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Moral Judgment Development of Student Nurses in an Associate Degree in Nursing Program

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MORAL JUDGMENT DEVELOPMENT OF STUDENT NURSES IN AN
ASSOCIATE DEGREE IN NURSING PROGRAM

by

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ABSTRACT

This study explored the correlation between the development of moral judgment and the variables of gender, age, primacy of religion, level of educational attainment, and year in the nursing program student nurses enrolled in an associate degree in nursing program who were concurrently enrolled in a bachelor degree in nursing program in the southern United States. A correlation was established with the dependent variable, or N2 index score, and the independent variable, primacy of religion. A negative correlation between the N2 index was established in students who believed that religion exerted a great influence on their lives while a positive correlation was established between the N2 index score and students who believed that religion exerted no influence on their lives. One conclusion reached was that the freshman class had a higher number of respondents who did not feel that religion was important in their lives with higher N2 index scores and a larger number of students in the Postconventional Schema of Moral Judgment. Regarding recommendations, it was suggested that ethical instruction needs to move beyond merely teaching students' ethical theories and shift towards instruction in situationally-dependent, context-driven, real-world management of ethical predicaments in practice.

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CHAPTER 1
THE PROBLEM AND ITS CLARIFYING COMPONENTS

Background of the Study

Immoral academic behavior is widespread and has increased at institutions of

higher education, becoming a topic of concern in academic circles for many years

(McCabe, Trevino, & Butterfield, 2002). As the proliferation of academically immoral

behavior plagues institutions of higher education, the academy, out of necessity, has had

to adopt strategies in order to address students' immoral academic conduct (Arnold,

Martin, & Bigby, 2007; McCabe, 2009; McCabe et al., 2002). Closely aligned to the

issue of immoral behavior is the concept of moral judgment and integrity, which offers

theoretical direction for the adoption of behaviors in circumstances where moral

dilemmas exist and are deemed as critical to the development of moral growth (Rest,

Narvaez, Bebeau, & Thoma, 1999a). Finally, in terms of terminology, morals, ethics,

and values are used interchangeably.

This study characterizes academically immoral behavior as the absence of

integrity, as evidenced by the performance of corrupt activities: cheating on examinations

and assignments, stealing property, providing fraudulent documentation, and being

inebriated or otherwise impaired while on duty (Baxter & Boblin, 2007; Hilbert, 1985,

1987). These academically immoral behaviors may occur throughout the students'

educational experiences, at all levels, and within all disciplines (Kim, Park, Son, & Han,

2004). Academically immoral conduct is a cross-disciplinary phenomenon; in the

disciplines of business, engineering, psychology, and pharmacy, researchers report that

approximately 95% of students admit to having participated in immoral academic misconduct at least once (Davis, Grover, Becker, & McGregor, 1992; Harper, 2006; May & Lloyd, 1993; McCabe & Trevino, 1996, 1997; Whitley, 1998).

Regrettably, the academically immoral behavior that plagues the academy as a whole also occurs in the discipline of nursing, with sharp increases noted within this student population since the 1980s. Nursing programs nationwide report that academically immoral behaviors have increased from 70% to 90% (Arhin & Jones, 2009; Baxter & Boblin, 2007; Brown, 2002; Faucher & Caves, 2009; Hilbert, 1985; Laduke, 2013; McCabe, 2009; Schmidt, 2006), a substantial increase since the 1980s, when 27% of students reported immoral behavior, with plagiarism as the primary infraction (Hilbert, 1985).

Academically immoral behavior, in this population of students, may occur despite the fact that the nursing profession assigns great importance to moral behavior and ethical values and strives to ensure that these values are clearly delineated in every facet of the profession (Arhin & Jones, 2009; Klocko, 2014; Krueger, 2014; Laduke, 2013; McCabe, 2009). Because the nursing profession includes caring for the helpless, nursing is characterized as a moral and caring profession, with morality an essential component (Bishop & Scudder, 1990; Kalb & O'Conner-Von, 2007; McCabe, 2009; Watson, 2008). If student nurses do not cultivate moral judgment, or the ability to keep their patients' well-being as their primary objective, before they enter professional practice, these nursing graduates may go on to abuse the trust of patients who believe nurses have their best interests at heart (Smith, Davy, Rosenberg, & Height, 2002). Therefore, nursing

education programs must ensure that student nurses develop the capacity to make sound moral judgments before becoming a practitioner (Laduke, 2013).

This study explored the development of moral judgment among nursing students in an American university with the objective of contributing to the body of knowledge in higher education on both moral judgment development and evidence-based curricular strategies aimed at promoting growth in moral judgment. The population for this study was comprised of two groups of student nurses concurrently enrolled in an Associate of Science program in nursing and a Bachelor's of Science program in nursing at a state college in the southern United States.

Statement of the Problem

We exist in an era of pervasive moral uncertainty (Hunter, 2000; Lies, Bock, Brandenberger, & Trozzolo, 2012; Shaw & Degazon, 2008; Smith, 2003). Individuals seek moral direction to guide behavior, as evidenced by the proliferation of ethics advisors in the academic, business, and health-care settings. Furthermore, as Chapter 2 will explore, college students live in an era that is very different from that of their predecessors and parents (Levine & Dean, 2012), with a tendency to demonstrate less compassion than past college students, because society has become more impersonal (Dolby, 2014). In addition, the moral tone in the academy has altered (Anderson & Obenshain, 1994; Chickering & Stamm, 2002), with today's students reporting that certain academically immoral activities have both intensified and been normalized in society (Arhin, 2009; McCabe & Trevino, 1997; Murdock, Miller, & Kohlhardt, 2004;

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O'Rourke et al., 2010; Rettinger & Kramer, 2009). Inquiry into academic integrity reveals that students in higher education do not possess an adequate grasp of what constitutes appropriate moral behavior (Finn & Frone, 2004; Hughes & McCabe, 2006; Lanier, 2006; McCabe & Trevino, 1997; Morgan & Hart, 2013; Rakovski & Levy, 2007). Students commit immoral acts both intentionally and unintentionally, due to knowledge deficits (Arhin, 2009).

Furthermore, greater accessibility to virtual classrooms, along with innovative methods of performing academically immoral acts, have made uncovering immoral conduct more challenging than inside a live lecture hall (Born, 2003; Klocko, 2014; Morgan & Hart, 2013; Park, 2003; Scanlon, 2004; Schmidt, 2006). Copyright infringement is more enticing and widespread than in bygone eras; it is extremely easy to purchase educational materials electronically or to lift material directly from the web without citation (Arhin, 2009; Ashworth, Bannister, & Thorne, 1997; Harper, 2006; Kenny, 2007; Klocko, 2014; Langone, 2007; McCabe, 2009; Morgan & Hart, 2013; Schmidt, 2006; Tanner, 2004).

Immoral student behavior is always a major ethical concern for faculty, but it is especially troubling among student nurses (Schmidt, 2006). For the general public, morality in society and in academia is critical, because immorality in an establishment of any kind can be detrimental to the general public (Cubie & Lau, 2010). A nursing student who participates in academically immoral activities during training may behave immorally in practice, leading to negative outcomes (Baxter & Boblin, 2007; Gaberson,

1997; Harper, 2006; Hilbert, 1985; Jeffreys & Stier, 1995; Laduke, 2013; Langone, 2007).

The study of nursing compels well-defined guidelines for authority, responsibility, and expertise, with integrity enduring as an indispensable principle of the profession (Arhin & Jones, 2009; Bates, Davies, Murphy, & Bone, 2005; Baxter & Boblin, 2007; Schmidt, 2006). Despite instruction in morality and ethics, many nursing students continue to grapple with ethical dilemmas throughout their training (Birkelund, 2000), as evidenced by the contradictory models of ethical reasoning found among many practicing nurses (Grundstein-Amado, 1992). Studies support the importance of ethics in the education of student nurses and in nursing practice (Duckett et al., 1992; Kalb & O'Conner-Von, 2007), and the *American Nurses Association Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001) confirms ethics as "an integral part of the foundation of nursing" (ANA, 2001, p. 5).

Theoretical Framework

This analysis used for its theoretical framework Rest's (1979) Four Component Model of Morality (FCM); this framework was developed in 1974 to measure the evolution of moral growth from the teenage years to adulthood as a prerequisite for successful moral performance (Bebeau, Rest, & Navarez, 1999). On average, student nurses are well within adulthood. In a study conducted by Wray, Barrett, Aspland, and Gardiner (2012), the average age of student nurses was 26. According to the National League for Nursing (2012), in 2011, 44% of student nurses enrolled in an Associate

Degree nursing program were over the age of 30, while 14% of student nurses enrolled in a Baccalaureate Degree nursing program were over the age of 30; only 21% of general college students enrolled during the same year were over the age of 30.

Some scholars see morality as a collection of four methods or elements, as opposed to a solitary, uniform activity (Bebeau, Rest, & Yamoor, 1985). According to Rest (1986), if an individual is to perform morally under a specific set of circumstances, they must have accomplished four essential psychological practices:

- The person must have been able to interpret the particular situation in terms of what actions were possible, who (including oneself) would be affected by each course of action, and how the interested parties would regard such effects on their welfare.
- The person must have been able to judge which course of action was morally right (or fair or just or morally good), thus labeling one possible line of action as what a person ought (morally ought) to do in that situation.
- The person must give priority to moral values above other personal values such that he or she decides to do what is morally right.
- The person must have sufficient perseverance, ego strength, and implementation skills to be able to follow through on his or her intention to behave morally, to withstand fatigue and flagging will, and to overcome obstacles (Rest, 1986, p. 3).

Rest (1982, 1986, 1988a, 1988b) proposed a theory of moral development that evolves throughout formal education asserting that dramatic changes can occur in early adulthood, when young adults are typically engrossed in higher education at a higher level of ethical evolution. Throughout students' time in academia, their ability to develop problem-solving strategies for ethical decision-making evolves dramatically, particularly for students enrolled in professional disciplines (Rest, 1982, 1986, 1988a, 1988b). Rest (1982) asserted that the four components of morality are separate from one other: proficiency in one component does not forecast proficiency in another. Using this view, moral accomplishment is not merely a consequence of individual affective and cognitive practices working together: every component is a combination of affective and cognitive developments that affect the component's principal purpose (Institute of Medicine, 2002).

A number of disciplines in higher education use the Four Component Model as the foundation for curricula in ethical instruction (You & Bebeau, 2013). The theory allows one to analyze professional students' moral sensitivity, moral judgment, moral motivation, and moral implementation (You & Bebeau, 2013).

Research Question

The research question for this study is as follows: for student nurses concurrently enrolled in an Associate Degree in Nursing and Bachelor in Science Degree in Nursing program, is there a relationship between the development of moral judgment and gender, primacy of religion, age, level of educational attainment, whether English is the students' primary language, and year in the nursing program?

Definition of Terms

For the purpose of this analysis, these terms are defined as follows.

Academic Dishonesty: Deliberately characterizing the product of someone else's creation as belonging to an individual who had no part in its creation (Kenny, 2007).

Academic integrity: "The pursuit of knowledge, understanding and truth in an honest manner" (Gaberson, 1997, p. 14).

Accountability: "The requirement to demonstrate responsible actions to external constituencies" (Altbach, Berdahl, & Gumport, 2005, p. 5).

Autonomy: "The power to govern without outside controls" (Altbach et al., 2005, p. 5).

Cheating: "A manifestation of using illegitimate means to achieve a legitimate end, in this case academic success or at least the avoidance of academic failure" (Bowers, 1964, p. 72); "[a] form of dishonest conduct" (Schmidt, 2006, p. 1).

Competence: "Knowledge and skills that are needed to carry out the work" (Sporrong, Arneta, Hansson, Westerholm, & Hoglund, 2007, p. 826).

Ethical dilemmas: Alternatives among incompatible beliefs, concerns, or ideologies, resulting in two similarly unacceptable options (Gibson, 1993; Gortner, 1985; McInerny, 1987).

Ethics: "The standards by which behaviours are evaluated for their morality— their rightness or wrongness" (Chippendale, 2001, p. 1).

Integrity: "Acting in accordance with an appropriate code of ethics and accepted standards of practice (Shaw & Degazon, 2008, p. 45).

Moral Awareness: "Developing an awareness of the ethical dimensions . . . entails on understanding of the moral obligations and responsibilities…as well as an awareness of the most common moral issues and dilemmas that one is likely to encounter therein" (Rabouin, 1997, p. 249).

Moral Decision-Making: "Understanding the processes and problems associated with making moral decisions" (Rossouw, 2002, p. 413).

Moral Judgment: "Evaluations (good vs. bad) of the actions or character of a person that are made with respect to a set of virtues held to be obligatory by a culture or subculture" (Haidt, 2001, p. 817).

Nursing Practice: "Moral practice based on the moral requirement to promote the well-being of the patient by caring for him or her by a personal relationship" (Bishop & Scudder, 1990, p. 104).

Plagiarism: "The copying of others' work or ideas without attribution, treating the material as if it were one's own—can occur in any number of areas, including the copying of art, music, lab work, computer programming, and technology" (Heckler & Forde, 2015, p. 61).

Role model: "The process through which a person takes on the values and behaviors of another through identification" (Cruess, Cruess, & Steinert, 2008).

Schema: A broad information arrangement that dwells in one's long-standing recall, expediting the handling of data (Walker, 2002).

Unethical Behavior: Infringement upon commonly recognized collective moral standards (Trevino, Weaver, & Reynolds, 2006).

Values: "Complex sets that influence our behavior" (Chippendale, 2001, p. 1).

Summary

Immoral student behavior is pervasive within every academic discipline (Ashworth, Banniester, & Stone, 1997; Davis et al., 1992; Hetherington & Feldman, 1964; Kelly & Worrell, 1978; Leming, 1980), with evidence suggesting that immoral behaviors occur with greater frequency among professional students (Bailey, 1990, 2001; Balik, Sharon, Kelisheck, & Tabak, 2010; Baxter & Boblin, 2007; Harding, Carpenter, Finelli, & Passow, 2004; Hilbert, 1987; Lucas & Friedrich, 2005; Nonis & Swift, 2001). Rest's (1979) Four Component Model of Morality provides the framework through which to examine the moral development of the student nurse, as established in the research question, with further elaboration in Chapter 2 of this study.

CHAPTER 2
LITERATURE REVIEW

Introduction

This chapter explores the scholarly literature regarding morality and ethics in academia, in an effort to appreciate the moral and ethical behavior of college students. In addition, this chapter offers an analysis of the variables that affect immoral behavior, characteristics of students in higher education, and the influence of ethical instruction on students.

Immorality in Academic

Moral Conduct in Higher Education

Philosophers have studied morality in higher education since ancient times (Arthur & Carr, 2013; MacIntyre, 1984) with immoral student conduct plaguing the academy since the inception of formal instruction (Arnold et al., 2007). When studying immoral conduct in higher education, the contention is that researchers must presume that individuals will be truthful about their untruthfulness and that students can actually define what constitutes immoral conduct (Bates et al., 2005).

In the early 1970s, Smith, Ryan, and Diggins (1972) reported that 93% of students in higher education indicated that they believed academic dishonesty was acceptable behavior. This viewpoint impedes a precise analysis of immoral academic behavior (Bates et al., 2005; Newstead, Franklyn-Stokes, & Armstead, 1996). While academically immoral conduct could be blamed on society and a campus ambiance that has become

progressively more accepting and forgiving of immorality (Bates et al., 2005, Bowers, 1964), academic leaders must comprehend the driving forces at the heart of immoral academic performance in order to mitigate its occurrence (Bates et al., 2005; Bowers, 1964).

In his groundbreaking examination of students in higher education, Bowers (1964) discovered the disturbing pervasiveness of immoral conduct within the academy. Fifty percent of the participants in his original study population of 5,000 students admitted to having participated in some form of academically dishonest behavior during their academic careers. McCabe and Trevino (1997) reproduced these results at nine of the ninety-nine academic institutions that took part in Bowers' original study. Despite the fact that McCabe and Trevino (1997) found only a moderate increase in general instances of immoral conduct, they did uncover a substantial upsurge in academically immoral performance on exams, with female students, and with collaborative work on projects.

Researchers have established that academically immoral conduct has risen to a level of over 70% of their study participants (McCabe & Trevino, 1993; Pautler et al., 2013; Smith et al., 1972); concluding that immorality is rampant in academia (Baird, 1980; Bowers, 1964; Davis et al., 1992; McCabe et al., 2002; Pulvers & Diekhoff, 1999; Smith et al., 1972). The most pervasive academic challenge in the arena of academic misconduct is plagiarism (Bowers, 1964; Burkill & Abbey, 2004; Devlin & Gray 2007; Harper, 2006; Iyer & Eastman 2006; May & Loyd, 1993; Park, 2003), with approximately 90% of students at the collegiate level admitting to plagiarizing (Franklyn-

Stokes & Newstead, 1995) either intentionally (Bennett, 2005) or unintentionally (Burkill & Abbey, 2004).

Nonis and Swift (2001) researched business students to determine whether there was a connection between academic misconduct and work-related transgressions. They uncovered a definite correlation between academic misconduct while in higher education and unethical comportment in the business world. Additionally, they determined that people who deemed dishonorable activities as acceptable were more likely to participate in unprincipled activities. The researchers concluded that a student that does not value an atmosphere of academically moral conduct during their time as a student will not likely value honesty in practice or in their personal lives (Nonis & Swift, 2001).

Harding et al. (2004) studied a group of engineering students who were academically dishonest while in school to learn whether these students were more prone to treat workplace guidelines and regulations with contempt. Their conclusion confirmed that college students who were dishonest tended to disregard the procedures at their places of employment. Harding et al. (2004) determined that the procedure that is involved in deciding to behave dishonestly is comparable to the thinking that is involved in one's decision to disregard work-related practices.

Lucas and Friedrich (2005) studied a group of psychology students and showed a relationship among cheating, unorthodox behavior at work, and dishonesty. They established that immoral behaviors in higher education positively correlated with cheating behaviors at work. Chapman, Davis, Toy, and Right (2004) concluded, in their

survey of business students, that 75% of their population had been involved in academically immoral behavior at one time or another.

Moral Conduct in Nursing Education

A nursing professional bears a tremendous level of responsibility in the realization of moral judgment, as moral dilemmas are more complicated now than they have been at any other time in history (Davis, Johnston, DiMicco, Findlay, & Taylor, 1996). This complexity is related to issues of longevity, the surge in technological advances in industry and healthcare, demands from the general public, and the legally and morally recognized accountabilities in the nursing profession (Bebeau et al., 1999; Glazer-Waldman, Hedl, & Chan, 1990; McNeel, 1994; Shaw & Degazon, 2008; Smith, 2003).

A program of nursing instruction must integrate the core professional nursing standards of human worth, self-sacrifice, independence, and the core values of dignity and integrity, as specified by the American Association of Colleges of Nursing (2016) that provides moral standards that are critical to the profession (Gastmans, De Casterle, & Schotsmans, 1998). These standards are essential for providing a common groundwork for the specialized preparation of nurses, uniting student nurses and practicing nurses in a unique society that facilitates moral growth and professional adaptation (Shaw & Degazon, 2008).

The core value of dignity, as stipulated in the American Nurses Association Code of Ethics (ANA, 2001), is the basis for the core standards of the nursing profession,

endorsing professional behavior, and is the foundation for respectful relations with all members of society (Shaw & Degazon, 2008). The core value of integrity is critical within the practice of nursing and must be endorsed by all members of the profession despite the fact that there are breaches of morality within all areas of life (ANA, 2001; Bok, 1976; Bowers, 1964; Shaw & Degazon, 2008; Smith, 2003), given that immoral activity can occur in classrooms, laboratories, and clinical practice sites (Arhin & Jones, 2009; Baxter & Boblin, 2007; Brown, 2002; Faucher & Caves, 2009; Hilbert, 1985, 1987; Klocko, 2014; Laduke, 2013; McCabe, 2009; Schmidt, 2006).

The use of technology in nursing programs, as in the rest of academia, is abundant (Harper, 2006). With the explosion of technological advances in both society and the academy, there are appropriate and inappropriate uses of these innovations. These technological advances, along with the explosion of web-based educational modalities, have enabled immoral academic conduct to proliferate (Kennedy, Nowak, Raghuraman, Thomas, & Davis, 2000; Szabo & Underwood, 2004). Table 1 lists the results of Harper's (2006) literature search related to academic misconduct associated with the use of technology. The World Wide Web enables students to obtain unlimited numbers of academic resources, including responses to exam questions and entire researcher papers, thereby increasing the incidence of plagiarism (Harper, 2006).

Table 1

Academic Misconduct Related to Technology

Researcher	Study	Findings
Bailey, 2001	Inquiry into perception of faculty/administrators on definition of academic misconduct.	Plagiarism was the most highly cited finding.
Eastham & Zietlow, 2004	Academic misconduct in an Emergency Medical Technician program.	Students took web-based exams for each other; learned how to "beat the system" when submitting online assignments; and engaged in unauthorized collaboration on exams.
Kennedy et al., 2002	Prevalence of cheating in higher education from student and faculty perspectives.	Both groups believed that web-based instructional modalities promoted academic misconduct.
Szabo & Underwood, 2004	Inquiry into perceptions of technologically based plagiarism at a science university.	Students who possessed above-average technological skills had an increased incidence of academically immoral conduct.
Underwood & Szabo, 2003	Inquiry into self-reported instances of academic dishonesty based upon misuse of web-based resources.	Students were misusing technological resources in order to cheat on their assignments.

Hilbert (1985, 1987) surveyed 101 nursing students who were close to graduating and found that those who participated in immoral behavior in their course work tended to perform deceitfully when caring for their patients clinically. In addition, a student's recognition that an action was dishonorable did not prevent the student from participating in that activity. The types of self-reported academically immoral behaviors included writing notes on body parts to use in examinations, lacking proper citation, cutting and

pasting web-based resources, falsifying data, and copying classmates' work product (Arhin & Jones, 2009; Hilbert, 1985, 1987). Additionally, Hilbert (1985) revealed that female nursing students stated more episodes of dishonest behaviors than male nursing students and that student nurses held different views on what was immoral behavior than their professors did (Hilbert, 1985; McCabe, 2009).

Brown (2002) surveyed a cohort of student nurses who had observed dishonesty in their class. Twenty-five percent of the nursing students acknowledged that they had participated in immoral conduct, 53% had considered cheating, and 27% indicated that they would cheat if they knew that they would not get caught. The students in this survey indicated that interventions that would help curb dishonest behavior included increased mindfulness on the part of the instructor, use of additional proctors, not allowing students to have their property with them during exams, not permitting students to leave an exam room during the exam, and enforcing penalties for infringements. The study indicated that the students believed that students caught cheating should receive zeros for the exam and should be removed from the program and the institution (Brown, 2002).

McCabe (2009) surveyed 2,000 student nurses and discovered that almost 50% of them had participated in at least one episode of immoral activity consistent with Hilbert's (1985, 1987) studies. McCabe's (2009) investigation revealed self-reported episodes of plagiarism between students, receiving unauthorized assistance with projects, altering laboratory data, using notes during exams, and submitting work used in a previous semester. Additionally, McCabe (2009) analyzed the student nurses and students in other disciplines with respect to issues of immoral conduct in the academic setting. Although

one might expect a student nurse to behave morally, the study revealed that 72% of student nurses engaged in 16 academically dishonest behaviors.

<p style="text-align: center;">Code of Ethics for Nurses with Interpretive Statements</p>

Ethics and integrity are vital components of the institution of nursing practice (ANA, 2001, 2015). The first Code of Ethics for nursing, which is the foundation of the nursing profession, was established in 1950 (Lachman, 2009a). As the profession of nursing has a long and renowned reputation as a reflective and unique profession that is intimately involved in the wellbeing of the infirm and the defenseless, the Code exemplifies how nursing care will be provided. Additionally, the Code affords the nurse direction for legal and ethical accountabilities to patients and in the bigger picture, to the general public (Lachman, 2009a). The Code proposes directives for the nurse; however, the Code does not concentrate on the particular series of circumstances that impact nurses on a daily basis (Neville, 2004).

The expectation is that people who enter the nursing profession, beginning with the student nurse, will observe the principles and ethical standards of the vocation and incorporate them as a vital component of the profession. The Code, as a critical guideline that provides the framework for the practice of nursing, constructs clear anticipations, articulates goals, standards, and commitments that guide the nursing profession with no room for compromise, as the Code determines the profession's ethical standards (ANA, 2001; Fowler, 2015). The fourth provision found in Provision V of the Code

encompasses the duty of a nurse to uphold integrity (ANA, 2001; Fowler, 2015; Lachman, 2009b).

The American Nurses' Association Code of Ethics for Nurses with Interpretive Statements (ANA, 2001; Fowler, 2015) offers an organizational structure for nursing to guide the study of morality and integrity, providing the criteria for the profession to function within established ethical standards (Arhin & Jones, 2009; Schmidt, 2006). The ANA (2001; Fowler, 2015) has time-honored ethical principles of nursing that stipulate how nurses should behave as articulated in this passage.

> The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems . . . a fundamental principle that underlies all nursing practice is respect for the inherent worth, dignity, and human rights of every individual. (ANA, 2001, p. 7)

Additionally, the Code stipulates that a nurse is accountable for conveying the standards of the nursing profession, for upholding professional integrity, for creating associations with their contemporaries and anyone else whom they may encounter as they perform their duties, and for reporting dubious professional behaviors (ANA, 2001; Fowler, 2015). Furthermore, the Code specifies that a nurse must be answerable for their decisions and their behaviors, must demonstrate honorable conduct, obligated to their patients and the general public, must continually grow within their profession, and maintain a sense of honesty in all of their professional interactions. In addition, the Code

requires that a nurse maintain an awareness of their individual and professional principles

with the welfare of their patients as their primary focus (ANA, 2001; Fowler, 2015).

Evolution of Ethical Instruction in the United States

Post-secondary academic institutions in early America were tasked with

the education of a restricted number of students in an era in which academically immoral

behaviors were not prevalent (Brubacher & Rudy, 2008). At that time, the chief intention

of most academic institutions was to ensure appropriate moral conduct of their students,

who were predominantly male and in training for the ministry (Brubacher & Rudy,

2008). During this era, university presidents traditionally delivered a sequence of

addresses to graduating students clarifying the conventional moral ideologies popular at

the time. This practice exerted a profound effect on the viewpoints and integrity of the

students (Brubacher & Rudy, 2008). Throughout this period, most academic institutions

retained clerics as presidents and faculty who mandated Bible readings and regular

religious observances by students.

