



Nurse educators and professional ethics—Ethical principles and their implementation from nurse educators' perspectives

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SUMMARY

This study describes nurse educators' knowledge of the ethical principles of professional codes of ethics and educators' assessment of the implementation of principles of fairness and human respect. Data for this study was collected from nurse educators in Finland. The data was analyzed by SPSS (15.0) for Windows. A total of 342 nurse educators participated. The response rate was 46%. Nurse educators knew well the ethical principles of professional codes governing their work. Older and more experienced educators knew the principles better than younger and less experienced. According to the educators the principle of fairness was implemented the best whereas fair treatment of nurse educators and respect for educators' opinions in the society were implemented the weakest. Educators who knew the principles well assessed themselves to act in a fairer way and to respect other persons' opinions in a better way than educators who knew these principles less well. They also felt themselves to be better treated than educators having less knowledge of the principles. These findings can be utilized to develop nurse educators' ethics education. Further research should focus on students', colleagues' and superiors' assessments of nurse educators' ethical knowledge base to gain comparative data on the phenomenon.

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Introduction

Implementation of high quality professional ethics is regarded as part of a nurse educator's work, professional competence, and value base (Davies et al., 2005; Numminen et al., 2008; Luhanga et al., 2010). Ethical competence refers to a nurse educator's ethical knowledge and its implementation in her own work. It also refers to the educator's aim and ability to make sound and justified moral choices in relation to the good of her students and colleagues, and her ability to act responsibly in relation to her own ethical choices (Råholm, 2008; Klunklin et al., 2011). Prerequisites to a successful career as an educator are ethical awareness and a broad educational background (Numminen et al., 2008; Råholm, 2008).

Background

The theoretical framework of this study is based on the code of ethics for teachers in Finland (Trade Union of Educators, 2006), in which the action of the teacher is considered from the point of view

of the teacher's knowledge of ethical principles and the teacher's ethical actions in relation to students, colleagues, and society. The values behind these codes of ethics are human dignity, honesty, fairness, responsibility, and freedom.

Educators' Knowledge of Ethical Principles

A wide national study carried out in Finland indicated that nurse educators' general knowledge of ethics and the Finnish nurses' codes of ethics are fairly good, but to a great extent this knowledge was based on informal self-learning rather than formal education in ethics. Both educators and students reported that justice and human respect were among the ethical principles most taught in nursing (Numminen et al., 2009; Numminen, 2010). Educators have also assessed honesty as one of their most important values (Salminen, 2000; Haigh and Johnson, 2007; Luhanga et al., 2010). For example, educators were reluctant to lie to their students, even though it might make encounters with the students more agreeable. However, some educators reported that it was the situation and the issue at hand that affected their decision to be honest or dishonest with their students (Haigh and Johnson, 2007).

Educators' Ethical Action in Relation to Their Students

Research on nurse educators' ethical action is scarce and does not provide a comprehensive description of the phenomenon. In teaching,

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ethical action refers to observing students' learning needs as the prime consideration (Savage and Favret, 2005; Klunklin et al., 2011). Educators valued high quality ethical action and they wanted their own actions towards their students to be supportive and encouraging (Haigh and Johnson, 2007). Nurse educator's ethical action means knowing one's own values, acting as a role model, respecting the students, and being fair (Lyndaker, 1992; Lyndaker, 1995; Baxter and Boblin, 2007; Haigh and Johnson, 2007; Lindgren and Athlin 2010; Luhanga et al., 2010). Nurse educators' ethical action is important because a student's professional value formation is initiated during the basic nursing education, and education has a strong impact on professional value development (Leners et al., 2006; Råholm, 2008).

According to nursing students, a nurse educator should be fair (Yoder and Saylor, 2002; Luhanga et al., 2010) and honest, should value confidentiality in educator–student relationships (Salminen, 2000), should treat the students as equal human beings, and should respect the students (Salminen, 2000; Johnsen et al., 2002; Tang et al., 2005). Students particularly appreciated fair and honest student assessments (Salminen 2000, Johnsen et al., 2002, Baxter and Boblin, 2007; Luhanga et al., 2010). According to the students' experiences, nurse educators' action was unfair particularly in relation to student assessment and feedback (Salminen, 2000). For example, when assessing nursing students' assignments, the codes of ethics should not be used as a punitive tool if students' answers did not comply with the codes (Lipscomb and Snelling, 2005).

