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# Student-Generated Behavioral Guidelines to Inform Ethical Practice: A Quality Improvement Project

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# Student-Generated Behavioral Guidelines to Inform Ethical Practice: A Quality Improvement Project

## **Abstract**

Nursing faculty members have become increasingly concerned with student incidences of cheating and the associated lack of commitment to ethical conduct. Our faculty believed that actively engaging students in the development of specific behavioral guidelines would result in improved ethical conduct and provide a bridge to future professional ethical practice. The authors discuss the use of focus groups to establish clear behavioral guidelines that align with the American Nurses Association Code of Ethics.

## **Disciplines**

Nursing

## **Comments**

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**Abstract:** Student-generated behavioral guidelines to inform ethical practice: A quality improvement project

Nursing faculty have become increasingly concerned with student incidences of cheating and the associated lack of commitment to ethical conduct. Faculty believed that actively engaging students in the development of specific behavioral guidelines would result in improved ethical conduct and provide a bridge to future professional ethical practice. The use of focus groups to establish clear behavioral guidelines that align with the American Nurses Association Code of Ethics is discussed.

Academic dishonesty, manifested as “cheating,” is a pervasive problem on college campuses. Unfortunately, nursing students are no exception. (1). This behavior is especially troubling within the nursing field for several reasons. Nurses are held in high regard for their honesty, commitment to ethical standards of behavior and are trusted by the general public (2). Nursing school faculty and administrators have become increasingly concerned with cheating as this reflects the students’ fundamental sense of right and wrong. Continuation of these behaviors by students, without understanding the serious nature of these moral infractions, has the potential to result in unethical or unprofessional actions in clinical practice. This not only threatens the trust the public puts in nurses, but the lives of patients entrusted to nurses’ care (3). In an attempt to address this significant problem, faculty and students at a school of nursing in the northeastern United States initiated a quality improvement project using focus groups to explore students’ perspectives on behavioral expectations that align with the American Nurses Association (ANA) Code of Ethics (COE).

As professionals, nurses expect honesty and ethical behavior among their members. By virtue of their chosen profession, nursing students are expected to uphold these values. In a study by Norris and Swift (2001), findings suggested a correlation between dishonesty in nursing school and unethical behaviors as a practicing nurse (3). In response to this emerging concern, many schools of nursing and student nurses associations have developed codes of conduct that mirror the ANA Code of Ethics (4-5). These codes provide a behavioral and moral framework for students to follow and have been shown to decrease cheating in nursing schools that use them (6). However, despite the presence of these frameworks, some nursing students do not adhere to the expected code of behaviors, resulting in charges of academic dishonesty for such issues as cheating on tests, plagiarism, and falsely contributing to group projects. Other students may exhibit dishonesty in clinical situations when they chart patient care that has not been provided or do not report a mistake to their instructor. These behaviors are alarming, as serious harm or patient death could result (7).

The faculty in our school of nursing was concerned about an increase in cheating incidents, as well as unprofessional student behavior reported in the clinical setting. Other problematic behaviors

included text messaging in class, addressing professors by their last name only, and arriving late to class. Though ethical concepts are threaded throughout the curriculum and our school requires that each student take a bio-ethics course and review the nursing code of conduct and professional guidelines published in the student handbook, concerns regarding ethical conduct remained. In response to these concerns faculty actively engaged students in focus groups over a one year period to develop specific behavioral guidelines to address professional expectations. These academically talented nursing students had received scholarships from the Helene Fuld Health Trust Scholarship Fund. And service to the school was part of their commitment. As FULD scholars, 20 students, (10 juniors and 10 seniors) met with the FULD faculty advisors to discuss student issues, plan volunteer projects, and find other ways to give back to the school of nursing. This group of students were concerned about unethical behaviors they witnessed among their peers and were a convenient group to work with. Many of them served as individual or group tutors to nursing students and were involved with the Student Nurses Association or other student organizations on campus. These students were willing to work on this project with faculty and became a cohesive group committed to developing a student-driven COE for the school of nursing.

### **Focus Groups**

In March 2009, 4 focus groups were held with FULD Scholars (2 consisting only of second-semester seniors and 2 consisting only of second-semester juniors) to discuss their thoughts and beliefs about codes of ethics and ethical and unethical behaviors among nursing students. Two faculty members led each group with one as facilitator and the other as recorder. The 2 junior-level focus groups each consisted of 5 female students, all of whom were traditional undergraduates in their second semester of nursing classes and in their early twenties. The seniors were also all female, ranging in age from 20-55, and were in their last semester of nursing school. Only 4 of the seniors were traditional undergraduates; and they were in their early twenties. The other 6 had previous undergraduate degrees and ranged in age from 24-55. All of the students were Caucasian and ranked in the top 10% of their class.

Sessions lasted between 45 minutes and 1 hour. Each participant received an explanation of the project and a consent form to sign. The study was approved under exempt status by the institutional review board of the college. The focus group conversations were audio-taped and transcribed. Each student participated in one focus group session; and over the course of the following year, students and faculty met to discuss the results and develop specific behavioral guidelines.