The tradition of required Bible readings continued until the mid-1800s (Harper &

Quaye, 2009; Kohlbrenner, 1961) until American institutions of higher education

gradually stepped away from their religious roots (Baker, 2012; Hunter, 2000). One of

the causes of this movement was the massive influx of German intellectuals, who

promoted secularization (Brubacher & Rudy, 2008). The concept of *lernfreiheit,* or

freedom to teach (Brubacher & Rudy, 2008), inspired faculty to create scholarship, as

opposed to merely propagating long-standing American religious standards

(Kohlbrenner, 1961). Most institutions of higher learning continued to secularize through the 1900s because of the effect of science on the academy, a call for removal of ordered religion, the crusade against authority that occurred in the 1960s and 1970s, and the avarice that occurred in society in the 1980s (Eisenmann, 1999).

Over time, American culture transformed in a manner that caused college presidential addresses to fall out of favor as students grew less intimidated and impressed by authority figures (Bok, 1976). With this alteration in beliefs, the predominant moral conventions collapsed, giving the impression that university presidents were growing progressively more out of touch with students as they tried to instill appropriate ethical principles. With the discovery that presidential addresses did not help students think critically or apply their unique moral philosophies to ethical debates and concerns needed in an industrial culture, presidential addresses became moralistic. Although giving presidential addresses to senior students has become obsolete, the practice functioned satisfactorily for a period as an approach to delivering instruction in morality. By World War I, the practice had ceased (Bok, 1976).

At the conclusion of World War II, the academic world, both nationally and internationally, expanded inquiry into moral growth in the business and educational sectors (Gerdeman, 2000). In the 1950s there was a rekindled concern for morality, particularly its evolution (Burton, 1963). Throughout the latter part of the 1950s, with the advent of Russia's Sputnik program, Americans became alarmed that they would be unable to keep up with Russia in military firepower or become unable to train scientific

experts, architects, and statisticians in adequate numbers to measure up to the Russians (Bebeau et al., 1999; Cole, 2009).

In the 1960s, there was a sudden relinquishment of *in loco parentis* as an essential principle for confronting unacceptable student behavior in higher education (Dalton & Healy, 1984). Throughout this period, institutions of higher education espoused official conduct codes that underscored the official entitlements and accountabilities of the academic institution and the learner. Although these regulations were based in egalitarian beliefs and moral principles: they subsequently were utilized, for the most part, by academic institutions to control the conduct of the learner (Dalton, 2006). During this era, the conventional scholastic importance on Western ethical customs created a different set of ethical principles that did not include issues of integrity (Sommers, 1984). As a result of this significant change, the disciplinary role that traditionally occurred in educational institutions deteriorated (Dalton & Healy, 1984).

The 1960s and 1970s were characterized by a number of influences, both inside and outside of the academy that impacted students in higher education: demonstrations on college campuses, the Civil Rights Era, opposition to the Vietnam War, outspoken activists, acts of civil disobedience, and the war on poverty. These major historical events moved the nation's attention to fundamental issues affecting American citizens and matters of societal fairness (Bebeau et al., 1999; Rest, 1979). During this era, academia was compelled to face the different values attached to scholarship and research, as students with competing principles and the general public censured the academy for its lack of accountability in teaching ethical principles and conduct to their students (Lau,

2010). Furthermore, during this same time, the country was not attentive to producing scientific experts; instead, American leaders were dealing with issues of destitution, hopelessness, and criminality (Bebeau et al., 1999). During the 1980s, incidents of gun violence, the threat of nuclear disaster, drug and alcohol abuse, and teenage pregnancy weighed heavily on the minds of American youth (Holtz, 1995).

From the mid-1970s through the mid-1990s, American higher education was transformed by the different factions calling for revolution on campus (Brubacher & Rudy, 2008). These changes encompassed admissions criteria, core curricula and methods of instruction, the tenure system, and academic leadership. During this era of higher education, with the increasing turmoil on campus and the public perception of avarice and misconduct being synonymous with higher education, maintaining high ethical standards became especially difficult to maintain for the professoriate and the academic leadership (Brubacher & Rudy, 2008). During this same time period, there was a resurrection of character instruction discovered to be important in the 1930s, due to a societal belief that American culture was morally deteriorating (Bebeau et al., 1999). The concern of ethical decline in American society produced a change in focus to address unsuccessful scholastic practices in higher education. Furthermore, the mass media reporting of immoral religious leaders, dishonest researchers and businessmen, and unscrupulous political figures damaged American trust in the integrity of their leaders (Bebeau et al., 1999).

The start of the new millennium gave birth to a new era in American higher education (Hunt, 2006; Tierney, 2006) arising, for the most part, from a decrease in

capital (Altbach et al., 2005). Although the system of higher education has preserved

major features of the colonial colleges, the American academy has changed in an effort to

meet the requirements of the general public throughout times of significant

transformation. A variety of these changes resulted from forces outside of the academy:

business, government, globalization, privatization of higher education, competition, and

the general public (Altbach et al., 2005). In addition, this period in history has seen

intensified pressure from the general public for accountability, an increased governmental

regulation of academic institutions, monetary limitations, and a proliferation of culturally

diverse students that have affected American higher education (Altbach et al., 2005).

Student Characteristics in Higher Education

In today's academy, if one includes university presidents, administrators,

educators, and students, there is a blending of different generations of individuals

attempting to work together on college campuses (Table 2; Strauss, 2005).

Table 2

Generations of Students in Higher Education

Generations	Born	Current Age	Characteristics	Citation
Baby Boomers	1943-1960	49–67	Strong levels of civic responsibility; held education in high regard. Believed college essential. Highly influential.	Strauss, 2005
Generation X	1961–1981	28–49	Proficient with technology Creative, autonomous, problem solvers Level-headed, practical, need stimulation Need encouragement, dislike regulation Conscientious, enthusiastic, mature Believe in hard work	Hoerr, 2007 Alch, 2000 Prensky, 2001 Brown, 1997; Holtz, 1995 Brown, 1997; Holtz, 1995 Brown, 1997; Holtz, 1995 Alch, 2000 Holtz, 1995
Generation Y	1980s–1990s	35–45	Proficient with technology; multitaskers Desire to make a difference *MTV Generation* Ingenious and resourceful	Coley, 2009 Arhin & Johnson-Mallard, 2003 Alch, 2000; Prensky, 2001 Alch, 2000; Prensky, 2001
Millennials	Since 1980	Under 28	Need recognition and instant gratification Embrace change; work well with others Proficient with technology	Richardson, 2011 Richardson, 2011 Richardson, 2011

For the purpose of this current work, only some generations will be highlighted. Because the children of this 1980s grew up with computers both at home and in school, the technology has become second nature for this group who is markedly more at ease with technology than their parents (Brown, 1997; Prensky, 2001; Wessels & Steenkamp, 2009). This generation, more so than previous generations, is more acquainted with telecommunications that have altered commerce, the educational system, the delivery of health care, recreation, leadership, and all establishments that impact the general public (Alch, 2000; Prensky, 2001). As a result, this generation of learners deliberate and analyze data in a manner that is quite different from both past learners and from many faculty, who are remnants of the pre-technological era struggling to communicate with today's learners (Prensky, 2001). In addition, these students believe that they can, to some degree, manipulate the World Wide Web to meet their needs, in an environment where immediate worldwide collaboration is at their fingertips (Alch, 2000).

The Generation X students tend to be dedicated campaigners for societal accountability, demonstrating an interest in humanity, the ecosystem, helping the poor, and worldwide problems (Alch, 2000; Prensky, 2001). They are also more politically traditional than students who came before them (Holtz, 1995). They embrace the fundamental principles of loyalty to their country and its citizens and the strength of their convictions, accomplishments, and ethics, and they embrace people from all walks of life. They need to control their environments, resolve their fears, and obtain information quickly and easily to have more time for themselves and lead less structured lives (Alch, 2000). This group will be the leaders of the twenty-first century, when they will

construct an innovative work ethos with more autonomous workers, many of whom will

become leaders in industry (Alch, 2000).

Characteristics of Student Nurses

Nursing students, on average, differ from other students in higher

education in a number of ways. Student nurses tend to be older, hail from a wider variety

of cultures, and have more life and job experience and domestic obligations than the

typical college student (Davis et al., 1996; Eley, Eley, Bertelo, & Rogers-Clark, 2012;

Mancini, Ashwill, & Cipher, 2015; Wray et al., 2012).

The more mature student nurse may make better choices than younger student

nurses (Kevern & Webb, 2004) with older students, more likely to successfully complete

nurses' training (Houltram, 1996). Older nursing students may be able to better manage

their studies with their wider repertoire of life experiences to draw upon, which may

work as defenses against the hardships of nurse training. Additionally, many of the older

students may have more people in their lives who can support their endeavors.

Furthermore, older students may enter programs of nursing studies with life-long desires

to study nursing, possibly approaching it as a second career and with greater intensity and

motivation than the younger student (Wray et al., 2012).

Eley et al. (2012) determined that students desiring to enter the nursing profession

exhibited the following general characteristics: a desire to care for and the need to satisfy

others, compassion and understanding, inquisitiveness, altruism, a favorable disposition,

a cooperative nature, eagerness to test their resolve, and desire to prevent detriment to

others. The researchers could not deduce whether students with specific qualities were drawn to nursing, or whether the students acquired these qualities as a result of their training (Eley et al., 2012).

Additionally, many student nurses have a desire to be of service, empathy, a love of humankind (Kalb & O'Conner-Vonn, 2007), and a sense of self-sacrifice (Shaw & Degazon, 2008). Furthermore, student nurses tend to respect human dignity, defined as "respect for the inherent worth and uniqueness of individuals, families, and communities and characterizes all interactions a nurse should have with them" (Shaw & Degazon, 2008, p. 45).

Students in Higher Education Today

Researchers, having identified features that make current students radically different from past college students, characterize the current students as a generation that is fighting to preserve their equilibrium (Levine & Dean, 2012). Today's college students are the first cohort of digital natives, or students brought up with a high degree of technological savvy, that the United States has produced. This facility with technology is a double-edged sword for students, who are caught in a system of higher education that is struggling to acclimate to the technological advances that are a way of life for them (Levine & Dean, 2012).

Current college students are less likely to exhibit compassion than their predecessors, because people have become more distant from one other (Dolby, 2014; Kraus, Cote, & Keltner, 2010; Piff, Stancato, Martinez, Kraus, & Keltner, 2010; Turkle,

2011). Konrath, O'Brien, and Hsing (2011) conducted a review of the literature on empathy analyzing 72 students' standardized test scores from 1972 to 2009. The researchers contrasted the scores of college students from the latter part of the 1970s and initial part of the 1980s with college students from the 1990s and 2000s. College students scored lower on empathic concern, or a decreased ability to feel compassion, between the years 1979 to 2000, demonstrating a net 40% decrease over time, thus, validating the contention that students have become less compassionate over time (Dolby, 2014).

This decrease in empathy has contributed to emotional disconnection in certain segments of the population, a phenomenon that appears to be related to the proliferation of social media and technology that allows for a sense of detachment among people, preventing them from sharing meaningful relationships, experiences, and commitments (Konrath et al., 2011; Krause et al., 2010; Piff et al., 2010). Today's students are both more in touch with their friends and families and more divided from their friends and families than college students of the past (Levine & Dean, 2012). Technology has produced a generation of students who interact with people virtually, as opposed to face-to-face, leaving this cohort of students less at ease with personal interactions (Levine & Dean, 2012). In addition, studies have revealed that students in higher education have become more self-centered since the 1980s (Twenge & Foster, 2010; Twenge, Konrath, Foster, Campbell, & Bushman, 2008). These factors are important in academia because students who can empathize with others will be able to negotiate the challenges they find

in their professional and personal lives (Dolby, 2014; Gilding; 2011; Heinberg, 2011; Levine & Dean, 2012; Orr, 2011).

Furthermore, today's students are among the most culturally diverse cohort of students that higher education has ever had. Academia has taken steps to rise to the challenge of meeting the needs of this diverse group of students, however, this remains a work in progress (Levine & Dean, 2012). Additionally, today's students are living with more economic uncertainty than students of past generations and tend to be more reliant on their families, due to economic instability and from being raised in an overprotected and entitled manner by Generation X parents who enabled these behaviors (Levine & Dean, 2012). Finally, current college students live in a society that is changing rapidly both nationally and internationally, with information available instantly 24 hours a day (Levine & Dean, 2012).

<u>Contributing Factors to Immoral Behavior in Higher Education</u>

A number of factors may contribute to academically immoral conduct in higher education in all fields of study. Barnett and Dalton (1981) recognized six dynamics that exert a substantial effect on immoral conduct: a sense of duty to excel academically, the environment of examinations, intellect, the need for approbation, the inability to recognize immoral behaviors, and the ability to morally reason. In addition, variables that have proven to be significant in an investigation of moral behavior, although this list is not exhaustive of all possible factors, are gender, religion, educational attainment, the desire to achieve a good grade, the desire to do a good job, and self-respect (Bowers,

1964; McCabe, Trevino, & Butterfield, 2001; Nather, 2013; Rest, 1984). Some students may behave immorally simply because they are not aware that they are doing so, especially if, according to their moral codes, their behavior is not immoral (Bates et al., 2005; Stern & Havlicek, 1986). In addition, there are disparities between what educators and students recognize as immoral behavior (Table 3; Bates et al., 2005; Stern & Havlicek, 1986). These differences play a part in clashing perceptions and standards of proper comportment of a college student (Murdock, Miller, & Kohlhardt, 2004; Stern & Havlicek, 1986).

An educator must begin an examination of academically immoral behavior in higher education with an inquiry into student perceptions of what is academically immoral, because there is a wide difference of opinion between what a student perceives to be immoral behavior and what an educator believes to be immoral behavior (Stern & Havlicek, 1986).

Age

As the numbers of older and non-traditional students has risen in the academy, age as a variable associated with academic dishonesty has received more scrutiny (Haines, Diekhoff, LaBeff, & Clark, 1986; Newstead, Franklyn-Stokes, & Armstead, 1996). The literature reveals inconsistent figures regarding the issue of age and academically immoral conduct (Franlyn-Stokes & Newstead, 1995; McCabe & Trevino, 1997; Mokula & Lovemore, 2014; Newstead et al., 1996; Wotring, 2007). Franklyn-Stokes and Newstead's (1995) results proved contradictory; they found that students age

25 and above were recognized by their peers and professors as practicing academically immoral behaviors less frequently than students ages 18 through 24. They also concluded that students below ages 21 through 24 were more academically deceitful.

Table 3

Student/Educator Perceptions of Immoral Behavior

Criterion	% Student	% Educator
Previewing exam in a file that instructor is not aware exists	57	94
Falsifying lab experiment data	73	98
Asking peer for exam responses	63	93
Asking peer for exam questions	45	87
Using materials from someone else's paper without citation	64	98
Reading condensed, rather than full, versions of reading assignments	19	63
Reading foreign language assignment in English translation	33	76
Memorizing blocks of exam questions for future use	46	70
Basing article report on reading abstract only, not entire article	40	72

Newstead et al. (1996) discovered that the occurrence of academically immoral behavior decreased as students got older. Mokula and Lovemore (2014) found that 52.6% of the students in their study, age 36 and above, displayed a higher frequency of academically immoral conduct than students under the age of 35, who displayed a 47.4% tendency to behave immorally in their examinations. McCabe and Trevino (1997) discovered that older students tended to demonstrate a lower incidence of academically

immoral behaviors. An additional factor that may be correlated to age and moral behavior is the belief that older students might be learning in order to satisfy a life-long dream or for their individual satisfaction, as opposed to younger students, who are in college for different motives (Richardson, 1995).

Researchers have explored age as it relates to moral development in college students and have discovered that even brief educational exposure to advanced learning produces positive changes (Murk & Adelman, 1992; Rest & Thoma, 1985), despite the fact that these changes might be the result of the educational encounters as opposed to age (Newstead et al., 1996). In addition, there is evidence to suggest that age is a vital criterion for moral development (Cesur, 2010), because age impacts one's ability to develop moral judgment (Rest, Narvaez, Bebeau, et al., 1999b; Rest, Narvaez, Thomas, & Bebeau, 1999, 2000). Rest (1979) believed that age was an incidental measure of overall cognitive growth.

<div align="center">Campus Culture</div>

Campus culture plays an important part in immoral conduct at an academic institution, especially if a student believes that immoral behavior is condoned (Barratt, 2013; Bates et al., 2005; Murdock et al., 2001). Major academic violations could become ingrained into the traditions of the institution, particularly if the academic staff does not do a good job of conveying to students which behaviors are not acceptable (Barratt, 2013).

Aggarwal, Bates, Davies, and Khan (2002) revealed that the academics at two pharmacy schools in Great Britain held widely divergent views on the gravity of dishonest activities when contrasted with the viewpoints of their students. This finding supports the proposition that even inside the walls of an institution of higher education, one may find a difference of philosophies related to the significance of academically dishonest behavior or a belief that academic integrity is not perceived as being important by the constituents within the academic institution (Murdock et al., 2004; Stern & Havlicek, 1986). Moreover, lack of transparency in communication from the academic staff regarding what constitutes immoral behavior and consequences for transgressions may give students the impression that academic misconduct is tolerated, especially if the regulations that govern these behaviors are not well defined (McCabe et al., 2001).

There is also evidence to corroborate the position non-student issues such as an exceedingly aggressive scholastic atmosphere, inability to spend prolonged periods of time studying, the learner's opinion of the behavior of their classmates, how the academic staff reacts to immoral behavior, and the seriousness of punishment for infractions, as highly significant on immoral conduct in the classroom (McCabe et al., 2001).

Discipline of Study

A student's discipline of study may impact immoral behavior (Bowers, 1964; Gibson, 1993; Laduke, 2013; Smith et al., 2002). Bowers (1964) discovered in his survey of 5,000 students in 11 disciplines of study that some fields were correlated with higher incidences of academically immoral behavior than others. The disciplines of

business and engineering had the greatest incidence of academically immoral behavior; education, social sciences, and science had a moderate incidence of immoral behavior; and arts and humanities had the least incidence of immoral behavior (Bowers, 1964; Newstead et al., 1996). Please refer to Appendix A for a report of immoral academic activities by discipline of study.

Newstead et al. (1996) conducted a study of 19 academic disciplines, cataloged into the fields of Science, Social Science, Technology, Education and Humanities, and Health and Social Services. The researchers sought to determine the *Cheating Index*, or the median percent of yes replies provided by each student within a series of 21 different activities. The lower the cheating index, the fewer episodes of cheating were carried out by the student. The students in Science had a Cheating Index of 31%, while students in Social Science had a Cheating Index of 22%. Students in Technology had a Cheating Index of 26%, those in Education and Humanities had a Cheating Index of 17%, and students in Health and Social Services had a Cheating Index of 10% (Newstead et al., 1996). This study did not determine whether academically immoral behavior in fact occurred; rather, it quantified the scope of immoral behaviors. The lower Cheating Index in Health correlates with the moral dimension of health-related professions (Bowers, 1964; Gallup, 2014; Smith et al., 2002).

Higher education is positioned as the access point to the professional disciplines, with programs of study that are distinguished from other academic disciplines by high levels of accountability, specialized curricula, and unique skill sets. It is critical that professionals successfully cultivate and internalize moral behavior and moral judgment in

order to retain the trust of the general public. Securing the admiration and respect of a community is dependent upon a professional's level of scrupulousness and reliability in dealings with the public (Bowers, 1964; Gallup, 2014; Smith et al., 2002).

<div align="center">Educational Attainment</div>

Researchers have determined that the greatest correlation with the development of moral judgment was educational attainment (Izzo, 2000; McNeel, 1994; Nather, 2013; Perez-Delgado & Oliver, 1995; Rest, 1988a, 1988b; Rest & Narvaez, 1991; Rest et al., 1999a, 1999b; Rest, Narvaez, Thoma, et al., 1999; Walker, Rowland, & Boyes, 1991; Windsor & Cappel, 1999). The prevailing belief is that higher levels of educational attainment predict more sophisticated moral judgment because people who pursue higher levels of education tend to revel in the learning process, are more attracted to self-fulfillment, flourish in academic atmospheres, and have a more cooperative spirit (McNeel, 1994; Nather, 2013; Rest & Narvaez, 1994).

Duckett et al. (1997) studied the moral judgment ability of 348 nursing students at the inception of and before completing their nursing program. They concluded that towards the end of their nursing program, the students' moral judgment scores were positively correlated with higher grades, year in the program, and the female gender; the researchers did not find was that age was a significant variable. These findings are consistent with the belief that moral reasoning is linked to level of educational attainment (Duckett et al., 1997).

Gender

Females in the American culture, unlike males, are conditioned from a very young age, to be obedient, compassionate, caring, nurturing, and selfless (You & Bebeau, 2012). This difference suggests that gender socialization may account for the variations between the sexes (Hendershott, Drinan, & Cross, 1999; Ward & Beck, 2001; You & Bebeau, 2012), with caring, a female ideal, associated with an interest in wellbeing (Fry, 1989). Although compassion has traditionally been associated with the virtue of caring, a prime trait of the profession of nursing, caring has also been attributed to be a masculine characteristic, encompassing actions that have moral substance such as safeguarding the security of another person (Fry, 1989).

The moral views of females diverge from those of males in that women's decisions have a tendency to be aligned with understanding, empathy, caring, and protecting others, while men's decisions have a tendency to be aligned with justice or objectivity (Gilligan, 1982a). Research demonstrates that females express greater distress over moral situations than males (Beltramini, Peterson, & Kozmetsky, 1984; Borkowski & Ugras, 1998; Kohlberg, 1984; Smith & Oakley, 1997; Weber & Glyptis, 2000). The moral views of males tend to be framed around issues of justice, fairness, and protecting human rights and liberties (Gallagher, 1995; Gilligan, 1977; Thoma, 1986) with a tendency for males to justify their immoral behaviors (Hendershott et al., 1999).

Tibbetts (1999) conducted a study of 257 undergraduate females and 341 undergraduate males revealing that the variables of low impulse-control, embarrassment, an atmosphere of condoned cheating, and scholastic accomplishment were correlated

with gender. The male students demonstrated a heightened inclination to perform immorally and demonstrated less self-discipline than the female students, while the female students demonstrated a greater inclination to display feelings of embarrassment for the commission of immoral acts. In addition, the female students' inclination to cheat was found to diminish with greater-than-average academic performance and heighted moral values, while male students' inclination to perform immorally were greatly enhanced by past behaviors related to behaving immorally and the sense of adventure (Tibbetts, 1999).

Much of the research centered on gender and academic dishonesty has been controversial (Andrews, Smith, Henzi, & Demps, 2007; Austin, Collins, Remillard, Kelcher, & Chui, 2006; Honny, Gadbury-Amyot, Overman, Wilkis, & Petersen, 2009; McCabe, 2009; McCabe et al., 2001). However, the female incidence of immoral academic conduct is on the rise as women are entering academic disciplines that have been historically dominated by male students (Simon et al., 2004). Rest (1979) believes that gender is an incidental measure of overall cognitive growth.

Language Proficiency

As American society has become more culturally diverse, higher education has had to adapt to meet the needs of both the general public and its students (Levine & Dean, 2012; Williams & Newman, 2003). The bond found between all human beings, and a quality that is particularly important in the profession of nursing, is communication (Crawford & Candlin, 2013). The relationship established between a nurse and their

patient is constructed on the communication of data, feelings, and ideas, making language mastery an essential proficiency for nurses to master (Crawford & Candlin, 2013). The overall importance of communication makes proficiency in the transmission and dissemination of information, a vital component of the practice of nursing (Crawford & Candlin, 2013).

According to the American Association of Colleges of Nursing (2016), approximately 28% of students in baccalaureate nursing programs come from culturally diverse environments with increases experienced in the matriculation of these diverse groups of students. The state college that is the subject of this study, has approximately 25% of the overall student population of Hispanic origin, 30% of the campus-specific population of Hispanic origin, approximately 19% of the freshman nursing class of Hispanic origin, and approximately 15% of the senior nursing class of Hispanic origin, thereby, linking the significance of the issue of language proficiency to the perspective of effective development of moral judgment development.

A student for whom English is not their native language may experience a higher probability of performing unsuccessfully in higher education (Williams & Newman, 2003). This statistic has been borne out in nursing, where non-native English speakers experience a higher failure rate on national nursing licensure examinations compared to native English speakers (Femea, Gaines, Braithwaite, Abdur-Rahman, 1994; Klisch, 1994; Phillips & Hartley, 1990; Williams & Newman, 2003). In addition, students for whom English is not their primary language have an increased incidence of attrition than their native-English-speaking peers (Memmer & Worth, 1991).

The student who is a non-native English speaker in a country where English is the primary language, could confront a number of obstacles in the educational process (Gardner, 2005; Junious, Malecha, Tart, & Young, 2010) requiring a great deal of assistance in order to successfully complete their course of studies in nursing and to practice at the required level of proficiency in the practice setting (Crawford & Candlin (2013). The non-native English speaking student may experience ethnic disparity, marginalization, and bigotry (Malecha, Tart, & Junious, 2012) along with a potential deficiency in the necessary command of the English language that is needed in order to meet the scholastic requirements of their course of study (Murray, 2013). Additionally, this population of student may demonstrate an inability to communicate effectively with their peers, patients, and the members of the healthcare team as they struggle with enunciation, telephonic exchanges, and an inability to understand the meanings found in informal speech and slang terminology (Boughton, Halliday, & Brown, 2010; Jeong & Chenoweth, 2011).

The primary barrier represented with non-native English speaking students is the issue of language and communication (Malecha et al., 2012). Some students have verbalized their feelings of embarrassment with their perceived inadequacy in speaking English with the belief that they are being singled out and judged as being substandard due to their thick foreign accents (Abu-Saad & Kayser-Jones, 1981; Guhde, 2003; Sanner, Wilson & Samson, 2002) in addition to the fact that it is frequently challenging for the students to express their feelings adequately without the employment of a translator (Pardue & Haas, 2003). Furthermore, many students for whom English is not

their native language, report significant trials with writing and the inability to properly articulate their thoughts and carry on a conversation with people in their environment (Femea et al., 1995).

An issue often found in students in higher education for whom English is not their native language, specifically in the student nurse, is the need for a more advanced level of scholarly verbal communication that is a component of the healthcare field (Crawford & Candlin, 2013). The use of a more advanced level of language requires that the individual be able to analyze, synthesize, and evaluate the language (Jacques, 2000), unfortunately, large numbers of students for whom English is not their native language, possess an informal command of the English language (Cummins, 1991).

Klisch (1994) discovered a *cultural bias* in test-taking among student nurses with the finding that student nurses who did not perform well on their examinations did not lack knowledge of health-related terminology but rather lacked comprehension of specific words and expression associated with the American culture with which they were unacquainted. The ability of the student to comprehend and critically listen are crucial to student success in an academic setting (Phillips & Hartley, 1990).