Educators' Ethical Action in Relation to Colleagues, Clinical Instructors, and Superiors

Educators' codes of ethics emphasize the ability of educators to cooperate. Respect for colleagues, acceptance of human individuality, mutual understanding, and help and support are central principles in educators' work (Terhart, 1998; Trade Union of Educators, 2006). Educators' cooperation enhances collegiality and trust, develops the working community and supports it in relation to changes in the working environment (Klunklin et al., 2011). It also enhances the individual educator's teaching capacity (Mattehew-Maich et al., 2007) and professional growth (Holopainen, 2007). Educators' experiences of a confidential and respectful work environment facilitate educators' cooperation and collegiality (Holopainen, 2007; Mattehew-Maich et al., 2007). The most difficult situations in relationships among educators are those involving unprofessional actions by colleagues. According to educators, the cause of discrepancies and possible bad working atmosphere is the lack of courage to discuss disagreements (Holopainen, 2007). Moreover, nurse educators may also be envious of each other (Haigh and Johnson, 2007; Holopainen, 2007). And professional altruism is not necessarily appreciated (Haigh and Johnson, 2007). Problems may also arise due to the predominantly female working community (Holopainen, 2007).

The nurse educator's working community also includes students' clinical instructors and other hospital staff, towards whom an educator must act respectfully (Gray, 2008; Hanson and Stenvig, 2008; McSharry et al., 2010), confidentially and maintaining collegiality (Ramage, 2004; Conway and Elwin, 2006; Gillespie and McFetridge, 2006). As perceived by nurse educators, ethical and highly competent nurses fulfill their duties correctly, are proactive advocates for patients, are well-prepared and accept others as real people, carry out their professional duties with excellence, and combine authority with power-sharing in patient care (de Araujo Sartorio & Pavone Zoboli, 2010). Similarly, the hospital staff should try to cooperate with the educator and respect the educator's work in the ward. Educators often experience themselves as outsiders when working in the ward (Cheraghi et al., 2008).

The role of superiors is another ethical issue. Directors of health care education program appreciate honesty and fairness. They believe it is very important to trust and respect the work force (Gray, 2008).

Providing positive feedback and support enhances cooperation and collegiality among educators (Sarmiento et al., 2004).

Educators' Ethical Actions in Relation to Society

Nurse educator's social action has been scarcely described in the studies. Educators are expected to be efficient and to fulfill the set goals. Educators are expected to act in cooperation with the surrounding community and the society, which is partly dependent on the resources allocated to education (Trade Union of Educators, 2006). However, in their teaching of ethics, educators do not emphasize the social aspects of nurses' professional codes (Numminen, 2010). Educators experience the problems encountered in teacher's work as caused by external pressures unrelated to teaching. Educators have little time to update their professional competence, and they feel on the verge of being emotionally exhausted (Sarmiento et al., 2004).

The purpose of the study was to answer the following questions:

1. How do nurse educators assess their knowledge of ethical principles inherent in the professional codes of ethics governing their work?
2. How do nurse educators assess the implementation of ethical principles of fairness and respect in their work in relation to their students, colleagues, clinical instructors, superiors, and society?

Method

Questionnaire

A structured questionnaire (Nurse Educators' Ethics and Value Base) was created for this study. A pilot study was carried out before data was collected. A total of twenty ($n = 20$) nurse educators from one Finnish polytechnic participated. After the pilot study, an expert panel ($n = 5$) evaluated the questionnaire on its face value (Polit and Beck, 2008). Based on the results of the pilot study and the evaluation, several items of the questionnaire were reformulated to improve their readability. Because Finland is officially a bilingual country, the questionnaire was translated from Finnish into Swedish.

The questionnaire measured nurse educators' knowledge of ethical principles inherent in the codes of ethics governing their work and their descriptions of the implementation of ethical principles of fairness and respect in relation to the students, colleagues, superiors, clinical instructors, and society. Here, fairness refers to openness in communication with others and to truthfulness, to equal treatment of fellow human beings, and avoidance of discrimination and favoritism. Respect means treating fellow human beings as intrinsically valuable, which means respecting their human dignity as defined by the United Nations in the Universal Declaration of Human Rights (UN, 1948; The Finnish Nurses Association, 1996; Trade Union of Education, 2006).

Socio-demographic variables included the participant's age, sex, basic professional education, healthcare/other education, length of work experience in health care and as an educator, length of experience in teaching ethics, and participation in continuing education.