Focus-group methods were used to encourage individual members to discuss their perceptions, ideas, beliefs and attitudes about the subject at hand. Participation in a focus group can stimulate memories, ideas and experiences to be shared and validated (8). Focus-group methodology is also especially useful when there is a perceived power differential between the participants and the people looking for input. Even though the faculty advisors worked closely with this group of students, the students may have felt less intimidated to express their perspectives during a focus group (8).

Students were asked to respond to 5 standard questions using an open-ended answer format. Questions were derived after discussion with undergraduate faculty members to establish face validity. The questions were: 1) What does a COE mean to you? 2) Describe an ethical nurse 3) Describe an experience you believe is an example of unethical behavior 4) What barriers or challenges are there to sustaining ethical behavior? 5) Based on your answers to the above questions, what are the next steps? Following a discussion of the standard questions, students were offered an opportunity for general discussion surrounding the topic of ethics and ethical behaviors.

Following completion of the focus groups, the focus-group faculty facilitators read the transcripts; and general themes were identified for each specific question. The following questions were considered when looking at the data: 1) Were common themes identified, and what were the deviations, if any? 2) How did the student's past experiences and behaviors relate to their attitudes and responses? 3) Were there any interesting stories that emerged? 4) Do any new questions need to be asked? About half of the students were reconvened into one large group, and general themes were

reviewed with participants for validation. Suggestions for word changes, clarification, and meaning were sought. Themes and common ideas were grouped together into focused categories, and a consensus was reached on a final list of acceptable and unacceptable behaviors and moral characteristics to be included in the COE.

From the finalized list of behaviors, three distinct categories became evident. These categories were academic, clinical, and personal/relational (Tables 1, 2 and 3). Table 1 summarizes acceptable and unacceptable behaviors students felt were important in the classroom. Table 2 summarizes acceptable and unacceptable behaviors for the clinical setting, and Table 3 lists personal and relational characteristics that the students felt were essential in an ethical student nurse. When viewed collectively, these characteristics and behaviors reflected behavioral guidelines of conduct agreed upon by the students, rather than a code of ethics. Two students presented the guidelines during a faculty meeting where they were discussed and approved. Further analysis revealed notable differences between responses from junior and senior nursing students.

### **What Does a Code of Ethics Mean to You?**

Junior and senior nursing students differed remarkably in their perception of the meaning of a code of ethics. Junior nursing students, who were in their second semester of nursing courses, believed that a code of ethics was a set of rules or guidelines that were value-based and could be used to assist nursing students “to do the right thing” and “to be a good person.” Senior nursing students also understood a code of ethics to describe expectations, standards or guidelines for actions that provided a framework for professional behaviors. Their interpretation of a code was related more to a nurse’s behaviors than to a nurse’s individual values. Based on their responses, it seemed that the additional course work and clinical experiences the senior students experienced accounted for the differences in how they understood ethical concepts. Six of the senior nursing students were older and had previous degrees or work experiences that may have also contributed to these differences.

### **Description of an Ethical Nurse**

In answer to the question to describe an ethical nurse, the juniors used descriptors that implied values that nurses should possess. The value characteristics described by junior nursing students included being loyal, faithful, caring and genuine. Seniors described an ethical nurse as someone who was accountable, responsible, on time and prepared, which were behavioral descriptors.

### **Examples of Unethical Behavior**

Junior nursing students described unethical behaviors in value-laden terms such as being judgmental or being unkind to a patient. They gave concrete examples of unethical professional behaviors such as cheating on tests or having conversations in the presence of patients. These answers reflected the underlying ethical principle of right versus wrong. Senior nursing students believed that unethical behavior included what the juniors said, but also included broader concepts such as horizontal violence and “nurses eating their young.”

### **Barriers and Challenges to Ethical Behavior**

In response to what they perceived as barriers or challenges to sustaining ethical behavior, both groups described challenges related to the reality of nursing students' daily lives. These challenges included working full or part-time and going to nursing school, having family difficulties related to a parent's job loss or divorce, and social pressure to be competitive. Interestingly, the senior nursing students identified an increased number of challenges related to their position in the hospital hierarchy. This likely was a result of having had more experience working with nurses in hospital units and feeling that they were “just students.” One student spoke about “not wanting to make waves” and used the colloquial phrase “RNs eating their young.” Students were also aware of the presence of horizontal violence among staff members in nursing units. Junior nursing students, possibly because they had fewer clinical and life experiences, did not make similar observations.



**What are the Next Steps?**

Both levels of students believed that a COE needs to be “spelled out” and that “clear expectations” needed to be set, including consequences if the code was not followed. The seniors articulated the importance of threading a COE throughout the curriculum starting in freshman year during nursing seminars, which is consistent with work done by Numminen, van der Arend and Leino-Kilpi (9). The seniors were less idealistic than junior nursing students who had not yet had experiences that challenged their view of nursing as a profession. Senior nursing students also felt that it was important that assistance be available from faculty when they encountered ethical dilemmas in school or in the clinical setting.