Cultural bias, as it relates to examination questions, indicates that the subject matter, or the grammatical construction within the question itself is not consistently accessible, or understood, by various ethnicities, thereby, impeding the test-takers' comprehension of the meaning of the question (Boscher, 2003; Klisch, 1994). The use of *multiple-choice tests*, although a principal mechanism by which to evaluate the learners' acquisition of knowledge in many academic disciplines, unbeknownst to an instructor,

may be loaded with culturally biased questions that can prove difficult for a student for whom English is not their native language (Klisch, 1994).

According to Klisch (1994), if the likelihood of the test-taker answering an exam question accurately exists for all groups of test-takers, in all probability, the question will not exhibit bias. However, if a test-taker possesses an equivalent aptitude, and they are from another ethnic group, they may not possess an equal possibility of accurately responding to an exam question, therefore, experiencing item bias. The obligation that higher education has towards diversity, and inclusion, calls for the educator to inspect the substance of what is taught and the mechanism by which they instruct and assess learning. In order to meet this objective, the educator must take into account the practice of and composition of multiple-choice examinations (Klisch, 1994).

O'Neill, Marks, and Liu (2006) discovered that there was a relationship between English proficiency and examination performance, as evidenced by the lower pass rates on National Council Licensure Examination (NCLEX) by individuals for whom English was not their native language. In 2002, O'Neill et al. (2006) found that 87.8% of native English speakers passed the NCLEX, as opposed to 74.3% of non-native English speakers. In 2003, 87.8% of native English speakers passed the NCLEX, as opposed to 76% of non-native English speakers. In 2004, 86% of native English speakers passed the NCLEX, as opposed to 76.3% of non-native English speakers. The researchers were unable to determine whether there were any variables other than language proficiency that affected outcomes on the NCLEX (O'Neill et al., 2006).

Peer Culture Influences

An academic institution's peer culture exerts a strong effect on a students' moral development, as students tend to establish strong connections with individuals with whom they share experiences in a communal setting (Bowers, 1964; Dalton, 1987). Students are most impacted by peer culture as freshmen, when they confront challenges of establishing autonomy, forming alliances, and struggling to gain control of their new, complex, and intimidating surroundings (Dalton, 1987). Students in higher education tend to select support systems of individuals who have comparable attitudes towards their academic work and hold equivalent ethical views regarding academic dishonesty (Bowers, 1964). The expression *peer pressure* did not originate until the impact of the peer network started to surpass the influence of parents (Holtz, 1995). With parent figures not in the picture, moral dilemmas that students encounter can be especially disconcerting. These difficulties unify students and allow them to construct a robust, shared, cohesive front that has a significant effect on their viewpoints and moral decision-making abilities (Dalton, 1987).

Freshmen students, members of fraternities and sororities, and collegiate athlete— groups that tolerate immoral behavior—exhibited a higher incidence of immoral behaviors, with students who are drawn to a subordinate level of moral rationalization gravitating to these types of affiliations (Bowers, 1964; McCabe et al., 1999; Sanders, 1990). Research has demonstrated that student athletes have greater levels of endorsement for immoral behavior by their peers and within the academic institutions, especially if they are older, male, and are involved in body-contact sports (Sanders, 1990;

Weiss, Kipp, & Goodman, 2015). For student athletes, the peer group has a significant impact on immoral behavior, particularly with teammates. Bowers (1964) found that when peer group disapproval of dishonest behavior was elevated, only 26% of the participants behaved deceitfully; in contrast, when peer group disapproval of deceitful behavior was low, 71% of students performed dishonestly.

<div align="center">Religion</div>

Higher education in colonial America was built upon the backs of the various religious denominations that predominated at the time, with religion controlling a student's existence during this era (Brubacher & Rudy, 2008; Geiger, 1999). Therefore, the study of morality was an integral component of instruction in early colleges, where a stringent practice of moralistic castigation predominated (Brubacher & Rudy, 2008). Religion has occupied a vital position in the evolution of the United States, and is considered by a great many individuals to be a well-defined element of an individual's moral code (Lau, 2010).

Religious convictions, the family unit, and the community do not appear to impact everyday life as they once did (Astin, 1991; Bok, 1976; Dalton, 1980, 1984, 1987, 1989; Geiger, 1999; Hill, 2009; Uecker, Regnerus, & Vaaler, 2007). As religion has become less publicly important and lost its traditional impact in the American educational institution, a prevailing feeling of dissatisfaction has evolved (Geiger, 1999), as evidenced by a corresponding change in the relationship between the academy and the

learner from a rapport into something more prescribed and administrative in nature (Dalton, 2006).

Although the aims of religion and morality may be dissimilar to some, Christians and Jews view religion and morality as closely aligned, believing that people must behave morally (Lau, 2010). According to Kohlberg (1981), the aim of religious thinking is to sustain the soul, while morality is associated with one's sense of being: moral growth will happen in an individual despite their specific religious views. Studies have demonstrated a correlation between religion and ethics (Albaum & Peterson, 2006; Clark & Dawson, 1996; Hunt & Vitell, 2006; Phau & Kea, 2007). Closely aligned with religion is spirituality, which has developed into an important topic in society and academic circles (Manning, 2001). Because spirituality has been connected with confidence and levelheadedness, spiritual people have attitudes of connection, empathy, and support with challenging situations and relationships—all traits that higher education highly values (Chickering, 2006).

There are, according to Getz (1984), seven methods by which scholars view religion as a variable involved in the promotion of morality: connections within the parish, attendance at religious ceremonies and receiving of sacraments, familiarity with religious matters, religious beliefs, religious encounters, inspirations from within and outside the individual, and instruction at a religious educational institution. Although religion and religious instruction have demonstrated modest associations with moral judgment, religious comprehension has a significant relationship with moral reasoning and a strong association with intellectual capacity (Rest, 1986).

Research has been performed to analyze the connection of religious principles on a traditional-progressive gauge to moral judgment (Ernsberger & Manaster, 1981). In an examination of two traditional and two progressive churches, the two traditional churches displayed a notable decrease in moral judgment in their instructive resources and pronouncements than did the two progressive churches. The researchers surmised that individuals who believe that their church's beliefs are better than another church's beliefs may utilize spiritual philosophy to override notions of justice as evaluated by the Defining Issues Test (DIT).

Rest (1981) asserted that students who are inclined towards a strong religious philosophy tend to demonstrate lower levels of moral judgment: strong religious convictions appear to impede moral judgment, as the individual tends to assume the beliefs of their religious community. According to Balik et al. (2010), the comparatively black and white decrees of what is appropriate and inappropriate along with rationalization for wrongdoings may be observed in individuals for whom religion exerts a strong influence. Despite the fact that there is a complex connection between moral judgment and religious motivation, there are indications that one's religious predisposition strengthens the connection between moral judgment and religious principles (Rest, 1981).

Year in Program of Study

Bowers (1964) discovered that the rate of student cheating rose modestly, at a rate of six through ten percent, from the first year of college through the third year of college

and then flattened out during the third year, demonstrating that there is a reduced

incidence of cheating as a student progresses. Freshmen tend to commit acts of academic

dishonesty at a rate greater than that of upperclassmen (Diekhoff et al., 1986; Haines et

al., 1986; Graham, Monday, O'Brien, & Steffen, 1994; Harding, 2001).

Rabi, Patton, Fjortoft, and Zgarrick (2006) found that pharmacy students who had

a previous college degree prior to starting in the pharmacy program exhibited fewer

tendencies to cheat than pharmacy students who had just graduated from high school.

Krueger (2014) discovered that academically dishonest behaviors had a tendency to

increase throughout the nursing program, as did Kececi, Bulduk, Oruc, and Celik (2011).

McCabe et al. (2001) found that younger students who were in their first and second

years of study were more likely to display immoral academic behavior. The researchers

believed that the more educated students were more mature and more committed to their

careers (Jiang, Emmerton, & McKauge, 2013; Kececi et al., 2011; Rabi, et al., 2006).

<u>Non-Student Variables Impacting Immoral Conduct</u>

In addition to the student variables that impact immoral conduct, there are a

number of variables over which the student has no control (Table 4).

<u>Influence of Honor Codes</u>

Measures to avert academic misconduct differ among institutions of higher

learning (Langone, 2007), with honor codes currently being especially appropriate in

academic settings (Davis et al., 1996). Very early in American higher education, Thomas

Jefferson realized that students who could govern their own behaviors tended to have better outcomes (Brubacher & Rudy, 2008).

Table 4

Non-Student Variables Impacting Immoral Behavior

Research Study	Non-Student Variables
Baird, 1980 Barnett & Dalton, 1981 Bronzaft et al., 1973 Fakouri, 1972 Harp & Taietz, 1966 Leming, 1980 Newhouse, 1982 Singhal, 1982	How seats are arranged during exam Weight and rigor of exam
Knowlton & Hamerlynch, 1967	Normalized behavior
Evans & Craig, 1990	Rigor of exam
Hetherington & Feldman, 1964	Course/exam make-up
McCabe & Trevino, 1993 McCabe et al., 2002	Presence of honor code Type of consequence for infraction
McCabe & Trevino, 1997	Size of school
McCabe et al., 2001	Peer behavior Peer condemnation of cheating Severity of penalties for cheating
Singhal, 1982	Effectiveness of exam proctor Attitude of leadership regarding cheating

An honor codes put additional layers of accountability on the student, as opposed to faculty and institutional leadership, to establish an atmosphere where dishonest behavior is not tolerated (Davis et al., 1996; Konheim-Kalkstein, Stellmack, & Shilkey, 2008; McCabe et al., 1999; Morgan & Hart, 2013; Pautler et al., 2013). Intolerance to

academically immoral behavior is a practice that increases the success of an honor code

(Jiang et al., 2013). Indeed, academic institutions that do not use honor codes report

substantially greater frequencies of immoral behavior (Barratt, 2013; McCabe & Trevino,

1993).

Although there is not a standard description or organization for honor codes, they

are generally documents that present a means of tackling academically immoral behavior,

incorporating procedures for students to inform of episodes of immoral conduct, student

involvement in legal proceedings, and frequently a vow indicating that the students will

espouse the values delineated in the honor code (Davis et al., 1996; McCabe et al., 1999;

Pautler et al., 2013; Vines, 1996).

McCabe and Trevino (1993) replicated Bowers' (1964) original study of 99

academic institutions by studying 31 of the same colleges and universities that Bowers

studied. McCabe and Trevino (1993) did not identify the academic institutions.

Additionally, McCabe and Trevino (1997) repeated the study with nine of the academic

institutions that Bowers (1964) surveyed. McCabe and Trevino (1993) reported that 71%

of students at academic institutions without honor codes disclosed that they partook in

significant episodes of academically dishonest behavior, compared to 44% of students at

academic institutions with honor codes.

The statistics on Table 5 summarizes the outcomes of several academic

institutions with honor codes and suggest that the presence of an honor code does not

eliminate immoral behavior; however, an honor code can minimize the occurrence of

academic misconduct and endorse moral principles (McCabe et al., 1999, 2001; McCabe

& Trevino, 1993, 1997; Pautler et al., 2013). McCabe and Trevino (1993) believe that a student may abide by an honor code because the code stimulates the student to maintain moral behavior. Table 6 illustrates outcomes that have been achieved at a number of academic institutions across the country that have implemented an honor code. The list of academic institutions on Table 6 is not comprehensive or exhaustive.

Table 5

Self-Admitted Cheating—Summary Statistics

Variable	1963 (%)	1993 (%)	1990–1991 (%)		1995–1996 (%)	
			No Honor Code	Honor Code	No Honor Code	Honor Code
Exam cheating	39	64	47	24	45	30
Assignment cheating	65	66	56	32	58	42
Copying on an exam	26	52	30	14	32	20
Use of unapproved notes	16	27	21	9	17	11
Helping peer on exam	23	37	28	9	23	11
Plagiarism	30	26	18	7	20	10
Lack of citation	49	54	41	23	43	32

Note: Adapted from "Cheating in Academic Institutions: A Decade of Research," by D McCabe et al, 2001, *Ethics & Behavior, 11*(3), p. 223-224, Copyright 2001 by Lawrence Erlbaum Associates, Inc. Reprinted with permission.

May and Lloyd (1993) conducted a study of 170 students, 68 males and 107 females, ages 21 to 22, enrolled at a state university. They sought to determine whether there was a correlation between academic misconduct at educational institutions with an established honor code and educational institutions without an honor code. As seen in

Table 7, there was a significant difference in the extent of cheating at schools that did not have honor codes and schools that did have honor codes.

<div align="center">Influence of Ethical Instruction on Moral Behavior</div>

Ethical instruction is considered by scholars to be an effective method for assisting students in the management of ethical predicaments and the growth of moral judgment (Bok, 1976; Buelow, Mahan, & Garrity, 2010; Marnburg, 2003; Rest, 1979, 1982; Sims & Sims, 1991), irrespective of the academic field of study. The purpose of ethical instruction, in all disciplines, is to promote the advancement of moral discernment. This process is not exclusively related to the acquisition of data; rather, it involves a succession of modifications in reasoning ability (Gallagher, 2011). The academy has a stake in assisting learners to develop their abilities in moral decision-making which involves not only the comprehension of ethical challenges but also a familiarity with methods for arriving at resolutions (Rossouw, 2002), thereby, training practitioners so they can reach ethical decisions in practice (Kim et al., 2004). Although instruction in values has been given considerable attention in academia, ethical instruction is rarely carried out as a planned consequence of student learning; especially with integrity, principles, standards, morality, virtue, and honor, elements that many undergraduate students neglect because their programs of study do not foster their growth (Dalton & Healy, 1984).

Before learners can expect to grow in the area of moral judgment, they must embrace a different way of thinking (Schans, 2004). Generally, ethical principles and

moral behavior are critical for interaction with people in many facets of life and a standard that must be followed in professional practice (Windsor & Cappel, 1999). Identification with professional ethics results from knowledge and skills that students acquire throughout their training that are relevant to their practice and contribute to the acquisition of skills. This process entails the intertwining of a series of cognitive, psychomotor, and affective practices, along with the incorporation of ethical resolution, understanding, incentives, and integrity (Rest & Narvaez, 1994; Schans, 2004; Walker, 2002). Ethical instruction does not propagandize; instead, it introduces questions for the learner to analyze and affords an occasion for the advancement of moral judgment (Evans, 1987). Ethical philosophy does not resolve ethical predicaments, although it does provide a context for organizing and simplifying such dilemmas (Gibson, 1993; McInerny, 1987).

Some academics believe that ethics cannot be taught (Trevino & Brown, 2004) and that many instructors lack competence to teach the subject (Beggs, 2011). Such a lack of competence may be detrimental to any discipline and is one of the most significant obstacles related to ethical instruction (Bok, 1976). A professor who is highly trained in ethical instruction may be able to preempt immoral behavior by employing strategies aimed at promoting moral academic conduct and scholarship (Stephens, 2005), such as providing timely feedback, avoiding comparisons among students or classes, examining policies that may enhance moral growth, and acting as moral role model for students (Nonis & Swift, 2001; Schmidt 2006).

Table 6

Academic Institutions with Honor Codes

Researcher	Academic Institution	Year Honor Code Enacted	Outcomes
Pautler et al., 2013	St. Louis College of Pharmacy	2010–2011	Collaboratively adopted with students Student-friendly Fosters positive relationships
Melgoza & Smith, 2008	Texas A&M University	2004	Collaboratively adopted Student-centered Cases handled expeditiously Honor System Office developed
Langone, 2007	Pasco-Hernando Community College	2004	HIRRE (Honesty, Integrity, Respect, Responsibility, & Ethics) program enacted Nursing program imitative Anonymity of process Code reviewed every semester Prior to each exam, student signs oath
State University	College of Medicine	2006	See Honor Code in Appendix B Outlines policies, procedures, entitlements, appeals, and amendments
State College	State College	1982	Student Code of Conduct in Appendix C Outlines objectives, due process, appeals, prohibited behaviors, and entitlements

Table 7

Extent of Cheating

Type of Cheating	Honor System		No Honor System	
	Yes	No	Yes	No
Cheated on major exam	9.0%	91.0%	23.7%	76.3%
Cheated on daily/weekly quiz	7.9%	92.1%	22.1%	77.9%
Cheated on assignment	17.5%	82.5%	34.2%	65.8%
Overall cheating measure	23.7%	76.3%	54.1%	45.9%

Note: Adapted from "Academic Dishonesty: The Honor System and Students' Attitudes," by K. May and B. Loyd, 1993, *Journal of College Student Development, 34*, p. 126. Copyright 1993 by Johns Hopkins University Press. Reprinted with permission.

Growth in the area of moral judgment occurs when students confront data that do not correspond with their understanding, compelling an adjustment in order to adapt their individual points of view (Gallagher, 2011). This activity is called *equilibration*; growth ensues during this phase of adaptation. The most effective mechanism for facilitating the process of equilibration is dialogue about moral predicaments, in which a student must confront the inconsistencies in any sequence of events that is not founded on doctrines of integrity or objectivity (Gallagher, 2011). By continually requesting that a learner recognize moral challenges and label concerns at the heart of each matter, curriculums that teach ethical and moral lessons can perfect and enhance the learner's abilities in moral awareness (Bok, 1976; Felton & Sims, 2005; Lau, 2010; Rossouw, 2002). When students are able to incorporate and internalize what they have learned, they have greater confidence and understanding, which contributes to changes in behavior. This process occurs over time and at different times for different people in an evolutionary manner (Sandvik, Eriksoon, & Hilli, 2014).

Ethical programs of study characteristically attempt to accomplish their objectives by teaching a variety of ethical philosophies, by instructing learners that appropriate ethical behavior equates to appropriate occupational practices that are beneficial to everyone, and by challenging learners to consider how various participants might be impacted by an ethical situation (Awashthi, 2008). Ethical instruction can enhance one's ability to think morally, provides an enhanced appreciation of moral concerns, alters one's viewpoints, and modifies conduct (Lee, 1980). In addition, ethics instruction can help people increase understanding, deliberate in an increasingly innovative manner, visualize difficulties more lucidly, and develop confidence in moral judgment (Lee, 1980).

An ethics curriculum should explain that ethically sound judgments are the right thing to do, incorporating an intentional dialogue about how making an appropriate judgment fulfills an obligation to society (Awasthi, 2008). Students who are taught to consider the effects that their judgments have on participants involved in ethically challenging situations will tend to analyze these encounters with an enhanced sense of moral judgment. Furthermore, students who have been exposed to ethics instruction are more likely to identify situations in which actions may be perceived as either morally right or morally wrong than individuals who eschew ethical contemplation (Awasthi, 2008). Additionally, education in ethics helps learners refine their moral objectives, assists them in expressing their individuality, and institutes a characteristic of authenticity that will serve as a mark of distinction for both their private lives and their careers (Bok, 1976).

It is essential that learners be subjected to ethical and moral problems, in a student-centered approach, while they are still in the role of learners (Bok, 1976; Buelow et al., 2010). Ethical instruction can assist the learner in establishing greater personal ethical ideals if the dilemma is confronted in the safety of the lecture hall, as opposed to encountering an ethical predicament for the first time in the professional arena, where the stakes are higher (Awashthi, 2008; Bok, 1976; Marnburg, 2003; Sims & Sims, 1991). Individuals who are unaccustomed to dealing with ethically challenging situations may frequently be unsuccessful in their attempts to resolve issues, especially if they were not aware that their situation concealed an ethical predicament. Some students may not realize that they have encountered an ethical challenge until they have become totally trapped in a complicated situation and do not possess the skills to extract themselves from it (Bok, 1976; Buelow et al., 2010).

Morality and ethical concerns are inextricable from the subject matter of different fields of study, and that for academia to meet student needs, there will be a need for "ethics across the curriculum" (McNeel, 1994, p. 28). As learners tend to arrive in new disciplines without a well-defined comprehension of the specialized ethical principles embedded in that discipline, professors must give learners the opportunity to grasp ethical issues, resolve difficulties, and accept accountability for their choices (Krawcyk, 1997). Confirmation exists that ethical instruction along with educational attainment positively impacts moral development (Pascarella & Terenzini, 2005; Rest, 1988a, 1988b). Academia is positioned at the access point to the study of nursing, because every prospective student nurse will begin their journey toward a nursing degree in a general

higher education program before beginning a specialized nursing curriculum (Bowers, 1964; Hilbert, 1985, 1987; McNeel, 1994).

Influence of Ethical Instruction on Moral Behavior in Nursing Students

Scholars have investigated the issue of moral development and moral distress or "stress reactions originating in acting, or not acting, against one's conscience and moral beliefs" (Sporrong et al., 2007, p. 825) in nursing students and practicing nurses (O'Connell, 2015). The objective of nurse's training is to groom ethical (Duckett et al., 1992) and effective clinicians who possess a heightened sense of moral judgment because of the burden of care imposed by the profession (McNeel, 1994).

While the written works on ethical instruction in nursing greatly stress the growth of proficiency in the creation of moral judgment, the eventual product of ethics training in the student nurse must be moral performance (Duckett & Ryden, 1994). Moral performance encompasses more than adhering to established codes of ethical conduct (Schans, 2004). In addition to grooming morally responsible nurses, ethical training must be presented in a manner that is relevant to the students in their studies and in their roles as registered nurses, despite the fact that there are no explicit guidelines on how to teach ethics (Kalaitzidis & Schmitz, 2012; Numminen & Leino-Kilpi, 2007; Shaw & Degazon, 2008; Westin, Sundler, & Berglund, 2015).

All student nurses receive instruction of an ethical nature at some point during their training (Grady et al., 2008). American nursing programs that live by the canons of ethics and integrity provide limited forums for ethics training typically interwoven

throughout their curriculums in order to provide students with a beginning level of proficiency that they can take with them into their professional roles (Ham, 2004; Numminen, Leino-Kilpi, van der Arend, & Katajisto, 2010). Ethical instruction can be evaluated by nursing instructors in the affective, cognitive, and psychomotor domains, where moral judgments are made by the individual practitioner and as set forth in the code of ethics that will allow students to comprehend their level of accountability with respect to their decisions and to instill a sense of fairness and consideration for others (Schans, 2004). For student nurses, the principles of self-sufficiency, benevolence, and fairness may be irreconcilable when the students struggle to act morally and support their patients (Gibson, 1993).

Nurses' training has a clear-cut influence on students' moral thinking; many students believe that group conferences with their peers on ethical situations along with ethics instruction in their nursing classes were highly effective tools for acquiring ethical decision-making abilities (Krawczyk, 1997; Numminen & Leino-Kilpi, 2007). In addition, student nurses believe that instruction in ethical standards, justice, ethical regulations, and the standards and principles of ethics were beneficial in fostering the development of moral judgment and critical thinking, both essential skills that student nurses must acquire in their training (Numminen & Leino-Kilpi, 2007).

In addition to ethical training, student nurses receive training in the care of the infirm, which leaves a lasting impression on the growth of the students' ability to morally analyze situations and practice their skills in resolving moral dilemmas (Grady et al., 2008). A substantial portion of nursing instruction occurs in the practice setting (Warne

et al., 2010), where theory, proficiencies, and practice come together (Sandvik et al., 2014). Student nurses, thus, recognize (Warne et al., 2010) the value of instruction in a practical setting for grooming them for the rigors of nursing practice (Tiwari et al., 2005).

All circumstances that student nurses encounter have an inherent ability to trigger ethical predicaments (Davis, Schrader, & Belcheir, 2012; Gallagher & Tschudin, 2010). Student nurses bear a strong level of accountability to their patients for their individual behaviors and judgments. To learn to work as effectual practitioners, a nurse's obligation to the profession is a driving ethical standard that the student must acknowledge at the outset of their studies (Ham, 2004). Nurses must make daily determinations that will impact their patients; these determinations are founded on the intellectual competences and specialized proficiencies acquired in the lecture hall and the practice arena. A nursing student will probably observe countless episodes of distress throughout their interactions in practice settings that will elicit a wide range of emotional responses, which may contribute to moral dilemmas, especially if the area of distress is related to a moral issue (Kalaitzides & Schmitz, 2012).

It is critical that nursing programs improve the moral reasoning abilities of their students (McNeel, 1994) because students involved in ethics training tend to function at more advanced stages of moral thinking, with moral conduct becoming increasingly apparent with advanced educational attainment (Levett-Jones, 2007; Numminen & Leino-Kilpi, 2007; Westin et al., 2015). If student nurses cannot appreciate how to apply ethical standards to ethical situations, they may abandon those standards and, instead, abide by their own moral reasoning, which is less likely to occur if they received instruction on

ethics and moral thinking during their training (Schans, 2004). Despite the fact that as

nursing students approach graduation, the academic institution presumes them to be more

capable of moral judgment, many students articulate fears concerning their capacity to

successfully handle ethical difficulties in the practice setting (McAlpine, Kristjanson, &

Poroch, 1997; Penticuff, 1989).

As student nurses' education unfolds, they become more accountable for their

behavior (Shaw & Degazon, 2008). The students' environment, their level of experience

working with patients, their opinion as to their role in the healthcare system, and

educational experiences are features that impact a student's proficiency for reaching

ethical decisions. In addition, students' family background, instructors, peers, religion,

mass media, and experiences attained in the practice setting affect each student's ability

to reach ethical decisions (Numminen & Leino-Kilpi, 2007). In a study that compared

the level of moral reasoning between student nurses and practicing registered nurses, the

students and nurses who possessed enhanced moral reasoning abilities were not as moved

by external matters while trying to reach a decision in ethical matters, implying that

nurses who uphold a commitment to their respective beliefs will be better able to ignore

distractors (Ham, 2004). In contrast, students and nurses who possessed less significant

levels of moral reasoning were more swayed by external influences (Ham, 2004).

As important as ethical decision-making is, there are no black and white

responses to the wide assortment of ethical circumstances in health care. The nursing

profession has progressively articulated how difficult ethical dilemmas are to manage

(Astrom, Jansson, NorBerg, & Hallberg, 1993), with nurses often reporting negative

feelings over time as the result of becoming enmeshed in exceptionally trying ethical

predicaments seemingly without resolution (Ham, 2004). Lamentably, many nursing

curricula do not present well-developed ethics training (Duckett & Ryden, 1994;

Gallagher & Tschudin, 2010; Ham, 2004; Numminen et al., 2010; Shaw & Degazon,

2008).

<div align="center">The Role of the Nurse Educator in Ethical Instruction</div>

The nursing instructor is the student nurse's first role model into the profession of

nursing (Cruess et al., 2008) and, as such, has the obligation to groom the nursing student

to obtain a highly developed sense of moral discrimination due to the rigors of the

nursing profession (Gallagher & Tschudin, 2010; McNeel, 1994; Numminen, et al.,

2010). A program of nursing instruction must integrate the core professional nursing

standards of human worth, self-sacrifice, and independence, even though these standards

can be difficult to impart to a student nurse (Farenwald et al., 2005). A component of a

nurse educator's role in the training of the student nurse is to encourage students to

reflect upon their values and principles and to teach them how to formulate morally

defensible decisions (Davis et al., 1996). There is no specific instructional approach or

textbook that should necessarily be utilized to facilitate moral growth of students (Felton

& Sims, 2005; Kalaitzides & Schmitz, 2012), although the method by which the material

is presented is important (Kim et al., 2004). The educator must develop a sense of a

safety in the classroom, where learners feel permitted to verbalize their opinions (Sims,

2002). Nursing programs should use a preemptive tactic to combat immoral behavior

(Davis et al., 1996), with the nurse educator lying at the foundation of the practice of nursing (Davis et al., 1996; Morgan & Hart, 2013).