The questionnaire consisted of one item ($n = 1$) that measured an educator's knowledge of ethical principles and eighteen items ($n = 18$) in the following three main categories: (1) fairness, (2) respect, and (3) treatment of the educator in society. The questionnaire measured fairness as the educator's description of her implementation of fairness towards students, colleagues, superiors, and clinical instructors (4 items) and these groups' implementation of fairness towards the educator (4 items). The questionnaire measured respect as the educator's description of the implementation of her respect for the above-mentioned groups and these groups' implementation of respect for the educator (4 items). The treatment of the educator was measured as the educator's description of how fairly and respectfully the educator was treated in society. A 5-point Likert scale was used in the measurement (5 = realizes very well; 1 = realizes very poorly).

Participants and Data Collection

The population of the study consisted of all nurse, midwifery, health visitor and emergency nurse educators in Finland in 2007 (N = 765). Excluding participants in the pilot study and the expert panel, the data collection was targeted at 740 health care educators. Data was collected using the Webropol electronic data collection program. A cover letter was sent to the educators as an e-mail which provided a link to the questionnaire. Due to the low initial response rate, two reminder e-mails were sent to the target group. The data collection was complemented with a paper and pencil questionnaire. The final response rate was 46% (n = 342).

Data Analysis

The data was analyzed by SPSS for Windows (15.0). Descriptive statistics frequencies, percentages, means, and standard deviations were used to describe the participants' socio-demographic variables. Frequencies, percentages, means, and standard deviations were calculated to describe the questionnaire's main categories. To estimate the relationships between the questionnaire's socio-demographic and other variables, inferential statistics parametric and non-parametric tests were used, depending on whether the variables were normally or non-normally distributed, respectively. The Mann–Whitney U-Test and Pearson's correlation coefficient (r) were used to estimate the relationship between two variables. An Analysis of Variance (ANOVA) and a Kruskal–Wallis test were used to estimate the correlation of means between the variables (Burns and Grove 2009).

The relationships between socio-demographic variables and sum variables were estimated by Analysis of Variance (ANOVA). Relationships between sum variables were estimated using Pearson's correlation coefficient (r). Kruskal–Wallis and Mann–Whitney U-tests were used to estimate the relationship between socio-demographic variables and the knowledge of ethical principles. The Bonferroni procedure was carried out in relation to Mann–Whitney U-test p-values. The values were estimated at the significance level of $p < 0.05$ (Burns and Grove 2009, Polit and Beck 2008). This report describes only statistically significant values.

Results

Participants

A total of 342 nurse educators participated in this study. Their ages ranged from 27 to 64 years, with a mean age of 50 years. The majority of educators were female (97%), 82% of whom had a qualification as a basic professional educational background. A total of 232 educators had an academic degree; 194 educators with a master's degree and 40 educators with a licentiate or a PhD degree in Health Sciences. Work experience in health care ranged from 1 year to 42 years (mean 12; Sd 7.4), and in nursing from none to 35 years (mean 14; Sd 8.4). A total of 20 educators (6%) were teaching ethics as a separate course (Table 1). None of the educators had participated in a continuing education course in ethics during the last year.

Educators' Knowledge of Ethical Principles

Educators assessed their knowledge of ethical principles as guiding their work as good (mean 4.43, Sd 0.67). However, educators in the age group of 46 to 56 assessed their knowledge of the ethical principles as better than educators in the under-45 age group ($p = 0.021$). Educators whose experience in health care or as an educator was from 10 to 20 years assessed their knowledge of the ethical principles as better than educators whose work experience ranged from none to 5 years ($p < 0.006$).

Table 1
Nurse educators' demographic variables (N = 342).

Variable	n	%
Sex		
Female	331	97
Male	5	1
Missing	6	2
Age in years		
<30	2	1
30–39	27	8
40–49	111	32
50–59	151	44
>60	47	14
Missing	4	1
Basic professional education		
Nurse	282	82
Health visitor	82	24
Midwife	32	9
Health care/other education		
Master of health care/health sciences	232	68
Licentiate of health care/health sciences	15	4
PhD of health care/health sciences	25	7
Master, Licentiate or PhD of Education	58	17
Other	6	2
Missing	6	2
Educators who teach separate ethics courses		
	20	6

Educators and Ethical Principles of Fairness and Respect

Nurse educators assessed fairness as the best implemented principle in their work (mean 4.38; Sd 0.52), followed by respect as the second best implemented principle (mean 4.22; Sd 0.55) (Table 2).

