ life and that he would want this to be done, regardless of the quality of life, if this were his father.

For each action below indicate your level of agreement with the nursing action Mike should take (Column A) and with the nursing action most nurses are realistically likely to take (Column B) by placing a number in the appropriate box according to the following scale:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

NURSING ACTIONS	Column A	Column B
	Mike <u>should</u> :	In my unit nurses are <u>realistically likely</u> to:
1. Suggest a multidisciplinary conference with Mrs. Ames, her family, himself and the physician to discuss the matter. Recommended		
2. Recognize that one’s own personal values, in this case Mike’s, may be in conflict with those of the patient and family. Recommended		
3. Suggest that Mrs. Ames discuss the matter with the hospital chaplain and offer to call the chaplain. Recommended		
4. Attend a conference on end-of-life decision-making sponsored by the local hospice association. Recommended		
5. Support Mrs. Ames regardless of the decision she makes. Recommended		
6. Discuss Mr. Ames’ quality of life with Mrs. Ames so that she understands the importance of performing a tracheostomy on him. Not recommended		

Comments:

Story Four

Mr. Gonzales was diagnosed with cancer one year ago and was admitted to the hospital for recurrence of cancer. The oncologist wanted to test an experimental cancer drug on Mr. Gonzales and was trying to convince him that he might be helped by it. The nursing and medical staffs on the unit knew that Mr. Gonzales’ questions were not answered fully or truthfully by the oncologist. They knew he wanted to test the drug through further research and was intent on getting Mr. Gonzales as a subject by whatever means. The physician asked Mr. Gonzales to sign a consent form and he was considering signing it because of his prior trust in his oncologist and his fear that saying no would jeopardize his care. He shared these thoughts with his nurse, Hannah. He asked questions about the drug and what he ought to do.

For each action below indicate your level of agreement with the nursing action Hannah should take (Column A) and with the nursing action most nurses are realistically likely to take (Column B) by placing a number in the appropriate box according to the following scale:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

NURSING ACTIONS	Column A Hannah <u>should</u> :	Column B In my unit nurses are <u>realistically likely</u> to:
1. Tell Mr. Gonzales that it is up to him to decide whether or not to participate in the experimental research. Ambiguous.		
2. Reassure Mr. Gonzales that his physician is acting in his best interest. Not recommended		
3. Request a consult from the hospital ethics committee. Recommended		
4. Call and arrange a meeting involving the patient, the oncologist, Mr. Gonzales’ primary physician, and herself so that Mr. Gonzales can have his questions answered. Recommended		
5. Do nothing because this is usually what happens when patients are asked to consent to research. Not recommended		
6. Inform the human subjects review committee about Mr. Gonzales’ concerns. Recommended		

Comments:

Story Five

It was a holiday weekend on a busy 30-bed pediatric unit with several recent post-op and acutely ill patients. Four registered nurses and one aide were on duty. Everything was under control until 6-year old Kyeisha was admitted as an emergency because the Pediatric ICU was full. She had fallen off some monkey bars and sustained a concussion. She required vital signs and neurological checks every hour. Kyeisha’s parents were visibly anxious about her. The nurse in charge, Jennifer, now felt that the unit was not adequately staffed to provide safe care to all the children. Jennifer called several staff members who were off-duty, but no one was available to come in and work. This was not the first time that short staffing had caused an unsafe situation.

For each action below indicate your level of agreement with the nursing action Jennifer should take (Column A) and with the nursing action most nurses are realistically likely to take (Column B) by placing a number in the appropriate box according to the following scale:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

	Column A	Column B
NURSING ACTIONS	Jennifer <u>should</u> :	In my unit nurses are <u>realistically likely</u> to:
1. Ask the resident to move Kyeisha to the pediatric ICU because of her care requirements and the high patient to staff ratio on the pediatric unit. Recommended		
2. Call the nurse manager at home and tell her that the unit staffing is unsafe. Ambiguous		
3. Tell the administrative shift coordinator that she (Jennifer) will not accept any responsibility if something untoward happens. Ambiguous		
4. Reassess patient needs and adjust assignments for the present staff to address priorities given the current situation. Recommended		
5. Document her concerns about nurse-patient ratios, present them to the nurse manager, and make suggestions that might be implemented to supplement staffing in an emergency situation. Recommended		
6. After the crisis is over contact the state nurses’ association to explore strategies that might be used to influence changes in staffing patterns within her place of employment. Recommended		