A major barrier to the instruction of the student nurse in the ethical principles, so important to the nursing profession, is the scarcity of instructors with proficiency in teaching moral issues along with the inadequacy of core curriculums in the instruction of ethics (Vallentyne & Accordino, 1998). Devoid of acceptable educator preparation, the emphasis must be placed on ethical instruction that is relevant to the field of study in order to not neglect ethical standards and ideologies during the educational process. The school of nursing bears the responsibility of guaranteeing that its academic staff becomes proficient in ethical instruction, providing the faculty special training in this topic if needed (Vallentye & Accordino, 1998).

As a faculty member in higher education and guardian of the nursing profession, a nursing professor has an obligation to train student nurses not only in the duties that are expected of a nurse in a complex health-care setting (Dwyer & Revell, 2015; Schmidt, 2006), but also to expose students to moral values and ethical principles that are important to the profession. Furthermore, to enhance clinical reasoning, nursing faculty must provide student nurses with the skills that they will need to resolve moral and ethical dilemmas (Buelow et al., 2010; Laduke, 2013). This process is characterized in the nursing literature as "learning to think like a nurse" (Tanner, 2006, p. 209). In addition, a nursing instructor should modify a student nurse's sense of awareness, entailing a qualitative transformation of the student's interpretation of truth (Westin et al., 2015).

Kalaitzidis and Schmitz (2012) studied a group of student nurses who had been exposed to five hours of didactic instruction on ethics and the law and eight hours of instruction on the doctrines of autonomy, beneficence, non-maleficence, and justice. In addition, the students received instruction on the relevance of these standards to the nursing profession throughout their program of study. Upon completion of the thirteen hours of lessons, these students participated in eight weeks of practice in the clinical setting, where they searched for the applicability of the ethics training they had received. One year after graduation, the researchers asked this same group of novice nurses to reflect on the numerous facets of the education they had received on ethical issues and consider the clinical encounters they had experienced while students (Kalaitzidis & Schmitz, 2012).

The novice nurses were asked to reflect on how the ethical instruction they had received one year previously, while students, had impacted their present nursing practice. The process of reflection is critical to the enhancement of moral judgment, as reflection allows a student to actively think about what they have learned and enhances the transferability of the skill from the classroom to practice (Begley, 1999; Brock, Shank, Schellhause, & Bruening, 1995; Nolan & Smith, 1995; Vanlaere & Gastmans, 2007). The participants overwhelmingly agreed that the ethics training they had received, despite the fact that it had occurred more than one year before, assisted them in thinking about moral dilemmas with an enhanced ability to effectively resolve the morally challenging situations they encountered in the clinical setting (Kalaitizidis & Schmitz, 2012).

Immoral behavior in the student nurse will continue to plague the educator and society (Arhin & Jones, 2009; Balik et al., 2010; Baxter & Boblin, 2007; Gaberson, 1997; Hoyer, Booth, Soelman, & Richardson, 1991; Krueger, 2014; McCrink, 2010; Park, Park, & Jang, 2013; Schmidt, 2006; Vanlaere & Gastmans, 2007). Creating strategies to curb immoral conduct in student nurses necessitates the consideration of all stakeholders: nurse educators, students, the healthcare system, and the general public. If every participant plays their role in the process of promoting ethical performance in student nurses, everyone will reap the advantages, as evidenced by enhanced pass rates on the National Council Licensure Examination (NCLEX), enhanced capability for analytical reflection and accountability in the novice practitioner and improved quality of nursing care (Scheffer & Rubenfeld, 2000; Schmidt, 2006).

When Florence Nightingale established the practice of nursing in the1800s, nurses were trained to strengthen their vocation with strong moral principles: Ms. Nightingale stressed the attributes of intellect, scholarship, and uprightness as critical components of practice (Barritt, 1973). These qualities endure, to this day, in the profession. The Florence Nightingale Pledge and the initial rendering of the American Nurses Association Code of Ethics illuminate the historical significance of morality to the nursing profession and display attempts to model nursing in its traineeship period, because ethical traditions at that time were characterized by devotion and deference to doctors and hospital superintendents (Duckett & Ryden, 1994). This is the Florence Nightingale Pledge that students recite at every nursing school graduation to this day:

I solemnly pledge myself before God and in the presence of this assembly, to pass

my life in purity and to practice my profession faithfully. I will abstain from

whatever is deleterious and mischievous, and will not take or knowingly

administer any harmful drug. I will do all in my power to maintain and elevate the

standard of my profession, and will hold in confidence all personal matters

committed to my keeping and all family affairs coming to my knowledge in the

practice of my calling. With loyalty will I endeavor to aid the physician in his

work, and devote myself to the welfare of those committed to my care.

(American Nurses Association, 2015)

Despite the fact that the Florence Nightingale Pledge was written in the 1800s, its

message continues to remain relevant to the profession of nursing.

<u>Educational Preparation of the Registered Nurse</u>

The educational preparation of the registered nurse has transformed from a task-

orientation that was predominant in the era of Florence Nightingale to an academic

orientation that is necessary in today's multifaceted health-care system (Borglin, 2012).

The registered nurse, in today's healthcare environment, must operate as a self-sufficient

practitioner who is capable of independent, rational thought (Westin et al., 2015). The

Council for Adult and Experiential Learning (Council for Adult and Experiential

Learning [CAEL], 2011) reported that there will be a mandate for registered nurses (RNs)

far surpassing production. The United States is not adequately addressing the issue of

generating an adequate quantity of skilled nurses as evidenced by a report from the

Bureau of Labor Statistics foreseeing more than 581,500 new registered nurse job openings generated through 2018, augmenting the number of RNs in the labor force by 22% (Rosseter, 2010). Although this growth indicates that the United States is moving ahead with supplying an adequate number of trained RNs, nursing education has a long way to go to meet the demand (CAEL, 2011).

There are barriers to increasing the number of registered nurses, with the largest obstacle being that schools cannot handle the increasing volume of students due to lack of nurse educators and practice locations (CAEL, 2011). In 2009, nursing programs across this country rejected 54,991 suitable candidates because of a deficiency of professors (61.4%) and a scarcity of practice locations (60.8%). A method to produce the number of beginning practitioners needed is to utilize creative educational strategies that both make the most of existing educators and incorporate novelty in practice (CAEL, 2011).

The profession of nursing has made appeals for nurses to attain advanced educational preparation, from licensed practical nurse (LPN) to registered nurse (RN), and from RN to baccalaureate, masters, and doctorate nursing degrees (CAEL, 2001). The Carnegie Report (Shalala, 2011) proposes that despite the lack of capacity at American nursing schools, nursing must strive toward mandating that the Bachelor of Science in Nursing (BSN) degree be required for entrance into nursing practice. The objective is for nursing to attain advanced preparation via approaches that provide innovative strategies that endorse an unbroken chain of educational growth (Shalala, 2011), such as that seen in partnerships with educational institutions in order for students to obtain their BSN (CAEL, 2011).

As a response to anticipated nursing shortages, and in an effort to enhance the educational preparation and diversity of the American RN workforce, a number of states have implemented concurrent nursing programs between community or state colleges that confer an Associate's Degree in Nursing (ADN) and universities that confer a Bachelor's Degree in Nursing (BSN) upon successful completion of both programs of study (CAEL, 2011) as seen in Appendix D.

Concurrent nursing programs will provide the marketplace with a well-prepared pool of baccalaureate prepared practitioners who will be able to meet the needs of the community, affecting positive patient care outcomes (CAEL, 2011). When academic institutions establish collaborations planned for the advancement of learners, the outcome is a well-defined strategy intended to help the students achieve necessary competencies and understanding for associate's and bachelor's degrees, with no loss of time and less fiscal expenditure (CAEL, 2011).

<div align="center">The Community College</div>

Community colleges have acquired a vital role in higher education because they are accessible and affordable and provide a path for students to enter four-year academic institutions. The essence of the community college is, thus, strongly correlated with the democratic principles of the United States (Dassance, 2011). In addition, community colleges provide job training and academic advancement in order to supply a workforce that can readily meet the needs of the local community (Dassance, 2011).

Throughout the early years in the history of community colleges, when they were predominantly transfer institutions, student bodies were comprised of largely Caucasian young men (Bragg, 2001). As the objective of the community college has dramatically altered, and as more and more students have gained access to these institutions, diversity has flourished. The community college has evolved into an entity that fulfills many different responsibilities to the community: an array of educational programs, a means by which students can earn college credits to transfer to higher-level academic institutions, job training, continuing education, and partnerships with the local community (Bragg, 2001).

<p style="text-align:center;">Characteristics of Community College Students</p>

Students at community colleges, when compared to students at four-year institutions, tend to be older and are more than likely female (American Association of Community Colleges [AACC], 2015; Bragg, 2001; Roueche & Roueche, 1993), as Figure 1 illustrates. Furthermore, racial and ethnic minority groups are significantly represented in community colleges, as Figure 2 illustrates (AACC, 2015; Bragg, 2001; Roueche & Roueche, 1993). Over 50% of African-American and Latino students who go to college attend a community college (AACC, 2015; Bragg, 2001; Roueche & Roueche, 1993). Furthermore, African-American and Latino students are the primary minority groups found in community colleges that have flourished in California, Arizona, Florida, and Texas; large community-college systems exist in states with large minority populations (AACC, 2015; Bragg, 2001; Roueche & Roueche, 1993).
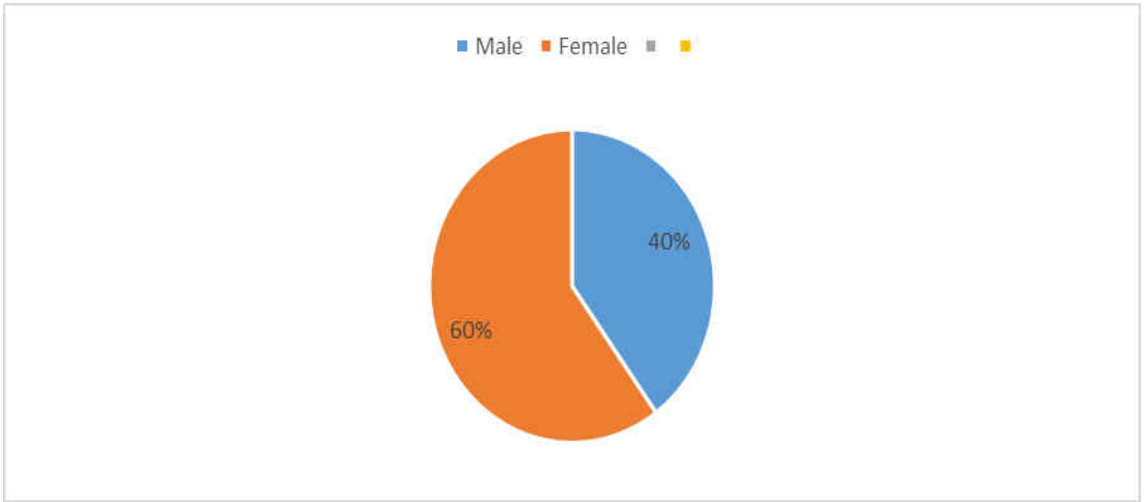
Figure 1. Community college enrollment by gender. Data from the American Association of Community Colleges [AACC], 2015.
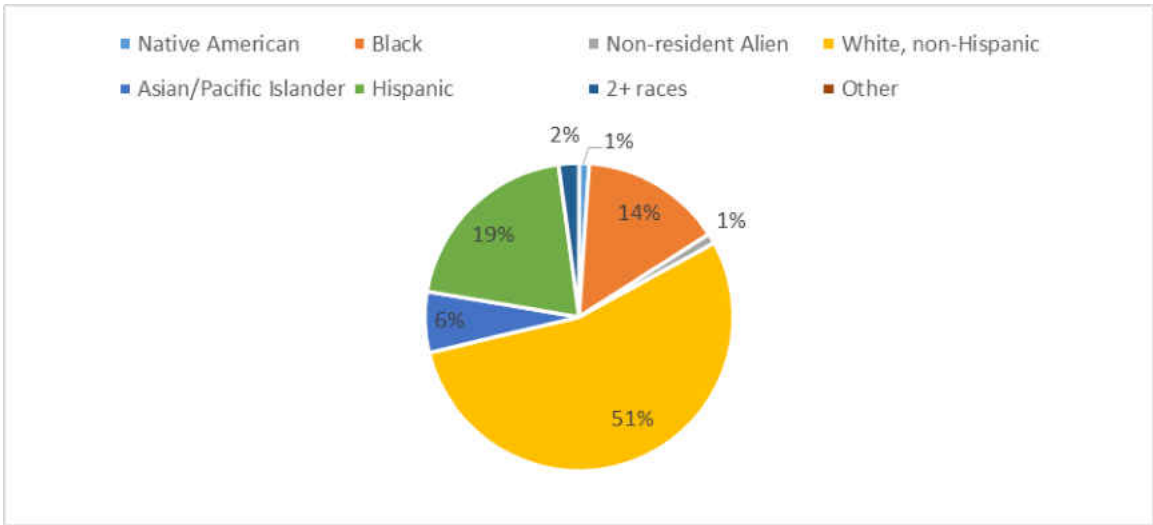
Figure 2. Community college enrollment by ethnicity. Data from the American Association of Community Colleges [AACC], 2015.

Community colleges pledge to provide interested parties the opportunity to prosper in the academic setting and to support students through the process with open-

door policies; these pledges are highly attractive to a diverse population of students due to issues of affordability, open-access, and location in the community (Bragg, 2001). Additionally, students who attend community college may be take classes part time, as Figure 3 illustrates, because they are employed, are responsible for taking care of their family, or are the first member in their household to attend college (AACC, 2015; Bragg, 2001).
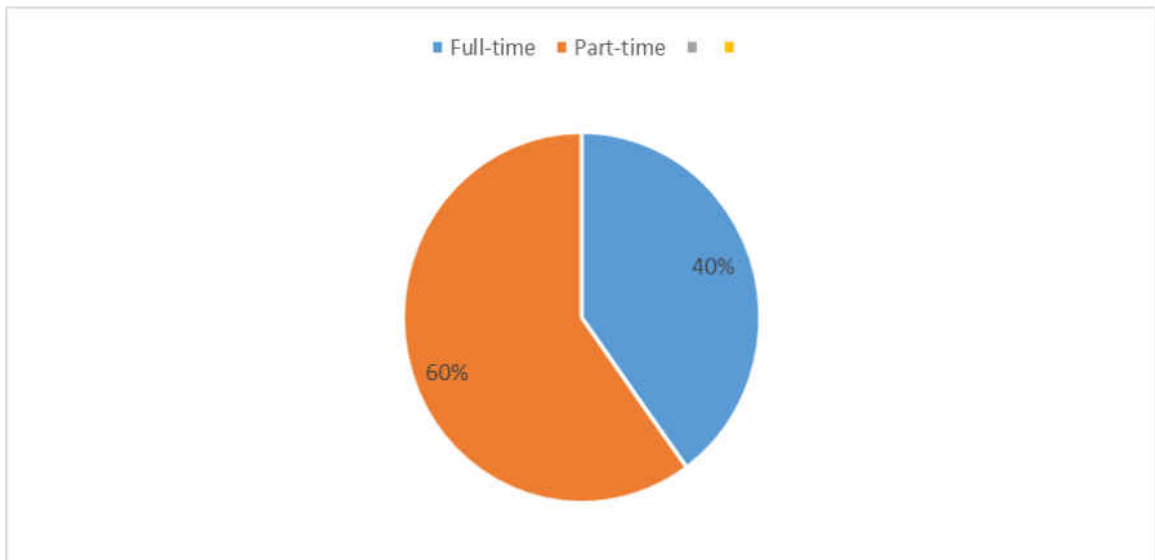
Figure 3. Community college enrollment by attendance status. Data from the American Association of Community Colleges [AACC], 2015.

<u>The State University</u>

The state university was tremendously influential in enhancing access for Americans who wished to attain a higher education (Brubacher & Rudy, 2008). As state universities grew across the country, they became instrumental in providing flexible core

curricula and meeting the needs of their communities without relying on support from special-interest groups. Perhaps the most remarkable outcome of the state university system was that it represented the notion that the government should take an active role in educating the masses. The Germans influenced the American state university to develop into its own distinctive entity, with importance placed on the construction of knowledge to meet the needs of a growing nation (Brubacher & Rudy, 2008).

The public, state university plays a number of important roles in the current system of higher education (Benson & Boyd, 2015). Modern-day universities aspire to improve students' personal accomplishment by improving the quality of life of students and their families, stimulate economic development, prepare students for life challenges, enhance civic-mindedness, encourage global engagement, increase access to higher education, and provide a better way of life for American citizens (Benson & Boyd, 2015).

Theoretical Framework

Cognitive-Developmental Theory

Cognitive-developmental theory attributes growth in development to a succession of age-related chronological phases as indicators of moral growth (Rest et al., 2000). "Nothing is more crucial to a cognitive-developmental construct than evidence of change over time from less advanced forms of thinking…to more advanced forms of thinking" (Rest, 1979, p. 106). After careful consideration of the various cognitive-developmental theories of moral development, this study used the work of James Rest.

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Rest (1979) believed that moral reasoning occurs progressively, predominantly regulated intellectually, through the exposure to education, instead of simply aging. Rest (1988a, 1988b) believed that during young adulthood, ages 20 to 30, many adaptations transpire in ones' ethical reasoning abilities, along with the capacity to manage moral predicaments. The most significant advances in moral development that occur within this age group are associated with ethical instruction (Rest, 1988a, 1988b). Rest, as a cognitive-developmental theorist, did not depict the fundamental components of morality in terms of cognition, affect, and behavior. Instead, he stipulated that there could be no moral cognition without affect, no moral affect without cognition, and no moral conduct independent from the reasoning and affect that provoked the behavior (Rest, 1986a).

Rest (2013) developed the *Four Component Model of Morality* (FCM), as illustrated in Figure 4, to study the progression of moral development (Rest, 1986). Under the FCM, four internal psychological practices contribute to comportment (Rest, 1984, 1986, Rest et al., 1999a, 1999b; Rest, Narvaez, Thoma, et al., 1999). The four distinctive elements of the FCM are *Moral Sensitivity, Moral Judgment, Moral Motivation, and Moral Character* (Rest et al., 1999a, 1999b; Rest, Narvaez, Thoma, et al., 1999), with Moral Judgment as the foundation of the model (Thoma, 2006) and the component that will be analyzed in this study.

The FCM does not represent a linear sequence of events whereby an individual proceeds from component one to component two, followed by component three, and finally, component four, with elements that intermingle and interrelate (Bebeau &

Thoma, 1999; Rest, 1986a). Instead, the model describes advancement as a deliberate

moving from simple to more sophisticated models of shared collaboration, with more

than one model accessible depending upon the situation (Thoma, 2006). Since Rest first

conceptualized the model, it has been employed as the foundation for ethics instructional

curriculums in a variety of academic disciplines: education, business, dentistry, medicine,

legal studies, nursing, and research (Bebeau, 2002; Hartwell, 1995; IOM, 2002; Owhoso,
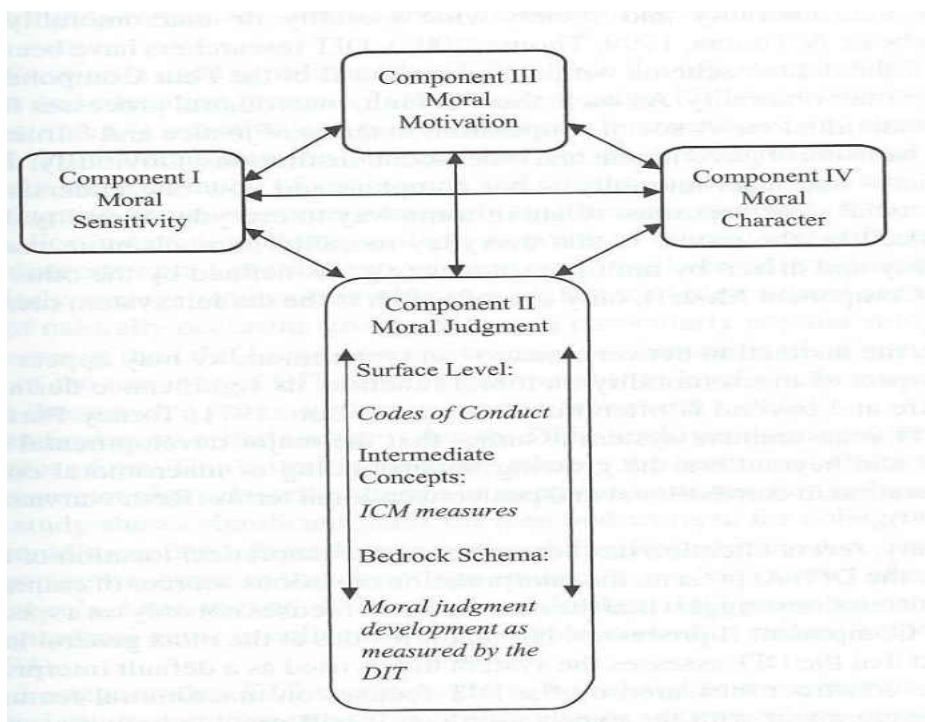
2002; Self & Olivarez, 1996).

Figure 4. The Four Component Model of Morality. Adapted from Thoma, 2006, in
Handbook of Moral Development, by M. Killen, and J. Smetana, 2006, p. 76, Mahwah,
NJ: Lawrence Erlbaum Associates. Copyright 2006 by Lawrence Erlbaum Associates.
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The Four-Component Model of Morality

The Four Component Model of Morality denies that moral development is the result of a single process despite the fact that one of the components might interact and influence others (Bebeau & Thoma, 1999; Rest, 1986). The four processes have distinctive functions and proficiency in one of the four components of the process does not translate into proficiency in any of the other components (Bebeau & Thoma, 1999; Rest, 1986).

The first component of the model, *Moral Sensitivity*, involves the ability to understand that a circumstance is a moral predicament (Bebeau et al., 1999; IOM, 2002; Rest, 1984, 1986; Rest et al., 1979, 1988, 1999a, 1999b; Rest, Narvaez, Thoma, et al., 1999; You & Bebeau, 2012) and that a course of action can impact the wellbeing of others. This phase as an essential process (Bebeau et al., 1999, 2002; IOM, 2002; Rest, 1979, 1982, 1986, 1988; Rest et al., 1999a; You & Bebeau, 2012) for student nurses being trained to function as professionals because this phase incorporates the capacity to understand the point of view of another individual, to learn the guidelines, conventions, and standards of the nursing profession, and to learn when those standards apply (Bebeau, 2002; Duckett & Ryden, 1994; You & Bebeau, 2012). This component is operationalized when students practice these skills via role playing and hands-on encounters with live patients in an effort to teach them that understanding is the starting point in the process (Duckett & Ryden, 1994).

The second component of the model, Moral Judgment, the component of moral development that this study will analyze, is vital to professional moral growth, not only in

nursing, but in all academic disciplines and involves the determination that behavior is morally proper or improper (Bebeau et al., 1999, 2002; IOM, 2002; Rest, 1979, 1984, 1986, 1988a, 1988b; Rest et al., 1999a, 1999b; You & Bebeau, 2012). This component requires an individual to determine which actions are ethically acceptable, which is particularly critical for nursing, where formulating resolutions that are morally justifiable is an essential element of practice (Bebeau et al., 1999). It is important to note that although the development of moral judgment is critical to moral development, moral judgment is not the only determining factor of moral performance (Rest & Narvaez, 1994). According to Rest (1984), professionals who successfully develop their moral judgment skills tend to perform more effectively in the practice setting than students who did not successfully develop this skill, suggesting that moral judgment is critical to successful outcomes in health care.

This component of moral judgment is evaluated by the use of the Defining Issues Test-2 (DIT-2), a tool that triggers moral schemas, evaluating the progression of developmental of the individual from a conventional schema of rationalization to a postconventional schema of reasoning. The DIT-2 can determine which schema an individual favors based upon the moral predicament (Thoma, 2006). The Defining Issues Test-2 will be discussed, in detail, in Chapter 3.

The third component of the model, Moral Motivation, is the ability to give precedence to moral principles above one's own beliefs (Bebeau et al., 1999, 2002; IOM, 2002; Rest, 1979, 1984, 1986, 1988a; Rest et al., 1999a, 1999b; Rest, Narvaez, Thoma, et al., 1999; You & Bebeau, 2012). Health-care professionals frequently have a host of

competing concerns that can cloud their points of view (Bebeau et al., 1999). An awareness that one is involved in a moral dilemma and the realization that a moral principle has been decided upon does not necessarily indicate that a moral judgment will ensue. An individual who is involved in a specific circumstance may realize that several different outcomes could result from a specific course of action, based upon differences in principles, motivations, and situation (Weber & Wasieleski, 2001). If this component is not kept in perspective by the individual, unprincipled behavior may result, even if an individual knows what the morally correct decision is (Bebeau 2002; IOM, 2002; You & Bebeau, 2012).

An individual who is morally adept can differentiate between opposing standards and pledge allegiance to a moral principle (Rest, 1982). In nursing education, conflicts may develop in a situation where the student feels that selecting the morally justifiable path may place him or her into a dispute with a health-care organization, a colleague, a patient, or an individual in a position of authority (Duckett & Ryden, 1994). It is important that student nurses be exposed to these situations in safe environments to determine whether they could take the moral path regardless of feelings of intimidation (Duckett & Ryden, 1994).

The fourth component of the model, Moral Character, assumes that an individual has a well-developed repertoire of ideas, possesses restraint, and can regulate their feelings and the aptitude to behave in consensus with their intentions (Bebeau et al., 1999, 2002; IOM, 2002; Rest, 1979, 1984, 1986, 1988a; Rest et al., 1999a, 1999b; Rest, Narvaez, Thoma, et al., 1999; You & Bebeau, 2012). In this phase, the focus is on the

significance of integrity to successful and reliable practice (Bebeau, 2002), encompassing a solid set of principles, valor, and perseverance, being able to manage disruptions and impediments, being proficient, and possessing a strong self-image (Bebeau et al., 1999). In nursing education, students engage in dialogue with their peers and nurse educators, who can model effective behaviors in congruence with the students' interests (Duckett & Ryden, 1994). These interactions afford students the opportunity to emulate and develop a sense of moral character and professional characteristics, including resolution, vigor, hardiness, and determination (Duckett & Ryden, 1994). Based upon the description of the Four Component Model of Morality in Thoma (2006), this author developed a visual representation of the Four Component Model of Morality, illustrated in Figure 5.