**Evaluation of the Project**

Observations from junior and senior nursing students provided faculty with insights into the students’ understanding of ethics and its place in our nursing curriculum. Anecdotally, student comments showed the development of students’ critical thinking skills from one year to the next. For example, seniors understood the importance of ethics being threaded throughout the curriculum to serve as a guide and necessary for developing higher-level moral and ethical reasoning and decision-making. Critical thinking is an expected competency for new graduates, and many hospitals incorporate aspects of ethics into their orientation programs for this competency (10). Aspects of critical thinking included in the Nursing Executive Center document were being truthful, being cooperative with other health team professionals, maintaining confidentiality, having good communication skills and acting professionally (10). Kohlberg’s stages of moral development assist in development of critical thinking and as nursing students progress through the curriculum the goal is to achieve the stage of post-conventional morality (11). Senior nursing students not only can decipher right from wrong, but can also analyze components of a situation and how it will affect concerned parties. These types of decisions require critical ethical review that is acquired by progressing through courses in the curriculum (11).

## **Lessons Learned**

Findings revealed that student feedback is invaluable and provides a perspective that is different from a faculty-driven code of ethics. In the existing “Professional Behavior” guidelines of the nursing school, there was a clear lack of behavioral terminology reflected in statements such as the student must have emotional stability “to fully utilize their capabilities” and “to adapt to stressful environments.” The behaviors were stated in generalities such as “students must possess the ability to reason morally and practice nursing in an ethical manner.” The guidelines further delineated consequences for problematic behavior in relationship to continuation in the program and graduation. This comparison underscored the need to develop guidelines to reflect what the students felt was important. Another recommendation was that students should be involved in the continuous review of the school’s behavioral guidelines. Nursing faculty are committed to continuing this dialog with students.

Threading ethical content and the school’s behavioral guidelines throughout the curriculum so that students are consistently exposed to this content was also recommended. This recommendation led faculty to question whether or not ethical content was, indeed, adequately threaded throughout the curriculum. This was an opportune time to ensure that important ethical concepts were included in each course in a deliberate way, as our school was in the midst of developing a new curriculum.

Ethical content in the curriculum was mapped so that different concepts and strategies were incorporated into the appropriate junior- or senior-level courses. Another outcome of this study was that a distinction needed to be made between behavioral guidelines and a COE. While a professional COE is patient-focused, behavioral guidelines need to be student-focused. These student-developed behavioral guidelines have been implemented, and each student has signed an attestation that has been placed in his or her student file. The behavioral guidelines are incorporated into nursing seminars in accordance with the ANA Code of Ethics and professional accountability. In addition, a framed copy of the behavioral guidelines has been placed in each classroom and in the nursing office to serve as a constant reminder to all students and faculty about the importance of compliance.

Students should be encouraged to ask questions if they are confronted with a clinical situation that challenges the behavioral guidelines. They need to feel comfortable in approaching clinical faculty when such a situation occurs. Faculty should be prepared to demonstrate ways to deal with situations that challenge a school's behavioral guidelines. In this way students can learn effective approaches for questioning potential ethical conflicts in their future practice. Students also need to feel supported and comfortable when questioning inconsistency of guideline enforcement in their school of nursing. Systems must be put in place for students to access necessary support and action if they identify and report a violation of the behavioral guidelines (12). This has implications for new and adjunct faculty orientation in which student behavioral guidelines are discussed, as well as ways of teaching students how to deal effectively with ethical situations. Last, the results of this study made us pause and ask the following questions: 1) Can we expect students to retain the initial idealism that predominates in their junior year of school? 2) Will they lose sight of their personal values when they encounter the reality of the clinical setting as they progress through the program?

### **Limitations**

There were several limitations to our quality improvement project. First, only high-achieving students, already part of an elite academic group, participated in the project. In the future, it will be necessary to involve nursing students from every academic level to participate in further refinement of the behavioral guidelines in our school of nursing. A majority of the senior students who participated were second-career, older students. This may have highlighted the differences in senior and junior perspectives on what constitutes acceptable and unacceptable behaviors. Another limitation to this study was that the faculty advisors for the FULD Scholars conducted the focus groups. Students may have felt compelled to say the "right things" or may have held back on what they really felt because of faculty presence. An unbiased faculty member from another college department should facilitate any future discussions about student nurses' ethical conduct.

More research needs to be done on the best way to develop a nursing student COE and how to gain students' buy-in to the idea. Participation in this focus-group process provided a starting point for

students to contribute their perspectives while defining expectations for professional behavior in both the classroom and the clinical setting.

### **Conclusion**

The analysis of focus-group data revealed that nursing students held common perceptions of what acceptable and unacceptable behaviors were and how they might influence an individual's practice both as students and as future professional nurses. Findings further reflected differences in how junior and senior nursing students perceive behavioral guidelines or a COE, which would suggest opportunities for developmental considerations throughout the program. In summary, the ANA Code of Ethics should be integrated into nursing curricula as the cornerstone of ethical practice, while behavioral guidelines can serve as a day-to-day guide for student conduct within nursing school. Awareness of how students at different levels within a nursing program interpret ethical behavior can guide faculty when incorporating ethics within a curriculum.

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