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Strategies for Strengthening Ethics Education in a DNP Program

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Abstract

Nurse practitioners frequently encounter ethical dilemmas, and identifying these situations is essential to effective resolutions. An innovative approach involving collaboration between Doctor of Nursing Practice (DNP) and Doctor of Philosophy (PhD) faculty was used to address this need in a graduate nursing program. The results included a broader understanding of the synergy of the two educational backgrounds in translating and delivering evidence-based practices. The development and use of realistic case studies was a teaching strategy for ethics education. The unique backgrounds of each faculty member promote ethical practice among DNP students, which is essential to the profession.

Key words: Ethics Education; Doctor of Nursing Practice; Advanced Practice Nurses; Teaching Strategies; Faculty-Student Teams

Strategies for Strengthening Ethics Education in a DNP Program

Background

The code of ethics for nurses is fundamental to providing a framework for ethical decision making and guiding practice (ANA, 2015). Advanced Practice Registered Nurses (APRNs), specifically nurse practitioners (NPs) with doctor of nursing practice (DNP) degrees, are on the frontline of patient care as ethical leaders and advocates.

Despite attempts to dismantle the Affordable Care Act (ACA), more individuals are receiving healthcare; in response, the number of NPs has increased more than 56% in the last decade with 77.8% delivering primary care (American Association of Nurse Practitioners [AANP], 2018). As Laabs (2015) observed, a systematic approach designed to inform and support graduate nurses in achieving the highest professional level is paramount to maintaining ethical standards, and a required ethics course is essential in graduate education. Case studies and the use of exemplars are recommended in ethical education among nursing students as they enhance the ability to identify ethically challenging situations (Airth-Kindree & Kirkhorn, 2016; Jennings, Kahn, Mastroianni, & Parker, 2003). Providing students with a solid foundation in ethics is vital and ideally begins at the undergraduate level.

Purpose

Since its inception, a DNP program at a Pacific Northwest university has included ethics as a curricular thread, yet graduates have reported difficulty in identifying ethical dilemmas. This brief illustrates the development of realistic case studies through PhD/DNP and DNP student collaboration as a teaching strategy in identifying and resolving ethical dilemmas.

Method

Two distinct faculty-student teams participated in university seminars in applied ethics, one in 2014-2015 (Team A) and one in 2015-2016 (Team B). Team A consisted of a DNP family nurse practitioner (FNP) faculty member and a DNP/FNP student. After institutional review board (IRB) approval, in Spring 2015 Team A reviewed autonomy, beneficence, non-maleficence, and justice in the class before providing an ethical framework and four case studies. The ethical framework, the American Public Health Association Model Curriculum in Ethics and Public Health and its six strategies for analyzing ethical situations were used to guide the students through case studies (see Table 1). Team A developed the case studies on current topics in health care: mammogram recommendations, targeted tobacco advertisements, religious exemption for vaccines, and an uninsured child seeking care in the Emergency Room. Using this last case study, Team A walked the students ($n=24$) through analyzing, discussing, and determining a solution using the framework. Three student groups were guided in discussing the other three case studies. Two months later, Team A provided a self-developed survey to the students to determine the usefulness of the framework and case studies in determining ethical resolution. The anonymous responses included a 5-point Likert scale (1-Strongly Agree, 2-Agree, 3-Undecided, 4-Disagree, and 5-Strongly Disagree). Afterwards, Team A discussed how the ethics intervention could be improved and whether further exploration of ethical dilemmas could be developed with another team with research skills.

Subsequently, in Spring 2016 and with input from Team A, Team B explored student-patient encounters related to ethical dilemmas. After IRB approval, this team surveyed students ($n=33$) as to their knowledge and understanding of ethical dilemmas using Qualtrics to allow for anonymous responses. The second survey group included nine students who had not been part of the earlier ethical education. Students were asked what barriers they perceived in speaking up in

ethically challenging situations. From the 13 unique responses received (39.4% response rate), Team B's analysis revealed the types of encounters DNP students experienced and common barriers to addressing ethical conflicts and then used these data to write three new case studies. The students completed a follow-up questionnaire in which they were presented with the new case studies and asked to confirm whether these were ethical dilemmas (see Table 2). Also, they received the list of identified barriers and were asked if these represented their experiences. Participants agreed that the crafted cases were realistic ethical dilemmas.