The manner in which professionals respond when challenged by a moral dilemma is contingent upon the manner in which they perceive their professional identity, the level of accountability with respect to their personal interactions (Bebeau, Born & Ozar, 1993), and how they interpret the situation (Weber & Wasieleski, 2001). The development of professional behavior depends upon the student's successful internalization of the elements of the Four Component Model of Morality (Bebeau et al., 1993).

Student nurses learn the nursing process—assessment, planning, implementation, and evaluation—which gives the student a framework for resolving conflicts (Huckabay, 2009). This process is essential for student nurses to become effective nurses and to translate what they learn during their training into their professional lives. Nurses must handle conflicts at many different levels, quickly, decisively, and professionally, in order to achieve positive outcomes for their patients and be effective members of the health-

care team. The nursing process, that appears to be closely aligned with the FCM, is a systematic way of viewing a problem and then using critical thinking to manage it (Huckabay, 2009).

Bebeau (2009) outlined the process used to provide individualized ethics instruction for a group of dentists who were reprimanded by their state licensing body for a variety of unprofessional behaviors. In order for these dentists to maintain licensure to practice, the licensing body required the participants to participate in a systematic plan of remediation. During the initial phase of the remediation program, it was determined that the dentists exhibited below-average moral judgment skills, as compared to other dentists in the state. At the completion of the remediation with individualized ethical instruction, the dentists expressed a deeper understanding of moral dilemmas, a feeling of professional rejuvenation, and improved abilities to interact with others (Bebeau, 2009).
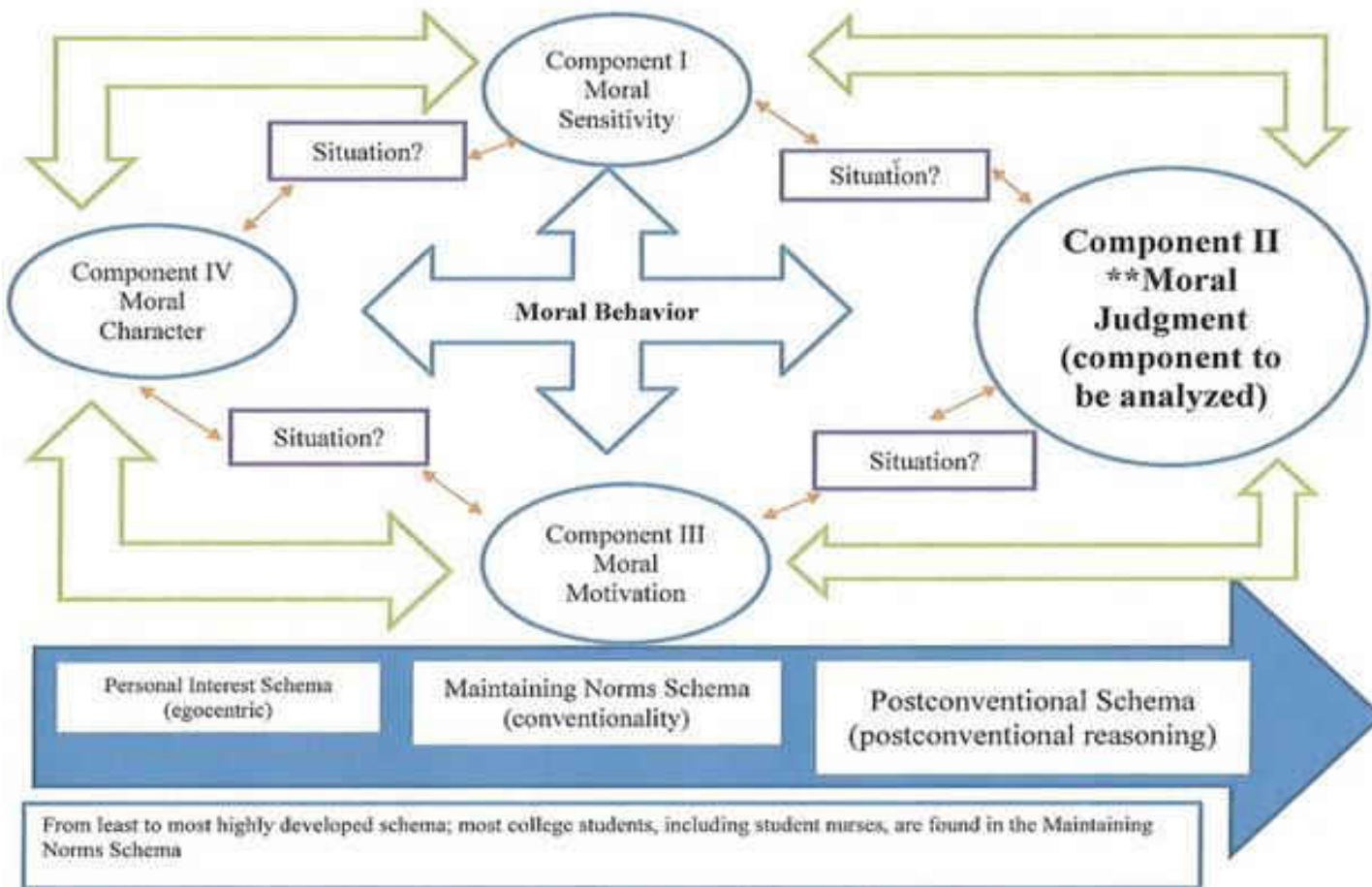
Figure 5. Author's conceptualization of the Four Component Model. Copyright 2016 by G. Way.

Someone who fails to perform morally may have deficits in one or more of the four component pieces of the model (Bebeau & Thoma, 1999; Rest, 1982). If someone is unsympathetic to the necessities of others, or if a circumstance is extremely vague, the individual could neglect to perform morally, indicating the presence of low moral sensitivity. If someone cannot devise a moral sequence of events or utilizes unsophisticated or ineffectual moral analysis, they may have a deficit of moral judgment. If an individual concedes their moral standards or if other principles can obstruct that person, the individual may exhibit a deficiency in moral motivation. If a person has decided upon a moral option becomes distracted, preoccupied, or fatigued, the person may exhibit a deficiency in moral character (Rest, 1982). Based upon the work of Bebeau (2009), this author conceptualized interventions, seen in Figure 6, which may be used for failure to perform morally within the FCM.

In the educational process of professionals, the emphasis has traditionally been placed, on the impact of ethical instruction and abilities in moral judgment (Bebeau, 2002), which have provided the impetus for researchers to study the remaining three pieces of the Four Component Model (FCM). In the past twenty years, researchers have developed a number of tools, based upon the original Defining Issues Test, survey tool used to gauge the development of an individual's principled moral judgment (Gallagher, 2011; Pascarella & Terenzini, 2005; Rest et al., 1997, 1999a, 1999b; Rest, Narvaez, Thoma, et al., 1999; Thoma, 2006). Researchers have also developed a variety of assessment tools to evaluate the other components of the model (Table 8).
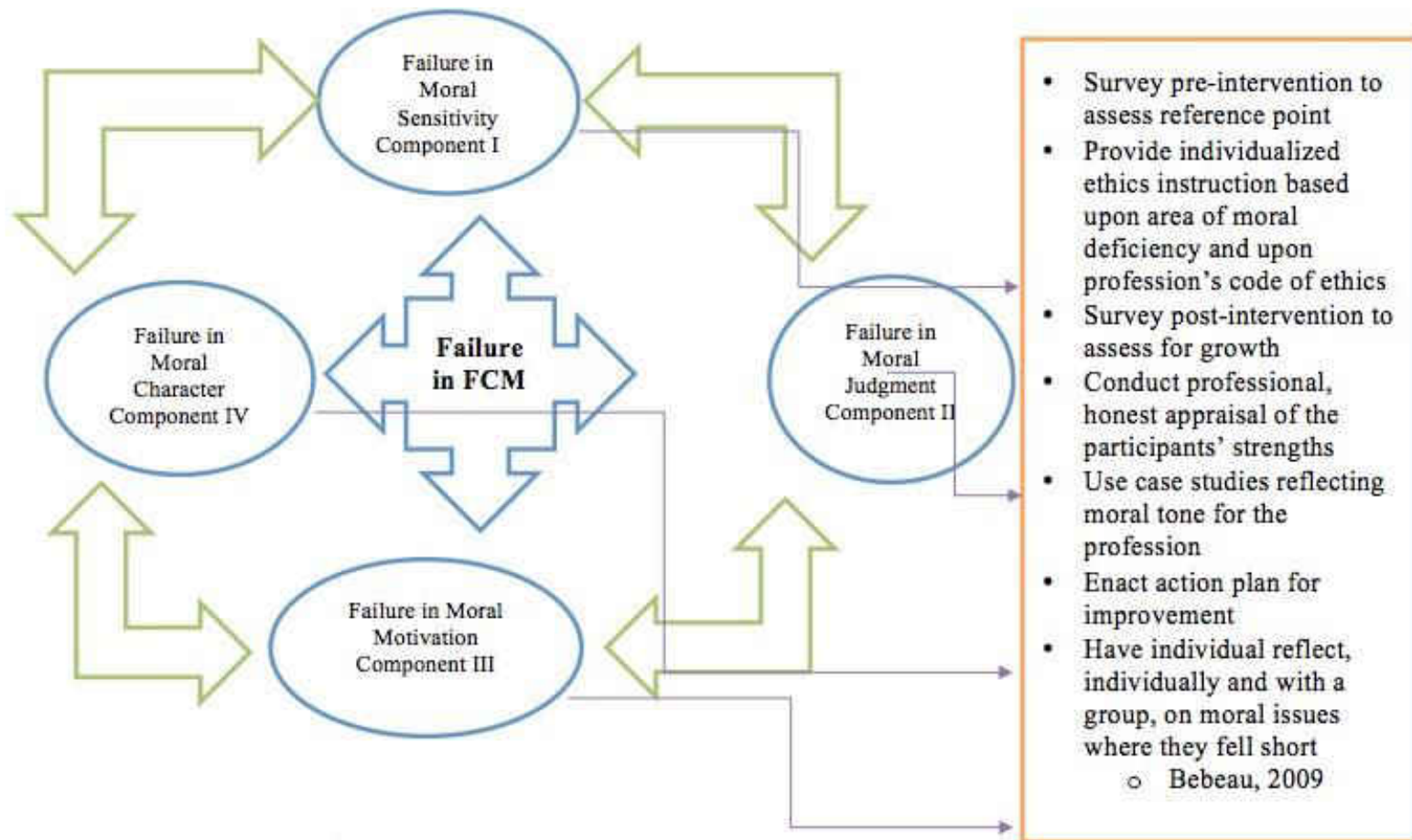
Figure 6. Interventions for failure in the Four Component Model. Copyright 2016 by G. Way.

Table 8

Instruments by Discipline and Component Measured Influenced by the FCM

Research Study	Discipline	Instrument	Component
Bebeau et al., 1985	Dentistry	Dental Ethical Sensitivity Test (DEST)	Moral Sensitivity
Bebeau et al., 1993	Dentistry	Professional Role Orientation Inventory (PROI)	Moral Motivation
Bebeau & Thoma, 1999	Dentistry	Dental Ethical Reasoning and Judgment Test (DERJT)	Moral Reasoning
Chambers, 2011	Dentistry	Moral Skills Inventory (MSI)	Moral Sensitivity Moral Reasoning Moral Integrity Moral Character
Rezler et al., 1992	Law & Medicine	Professional Decisions & Values Test	Professional Identity
Swisher et al., 2004	Physical therapy	Adapted PROI	Moral Motivation

Moral Schemas

Rest (1999a) used the label *schema*, as opposed to *stage*, to describe what his

moral judgment survey tool, the Defining Issues Test (DIT), appraises. A schema is "a

general knowledge structure, residing in long-term memory that is invoked, or activated,

by current stimulus configurations that resemble previous stimuli" (Rest, et al., 1999a, p.

136). A schema provides a mental image of an occurrence so that someone can arrange

previously encoded data so as to comprehend new details. A schema allows one to

categorize information rapidly, manage data and additional facts, problem-solve, and

attain objectives. An individual may not be aware that they are activating a schema,

because the schema may be unconsciously stimulated (Rest et al., 1999a, 2000). The DIT

prompts moral schemas to handle data in one's memory and brings them to the present

situation Rest et al., 1999a; Thoma, 2006). Moral dilemmas set in motion moral schemas

only if participants have acquired relevant schemas.

Personal Interest Schema

The *Personal Interest Schema*, illustrated in Figure 5, is the most subordinate of

the three schemas that develops during one's youth (Rest et al., 2000; Thoma, 2006).

This specific schema is characterized by moral decision-making surrounding issues that

interest the individual and people in the individual's environment for whom he or she

cares. This schema encompasses the individual rewards and forfeitures that a person

faces devoid of consideration for others, in an egocentric mode (Thoma, 2006). This type

of reasoning is exemplified as a simple type of reasoning that is normally terminated by

the time a child reaches adolescence (Rest et al., 2000; Thoma, 2006)

Maintaining Norms Schema

The *Maintaining Norms Schema*, illustrated in Figure 5, is more advanced than

the Personal Interest schema and is located between the Personal Interest and the

Postconventional schemas (Rest et al., 2000; Thoma, 2006). This schema represents an

individual's first steps into developing a common moral viewpoint by concentrating on

the moral foundation of the social order and collaboration centered on accountability,

maintaining order, obligation, and comprehension of guidelines, meanings, and influence

with the belief that preserving stability is a moral commitment (Thoma, 2006). The central tenets of this schema include: the need for norms, societal cooperation, universal understanding, some measure of mutual benefit, and a sense of obligation (Rest et al., 1999a). The definition of morality that emerges from this schema involves the preservation of a collective stability; in other words, this schema represents the view that obeying the rules and upholding conventional thinking and behavior is critical in order to mitigate disorder (Rest et al., 1999a, 2000; Thoma, 2006). Within the maintaining norms schema, "no further rationale for defining morality is necessary beyond simply asserting that an act is prescribed by the law, is the established way of doing things, or is the established will of God" (Thoma, 2006, p. 79). Most undergraduate students in higher education are in this specific schema of Moral Development (Numminen & Leino-Kilpi, 2007).

Postconventional Schema

The *Postconventional Schema*, illustrated in Figure 5, is the most advanced of the schemas. It is characterized by the belief that freedoms and obligations are built upon principles for establishing collaboration within the general public, are receptive to discussion and reason, and are compatible with established norms and strengthened with growth (Rest et al., 1999a, 2000; Thoma, 2006). The distinctions between the maintaining norms schema, or conventionality, and the Postconventional Schema, or postconventional reasoning, are powerful; within the differences between these schemas is where complex societal moral dilemmas are addressed and resolved (Thoma, 2006).

Critique of the Four Component Model of Morality

In a crusade to steer attention away from fairness, as it relates to moral judgment, some researchers aligned with female activists and contested the applicability of the cognitive-developmental theories to the appraisal of women, given that the practice of nursing is a female-dominated profession (Duckett & Ryden, 1994). These researchers asserted that initial theories of morality were unfair to females. Their arguments revolved around the process used to create the original cognitive-developmental theories, in which study subjects were exclusively male and that disregarded conventional opinions regarding appropriate theory creation and appraisal practices (Gilligan 1977; Thoma, 1986). Generally, scholars believe it is essential to assemble a cross-section of participants from a typical sample of the subjects that the model and appraisal practices seek to describe (Gilligan 1977; Thoma, 1986).

Gilligan (1982a, 1982b) contended that women, as a result of their gender, followed a unique road in moral growth based upon the principle of caring. She contended that caring phases were not subordinate to the phases of male moral growth. Based upon Gilligan's (1982a, 1982b) research, Noddings (1984), who agreed that caring was central to the practice of nursing, regarded Rest's theories as counterintuitive to the feminine views of caring. Noddings (1984) has merged ethics with viewpoints on moral advancement in females, while stressing that her concept of caring is relevant to both genders.

Nursing scholars stress that the ideologies that are the basis of nursing principles developed from the bond between nurse and patient and that the principle of caring

should be the basis of any model of nursing moral principles (Fry, 1989; Watson, 2008). There is general agreement that in the current complex health–care system, a nurse needs to be sensible and be able to think critically in the application of evidence-based practices in order to safeguard patients. However, there is, in addition, an agreement that the principle of caring is at the foundation of the practice of nursing. Challengers of cognitive-developmental theorists advocate for models that would blend science and moral judgment with the established practice of caring (Duckett & Ryden, 1994).

Additionally, critics of Rest contend that the moral dilemmas used for the determination of an individual's level of moral development, the Defining Issues Test (DIT), do not adequately evaluate the entire scope of morality, nor are they applicable to everyone (Walker, Pitts, Henning, & Matsuba, 1995). Furthermore, the researchers made accusations that the DIT did not assess either developmental or moral criteria (Martin, Shafto, & Van Deinse, 1977; Moran & Joniak, 1979). Although there are opponents to Rest's theory, to date, no one has developed either another theory or a series of moral predicaments that is compatible with every aspect of the moral domain (Rest et al., 1999a, 1999b).

<u>Gaps in the Literature</u>

There is an extensive body of literature documenting the occurrence of immoral behavior in higher education (Arthur & Carr, 2013; Austin, Simpson, & Reynen., 2005; Baird, 1980; Barratt, 2013; Bowers, 1964; Davis et al., 1992; Franklyn-Stokes & Newstead, 1995; Gerdeman, 2000; May & Lloyd, 1993; McCabe et al., 2002; Pulvers &

Diekhoff, 1999; Williams, 1993). In addition, there is evidence that there is a prevailing sense of moral decline across the United States (Chickering, 2006; Smith, 2003) stemming from a number of sources (Bebeau, et al., 1999; Bok, 1976; Felton & Sims, 2005; Geiger, 1999; Harper, 2006; Kenny, 2007; Klocko, 2014; Langone, 2007; McCabe, 2009; Morgan & Hart, 2013; Schmidt, 2006; Tanner, 2004), with problems of ethical standards and moral values existing at all levels of society and within all academic disciplines (Bebeau et al., 1999; McCabe, 2009; McCabe et al., 2001).

The same state of affairs is present in American nursing programs (Arhin & Jones, 2009; Baxter & Bolin, 2007; Hilbert, 1985; Laduke, 2013; McCabe, 2009; Schmidt, 2006). The general consensus is that corruption while a student nurse is an indicator that the student will be corrupt after graduation, thus, negatively impacting a multitude of systems and processes (Barratt, 2013; Bowers, 1964; Harding et al., 2004; Langone, 2007; Lucas & Friedrich, 2005; Nonis & Swift, 2001).

Despite the fact that much has been written about immorality in higher education as a whole, and immoral behavior specifically in the student nurse, there is no literature that describes either immoral behavior on the part of the student nurse who is enrolled in an Associate Degree in Nursing (ADN) program who is also concurrently enrolled in a Bachelor in Science Degree in Nursing (BSN) program or the development of moral judgment in this same population of students.

Summary

This chapter contained a discussion of the history of immoral behavior in higher education along with the evolution of ethical instruction in the United States and the educational preparation of nurses. Furthermore, this chapter examined student characteristics and the variables that can impact the development of moral behavior, including honor codes. Additionally, this chapter examined Rest's Four Component Model of Morality (Rest, 1982) as a model that has been used extensively in the study of moral development. Chapter 3 will present the methodology utilized in this study, focusing on the moral judgment of the study population.

CHAPTER 3
METHODOLOGY

Introduction

This chapter presents the investigational design and methodology and the survey tool that was used in this study. Furthermore, this chapter reviews the measures of reliability and validity along with the population and setting of the study, presents the process of data collection and evaluation and the actions that this study adopts, as per the Institutional Review Boards (IRB) of the educational institutions, to safeguard the rights of the study participants.

Population and Setting

The population for this study was comprised of student nurses enrolled in an Associate Degree in Nursing (ADN) program at a state college in the south, who were concurrently enrolled in a Bachelor's Degree in Nursing (BSN) program at a public state university in the same geographic locale. The state college is a medium-sized academic institution with students enrolled across four area campuses. The public state university is a large academic institution, with students enrolled at eight campus locations in the local community.

The ADN program at the state college has approximately 400 students enrolled in the program with approximately 85%, or 340 students, concurrently enrolled in the BSN program at the state university. The population for this study was a convenience sampling of the 85% of the student nurses enrolled in the concurrent program in the first

semester of the nursing program, the freshman students, and in the senior class who were enrolled in their last medical-surgical nursing course in the curriculum.

The state college has a program that confers an Associate of Science Degree in Nursing upon successful completion of the program. The state university formed a partnership with the state college to establish a concurrent ADN-BSN program, as seen in Appendix E. This dual-enrollment program has well-established guidelines and accepts students who are qualified to take BSN-level nursing classes while at the same time taking classes towards their nursing degrees at the state college, as seen in Appendix F. After a student has successfully completed the requirements of the ADN program and successfully passed the National Council Licensure Examination (NCLEX) and is licensed to practice as a Registered Nurse, the student will be eligible to complete the BSN component of the program at the state university.

The setting for this study has recently been designated a Hispanic Serving Institution (HSI) by the Department of Education. The demographic characteristics of the student population by age, gender, and race or ethnicity at the campus where the study was conducted are listed in Table 9.

<div align="center">

Research Design

</div>

The research design utilized in this study was quantitative and falls within the positivistic paradigm, an investigational methodology that provides explanations concerning events and utilizes arithmetical figures that the researcher subsequently evaluates scientifically via statistical indicators (Yilmaz, 2013).

Table 9

Demographic Breakdown of Community College and Study Population

Demographic Variable	Overall College		Study site		Freshman Class		Senior Class	
	N	%	N	%	N	%	N	%
Overall Number	29,683		6,181		88		106	
Age								
Under 18	1,259	4.2	52	0.8	0	0	0	0
18-24	15,351	51.7	3,125	50.6	57	64.8	38	35.8
25-34	7,269	24.5	1,679	27.2	20	22.7	40	37.7
35-44	3,293	11.1	773	12.5	5	5.7	18	17.0
45+	2,511	8.5	552	8.9	6	6.8	10	9.4
Gender								
Female	16,373	55.2	4,046	65.5	76	86.4	90	84.9
Male	12,703	42.8	2,056	33.3	12	13.6	16	15.1
Unknown	607	2.0	79	1.3	0	0	0	0
Race Ethnicity								
African American	5,062	17.1	1,607	26.0	15	17.0	16	15.1
Asian	1,203	4.1	272	4.4	8	9.1	8	7.5
Hispanic	14,209	24.9	1,855	30.0	13	14.8	20	18.9
Caucasian	14,209	47.9	2,203	35.6	49	55.7	59	55.7
Two or more	827	2.8	179	2.9	3	3.4	3	2.8
Unknown	373	1.3	65	1.1	0	0	0	0

The selection of a quantitative methodology suggests that there is a single objective reality and that it is impartial in nature (Fraenkel, Wallen, & Hyun, 2012). This quantitative study was correlational in nature; correlational research facilitates comprehension by distinguishing associations among variables in order to describe performance or forecast possible consequences. Because the purpose of quantitative

research is to describe and predict relationships (Fraenkel et al., 2012), this research methodology was appropriate for this study that sought to find correlations among the study population and gender, primacy of religion, age, level of educational attainment, whether English is the students' primary language, and year in the nursing program.

The quantitative research design requires the development of the research question before commencement of the study (Fraenkel et al., 2012). In the positivistic paradigm, a researcher condenses data into mathematical scores using precise language and delivers those scores in statistical language, with a great deal of attention paid to gauging and increasing the reliability and validity of results. This study collected data via a web-based survey, and the researcher entered that data into the Statistical Program for Social Sciences (SPSS), version 21, in order to generate descriptive statistics and correlations. In addition, this study was able to acquire inferential statistics—that is, statistics that allow the researcher to generalize from the features of the small population about a new sample of subjects (Lomax & Hahs-Vaughn, 2012).

Instrumentation

Defining Issues Test 1

Researchers developed the DIT-2 (Appendix G) in 1999 (Rest, Thoma, Narvaez, & Bebeau, 1997; Rest et al., 1999b; Rest, Narvaez, Thoma, et al., 1999; Xu, Iran-Nejad, & Thoma, 2007) as a modification of the original Defining Issues Test 1 (DIT-1); the DIT-1 presents a series of concise, contemporary ethical predicaments and survey

elements tailored to the present-day, in order to assign relevance to the tool (IOM, 2002; Rest, Narvaez, Thoma, et al., 1999).

<div align="center">Defining Issues Test 2</div>

The Defining Issues Test-2 (DIT-2; Appendix G), is a quantitative, Likert-type survey tool used to specifically assess the development of an individual's moral judgment (Gallagher, 2011; Pascarella & Terenzini, 2005; Rest et al., 1997, 1999a, 1999b; Rest, Narvaez, Thoma, et al., 1999; Thoma, 2006). The objective of the DIT-2 is to ascertain where to find the individual taking the survey on the moral advancement track (Curzer, Sattler, DuPree, & Smith-Genthos, 2014). The DIT-2 is accessible in a web-based format (Gallagher, 2011).

The DIT-2 assesses the cognitive approaches and moral schemas when an individual confronts complex moral challenges, along with the individual's reliability connecting analysis and decision-making (IOM, 2002). The DIT-2 presents a series of moral predicaments that are not usually resolved through the use of prevailing standards, guidelines, or regulations. More specifically, the DIT-2 has five narratives, trailed by twelve issues that may be involved in formulating a resolution about various moral predicaments that assist in the determination of the survey participants' level of moral judgment. Each study participant is tasked with rating and ranking lines of reasoning that they believe will be effective in resolving the presented dilemmas. The DIT-2 asks the respondent to place four most meaningful concerns in order of their significance (Rest,

<div align="center">93</div>

Narvaez, Thoma, et al., 1999). Respondents assign the label *very important* to survey

points that they believe are significant. Conversely, the respondent scores items that they

believe are inconsequential as *low significance* (Rest, Narvaez, Thoma, et al., 1999).

The DIT-2 allows each respondent to rank and rate scenarios according to their

moral value; this function is important to researchers because it affords insight into how

the respondent organizes and directs their reasoning abilities when reaching a decision

outside of the survey tool (Rest et al., 1999b). For example, more evolved thinkers take

time to think through actions that they could take when moral dilemmas present

themselves (Bebeau et al., 1985; IOM, 2002; Rest et al., 1999b). This notion is critical to

health-care professionals because they are frequently called upon to employ ethical

standards in order to resolve moral dilemmas (Bebeau et al., 1985; IOM, 2002; Rest et

al., 1999b).