Comments:

Story Six

Mrs. Sutton, 60, is an RN. She and her husband had their attorney prepare advance directives for each of them five years ago after they had discussed their wishes with one another and their two adult children, Beth and Peter. Mrs. Sutton did not want any extraordinary measures to sustain her life if there was little hope for recovery of physical and mental functioning. Subsequently she and Mr. Sutton were involved in a car accident; Mr. Sutton was killed instantly and Mrs. Sutton suffered head injuries and a spinal cord injury that left her a quadriplegic. After two weeks Mrs. Sutton suffered multi-organ system failure and the resident approached her children to discuss dialysis. Beth raised concerns about this because of her mother’s wishes in her advance directives. Peter became angry and insisted that everything possible be done. Beth asked her mother’s nurse, Anne, to tell her brother that he is wrong to override his mother’s wishes.

For each action below indicate your level of agreement with the nursing action Anne should take (Column A) and with the nursing action most nurses are realistically likely to take (Column B) by placing a number in the appropriate box according to the following scale:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

NURSING ACTIONS	Column A Anne <u>should</u> :	Column B In my unit nurses are <u>realistically likely</u> to:
1. Tell Beth that she cannot mediate family disagreements. Ambiguous		
2. Suggest that Beth and Peter seek advice from the hospital ethics committee. Recommended		
3. Call social work to engage Beth and Peter in a discussion about their own values and those of their mother as expressed in her advance directives. Recommended		
4. Tell Peter that many physicians are reluctant to carry out advance directives if family members are in disagreement about what should be done. Ambiguous		
5. Volunteer to do a question-and-answer presentation on advance directives for her church’s senior citizen group. Recommended		
6. Call the legal department for clarification of legal perspectives in such cases. Recommended		

Comments:

Scenario One

Jamal, a registered nurse, has been invited to serve on a committee being formed by the American Nurses Association to examine conditions and environments for practice. She is attending graduate school part-time, has a baby daughter, and works full-time. She is very interested in this opportunity but finds herself in a quandary.

For each action below indicate your level of agreement with the nursing action Jamal should take (Column A) and with the nursing action most nurses are realistically likely to take (Column B) by placing a number in the appropriate box according to the following scale:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

NURSING ACTIONS	Column A Jamal <u>should</u> :	Column B In my unit nurses are <u>realistically likely</u> to:
1. Ask for a month to make a decision because it is an opportunity she is interested in. Not recommended		
2. Decline because of her work and family responsibilities. Not recommended		
3. Appreciate that this type of participation helps shape social policy at a broader level than her own unit or even her state. Recommended		
4. Accept the premise that collective efforts by nurses through the national professional organization is crucial to the advancement of the profession. Recommended		
5. Agree to participate despite her other obligations. Ambiguous		
6. Discuss, with her academic advisor, the possibility that serving on this committee could enable her to do a project for one of her courses, thus achieving two things at once. Recommended		

Comments:

Scenario Two

Jason is working on a unit where nursing faculty of the affiliated nursing school conduct nursing research on patient care problems. One of the faculty investigators meets with the nursing staff to offer them the opportunity to join her research team.

For each action below indicate your level of agreement with the nursing action Jason should take (Column A) and with the nursing

action most nurses are realistically likely to take (Column B) by placing a number in the appropriate box according to the following scale:

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

NURSING ACTIONS	Column A	Column B
	Jason <u>should</u> :	In my unit nurses are <u>realistically likely</u> to:
1. Focus all his efforts on taking care of patients because that is his sole responsibility. Not recommended		
2. Volunteer to assist because he is planning to start graduate school to learn more about scholarly approaches to patient care. Recommended		
3. Use this opportunity to acquire research skills that can result in improved patient care. Recommended		
4. Participate when he has a slow day. Ambiguous		
5. Decline because staff nurses don't have the time or knowledge to contribute to nursing research efforts. Not recommended		

Comments:

Appendix J

Letter to Colleagues

Dear Colleagues, I am writing to ask your help in the testing of the Husted theory of Symphonology by agreeing to be part of an expert panel to establish content validity of the tool I plan to use. I am one of Gladys Husted's doctoral students and am testing the theory.

