

ETHICAL LEADERSHIP AMONG NURSE MANAGERS

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ABSTRACT

The purpose of this study was to investigate the impact of a 2 hour ethics education session for nurse managers on ethical sensitivity and ethical awareness.

Background and Rationale: Nursing ethics continue to be at the forefront of nursing practice to provide quality care in a patient-centered environment. When faced with ethical dilemmas, nurses are often uncertain how to advocate for the patient and themselves. A knowledge gap exists among nurses between the cognitive learning environment and actual practice in professional situations. Nurses often fail to report ethical concerns identified in the healthcare environment to the appropriate authorities, primarily the nurse manager (Gallagher, 2010).

Purpose: The purpose of this study was to investigate the impact of a 2-hour ethics education session for nurse managers on ethical sensitivity and ethical awareness. The ethical orientation of the manager is a key factor in promoting ethical behavior in an organization (Carlson and Perrew, 1995; Posner and Schmidt, 1992). The responsibility of an ethical leader is to model ethical behaviors (Edmonson, 2010).

OBJECTIVES

1. Assess the professional and personal values among nurse managers pre and post one 2 hour ethics training session.
2. Raise awareness of the ethical sensitivity among Nurse Managers through the application of the 2015 Code of Ethics for Nurses to nursing practice of nurse leaders.
3. Evaluate the impact of the 2 hour ethics education session on the ethical sensitivity and awareness of nurse managers.

METHODS AND AIMS

Methods: A quantitative study design was used to measure pre-intervention nursing values and ethical knowledge and post educational ethical knowledge among nurse managers. Professional nursing education with 2.0 nursing contact hours was provided to the nurse managers based on the 9 provisions of the Code of Ethics (ANA, 2015). Pre-education participants completed the Nurses Professional Values Scale – R (Weis & Schank, 2009) and rated the importance of 39 statements from the 9 provisions of the Code of Ethics (ANA, 2015). One week post-education, the participants retook the rating of the statements from the 9 provisions of the Code of Ethics (ANA, 2015) and completed a self-evaluation. One month post-education, the participants completed a follow-up survey to identify any change in practice, performance or competency (ethical self-awareness). Online surveys were emailed to the subjects for anonymity and confidentiality. Descriptive statistics (means, frequencies and percentages) were calculated from scores on the Nurses Professional Values Scale – R, Code of Ethics Perception Assessment (pre- and post-education), Evaluation and Follow-up Survey, and demographic data. Independent sample t-tests (or chi squares if non-normal data distribution) were calculated on individual items scores of pre- and post-intervention Code of Ethics Perception Assessment.

Bandura's Social Learning Theory (1977) provided the theoretical model for the project which describes behavior learned from the environment through the process of observational learning. The Ottawa Model of Research Use (OMRU) provided a knowledge translation model to assess the application of ethical leadership modeling by nurse managers (Logan & Graham, 2004; National Collaborating Centre for Methods and Tools [NCCMT], 2010)

Goal/Aim: The goal of this project was to increase ethical sensitivity for consistent standards of ethical practice among nurse managers. The aims were to:

Assess the professional and personal values among nurse managers for identifying ethical challenges within the healthcare organization.

Initiate ethics training to develop a current baseline standard of practice and raise awareness of ethical sensitivity using the 2015 Code of Ethics for Nurses.

Discuss potential ethical conflicts nurses and nurse managers encounter in the healthcare workplace

Identify collaboration techniques nurse managers can implement to support nurses and the organizations in ethical decision-making.

RESULTS

Results: The project included two groups of nurse managers from two hospitals in the southwest United States. Organizational support was obtained from both facilities prior to the implementation of the project. The years of management experience among both groups ranged between one and twenty years. The setting for Group One was an acute care facility in a rural setting. The adult hospital is a faith-based, not-for-profit, organization and regional referral center. The 325-bed acute care facility treats adult and pediatric patient populations in the community. The setting for Group Two was a 429-bed pediatric medical center offering professional and specialty services the pediatric population within an urban metropolis and outlying rural communities.

Initially, thirteen nurse managers from Group One and twenty nurse managers from Group Two consented to participate in the DNP Project. Nine nurse managers from Group One and twelve from Group Two completed full participation. Quantitative analysis of the 21 surveys was conducted. T-tests were run on the pre and post-Code of Ethics Importance Perception Assessment Tool (EIPA). The *p* value was significant at the .000 level. There was not a significant effect on the EIPA by the number of years as a manager. Participant qualitative responses from nurse managers reported 75% believed the program enhanced ethical awareness; 15% believed the program somewhat enhanced ethical awareness and 10% reported the education did not enhance their ethical awareness due to recent graduate education on ethics and previous knowledge.

Descriptive statistics resulted in the following:

Gender:
93% of participants were female.
7% of participants were male.

Years of Experience
22% - Nurse Manager 0-4 years
22% - Nurse Manager 5-10 years
56% - Nurse Manager > 20 years

22% - BSN Degree
78% - MSN Degree

Implications: Study findings validated that ethics education impacted ethical awareness and sensitivity among nurse managers. Ethical sensitivity and professional values are fundamental to ethical modeling. Education related to the ethical standards described in the Code of Ethics provides the translation of knowledge into practice.

CONCLUSIONS

Through the transfer of knowledge, the nurse manager will be able to apply the 2015 Nursing Code of Ethics to the practice setting in order to promote collaboration among staff and peers; identify ethical dilemmas and model ethical decision-making nurses and colleagues. Nurse managers will be empowered to develop an ethical climate in the workplace as demonstrated by ethical competency.

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