Finger, Borduin, and Baumstark (1992) identified six variables that are significant

in determining an individual's moral judgment: (a) year in the academy, (b) immersion in

campus events, (c) age, (d) family's economic and social position, and (e) level of

parents' influence and affection. The number of years in postsecondary education was

the most compelling prognosticator of principled moral judgment, accounting for 13% of

the variance in DIT scores. Gender variances were minor, accounting for only 0.5% of

the variance in DIT scores, while age was not a robust indicator of moral reasoning

(Finger et al., 1992). Education is a variable that was 250 times more dominant than age

(Thoma, 1986).

The DIT-2 envisions growth in moral judgment as based upon a series of the three schemas described in Chapter 2: the personal interest, maintaining norms, and Postconventional Schema (Rest, Narvaez, Thoma, et al., 1999; Thoma, 2006). The DIT-2 invites respondents to rate each situation and select the first, second, third, and fourth most significant issues for each predicament in order to validate their performance, with scores revealing the extent that an individual favors each approach. The DIT-2 also asks which resolution respondents would make in each of the moral predicaments (Texas Technical University [TTU], 2009). If the individual completing the survey has not developed the Postconventional Schema, the maintaining norms or personal interest schemas will receive higher ratings and rankings than the Postconventional Schema (Thoma, 2006).

The DIT-2 calculates the respondents' *N2 index*, which utilizes two distinctive categories: the ranking of Postconventional elements and the distinction in ratings between the personal interest and the Postconventional Schema, which takes into consideration how the respondent prioritizes ethically sensitive situations (Rest et al., 1997, 1999b; Thoma, 2002; Thoma, 2006; You & Bebeau, 2013) in order to evaluate moral judgment (Cooper & Schwartz, 2007). The DIT-2 can produce implied schemas in addition to conscious, contemplative judgments (Rest et al., 1999; Thoma, 2006), encapsulating a respondent's answers in order to evaluate that person's position on the developmental scale (Rest et al., 1999a, 1999b; Rest, Narvaez, Thoma, et al., 1999; Thoma, 2002, 2006; You & Bebeau, 2013).

The DIT-2 demonstrates an elevated N2 index dependent upon advanced levels of educational attainment, as Figure 7 illustrates. In this model, the higher the N2 index, the higher the level of the survey respondent's moral judgment. This statistic is not surprising because more reflective scholars, such as those in the professional ranks, are attracted to moral principles more often than those who have an undeveloped reasoning capacity (IOM, 2002; Rest & Narvaez, 1994; Rest, Narvaez, Thoma, et al., 1999; You & Bebeau, 2013).

The DIT-2 can only be obtained from the Center for the Study of Ethical Development (2015) and was purchased from the Center in a survey format that was administered via the Qualtrics program. Permission was received from the Center to make the necessary alterations to the DIT-2.

Instrument Reliability and Validity

Scholars established the validity of the DIT-2 utilizing four standards (Rest et al., 1999b):
1. Understanding of the contrast between age and educational attainment.

2. Prognostication of views on provocative public policies.

3. Above-average connections from the DIT-1 and the DIT-2.

4. Acceptable internal reliability in the DIT-2 (Rest et al., 1999b; You & Bebeau, 2013).

The DIT-2 discriminates between verbal ability and general intelligence and from conservative-liberal political attitudes (IOM, 2002). The information in a DIT-2 score predicts the validity criteria discussed previously and, beyond that, accounts for verbal ability or political attitude and proves equally valid for males and females. The standards

utilized to assess the construct validity of the DIT-2 continue to be achieved when controlling for linguistic aptitude and political viewpoints (Thoma, 2006).

DIT-2 scores are responsive to ethical instruction, as evidenced by findings of an effect size for participants who receive moral instruction of .41, or moderate gains, whereas the effect size for participant groups without moral instruction was .09, or a small gain (Rest et al., 2000). The Cronbach alpha affords an appraisal of the internal consistency of the DIT-2 and, as assessed, based upon the five dilemmas, DIT-2 was 0.81 (Rest et al., 1997). In addition, the DIT-2 retains more study participants through the subject reliability checks (TTU, 2009).

Critique of the Defining Issues Test

According to Walker (2002), a key drawback of the Defining Issues Test-1, the precursor to the Defining Issues Test-2, was its absence of discernment into moral judgment in the early formative years, a period in the life cycle when substantial expansion in moral growth occurs. There have not been any steps taken on the DIT-2 to rectify this criticism. Another critique of the DIT-1 was that it includes the use of hypothetical predicaments that are perceived to be inadequately phrased (Walker, 2002). There have not been any steps taken on the DIT-2 to rectify this situation.

Furthermore, some researchers believe that the DIT-1 appraises verbal aptitude and not the development of moral judgment; this assumption has been attached to the DIT-2 as well (Sanders, Lubinski, & Benbow, 1995). These researchers believe that the DITs have no association with morality or moral development; instead, they believe that verbal aptitude and/or political viewpoints lie beneath these indicators (Thoma, Narvaez,

Rest, & Derryberry, 1999). The researchers question the construct validity of the DITs,

arguing that results of the surveys can be defended by gauging the respondents'

intellectual aptitude with verbal aptitude and academic performance (Sanders et al.,
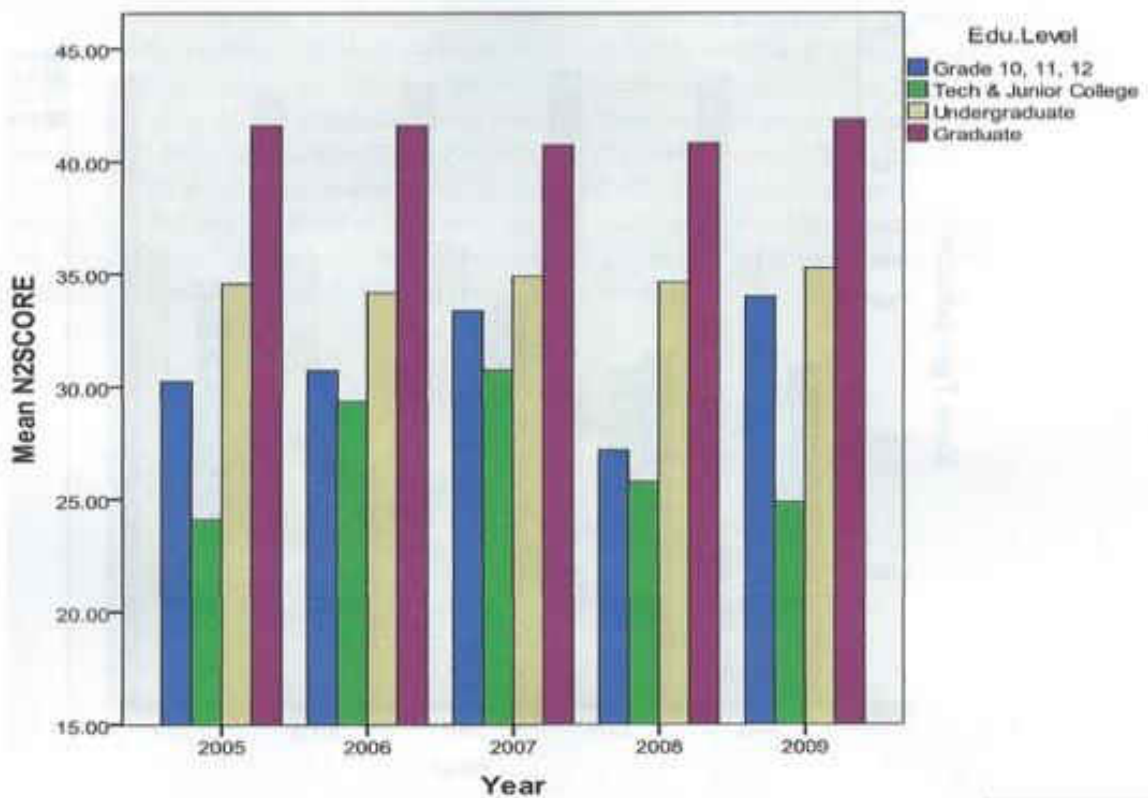
1995).

Figure 7. Mean N2 score based upon level of educational attainment. Adapted from DIT-2: from 2005-2009, by Y. Dong, 2014, Center for the Study of Ethical Development, p. 7. Copyright 2014 by Center for the Study of Ethical Development. Reprinted with permission.

In an effort to validate the notion that the DIT-1 was a measure of verbal

proficiency, two studies were conducted with intellectually exceptional adolescents in

grades 7 through 10 (Sanders et al., 1995). The results of the analysis revealed that the exceptional teenagers attained remarkably elevated DIT-1 marks when contrasted with their academic peers and with students in higher education who were four to five years older. An assumption, based upon this finding, is that academically gifted students may have advanced skills that equip them to survive moral predicaments because of their scholarly dominance, contrary to the views of the DIT-1 (Sanders et al., 1995).

Additionally, criticism of the entire theory of cognitive stages in moral development encompassed the claim that this theory of morality was biased against females, because the initial test subjects were exclusively male (Gilligan, 1977). Inquiry into the issue of gender bias in the DIT-1 and DIT-2 has resulted in insufficient evidence to corroborate the assertion that women are handicapped when assessed by the DITs (Rest, 1981; Thoma, 1986; Walker, 1984). Moreover, the results of the genders do not diverge on justice orientation and moral development (Colby et al., 1983; Rest, 1981; Thoma, 1986). Disparities between the sexes play an insignificant role with respect to variances in DIT results, even though women tend to surpass their male colleagues over time (Thoma, 1986). Rest (1981) asserted that gender disparities on the DIT are inconsequential.

Although researchers have widely accepted the DIT as a tool to assess moral judgment, some researchers have challenged its construct validity, claiming that the tool is subjective because it is based upon political elements (Barnett, Evens, & Rest, 1995; Emler, Renwick, & Malone, 1983; Thoma et al., 1999). These researchers contend that survey participants are able to inflate their results by feigning liberal political points of

view (Bailey, 2011). Emler et al. (1983) conducted a study using the DIT-1 in which study participants were asked to respond based upon their individual political viewpoints. The same subjects then re-took the DIT-1, this time responding as individuals holding extremist views on either end of the political spectrum. The results of the survey revealed that the participants were able to inflate and deflate their scores by faking their responses at will (Bailey, 2011; Barnett et al., 1995; Emler et al., 1983).

Rest et al. (1999a, 1999b) asserted that political inclinations show an innate relationship to moral judgment; in other words, an individual who is morally developed will exhibit a preference for liberal political beliefs. This point remains under contention today. In response to the controversy surrounding the DITs, and the contention that the predicaments are imaginary and constrained in character, some researchers point out that no other mechanism by which to amass information on moral advancement has been developed that has the same established validity and reliability as the DIT's (Rest et al., 1999a, 1999b).

Research Question

The research question that was used for this study is as follows: for student nurses concurrently enrolled in an Associate Degree in Nursing and Bachelor in Science Degree in Nursing program, is there a relationship between the development of moral judgment and gender, primacy of religion, age, level of educational attainment, whether English is the students' primary language, and year in the nursing program?

<u>Variables</u>

The research question sought to determine if, for student nurses concurrently enrolled in an Associate Degree in Nursing and Bachelor in Science Degree in Nursing program, a relationship could be established between the dependent variable (development of moral judgment) and the independent variables. Many of these are categorical variables that do not vary in degree but, nonetheless, possess different attributes (Fraenkel et al., 2012; Lomax & Hahs-Vaughn, 2012). The researcher was attempting to discern whether there was a correlation between the variables with no manipulation of any kind.

<u>Data Collection</u>

The researcher administered the DIT-2 in a web-based format that was cost effective and facilitated communication with large numbers of students at the same time. This data-collection strategy involved the administration of an anonymous survey tool (Appendix G) after the Institutional Review Boards of the state college and the state university granted permission.

In keeping with the Tailored Design Method of survey responsiveness (Dillman, Smyth, & Christian, 2009), this researcher established a timeline for implementation of the survey. The researcher sent a pre-notice letter to all participants two weeks prior to administration of the survey. The letter informed the participants about the purpose of the study, the importance of their participation, and how the information obtained from the survey will benefit them as a group and as well as profession, therefore demonstrating

positive regard for them. In addition, the letter contained expressions of gratitude to the students for their participation in the survey (Dillman et al., 2009).

The Center for the Study of Ethical Development (2015), the organization that supplied the survey tool, recommended administering the DIT-2 in a group setting, although the survey can also be completed via a web-link provided to the participant off campus. The student (freshmen) participants in this study were enrolled in the course Foundations of Nursing, NUR 1022C, in the spring 2016 semester; the senior students in this study were enrolled in Complex Medical-Surgical Nursing, NUR 2251C, also in the spring 2016 semester. The subgroup of concurrent students in NUR 1022C numbered 78 students while the subgroup of students in NUR 2251C numbered 68.

The researcher had the study participants complete their surveys at the completion of a scheduled day of classes (Harding et al., 2004), either on their own personal laptop computers or on college-supplied laptop computers, in order to increase the rate of survey response. The survey, which took approximately 40 minutes to complete, presented questions in a uniform fashion, with all of the questions aligned similarly on the page making the survey less difficult to navigate (Dillman et al., 2009). In addition, the survey had easy-to-see navigation buttons for ease in moving back and forth through the screens. The survey began with a consent to participate in the study followed by an instruction page that explained the survey process and provided an example of how to respond to the series of questions (TTU, 2009).

The remainder of the survey involved reading the different scenarios and responding by clicking on the radio button that correlated to the respondent's best

response, rating the issues in terms of their importance to the respondent and then by ranking the issues that are of greatest significance to the respondent. The 5-point Likert component of the survey tool asked the respondent to select the radio button that most closely reflected the importance of the issue to the respondent by selecting the radio button with the word *great, much, some, little,* or *no*. Upon reaching the last page of the survey, respondents encountered a submission page reminding them to click the *finish* button in order to submit their survey for scoring (TTU, 2009).

According to Fraenkel et al. (2012), the smallest sample size for a correlational study that is satisfactory is 30, because statistics acquired from a sample size less than 30 can provide an erroneous calculation of the intensity of a correlation. McCabe (2009) reported the return of web-based surveys in his study as between 12% and 18%, with an average of 15% for the student surveys and approximately 25% for faculty surveys. In addition, McCabe et al. (2003) conducted a web-based correlational study in which a total of 2,408 surveys were distributed to the study sample. A total of 803 surveys, or 33.3%, were returned. In keeping with the standards employed by McCabe (2009) and McCabe et al. (2003), the sample size for this study was calculated for at least a 30% return rate for the study population. This number is well over the number determined by Fraenkel et al. (2012) to be acceptable in order to establish correlation between the dependent and independent variables.

Upon completion of the web-based tool, the respondents uploaded their surveys onto a secure browser and were assigned a random number for identification purposes to enhance confidentiality (Dillman et al., 2009). The only people with access to the survey

results were the researcher, the Center for the Study of Ethical Development, and the paid

researcher assisting with this study. Upon completion of all of the surveys, the researcher

uploaded the data into a computer-based predictive analytics software program for item

analysis (Table 10).

Table 10

Relationship Between Theoretical Framework and Survey

Theoretical Framework	Survey Items
Four Component Model of Morality	DIT-2: F 3-5; R 6-8; S 9-11, C 12-14, D 15-17; 18-28

Statistical Analysis

The research question guiding this study involved determining whether a

relationship could be established between the development of moral judgment in the

study population based upon gender, primacy of religion, age, level of educational

attainment, whether English is the students' primary language, and year in the nursing

program. A Pearson product-moment correlation was performed in order to determine if

there was a correlation between the dependent variable, moral judgment, as determined

by the N2 index, and the independent variables. Upon establishing the independent

variables that proved correlated in the study, a multiple regression analysis was

conducted to determine the degree to which the variables were correlated (Fraenkel et al.,

2012; Lomax & Hahs-Vaughn, 2012).

The researcher procured the services of a paid statistical consultant, Dr. Shiva

Jahani, for this research study.

Authorization to Conduct Study

The authorization process to conduct the study involved Institutional Research Board (IRB) authorization from two institutions: (a) the state college (Appendix H) and (b) state university (Appendix I).

Originality Report

This dissertation was submitted to Ithenticate by my chair and the results were discussed during the final defense on April 1, 2016.

Summary

This investigation was conducted at a state college Associate Degree Nursing (ADN) program with students who were also concurrently enrolled in the Bachelor of Science (BSN) program at a state university. The sample population was obtained from a convenience sampling of students enrolled in both the ADN and concurrent BSN program in the Foundations of Nursing course and the Complex Medical-Surgical Nursing course. After the Institutional Review Boards of both educational institutions authorized the study, the survey tool was administered to the participants in this quantitative research study via the completion of a web-based survey tool in order to elicit information regarding the students' moral development. After the researcher collected the data, it was entered into SPSS in order to generate statistical data and formulate predictive value in an effort to bring the population of student nurses, as a sub-

population of students in higher education, into the discussion of moral development of

students in higher education.

CHAPTER 4
DATA ANALYSIS, FINDINGS, AND RESULTS

Introduction

Academically immoral conduct in the part of students is prevalent in all scholastic fields (McCabe, 2009; McCabe et al., 2002), with indications of such behavior occurring with increasing regularity amongst learners in professional disciplines (Balik et al., 2010; Baxter & Boblin, 2007). The significance of this phenomenon is that immoral behavior is directly associated with the ability to formulate appropriate moral judgments with high levels of integrity (Rest et al., 1999a).

This chapter delivers statistical analysis for the research question, provides a synopsis of the research study, analyzes the conclusions reached as it relates to the literature, reflects on any unforeseen findings, and presents a critique of the study. The researcher utilized the IBM Statistical Package for the Social Science (SPSS, v. 21) at $\alpha=0.05$ level of significance. The assumptions of the multiple regression model were not violated; normality was established, centered upon the rule of thumb that skewness and kurtosis should be found within an absolute value of 2.0 to be judged normal (Lomax & Hahs-Vaughn, 2012). Furthermore, the assumption of homogeneity was established via a Levene statistic ($p = .216$). The assumptions of normality and linearity were established via a histogram and a P-P plot, respectively. The assumption of independence was established via a Durbin-Watson statistic (1.874), and noncollinearity was established via a collinearity diagnostic (VIF = 1.11).

Participants

The participants in this study were comprised of two groups of student nurses, selected via a convenience sample, who were attending a state college nursing program in the southern United States who were concurrently enrolled in a state university nursing program in the same geographic location. There were a total of 67 student nurses who took part in this study: 27 students (freshman) in a course titled Foundations of Nursing and 40 students (seniors) in the Complex Medical-Surgical nursing course. Approximately 46% of the students who were eligible to participate in the study actually participated in the investigation.

Variable Formation and Reliability

Variable Formation

The variables for this study were formulated after an extensive review of the scholarly literature related to the development of moral judgment development in college students and, more specifically, in the student nurse. The respondents' *N2 Index*, or the dependent variable that was represented in the research question, was constructed from the analysis of the Defining Issues Test-2 (DIT-2) that required the participants to read five scenarios and then respond to a series of questions after each narrative. The independent variables that were represented in the research question were used to determine if they exerted on effect on moral judgment development. The relationship between study variables, survey items, and values is illustrated in Table 11.

Table 11

Relationship between Study Variables, Survey Items, and Values

Study Variable Moral judgment (N2 Index)	Survey Items DIT-2	Values
Scenario 1: Famine	F3, 4 (1-12), 5	*should take the food, can't decide, should not take the food* *great, much, some, little, no* *most important item, second most important item, third most important item, fourth most important item*
Scenario 2: Reporter	R6, 7 (1-12), 8	*should report the story, can't decide, should not report the story* *great, much, some, little, no* *most important item, second most important item, third most important item, fourth most important item*
Scenario 3: School Board	S9, 10 (1-12), 11	*should call of the next open meeting, can't decide, should call off the next open meeting* *great, much, some, little, no* *most important item, second most important item, third most important item, fourth most important item*
Scenario 4: Cancer	C12,13 (1-12), 14	*should give Mrs. Bennett an increased dosage to make her die, can't decide, should not give her an increased dosage* *great, much, some, little, no* *most important item, second most important item, third most important item, fourth most important item*

Study Variable	Survey Items	Values
Moral judgment (N2 Index)	DIT-2	

Scenario 5: Demonstration		
	D15, 16 91-12), 17	*should continue demonstrating in these ways, can't decide, should not continue demonstrating in these ways* *great, much, some, little, no* *most important item, second most important item, third most important item, fourth most important item*
Age	18	*age in years (write in age)*
Sex	19	*male, female, other*
Level of Education	22	*high school, certificate, associate's degree, bachelor's degree, masters degree*
Year in Nursing Program	23	*foundations of nursing, complex medical-surgical nursing*
Primacy of Religion	24	*great, much, some, little no*
Comfort with Language Other Than English	25	*yes, no*
Taking of Ethics Courses Outside of Nursing Program	27	*yes, no*

Reliability

In well over 400 studies that have used the DIT-2 as their survey tool, the reliability of the DIT-2 has been consistently reported at an acceptable range of 0.70 to 0.81 (Rest et al., 1997).

Research Question

The research question sought to establish a relationship within, the study population, between the development of moral judgment, as evidenced by the N2 score, and gender, primacy of religion, age, level of educational attainment, whether English was the students' primary language, and year in the nursing program. This research question was analyzed by means of a Pearson's correlational analysis and a multiple regression model analysis.

N2 Index

As shown in Table 12, the mean N2 score of the first semester students enrolled in the Foundations of Nursing course was 34.31 while the mean N2 score of the senior students enrolled in the Complex Medical-Surgical Nursing course was 32.87. As represented by the N2 scores, the freshman students exhibited higher N2 scores when compared to the senior students; a statistic that is not substantiated in the literature (Dong, 2014; Duckett et al., 1997). Additionally, these numbers indicate that the N2 scores of the study population tended to be somewhat inconsistent, as suggested from the wide range of scores found within the respondents. The scores indicate that although the

preponderance of respondents was considered to be average, there were some scores that were on the very low range and some at the very high range of the spectrum (Table 12).

Table 12

N2 Index Results of Study Population

	Foundations of Nursing	Complex Medical-Surgical Nursing	Study Population
	n=27	*n=40*	*n=67*
Mean N2 Score	34.31	32.87	33.45
Median	29.93	34.04	33.33
Minimum	11.72	3.28	3.28
Maximum	63.12	56.57	63.12

Moral Schema Representation

Table 13 describes the moral schema representation of the study population based upon the DIT-2. No correlational analysis was performed on this variable (Table 13).

Table 13

Moral Schema Score Representation of Study Population

	Foundations of Nursing	Complex Medical-Surgical Nursing	Study Population Mean
	n=27	*n=40*	*n=67*
Personal Interest	24.00	23.55	23.73
Maintaining Norms	34.22	37.60	36.24
Post Conventional	37.48	34.15	35.49

As illustrated in Table 13, the majority of the study population was found in the Maintaining Norms Schema with a mean score of 36.24, which is consistent with the literature that finds most undergraduate students in higher education existing in the

Maintaining Norms schema (Numinen & Leino-Kilpi, 2007). The first semester students, enrolled in the Foundations of Nursing course, demonstrated a higher score in the Postconventional Schema at 37.48, while the senior students enrolled in the Complex Medical-Surgical Nursing course demonstrated a higher score in the Maintaining Norms Schema at 37.60. This is a statistic that is not represented in the literature; the prevailing belief is that the higher the level of educational attainment, the higher the N2 score with moral judgment scores rising from the inception to the conclusion of the nursing program (Dong, 2014; Duckett et al., 1997; Thoma, 2006).

Gender

The gender breakdown of the study population is illustrated in Table 14. As illustrated in table 14, the majority of the study participants was female (82%) with 18% was male. The gender composition of the study population is borne out by the literature that asserts that there is a predominance of female students at community colleges (AACC, 2015) and that women are more highly represented in the profession of nursing (Duckett et al., 1997). The Pearson correlation of the variable of gender is shown in Table 15.

Table 14

Study Population Gender Distribution

Gender	n	Percentage of Population
Male	12	17.90%
Female	55	82.08%

Table 15

Pearson Correlation Gender Distribution

Gender	Pearson Correlation	Sig. (2 tailed)
Male	-.160	.195
Female	.160	.195

As illustrated in Table 16, there is no correlation between the N2 score and gender although there is an interesting inverse relationship within this variable between both genders as evidenced by the Pearson correlations (.160) for female and (-.160) for males.

Table 16

Primacy of Religion in Study Population

	Foundations of Nursing		Complex M-S Nursing		Study Population	
	n	*%*	*n*	*%*	*N*	*%*
Great	8	29.62	14	35.00	21	31.3
Much	7	25.93	9	22.50	17	25.4
Some	3	11.11	6	15.00	9	13.4
Little	3	11.11	5	12.50	8	11.9
No	6	22.22	6	15.00	12	17.9
Skewness					-.405	
Kurtosis					-1.894	

As seen in Table 17, The Pearson correlation between the N2 score and primacy of religion, where the respondents' belief that the influence of religion in their lives was great, demonstrated a significant, though negative, correlation (-.263, n = 67, p = .032)

between the N2 score and primacy of religion where the student believed that the influence of religion was great in their lives, interpreted as a small effect size with partial eta squared (.026; Lomax & Hahs-Vaughn, 2012). In addition, a significant, positive, correlation (.387, n = 67, p = .001) was established between the N 2 score and primacy of religion where the respondents' belief that there was no influence of religion in their lives, also interpreted as a small effect size with partial eta squared (.110; Lomax & Hahs-Vaughn, 2012).

Table 17

Pearson Correlation between N2 Score and Primacy of Religion

	Great	Much	Some	Little	No
Pearson Correlation	-.263*	-.020	-.040	-.013	.387**
Sig. (2 tailed)	.032	.875	.745	.916	.001

*Correlation is significant at the .05 level (2-tailed)
**Correlation is significant at the .01 level (2-tailed)

Age

The age related statistics of the study population, as shown in Table 18, places the ages of the study population ranging from 19-53. The mean age of the freshman class was approximately 25 while the mean age of the senior class was approximately 33 years of age. These numbers indicate that, although a preponderance of the ages were located at the lower end of the scale, there were a number of students of varying ages that were dispersed throughout the scale and were older than the traditional age college students not enrolled in a community college/state college system as is supported in the literature

(Kevern & Webb, 2004; Wray et al., 2012). There is no correlation between the N2 score and age in the study population (Table 19).