The purpose of the study is to: determine the effect of a Symphonology-based educational intervention on the ethical decision-making judgment of advanced level nursing students. In addition, this study will gain some insight into the perspectives of graduate nursing students in learning and applying Symphonology and other ethical theories.

The research questions are:

- What is the effect of a Symphonology-based educational intervention on the ethical decision-making judgment of advanced level nursing students?
- What do the advanced level nursing students express about the guidance given by the application of Symphonology in dealing with ethics and ethical decision-making in day to day practice?

- What do the advanced level nursing students express about the guidance given by the application of other theories in dealing with ethics and ethical decision-making in practice?

The research design for this study will be both a quantitative approach, in the form of a quasi-experimental one group pretest-posttest design, and a qualitative approach, in the form of an online focus group, to address the study's research questions.

The tool is the JAND and is to measure ethical decision-making. It was developed by Shake Ketefian and used for the first time in 1982. The stories and scenarios were given to Ketefian by practicing nurses. Since then it has been used numerous times and with different audiences. The Cronbach alpha is .71 therefore is identified as acceptable and content validity has been established by experts who established the actions according to the ANA Code of Ethics.

The purpose of the tool is to measure ethical decision-making in the presence of a dilemma, I am asking you to read the 6 stories and 2 scenarios and make a judgment as to whether you see each story and each scenarios as having an ethical dilemma requiring ethical analysis that would lend itself to being resolved by the theory of symphonology. For symphonology, the purpose of ethics is to come to a judgment about what one ought to do – what is right or wrong - in a given context. Based on your perceptions about the stories or scenarios, there could be deletion of any story or scenarios that the panel

evaluates as not involving an ethical dilemma lending itself to a resolution using the theory of Symphonology, depending on the input of the expert panel. The student would then calculate reliability for the tool as changed, both pre and post.

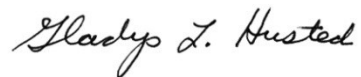
It is not part of this request to analyze the actions under each story and scenario, as these could not be changed.

I hope that you will consider this request. You have been selected as you are knowledgeable about the theory and could serve in the capacity as an expert panel. If you agree, I will send you the tool and ask that you return it to me within 10 days. Thank you so much for helping me with my dissertation.

Appendix K

Letter of Confidentiality

Regarding the research study of Megan Mraz: *The Impact of the Symphonological Approach to Ethical Decision Making on Advanced Level Nursing Students*, I will not disclose the names or any information about the students taking the class nor talk to the students about the principal investigator.

A handwritten signature in cursive script that reads "Gladys L. Husted".

Gladys L. Husted, RN, PhD, CNE

School of Nursing, Distinguished Professor Emeritus

Appendix L

The expert panel was asked to review the tool and place their judgment about each story and each scenario on the response form provided to them. Of the 10 members, nine responses were received. The responses are as follows:

- Story one: all respondents indicated the story as appropriate to measuring the effectiveness of Symphonology
- Story two: 89% of respondents indicated the story as appropriate to measuring the effectiveness of Symphonology
- Story three: 78% of respondents indicated the story as appropriate to measuring the effectiveness of Symphonology
- Story four: 89% of respondents indicated the story as appropriate to measuring the effectiveness of Symphonology
- Story five: 89% of respondents indicated the story as appropriate to measuring the effectiveness of Symphonology
- Story six: all respondents indicated the story as appropriate to measuring the effectiveness of Symphonology
- Scenario one: 56% of respondents indicated the story as appropriate to measuring the effectiveness of Symphonology
- Scenario two: 56% of respondents indicated the story as appropriate to measuring the effectiveness of Symphonology