The fairer the educators assessed themselves towards other persons, the more they respected other persons' views and the higher they assessed other persons' fair behavior towards themselves. Those educators who knew well the ethical principles governing educators' work assessed their own action as being more fair than those educators who did not know the principles as well. Educators who assessed other persons' action towards themselves as fair and respectful thought that other persons were also more respectful of the educators' personal opinions (Table 3).

Fair treatment of the educators (mean 3.16; Sd 0.87) and respect for educators' opinions in society (mean 3.16; Sd 0.86) were the weakest implemented principles (Table 2). Educators with a very good knowledge of ethical principles assessed their treatment by other persons as better than the assessments of educators with only a good knowledge of the principles (Table 3).

Ethical Considerations

From the viewpoint of research ethics, this study was not problematic. The required permissions to conduct the study were obtained from the polytechnics according to their practices in these matters. All educators had an equal opportunity to participate in the study. Participation in the study was voluntary. Completing the questionnaire was regarded as an informed consent to participate. The rights of the participants were made known to the participants in the cover letter attached to the questionnaire (ETENE, 2001).

Discussion

This study described how well nurse educators know the ethical principals inherent in the professional codes of ethics governing their work and how they assess the implementation of ethical principles of fairness and human respect.

Table 2
Nurse educators and the implementation of ethical principles.

Sum variable	Variable	Mean	Sd	n	Cronbach's α
<i>Educator's fairness towards others (EFO)</i>	Fairness towards the students	4.38	0.52	341	0.87
	Fairness towards the colleagues	4.45	0.61	341	
	Fairness towards the superiors	4.33	0.68	340	
	Fairness towards the clinical instructors	4.30	0.69	341	
	Fairness towards the clinical instructors	4.25	1.02	330	
<i>Educator's respect for others (ERO)</i>	Respect for students' individual opinions	4.03	0.56	341	0.87
	Respect for colleagues' individual opinions	4.30	0.71	340	
	Respect for superiors' individual opinions	4.22	0.71	341	
	Respect for superiors' individual opinions	4.11	0.76	340	
	Respect for clinical instructors' individual opinions	4.02	1.03	329	
<i>Other persons' fairness towards the educator (OFE)</i>	Students' fairness towards the educator	4.22	0.55	341	0.84
	Superiors' fairness towards the educator	3.98	0.83	339	
	Colleagues' fairness towards the educator	3.97	0.86	341	
	Colleagues' fairness towards the educator	3.96	0.78	341	
	Clinical instructors' fairness towards the educator	3.93	1.15	323	
<i>Other persons' respect towards the educator (ORE)</i>	Students' respect for the educator's individual opinions	3.98	0.54	341	0.62
	Colleagues' respect for each other's individual opinions	4.00	0.68	341	
	Clinical instructors' respect for the educator's individual opinions	3.90	0.83	338	
	Clinical instructors' respect for the educator's individual opinions	3.88	0.89	327	
	Superiors' respect for the educator's individual opinions	3.87	0.86	339	
<i>Treatment of an educator in the society (TES)</i>	Fairness of the educators' treatment in the society	3.17	0.83	339	0.76
	Fairness of the educators' treatment in the society	3.16	0.87	338	
	Respect for the educators' opinions in social decision-making	3.11	0.86	339	

Nurse educators who knew the ethical principles very well assessed themselves as being more skilful than other educators. This suggests that an increase in knowledge of the principles improves the feeling of ethical competence. Understanding the ethical principles and professional moral codes is necessary, and adherence to professional ethics is regarded as a core element of teacherhood (Gillespie and McFetridge, 2006). The internalized professional ethics seems to manifest itself as a high quality moral behavior and to increase the quality of ethical competence (Heikkinen and Leino-Kilpi, 2004). Despite educators' good knowledge of ethical principles, this study indicates (as do other Finnish studies) that nurse educators have only a modest educational background in ethics (e.g., Numminen, 2010).

Nurse educators assessed their actions as ethical towards all of their collaborators. The more fair they were towards other persons, the more fair the other persons acted towards them. This is in accordance with earlier studies (Johnsen et al., 2002; Haigh and Johnson, 2007; Lindgren and Athlin, 2010; Luhanga et al., 2010). This suggests that fair action ameliorates the atmosphere and cooperation between educators, students, and the work community (Mattehew-Maich et al., 2007). The results also indicated a positive correlation between fair treatment and respectful treatment. Those educators who assessed other persons' action towards the educators as being fair also assessed other persons as respecting their individual opinions. Respectful action seems to be mutual (Klunklin et al., 2011, Yoder and Saylor, 2002).