Table 18

Descriptive Statistics of Study Population: Age

	Foundations of Nursing	Complex M-S Nursing	Study Population
	n=27	*n*=40	*n*=67
Mean	25.346	33.3	27.55
Median	21.500	27.0	23.77
Minimum	19.000	21.0	19.00
Maximum	51.000	53.0	53.00
Range	32.000	32.0	34.00

Table 19

Pearson Correlation for Age of Study Population

Pearson Correlation	-.178
Sig. (2 tailed)	.153

Level of Educational Attainment

The majority of the respondents in both groups, approximately 70%, began the nursing program with an Associate's Degree, followed by approximately 19% with a Bachelor's Degree, 9% with a High School diploma, and approximately 2% with a Master's Degree (Table 20). There is no correlation between the N2 score and level of educational attainment within the study population (Table 21).

Table 20

Level of Educational Attainment of Study Population

	Foundations of Nursing		Complex M-S Nursing		Study Population	
	N	*%*	*n*	*%*	*n*	*%*
High School	3	11.11	3	7.5	6	9.0
Associate degree	18	66.66	29	72.5	47	70.1
Bachelor degree	6	22.22	7	17.5	13	19.4
Master degree	0	0	1	2.5	1	1.5

Table 21

Pearson Correlation for Level of Educational Attainment

Level of Educational Attainment	Pearson Correlation	Sig. (2 tailed)
High School	-.159	.195
Associate's Degree	.206	.094
Bachelor's Degree	.229	.062
Master's Degree	.170	.170

Comfort with the English Language

The majority of the survey respondents, or approximately 96% were comfortable with the English language, as opposed to approximately 5% that expressed comfort with another language that was not English (Table 22). There was no correlation between the respondents' N2 score and whether the respondents were more comfortable with a language other than English (Table 23).

Table 22

Comfort with the English Language

Comfortable with English Language	*n*	%
No	64	95.5
Yes	3	4.5

Table 23

Pearson Correlation of N2 Score and Level of Comfort with English

Comfortable with English Language	Pearson Correlation	Sig. (2 tailed)
No	-.001	.993
Yes	.001	.993

Year in the Nursing Program

The majority of the respondents, or approximately 60%, were enrolled, as seniors, in Complex Medical-Surgical Nursing while approximately 40% of the respondents were enrolled in Foundations of Nursing (Table 24). As indicated in Table 25, there is no correlation between the N2 score and year in the nursing program ($r = .063$, $n = 67$, $p = .612$) in the freshman class or in the senior class ($r = -.063$, $n = 67$, $p = .612$).

Table 24

Year in the Nursing Program as Indicated by Course Enrollment

Nursing Course	*n*	%
Foundations of Nursing	27	40.3
Complex Medical-Surgical Nursing	40	59.7

Table 25

Pearson Correlation with Year in Program as Indicated by Course Enrollment

Year in Nursing Program (Course)	Pearson Correlation	Sig. (2 tailed)
Foundations of Nursing	-.001	.993
Complex Medical Surgical Nursing	.001	.993

The majority of the respondents, or approximately 79% of the total survey respondents, had not taken an ethics course outside of the nursing program as opposed to approximately 21% of the total number of survey respondents who had taken additional ethics courses (Table 26). No correlational analysis was obtained on this variable.

Table 26

Ethics Courses Taken Outside of Nursing Program

Ethics Courses Taken Outside of Nursing Program	*n*	%
Yes	14	20.9
No	53	79.01

<div align="center">Multiple Regression Analysis</div>

The results of a multiple regression analysis performed in order to predict the effect of the correlation between the N2 index and primacy of religion at the levels of great influence and no influence upon the study population is shown in Table 27.

Table 27

Multiple Regression Analysis

Independent Variables	Dependent Variable N2 Index (Beta)	Sig
Primacy of Religion, Great	-.153	.208
Primacy of Religion, No	.341	.006
R^2	.417	
Adjusted R^2	.148	
F Change	6.725	

The multiple regression analysis suggests that a significant proportion of the total variation in N2 scores was predicted by primacy of religion where religion exerted either a great influence or no influence on the population, (F_2, $64 = 6.725$, $p < .05$). According to the model, for primacy of religion where there was a great influence, the standardized coefficient was (-1.53). What this means is that with every one-point or one-unit increase in the primacy of religion with a great influence score, the N2 score will decrease by -.153. For the primacy of religion, where there is no influence, the standardized coefficient is (.341). What this means is that with every one-point or one-unit increase in primacy of religion, no influence score, score, the N2 score will increase by .341.

<div align="center">Findings and Discussion</div>

In order to determine if there was a correlation between the respondents' N2 score and the variables of age, gender, level of educational attainment, primacy of religion, and

year in the nursing program, a Pearson correlation analysis was performed. The Pearson

analysis revealed a relationship between the respondents' N2 score and the primacy of

religion, where the influence of religion was perceived to be great in the respondents'

lives, and the primacy of religion where the respondent believed that religion exerted no

influence on their lives. Upon confirmation of the relationship, a multiple regression

analysis was performed in order to determine the extent to which the religious variables

exerted their effect on the N2 scores. The multiple regression analysis revealed a

significant, although small effect with the variables of primacy of religion with a great

influence, and primacy of religion with no impact on the N2 scores. There were no other

significant correlations established between the dependent variable of the N2 score, and

the independent variables of age, gender, year in the nursing program, level of

educational attainment, or level of comfort with the English language.

N2 Index scores are typically higher in individuals who have experienced a higher

level of educational attainment (Thoma, 2006). This study revealed that the median N2

Index scores were higher in the freshman class of nursing students at 34.31, while the

senior class of student nurses' median N2 Index score was 32.87. This is a statistic that

has not been supported in the literature (Duckett et al., 1997; Thoma, 2006). Upon close

scrutiny of the results of this survey, the researcher determined that a possible

explanation for the higher N2 Index score in the freshman class may be related to the

primacy of religion variable within the study population. The freshman class, despite

having fewer participants in the study, self-identified in the primacy of religion exerting a

great influence category of 30%, which is lower than the senior class at 35%.

Furthermore, the freshman class self-identified primacy of religion exerting no influence in their lives category of 22% while the senior class was at 15%.

This finding is of interest, as will be explored later in this chapter, because there is literature to support that individuals who are highly religious may exhibit lower levels of moral judgment ability related to the adoption of religious ideologies that may be considered by some to be extreme, thus, inhibiting independent thought (Rest, 1979; Rest et al., 2009). Conversely, individuals who do not believe that religion exerts an influence on their lives may be more open to independent thought and not adopt the ideology of a religious group as their own. As the freshman class presented with a higher percentage of students who did not believe themselves to be religious, this would correlate to the freshman class having a higher N2 Index score than the senior class who presented with higher numbers of respondents who believed that religion exerted a great influence in their lives.

As with the N2 Index score, the freshman class also demonstrated higher representation in the Postconventional Schema, or the most highly evolved of the three schemas found within the Four Component Model of Morality, at 37.48, than did the senior class, at 34.15. This is another finding that is not consistent with the literature that indicates that N2 scores rise as higher educational levels are achieved (Dong, 2014; Duckett et al., 1997). This finding could also be attributed to the correlation of the variable of primacy of religion exerting a great influence that was higher in the senior class and primacy of religion exerting no influence that was higher in the freshman class.

The study revealed that the preponderance of the study population, as supported by the literature, exists at the Maintaining Norms Schema that is found between the Personal Interest Schema and the Postconventional Schema, is where most of the undergraduate students in higher education exist. As the Postconventional Schema is more highly evolved and the Maintaining Norms schema is one of following rules and maintaining order, individuals who do not adhere to a religious viewpoint that may involve adopting the moral philosophy of a group or incorporating a mindset that calls for conformity, may be in a position to be able to adopt higher order, more liberal ways of thinking that stimulate growth in moral judgment (Rest, 1979; Rest et al., 2009).

The traditional or conservative position that believes that moral behavior is a dominant perspective, tends to be established at the maintaining norms schema that demonstrates a strong connection to convictions, well-defined standards and group moral directives as a spiritual standard as opposed to a communal standard. The prevailing belief is that for individuals with both strong religious convictions and in the maintaining norms schema, that it is sacrilegious and immoral to doubt, criticize, or analyze the teachings or influence of their religion (Rest et al., 2009). As a result of this way of thinking, someone who is deeply religious could develop into an individual that adapts to less advanced levels of judgment or demonstrates stunted growth in moral judgment because of blind acceptance to beliefs that are not truly their own.

With respect to the correlated variable of primacy of religion exerting a great influence and exerting no influence, it is important to understand that the Defining Issues Test (DIT) does not present ethical predicaments that are religious in nature, instead, the

DIT presents ethical predicaments about average people living within the general public framed in issues of social justice, not religion. Despite the fact that DIT scores appear to be highly correlated to the attainment of moral judgment based upon advanced levels of moral reasoning ability, Rest (1979) and Rest et al (2009) discovered that fervent supporters of some religions may select their responses on the DIT based upon their religious convictions.

On the opposite side of the religious spectrum, individuals who believed that religion exerts no influence on their lives may feel freer to make their own decisions and may view ethical dilemmas from a justice and caring perspective as opposed to a religious perspective and make moral judgments using a more rational viewpoint. This view is supported by the findings that the multiple regression analysis revealed that N2 scores in the study population with respondents who indicated that religion exerted no influence in their lives would rise by .341 and would decrease by -.153 with respondents who indicated that religion exerted a great influence in their lives.

The Associate Degree nursing program that was the subject of this study, utilizes as one of its primary clinical sites, a hospital organization system that has a strong faith-based foundation in its health care practices. This clinical practice site has the potential to be problematic for students for whom religion does not exert a great influence on their lives. As part of the conversation that faculty engages in with the student nurse, it is critical to discuss the internal conflict that could potentially arise as the result of discord within a student who does not hold strong religious viewpoints potentially impacting behavior. In this situation, it is critical that the student understand that despite the

internal conflict that the student may feel in a highly religious climate, the student must maintain an awareness of their feelings and respect the divergent points of view that the are more than likely to encounter in a religiously motivated clinical practice site.

Furthermore, this study validated the finding that the student attending a community college tends to be older than the student who attends a four-year academic institution and has a tendency to be female. The age and gender composition of the study population was predominately female at 82% with a median age of 27.55. The variables of gender, age, level of educational attainment, year in the nursing program, and whether the respondent was more comfortable with a language other than English, did not exert any correlational effects with the N2 Index.

The theoretical framework used to guide this study, the Four Component Model of Morality (FCM), is comprised of the elements of moral sensitivity, moral judgment, moral character, and moral motivation in a model that is situationally dependent and incorporates the Personal Interest Schema, the Maintaining Norms Schema, and the Postconventional Schema. This model has been used extensively to guide the study of morality in higher education and within a wide number of academic disciplines. This author believes that the FCM was both appropriate and relevant to higher education and to the subset of the population that participated in this study: the nursing student. This author also felt that further relevance to the FCM as a theoretical framework was realized with the close alignment of the features of the FCM to the nursing process that incorporates the features of assessment, planning, implementation, and evaluation of

situations that call for critical thinking and reaching morally defensible decisions (Huckabay, 2009).

<div align="center">Unanticipated Results</div>

An unanticipated result from this study was the lack of correlation with the N2 index and the variable of students being more comfortable with a language other than English. This author believed that this variable would prove to be one of greater concern with the study population due to the fact that there was the perception that there were more foreign-born students than actually were part of the study population. As discussed earlier in this paper, students for whom English is not their native language in English-speaking countries do suffer more difficulties in the educational process.

Another unanticipated result of this study was the lack of correlation to the N2 index with the variable of gender. Despite the fact that the profession of nursing is a female dominated profession, the program is admitting male students with more frequency. As was discussed previously in this paper, the prevailing notion is that there exist gender differences in reaching moral judgments. This author was expecting a significant correlation with the variable of gender.

Lastly, this author was surprised that the primacy of religion exerting a great influence was found to exert a significant negative correlation while the primacy of religion exerting no influence was found to exert a significant positive correlation upon the N2 index. The expectation of this author in this study was that a greater level of

religious beliefs would exert a positive influence on the N2 index while the lack of

religious conviction would exert a negative influence on the N2 index.

Critique of the Study

An appraisal of this study leads the author to conclude that there were a number

of areas that could have been strengthened. The first critique is the variables that were

selected to study. As the study progressed, this author believed that a different set of

variables would have elicited more relevant data. For example, the variables of

race/ethnicity, presence of disability, veteran status, employment and marital status

would have produced some very interesting survey results.

Another critique of this study was the use of the Defining Issues Test-2 (DIT-2), a

survey tool that was approximately twenty years old. This author used the survey

because of the literature review that illuminated how extensively the tool had been used

over a number of academic disciplines. However, the survey tool was a bit long and

tedious to complete in addition to having, in this author's opinion, several narratives that

were out of date for the population of student being served in higher education at the

present time.

In addition, this author believes that the mechanism by which the survey was

administered proved to negatively impact the number of responses received. The original

intent was to administer the survey at the conclusion of a days' lecture in both the

Foundations of Nursing and Complex Medical-Surgical nursing courses on a face-to-face

basis. The surveys were administered at the end of the day's lectures as intended.

However, the researcher had not taken into consideration the fact that the students, particularly, the first semester students, had very tight schedules and that one half of the students had a class scheduled one hour after the finish of the class in which the survey was to be administered. Despite the fact that Nulty (2008) indicates that face-to-face surveys yield more results, this researcher believes that in this particular situation, sending a link to the students so they could respond at their leisure may have generated a higher number of responses to the survey.

CHAPTER 5
DISCUSSION AND CONCLUSION

Introduction

This chapter provides the researchers' conclusions, analyzes the limitations of the study, deliberates implications and recommendations, examines areas for future research, and provides a concise summary of the research study.

The Big Picture

Despite the fact that the development of moral judgment is considered an essential component for student nurses to acquire, its measure is neither regularly obtained nor put into regular practice. The study population overwhelmingly reported that they had not received ethical instruction outside of the nursing program. The nursing curriculum at the state college and state university provides limited exposure to ethical instruction and the code of ethics of the nursing profession in the first semester of the nursing program with ethics threaded throughout the curriculum (Appendix J). Nursing students are regularly exposed to a variety of educational strategies aimed at enhancing the acquisition of cognitive, affective, and psychomotor skills necessary to function in the role of a registered nurse. Unfortunately, the study of ethical standards frequently takes a back seat to the complex skill set that the student nurse must acquire in order to function effectively in todays' complex health care setting.

The findings from this study, despite finding an interesting correlation between moral judgment and primacy of religion, poses a challenge for nurse educators in the

development of educational strategies aimed at enhancing the development of moral judgment. Had correlations been established with the variables of age and gender, the educator could develop specific strategies aimed at the different generations and genders of students found in the nursing program. If the variable of language proficiency had been correlated to moral judgment development, preemptive educational strategies aimed at assisting the population of students with identified English language deficits could be developed and implemented in order to enhance success in the program. Had a relationship been correlated with level of educational attainment and year in the nursing program, the educator could devise educational strategies aimed at students impacted by these variables. Instead, the correlation that was established between the N2 index score and primacy of religion, poses a special challenge for nurse educators, as religion is a very private and personal matter that is difficult to bring up in an academic atmosphere and an American culture that has become increasingly secularized.

The literature supports that student nurses are ill equipped to effectively handle ethically challenging situations. The student nurse must learn a great many skills in order to become effective practitioners in today's multifaceted health care environment. This study has revealed that expertise in managing ethically challenging situations and the acquisition of skill in moral judgment is an essential competence that student nurses must develop above and beyond the nursing skills that the nurse must acquire in order to become effective nursing professionals. Despite the challenges, this study does provide some data for establishing policies on ethics education in higher education and in the health professions and forms a basis for further research.

Implications of the Study

The implications of this study corroborates that the acquisition of moral judgment and learning how to manage ethical predicaments must be acknowledged as a vital competence of the profession and incorporated into the skill set of the student nurse. Historically, student nurses spend a great deal of time in the skills lab learning how to take blood pressures, listen to heart and lung sounds, and perform a variety of patient care skills. In the same vein, the attainment of skills vital to the acquisition of moral judgment and managing ethical challenges is a learned activity, one that like all skills, improves with repetition and over time. This study has illuminated the importance of moral judgment development in the student nurse and how moral judgment impacts ethical decision-making. This disclosure has tremendous implications for nursing education.

In the academic setting where faculty time is limited and where human and fiscal resources are scarce, the nurse educator must recognize that weaving relevant ethical content into the curriculum is a critical component of the education of the student nurse. Through the incorporation of ethical content into a program of study, the educator can instruct the student in ethical theories and discuss ethically challenging situations, thus, facilitating growth in moral judgment. This process is especially important in the education of the student nurse where a great deal of time is spent in teaching the student how to critically think, prioritize and how to arrive at morally defensible resolutions. This instruction can be accomplished in a number of ways: through case studies, in the clinical practice sites, with the use of simulated experiences in safe environments, through class discussion, and through the use of reflective journaling.

The implications for the correlation that was established in this study between the N2 Index score and primacy of religion and how this phenomenon impacted moral judgment in the study population is significant. The students who believed that religion exerted a great influence in their lives had lower N2 Index scores, or moral judgment scores, than the students who believed that religion exerted no influence in their lives. One recommendation that can be made with respect to the primacy of religion and moral judgment development involves faculty facilitation of dialogue between students that includes a discussion of issues of spirituality from a wide variety of perspectives. This process would encourage the presentation of opposing points of view, expose students from different religions and cultures to a variety of viewpoints, and would promote an atmosphere where free thought and open exchange of ideas is encouraged. This strategy could prove to be beneficial in promoting growth in moral judgment in individuals who may feel that religion is great in their lives via exposure to the perspectives of students who believe that religion has no impact on their lives. As the literature has revealed, students who are not religious may exhibit higher levels of moral judgment development due to their ability to view situations from an objective point of view as opposed to the perspectives of religious leaders. In addition to the dialogue on spirituality, the student should be encouraged to write a reflection on their experience with open dialogue, as the process of reflection promotes growth in moral judgment.

In conjunction with facilitation of dialogue of spiritual matters with opposing perspectives, the nurse educator must include in the educational process, specific curriculum dependent, situationally driven, ethically challenging case studies and

simulated experiences that invoke controversy within the class. The process of discussing controversial topics that raises ethical dilemmas, forces the student nurse to think outside of their comfort zone. The student nurse will often find themselves embroiled in situations that they feel uncomfortable with and that are outside of their lived experience. The use of curriculum-driven, situationally dependent ethical circumstances will help prepare the student for the challenges they will experience in practice. The purposeful introduction of ethically challenging situations that forces the student to reflect on predicaments that are both controversial and outside of their past experience will force the student to think about subject matters that they have never had the occasion to reflect upon. This process of reflection on and exposure to controversial ethical issues may invoke stress in the student but it will help the student to think more objectively, thus, advancing moral judgment.

This study also revealed that the preponderance of survey respondents was found at the Maintaining Norms Schema, a conventional level of moral reasoning, consistent with the literature on undergraduate students and moral judgment development. A finding of interest in this study was the determination that a larger number of freshman students were found in the Postconventional Schema than the senior students, a statistic not borne out in the literature. The implications for nursing education with this finding involves discovering a way to advance the senior students from the Maintaining Norms Schema to the Postconventional Schema, thereby, generating higher moral judgment scores in students as they advance in the nursing program. One recommendation that can be made with respect to advancing both the schema and, by extension, the moral

judgment scores of the senior students is through a series of simulated educational experiences of an ethical nature that invokes a variety of responses in the student. In addition, regularly held workshops with panels comprised of faculty, counselors, recent graduate nurses, seasoned nurses, and nurse leaders, aimed at discussing ethics, ethically challenging situations, and moral judgment would prove especially valuable for senior student nurses as they approach graduation. As the student approaches graduation, this will help the student to feel better equipped to handle the demands of the profession.

<u>Limitations of the Study</u>

This investigation provided an inquiry of the correlation between moral judgment development and age, gender, primacy of religion, educational attainment, year in the program, and proficiency with the English language. The primary limitations of this study involved the study population itself. The sample was obtained via a convenience sampling and was relatively small, with only 67 students, in a confined geographic location. Additionally, with regards to the sample, the study used only two cohort groups of students within one state college's nursing program with only students in the concurrent program surveyed. Due to the method of sampling, there is no way of knowing if statistics from different types of nursing curriculums with a larger sample size, and different geographic locales would have yielded different results on both local and national levels.

Another limitation of this study was the use of a study tool, the Defining Issues Test-2 (DIT-2) that was developed in 1979. The DIT-2 was geared towards a

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quantitative survey design, in a format that did not allow for the respondent to elaborate upon their responses. In addition to the age of the study tool, the seemingly random types of stories that comprised the DIT-2 may not have captured the respondents' true feelings regarding either the narratives or the responses that may have, in turn, impacted their responses to the questions. As a result of these limitations, the findings of this study may not be generalizable to other populations of nursing students across the nation.

<div align="center">Recommendations for Future Research</div>

Since the data for this study was collected as the result of only one interaction with a very small, educationally and geographically specific study population, the study should be replicated with a greater number of participants, a wider geographic distribution, and over a longer period of time. In addition, an analysis of a more culturally diverse study population along with the inclusion of the variable of race/ethnicity as a study variable, and comparing two and four year nursing programs along with other concurrent programs, must be evaluated in further exploration of moral judgment. Furthermore, further research needs to focus on measuring the other three components of the Four Component Model of Morality: moral sensitivity, moral character, and moral motivation.

In light of the fact that this study revealed statistical significance in primacy of religion for students who indicated that religion exerted a great influence on their lives and with students who indicated that religion exerted no influence on their lives, it would be interesting, in future studies, to determine the respondents' religious affiliations in

order to evaluate for trends. Additionally, since the study revealed that there were students who did not feel that religion was important in their lives and the fact that religion is a hot topic in academia and in American society, the topic of spirituality, as opposed to religion, could be focused upon when conducting an assessment of ethical dilemmas and when discussing ethically challenging situations.

Future research needs to focus on ethical and moral judgments that are situation-specific to the practice of nursing in an atmosphere that is accepting of mistakes or errors in judgment. This area of research should be examined from the perspective of the use of simulated ethical scenarios that are either high fidelity in nature or involve the use of live, simulated patients, in the relative safety of the classroom or laboratory setting. These simulated experiences should be designed to deliberately portray controversial ethical situations that encompass the real-life, situations and ethical dilemmas found in nursing practice. This strategy will provide relevance of ethical theories and practical application of the theory to the student nurse, in a context-driven approach, thus, preparing the student to function more effectively in the patient care setting. Additionally, further studies should investigate the relationship between curriculum and moral judgment development along with making courses in ethical instruction more practical to the practice setting.

In order to influence campus climate to one of integrity and ethical awareness, the programmatic changes need to be made to the curriculum within the Associate Degree nursing program. As the first step in this process, faculty must be apprised of the results of this study and the implications for nursing education. Ethical instruction must begin

early in the nursing program, possibly as early as the mandatory nursing orientation program, with the importance of ethics in the nursing profession taking center stage. In addition, programmatic changes to include a dedicated nursing ethics course need to be deliberated in order to enhance a campus climate of integrity.

In an effort to capture data on gender differences in moral judgment development in student nurses and because the practice of nursing is a female-dominated profession, further research needs to be conducted examining this variable. This research should be conducted as a qualitative study, using an equal number of male and female nursing students, in which the study subjects would be able to deliver detailed descriptions regarding their perceptions of ethics, ethical dilemmas in practice, and the evolution of moral judgment from their unique gender-related perspectives. In an effort to capture gender differences, analysis should include the perspective of fairness over the concept of caring as it relates to gender. This type of analysis, would give the researcher a richer, context-laden, description of what ethics and moral judgment means to the male and female student. The value of gathering this type of data in the qualitative approach would provide valuable information that could be used in developing appropriate educational strategies aimed at ethics and moral judgment development. Additionally, utilizing a qualitative methodology in the examination of ethically challenging scenarios, as a whole, would allow the participants to describe, in detail, how they would manage the situation, thus, assisting the researcher to have a better understanding of the circumstances from the students' situational perspective.

In addition, the student nurses' level of advancement in moral judgment should be done at various times during the course of nursing instruction, beginning with the DIT-2, in order to formulate a frame of reference and consistency. This author recommends that nursing students should be administered the Defining Issues Test-2, as a screening tool, upon admission to the program of studies in order to determine a baseline schema of moral judgment and then after each of the medical-surgical courses in order to determine if growth in moral judgment has ensued. Despite the fact that the DIT-2 has been used extensively and effectively as a measure of moral judgment development, other tools that measure moral judgment should be developed.

For members of the professoriate interested in establishing academic programs aimed at the instruction of ethics, an analysis of moral judgment, as established by the DIT-2, would be an appropriate place to start. The remaining components of the Four Component Model of Morality: moral sensitivity, moral character, and moral motivation must be studied as well, as moral judgment is only one of the facets of the model. In order for a student within the nursing profession to function effectively in the practice setting, they must become proficient with all aspects of ethics as it relates to their profession, not moral judgment exclusively. Furthermore, the student nurse needs to understand the ethical theory and must be able to apply the theory in practice.

<u>Summary</u>

This study begins a conversation on the development of moral judgment in student nurses in an Associate Degree nursing program who were also concurrently

enrolled in a Bachelors Degree nursing program. The research question sought to establish if there was a relationship between the development of moral judgment and age, gender, level of educational attainment, year in the nursing program, and if the respondent was more comfortable in another language besides English. The study variables were developed after a review of the relevant literature on moral judgment development in higher education with a focus on the student nurse. A correlation was established between the dependent variable, the N2 Index, and the independent variables of primacy of religion where respondents felt that religion played a great influence in their lives and with students who felt that religion had no influence in their lives. A negative correlation with N2 Index scores was established between respondent's who believed that religion exerted a great influence on their lives while a positive correlation with N2 index scores was established between respondents' who believed that religion exerted no influence on their lives.

The implications of this study involves the recognition that acquisition of proficiency in ethical decision making and moral judgment is a competence that must be learned just like all of the other skills that a student nurse must learn in order to effectively care for their patients. Furthermore, recognition of the value of developing skill in ethical situations must be followed by educational strategies aimed at promoting growth in ethically challenging predicaments and growth in moral judgment. Effective strategies that can promote growth in these areas involve the use of case studies, simulated experiences, clinical practice experiences, dialogue, and reflective journaling.

Despite the fact that this study did not reveal correlations with moral judgment and age, gender, level of educational attainment, language, and year in the program, within this study population, these variables should be explored more fully with other study populations in order to determine if correlation can be established between moral judgment development and these variables in other groups of nursing students. The correlation established between moral judgment development and primacy of religion in this study needs to be explored further with implications for practice aimed at curriculum dependent, situationally driven simulated learning experiences that will expose students to challenging patient care scenarios in a safe environment. In addition, opening dialogue between groups of students with opposing perspectives on issues of spirituality and controversial ethical situations will stimulate thought and broaden horizons. Finally, in an effort to promote moral growth in senior nursing students, more attention needs to be placed on creating simulated experiences and open forums composed of student nurses and practicing nurses aimed at discussing ethical situations and how moral judgment can be impacted and strengthened.