Due to the anonymous nature of the survey, pre-post comparisons could not be made on the individual level. Demographic data including gender and years of experience as a registered nurse (RN) were gathered, but the small sample size was not meaningful for comparisons between groups. Team B analyzed the responses to establish and determine frequencies of categories and themes, and it used qualitative content analysis to establish frequencies.

Outcomes

Table 3 presents the Team A's post-study survey. Data analysis of Team A's survey included a quantitative summary of responses and common themes to the open-ended question "Please list below any suggestions you may have as to how this learning experience could be enhanced."

Eleven of the 12 students (92%) responded from the Health Policy course. The majority (45%-73%) disagreed or strongly disagreed with the first four questions (see Table 3). Yet all thought that they could apply the knowledge gained in their practice. This group also chose both responses— "as a foundation to learn more" and "to reinforce current practice," —as ways they would use the information. All six written comments stated that the case studies were not clear ethical dilemmas, that they were confusing, and that they seemed like policy issues.

Nine of the 12 (75%) from the Human Ecology course responded. These respondents were more undecided (33%-44%) about the first four questions. About one-third agreed with the questions (33-78%), and fewer than half strongly agreed (22-33%), none disagreed. Like the Health Policy group, these students also thought they could apply the knowledge gained in one or more areas of their practice. The four written comments all stated the need for more discussion with fewer case studies.

Team B's students defined ethical dilemmas as issues of morality, situations requiring an ethical analysis, situations without a clear right and wrong choice, situations where any given choice violates an ethical principle, and "being stuck between a rock and a hard place." Identified barriers to speaking up included not wanting to upset a preceptor/superior, lack of experience, and not wanting to disclose private information. Team B's response rate was 39.4%.

Discussion

This brief highlights the collaboration of PhD and DNP faculty members to improve the quality of ethics teaching in a DNP program. Both teams participated in ethics training with student pairs, a long-standing tradition at the university to engage students in exploring and applying ethical issues. Initially, Team A participated in ethics training, then developed and incorporated case studies into two courses, expecting that students would find the case studies and discussion helpful for clinical practice. Disappointed with the results, Team A discussed with the PhD faculty how to increase the students' ability to identify ethical dilemmas. This synergy is consistent with strategies in the literature (Staffileno, Murphy, & Carlson, 2016). Collaboration is critical to advancing nursing science and to translating research into practice, and our collaboration was a step toward improving ethics teaching. Teamwork will enhance patient outcomes particularly in identifying and resolving ethical dilemmas.

The authors work in an environment where collaboration is fostered and where all faculty are equal and valued for their scholarly endeavors, complimentary roles, clinical acumen, and skills. Both the DNP and PhD faculty members have clinical practice outside the university in different areas, one in urgent care and one in managing patients with complex health problems. Each of these areas has ethical dilemmas that can inform case studies. The student collaborators brought their insights and curiosity as well as how they thought their classmates would receive the knowledge and interact in discussion. The students viewed the faculty as role models and mentors in practice.

Because of the Team A student feedback, the authors spent considerable time discussing the placement of ethics in the curriculum and dilemmas seen in practice, which influenced Team B's conclusion that ethics should be embedded in course outcomes for all clinical courses. We are proposing that our graduate curriculum committee add an ethics-based course outcome in the courses. The results of this multifaceted collaboration identified the importance of including formal ethics education in the DNP curriculum and determining how to create realistic case studies to illustrate ethical dilemmas and determine their solutions.

Conclusion

DNP programs must formalize ethical educational practices to better prepare DNP/FNPs for the rigors of the healthcare arena. Healthcare has many ethical dilemmas, and both novice and experienced practitioners need to learn to think through the issues when there are no clear-cut answers to being compassionate and caring providers. Our collaboration changed the way ethics is taught in our DNP curriculum by using ethical dilemmas case studies which are now integrated into the course outcomes for clinical courses. This article advances the science of nursing education by disseminating the strategies used to identify and resolve ethical dilemmas

for DNP/FNP students thereby reinforcing the process of teaching and learning. Understanding ethical frameworks and the process required for critical decision making allows for the highest provision of patient care. PhD and DNP faculty should collaborate to formalize ethics education in DNP curriculum. This will reinforce both the DNP Essentials as well as the NP core competencies.

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