Clinical instructors' fairness towards nurse educators was the least implemented of the principles. Educators felt they were outsiders in the wards. To change the situation, nurse educators need to take into account their own actions in relation to other health care workers, to be respectful (Hanson and Stenvig, 2008; McSharry et al., 2010), and to adhere to confidentiality and collegiality in their actions towards them (Ramage, 2004; Conway and Elwin, 2006; Gillespie and

McFetridge, 2006). Nurse educators themselves wished their relations with other hospital staff would be positive and support cooperation (Ramage, 2004). It should be noted here that in Finland, nurse educators do not systematically supervise their students during their clinical periods. And educators do not meet nurses regularly in health care organizations. The less nurse educators and nurses cooperate, the less they know about each others' work. Perhaps this lack of interaction explains this finding.

Nurse educators' respect for the individual opinions of students, colleagues, and superiors was also well implemented. This suggests that mutual respect has a positive impact on relationships between educators, students, and colleagues, and thus improve the entire atmosphere of the work community, as corroborated in earlier studies (Johnsen et al., 2002; Råholm, 2008; McSharry et al., 2010). However, the implementation of respect by students, colleagues, superiors, and clinical instructors toward educators was weaker. Superiors in nursing education feel that the most essential element in their work is trust and respect for their subordinates (Gray, 2008).

According to nurse educators, their treatment in society was the least implemented principle. However, research implies that nurse educators themselves do not emphasize the social aspects of nursing, at least not in their teaching of ethics (Numminen, 2010). Their experience was that problems in an educator's work are caused by external pressures that are not related to teaching. They had inadequate resources to update their professional expertise, and therefore they were at a risk of suffering from exhaustion (Sarmiento et al., 2004). Features prevalent in modern society, such as speed, efficiency, continuous change, feeling of uncertainty, continuous quality assessment, and increased targets also concern nurse educators. Therefore more attention should be paid to the working conditions of nurse educators.

Table 3
The implementation of nurse educators' codes of ethics.

Sum variable	Educators with a good knowledge of codes of ethics	EFO	OFE	ERO	ORE	TES
Educator's fairness towards others (EFO)						
Other persons' fairness towards the educator (OFE)	<0.001	0.000				
Educator's respect for others (ERO)	<0.001	0.000	0.000			
Other persons' respect towards the educator (ORE)	<0.001			0.000	0.000	
Treatment of an educator in the society (TES)	<0.001					

Validity and Reliability of the Study

The questionnaire was piloted in order to strengthen its reliability. The internal consistency of the questionnaire was estimated using Cronbach's α coefficient (Table 2). The Cronbach's α -values ranged from 0.62 to 0.87. These values could be assessed as acceptable, although internal consistency of some parts of the questionnaire needs development (LoBiondo-Wood and Haber, 1998).

The entire population as the target group corroborates the internal and external validity of the study. The participants well represented the targeted population, which covered both Finnish and Swedish speaking nurse educators. The response rate can be considered as moderate because the number of responding educators ($n = 342$) was large enough to allow the use of proper statistical procedures. Response rates in studies concerning ethics are often fairly low (e.g., Lipscomb and Snelling, 2005; Görgülü and Dinç, 2007; Numminen, 2010). Data collection by Web-based surveys can also decrease the response rate (Duffy 2002). Thus, rigorous attention should be paid to the data collection procedure and the design of survey. Geographically the educators represented the distribution of the nurse educator population throughout Finland. Also, the mean age of the educators represented the national average age of nurse educators (Ministry of Social Affairs and Health, 2007).

Implications for Nursing Education and Further Research

The findings of this study can be used to develop ethics education for nurse educators in university nursing departments as well as in continuing education. There is a need for the special courses of ethics and more discussion about ethics during the teacher training. The findings of this study can be used as a minimum content of the course. The teachers have to be trained to deal with ethical problems in the nursing education. These findings may also be useful in educating superior staff in polytechnics offering nursing education and in development projects of the nurse educators' working community. Further research should focus on students', colleagues' and superiors' assessments of nurse educators' ethical knowledge base to gain comparative data on the phenomenon.

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