The limitations of the study included the use of a relatively small sample size selected via a convenience sampling in only one geographic locale. Additionally, the study was limited by the study of only one population within only one nursing program. Furthermore, the study was limited by the survey tool itself; the tool was developed in 1979, was tedious, and cumbersome to complete. In addition, the study sample was hampered by a lack of culturally diverse participants and time constraints imposed by a demanding curriculum on participant completion of the survey tool. Finally, the study

was limited by the methodology used. A qualitative study would have yielded a richer

repertoire of responses that would have proved illuminating to the researcher and to the

body of knowledge in moral judgment development.

APPENDIX A
REPORTS OF IMMORAL ACTIVITIES BY DISCIPLINE

Research Study	Discipline	Immoral Behaviors
Arhin & Jones, 2009	Nursing	Using notes during test
		Placing responses on body parts
		Borrowing assignment from peer and submitting it as one's own
		Plagiarism
		Falsifying laboratory data
Beck & Ajzen, 1991	Engineering	Dishonesty will all assignments
		Illicit use of copyrighted material
		Stealing
		Fabrication of records
		Deception
		Inferior quality to work
Brown, 2002	Nursing	Cheating during exam
		Copying from peer
		Procuring exams from previous semesters
		Using books during exams
		Writing data on body parts
		Choosing to take a make-up exam
		Not reporting cheating in peers
Burrus et al., 2007	Economics	Copying from peer during exam
		Collaboration on projects
Del Carlo & Bodner, 2006	Science	Copying from classmate
		Copying homework from peer
		Soliciting test question responses
		Unauthorized use of notes
		Plagiarism
Hilbert, 1985, 1987	Nursing	Theft of patient's medicines
		Falsification of data on charts
		Impairment on duty
		Hiding treatment mistakes
		Lying about illness
		Calling in sick for duty
		Stealing equipment/patient food
		Breaching confidentiality
		Copying from the Internet

Research Study	Discipline	Immoral behaviors
Lucas & Friedrich, 2005	Psychology	Plagiarism
		Falsification of data
		Submitting classmates' assignments
		Unsanctioned collaboration
		Using notes during exam
		Taking exam for classmate
		Signing in for classmate not present
McCabe, 2009	Nursing	Plagiarism
		Soliciting assistance with assignments
McCrink, 2010	Nursing	Dishonesty on exams
		Falsification of documentation
		Breach of confidentiality
		Plagiarism
		Getting exam questions from peers
		Unsanctioned collaboration

APPENDIX B
COLLEGE OF MEDICINE HONOR CODE

███ COLLEGE OF MEDICINE
M.D. PROGRAM HONOR CODE

Preamble
The practice of medicine is a great privilege and carries with it a time-honored responsibility to our patients and our profession. The students of the ██████████████████ College of Medicine M.D. program uphold this code as our pledge to ourselves and our medical community that we understand the significance of our commitment. These standards should guide us not only during our medical training, but also during our lives as physicians, researchers, and community leaders. In these roles, we hope to pursue actively the respect of our patients, peers, and fellow men and women, rather than to accept passively any esteem that may be given our title.

The core values we, as students, strive to exemplify are:

INTEGRITY
The Tenacity to Carry Out Our Profession with Sound Moral Character

PROFESSIONALISM
The Daily Fortitude to Uphold the Standards of the Title We Represent

JUDGMENT
The Courage to Make Decisions with Assurance and Competency

RESPECT
To Act with Consideration for the Dignity and Rights of Others

STUDENT PLEDGE
I am committed to upholding the student code core values. I understand the procedures outlined in this document, and hereby agree to abide by them.

_____
Name (Please Print)

_____
Signature   Date

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HONOR CODE POLICIES

The Student Professional Conduct Council

As representatives of the ███████████████████████ College of Medicine (COM) M.D. program and the medical profession, students are entrusted to exemplify the core values of Integrity, Professionalism, Judgment, and Respect. The Student Professional Conduct Council (SPCC) strives to educate the students in their professional responsibilities, to investigate any reported violations of the Code, to recommend appropriate penalties, and to interface with the College of Medicine Student Evaluation and Promotion Committee (SEPC) when breaches of professional conduct are suspected.

All COM M.D. program students are expected to uphold and abide by the COM Honor Code as well as the ████████████████████████████████. For information regarding the █████ ██████████████████████████████████████ he COM M.D. Program Honor Code will have authority over student progress in the M.D. program. Moreover, any adverse action related to the Honor Code that affects a student's progress in medical school (e.g., leave of absence, expulsion) shall be reported to the ███████████ of Student Rights & Responsibilities.

The students of the ████ COM M.D. program uphold this code as our pledge to ourselves and our medical community. These standards should guide us not only during our medical training, but also during our lives as physicians, researchers, and community leaders.

1. **The Student Professional Conduct Council (SPCC)**

1.1. *Purpose* – The Student Professional Conduct Council will oversee the implementation of this Honor Code with emphasis on maintaining the values intrinsic to our role as physicians and community leaders, namely those of integrity, professionalism, judgment, and respect. SPCC shall serve to investigate claims of infractions of the honor code as they are brought to our attention, allow for due process, and ultimately give our recommendations to the Dean of the ████ COM.

	M-1	M-2	M-3	M-4
Representative One	One Year Term	Two Year Term		One Year Term
Representative Two	Two Year Term		Two Year Term	
Representative Three (M-4 only)				One Year Term

APPENDIX C
STATE COLLEGE STUDENT CODE OF CONDUCT

Student Code of Conduct (Procedure 3.0900)

Based on board policy number and Florida Statutes:	F.S. 1001.64; 1006.60; 1006.63; Violence Against Women Reauthorization Act of 2013; College Policies 3.010, 6.032
Effective Date:	06/2013; 06/2014
Date of Review:	07/2014

Purpose

To establish a single code of conduct for all students at ████████████████████████. For purpose of this procedure, the term "student" is defined as any individual who has applied to or is enrolled at the College in any program.

Procedure

General Expectations

All students at ████████████████ agree to abide by all regulations, as published in the College Catalog, the student handbook and other College publications, as well as federal, state and local laws and this Code. Student groups and organizations may be held responsible for the actions of its members, including violations of this Code by those associated with the group or organization or of the group or organization's leaders or officers.

Students assume increased responsibility for accountability to the greater college community and are expected to be civil. According to the founder of the Civility Initiative at Johns Hopkins University, "When we are civil, we are members in good standing of a community. We are good neighbors and good citizens."

████████████████████ is a diverse learning community. We strive to maintain an atmosphere of mutual respect and civility, self-restraint, concern for others and academic integrity. By choosing ████████████ it is expected that students will:

* Act with personal integrity and honesty.
* Treat fellow students, faculty and staff respectfully.
* Embrace diversity and inclusion in the college community we serve.
* Refrain from participating in acts of intolerance.
* Communicate and act in a way that does not provoke, harass, intimidate or harm another.

The College expects students to be mature and responsible citizens at all times and in all places. Students are expected to respect the rights and welfare of other members of the college community, including faculty, staff, students and guests of the College.

The College recognizes that a thoughtful and reasoned search for truth can be conducted only in an atmosphere that is free of intimidation and coercion. Students are expected to critically examine, analyze and otherwise evaluate the College, its programs, policies and procedures, utilizing processes that appeal to reason and do not compromise the academic mission, climate or integrity of the institution. Disruptive behavior, including but not limited to violence, the threat of violence, disruption to the learning process and intimidation are unacceptable to the College community. Seminole State College reserves the right to determine when the Code of Conduct and its policies and procedures have been violated and to administer disciplinary actions. If found in violation, students are expected to assume full responsibility and will be held accountable according to the Student Code of Conduct for their individual or collective actions. Any student whose conduct, whether on or off campus, including through electronic means, at any time is in violation of the law, or is disruptive to the College, may be subject to disciplinary action, including but not limited to probation, suspension and dismissal. Students on college related travel shall also be subject to appropriate disciplinary action. Proceedings of the investigation of each case and the action taken will be officially recorded.

Authority

All students at ████████████████ agree to abide by all regulations, as published in the College Catalog, the student

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APPENDIX D
PARTIAL LISTING OF CONCURRENT NURSING PROGRAMS

Associate Degree in Nursing (ADN) Program	Bachelor's Degree in Nursing (BSN) Program
American River College	Excelsior College School of Nursing
Dutchess Community College	
Memorial School of Nursing	
Samaritan Hospital School of Nursing	
Maricopa Community College	Franklin Pierce University
	Northern Arizona University
	Maricopa Community College District
Gate Way Community College	Old Dominion University
Riverside College of Health Careers	
New River Community College	
Kirtland Community College	Saginaw Valley State University
Mesa Community College	Arizona State University
	Northern Arizona University
Muskegon Community College	Michigan State University College of Nursing
Pima Community College	Northern Arizona University
Sierra College	California State University Sacramento
Tulsa Community College	Northeastern State University
Mississippi Associate Degree Nursing Programs	University of Southern Mississippi
Maryland Community Colleges	Towson University
Hillsborough Community College	University of South Florida
Valencia College	University of Central Florida
Seminole State College	

APPENDIX E
GUIDELINES FOR STATE COLLEGE AND STATE UNIVERSITY CONCURRENT
NURSING PROGRAM

MEMORANDUM OF UNDERSTANDING

██████████████████

Associate Degree in Nursing

and

██████████████████

Bachelor of Science in Nursing

I   PURPOSE

The purpose of this Memorandum of Understanding (MOU) is to establish guidelines and procedures for students to be concurrently enrolled in ██████████████████ ████████ Associate Degree in Nursing (ADN) and the ████████████ ████████████ Bachelor of Science Degree in Nursing (BSN). The program is intended to streamline a qualified student's completion of both the ADN and the BSN in an accelerated manner. All ████ nursing courses will be taught on Seminole State's Altamonte Springs campus either live or via the web.

II   ELEMENTS OF THE UNDERSTANDING
A.   Criteria for Admission:
1. Students must complete the steps for admission as a degree seeking student at ████████ State College before they may be considered for the limited access nursing program.
2. Students must have completed either a ████████ public institution's General Education program, or Associate in Arts degree or UCF's General Education component. Students must complete all prerequisite courses for both ████████████████ State prior to starting the Concurrent program.
3. Students must have a cumulative GPA of at least a 3.0.
4. Students must achieve the minimum TEAS Test Score as required for the ████ pre-licensure nursing program.
5. Students must be admitted into ████████ State's nursing program.
6. Students must be admitted into ████ and be eligible for admission into ████ College of Nursing.

B.   Determination of Admission:
1. Students are advised to be thoroughly familiar with the admission criteria and process that is posted online at www.seminolestate.edu/nursing
2. Admission decisions are made collaboratively by designated representatives from both ████████ State and ████
3. Students must be admitted or admitted provisionally to ████████ State's nursing program pending completion of in-progress courses before they can be considered for the Concurrent program.

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APPENDIX F
COURSE SEQUENCING CONCURRENT PROGRAM

Sample Plan of Study: Fall (August) Admission to ▮ State College ADN and ▮ BSN programs

	Fall	Spring	Summer
1-2000 Level Courses taken with ▮	NUR1020C Fundamentals of Nursing (7) NUR1141C Fundamentals of Pharmacology (2)	NUR1210C Basic Concepts in Medical/Surgical Nursing (6) NUR2520C Concepts in Mental Health Nursing (4)	NUR2510C Concepts in Pediatric Nursing (4) NUR2423C Concepts in Maternal Newborn Nursing (4)
3-4000 Level Courses taken with ▮	NUR3806 Professional Socialization Seminar (1) NUR3065 Health Assessment & Lab (3)	NUR 3125 Pathophysiology (3)	NUR3805 Dimensions of Professional Nursing (3)

	Fall	Spring	Summer
1-2000 Level Courses taken with ▮	NUR2241C Advanced Concepts in Medical/Surgical Nursing (6)	NUR2251C Complex Concepts in Medical/Surgical Nursing (6)	NUR2943C Practicum & Client Care Management (3) *Graduate from ▮ Program
3-4000 Level Courses taken with ▮	NUR3634 Community Health Nursing (3) NUR3165 Nursing Research (3)	NUR4837 Health Care Issues, Policy & Economics (3) NSP XXXX Elective (3)	NUR4828 Leadership, Management & Role Development (3)

	Fall		
3-4000 Level Courses taken with ▮	NUR4637 Public Health Nursing (2) NUR4604L Practicum in Community and Public Health for RN's (4)* *Must be licensed RN to take NUR4604L.		

APPENDIX G
THE DEFINING ISSUES TEST-2

Consent to Act as a Participant in a Research Study

Study Title: Moral Judgment Development in Student Nurses in an Associate Degree Nursing Program
Principal Investigator: Grace Way, MSN, RN
wayg@knights.ucf.edu
(321) 947-3461

Introduction

You are being asked to participate in a research study on the development of moral judgment in nursing students enrolled in an Associate Degree Nursing (ADN) program who are also concurrently enrolled in a Bachelor's Degree Nursing (BSN) program. You were selected as a possible participant because you are both concurrently enrolled in the ADN program at this college and the BSN program. In addition, you are presently enrolled in Foundations of Nursing and/or Complex Medical-Surgical Nursing. I ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study

The purpose of the study is to examine moral judgment development in concurrently enrolled student nurses in the first year and the last year of the program in order to determine the level of growth attained in the development of moral judgment. The results of this survey will contribute to the body of knowledge in the discipline of nursing education that will assist in the development of effective strategies in order to better assist the student nurse in attaining the level of expertise needed to deal with moral/ethical challenges in both the educational process and in clinical practice. Ultimately, this research may be published in my dissertation, a scholarly journal, or be presented in a nursing conference.

Description of the Study Procedures

If you agree to be in this study, which is voluntary in nature, you will be asked to complete the Defining Issues Test-2. The survey will be administered only one time and should take approximately 40 minutes to complete. The completion and submission of the survey will be the only time commitment you will experience as a participant in this survey.

Risks/Discomforts of Being in this Study

There are no reasonable foreseeable risks of participating in this study.

Benefits of Being in the Study

There are no expected benefits from participating in this study.

Confidentiality

This study is anonymous. I will not be collecting or retaining any information about your identity. The records of this study will be kept strictly confidential. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file. I will not include any information in any report we may publish that would make it possible to identify you. Your identity will not be disclosed in the material that is published.

Payments

You will not receive any payment or reimbursement as a result of participating in this study.

Right to Refuse or Withdraw

The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time without affecting your relationship with the investigator of this study. Your decision will not result in any loss or benefits to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely from the interview at any point during the process; additionally, you have the right to request that the interviewer not use any of your interview material.

Right to Ask Questions and Report Concerns

You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Grace Way, at wayg@knights.ucf.edu or by telephone at (321) 947-3461. If you like, a summary of the results of the study will be sent to you.

Consent

Your selection of the word "Yes" below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. If you select "Yes", please proceed to the survey. Thank you for your time and participation in this survey that will enhance the profession of nursing. If you select "No", thank you for your time.

Yes   No

O   O

. Instructions

The survey is concerned with how you define the issues in a social problem. Several stories about social problems will be described. After each story, there will be a list of questions. The questions that follow each story represent different issues that might be raised by the problem. In other words, the questions/issues raise different ways of judging what is important in making a decision about the social problem. You will be asked to rate and rank the questions in terms of how important each one seems to you.

○ Next

E 1. Example

Presidential Election

Imagine that you are about to vote for a candidate for the Presidency of the United States. Imagine that before you vote, you are given several questions and asked which issue is the most important to you in making up your mind about which candidate to vote for. In this example, 5 items are given. On a rating scale of 1 to 5 (1=Great, 2=Much, 3=Some, 4=Little, 5=No) please rate the importance of the item/issue.

Assume you thought that item #1 (below) was of great importance, item #2 had some importance, item #3 had no importance, item #4 had much importance, an item #5 had much importance. Then you would mark the item as shown below.

Rate the following issues in terms of importance	Great	Much	Some	Little	No
1. Financially are you personally better off now than you were four years ago?	X				
2. Does one candidate have a superior personal moral character?			X		
3. Which candidate stands the tallest?					X
4. Which candidate would make the best world leader?		X			
5. Which candidate has the best ideas for our country's internal problems like crime and health care?		X			

2.
Further, the questionnaire will ask you to rank the questions in terms of importance. Please fill in the bubble that represents the item in first importance (of those given you to choose from), then second most important, third most important, and fourth most important. Please indicate your top four choices. You might fill out this part as follows.

Consider the 5 issues above and rank which issues are the most important.	1	2	3	4	5
Most important item	X				
Second most important					X
Third most important				X	
Fourth most important		X			

Note
Some items may seem irrelevant or not make sense (as in item #3 above). In that case, rate the item as "NO". After you rate all of the items you will be asked to RANK the top four items in terms of importance. Note that it makes sense that the items you RATE as most important should be RANKED as well. So if you only rated item 1 as having great importance you should rank it as most important.

Again, remember to consider all of the items before you rank the four most important items and be sure that you only rank items that you found important.

Note also that before you begin to rate and rank items you will be asked to state your preference for what action to take in story.

Thank you and you may begin the questionnaire!

F. Famine

The small village in northern India has experienced shortages of food before, but this year's famine is worse than ever. Some families are even trying to feed themselves by making soup from tree bark. Mustaq Singh's family is near starvation. He has heard that a rich man in his village has supplies of food stored away and is hoarding food while its price goes higher so that he can sell the food later at a huge profit. Mustaq is desperate and thinks about stealing some food from the rich man's warehouse. The small amount of food that he needs for his family probably wouldn't even be missed.

3. What should Mustaq Singh do? Do you favor the action of taking food?

Should take the food	Can't decide	Should not take the food
O	O	O

4. Rate the following issues in terms of importance.

	Great	Much	Some	Little	No
1. Is Mustaq Singh courageous enough to risk getting caught for stealing?	O	O	O	O	O
2. Isn't it only natural for a loving father to care so much for his family that he would steal?	O	O	O	O	O
3. Shouldn't the community's laws be upheld?	O	O	O	O	O
4. Does Mustaq Singh know a good recipe for preparing soup from tree bark?	O	O	O	O	O
5. Does the rich man have any legal right to store food when other people are starving?	O	O	O	O	O
6. Is the motive of Mustaq Singh to steal for himself or to steal for his family?	O	O	O	O	O
7. What values are going to be the basis for social cooperation?	O	O	O	O	O
8. Is the epitome of eating reconcilable with the culpability of stealing?	O	O	O	O	O
9. Does the rich man deserve to be robbed for being so greedy?	O	O	O	O	O
10. Isn't private property an institution to enable the rich to exploit the poor?	O	O	O	O	O
11. Would stealing bring about more total good for everybody concerned or wouldn't it?	O	O	O	O	O
12. Are laws getting in the way of the most basic claim of any member of a society?	O	O	O	O	O

5. Consider the 12 issues above and rank which issues are the most important.

	1	2	3	4	5	6	7	8	9	10	11	12
Most important item	O	O	O	O	O	O	O	O	O	O	O	O
Second most important item	O	O	O	O	O	O	O	O	O	O	O	O
Third most important item	O	O	O	O	O	O	O	O	O	O	O	O
Fourth most important item	O	O	O	O	O	O	O	O	O	O	O	O

R. Reporter

Molly Dayton has been a news reporter for the *Gazette* newspaper for over a decade. Almost by accident, she learned that one of the candidates for Lieutenant Governor for her state, Grover Thompson, had been arrested for shop-lifting 20 years earlier. Reporter Dayton found out that early in his life, Candidate Thompson had undergone a confused period and done things he later regretted, actions which would be very out-of-character now. His shoplifting had been a minor offense and charges had been dropped by the department store. Thompson has not only straightened himself out since then, but built a distinguished record in helping many people and in leading

constructive community projects.Now, Reporter Dayton regards Thompson as the best candidate in the field and likely to go on to important leadership positions in the state. Reporter Dayton wonders whether or not she should write the story about Thompson's earlier troubles because in the upcoming close and heated election, she fears that such a news story could wreck Thompson's chance to win.

6. Do you favor the action of reporting the story?

Should report the story	Can't decide	Should not report the story
O	O	O

7. Rate the following issues in terms of importance.

	Great	Much	Some	Little	No
1. Doesn't the public have a right to know all the facts about all the candidates for office?	O	O	O	O	O
2. Would publishing the story help Reporter Dayton's reputation for investigative reporting?	O	O	O	O	O
3. If Dayton doesn't publish the story wouldn't another reporter get the story anyway and get the credit for investigative reporting?	O	O	O	O	O
4. Since voting is such a joke anyway, does it make any difference what reporter Dayton does?	O	O	O	O	O
5. Hasn't Thompson shown in the past 20 years that he is a better person than his earlier days as a shop-lifter?	O	O	O	O	O
6. What would best service society?	O	O	O	O	O
7. If the story is true, how can it be wrong to report it?	O	O	O	O	O
8. How could reporter Dayton be so cruel and heartless as to report the damaging story about candidate Thompson?	O	O	O	O	O
9. Does the right of "habeas corpus" apply in this case?	O	O	O	O	O
10. Would the election process be more fair with or without reporting the story?	O	O	O	O	O
11. Should reporter Dayton treat all candidates for office in the same way by reporting everything she learns about them, good and bad?	O	O	O	O	O
12. Isn't it a reporter's duty to report all the news regardless of the circumstances?	O	O	O	O	O

8. Consider the 12 issues you rated above and rank which issues are the most important.

	1	2	3	4	5	6	7	8	9	10	11	12
Most important item	O	O	O	O	O	O	O	O	O	O	O	O
Second most important item	O	O	O	O	O	O	O	O	O	O	O	O
Third most important item	O	O	O	O	O	O	O	O	O	O	O	O
Fourth most important item	O	O	O	O	O	O	O	O	O	O	O	O

S. **School Board**

Mr. Grant has been elected to the School Board District 190 and was chosen to be Chairman. The district is bitterly divided over the closing of one of the high schools. One of the high schools has to be closed for financial reasons, but there is no agreement over which school to close. During his election to the School Board, Mr. Grant had proposed a series of "Open Meetings" in which members of the community could voice their opinions. He hoped that dialogue would make the community realize the necessity of closing one high school. Also he hoped that through open discussions, the difficulty of the decision would be appreciated, and that the community would ultimately support the school board decision. The first Open Meeting was a disaster. Passionate speeches dominated the microphones and threatened violence. The meeting barely closed without fist-fights. Later in the

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week, school board members received threatening phone calls. Mr. Grant wonders if he ought to call off the next Open Meeting.

9. Do you favor calling off the next Open Meeting?

Should call off the next open meeting	Can't decide	Should not call off the next open meeting
○	○	○

10. Rate the following issues in terms of importance.

	Great	Much	Some	Little	No
1. Is Mr. Grant required by law to have Open Meetings on major school board decisions?	○	○	○	○	○
2. Would Mr. Grant be breaking his election campaign promises to the community by discontinuing the Open Meetings?	○	○	○	○	○
3. Would the community be even angrier with Mr. Grant if he stopped the Open Meetings?	○	○	○	○	○
4. Would the change in plans prevent scientific assessment?	○	○	○	○	○
5. If the school board is threatened, does the chairman have the legal authority to protect the Board by making decisions in closed meetings?	○	○	○	○	○
6. Would the community regard Mr. Grant as a coward if he stopped the open meetings?	○	○	○	○	○
7. Does Mr. Grant have another procedure in mind for ensuring that divergent views are heard?	○	○	○	○	○
8. Does Mr. Grant have the authority to expel troublemakers from the meetings or prevent them	○	○	○	○	○
9. Are some people deliberately undermining the school board process by playing some sort of power game?	○	○	○	○	○
10. What effect would stopping the discussion have on the community's ability to handle controversial issues in the future?	○	○	○	○	○
11. Is the trouble coming from only a few hotheads, and is the community in general really fair-minded and democratic?	○	○	○	○	○
12. What is the likelihood that a good decision could be made without open discussion from the community?	○	○	○	○	○

11. Consider the 12 issues you rated above and rank which issues are the most important.

	1	2	3	4	5	6	7	8	9	10	11	12
Most important item	○	○	○	○	○	○	○	○	○	○	○	○
Second most important item	○	○	○	○	○	○	○	○	○	○	○	○
Third most important item	○	○	○	○	○	○	○	○	○	○	○	○
Fourth most important item	○	○	○	○	○	○	○	○	○	○	○	○

C. Cancer

Mrs. Bennett is 62 years old, and in the last phases of colon cancer. She is in terrible pain and asks the doctor to give her more pain-killer medicine. The doctor has given her the maximum safe dose already and is reluctant to increase the dosage because it would probably hasten her death. In a clear and rational mental state, Mrs. Bennett says that she realizes this; but she wants to end her suffering even if if means ending her life. Should the doctor giver her an increased dosage?

12. Do you favor the action of giving more medicine?

Should give Mrs. Bennett an increased dosage to make her die	Can't decide	Should not give her an increased dosage
O	O	O

13. Rate the following issues in terms of importance.

	Great	Much	Some	Little	No
1. Isn't the doctor obligated by the same laws as everybody else if giving an overdose would be the same as killing her?	O	O	O	O	O
2. Wouldn't society be better off without so many laws about what doctors can and cannot do?	O	O	O	O	O
3. If Mrs. Bennett dies, would the doctor be legally responsible for malpractice?	O	O	O	O	O
4. Does the family of Mrs. Bennett agree that she should get more painkiller medicine?	O	O	O	O	O
5. Is the painkiller medicine an active heliotropic drug?	O	O	O	O	O
6. Does the state have the right to force continued existence of those who don't want to live?	O	O	O	O	O
7. Is helping to end another's life ever a responsible act of cooperation?	O	O	O	O	O
8. Would the doctor show more sympathy for Mrs. Bennett by giving the medicine or not?	O	O	O	O	O
9. Wouldn't the doctor feel guilty from giving Mrs. Bennett so much drug that she died?	O	O	O	O	O
10. Should only God decide when a person's life should end?	O	O	O	O	O
11. Shouldn't society protect everyone against being killed?	O	O	O	O	O
12. Where should society draw the line between protecting life and allowing someone to die if the person wants to?	O	O	O	O	O

14. Consider the 12 issues you rated above and rank which issues are the most important.

	1	2	3	4	5	6	7	8	9	10	11	12
Most important item	O	O	O	O	O	O	O	O	O	O	O	O
Second most important item	O	O	O	O	O	O	O	O	O	O	O	O
Third most important item	O	O	O	O	O	O	O	O	O	O	O	O
Fourth most important item	O	O	O	O	O	O	O	O	O	O	O	O

D. **Demonstration**

Political and economic instability in a South American country prompted the President of the United States to send troops to "police" the area. Students at many campuses in the U.S.A. have protested that the United States is using its military might for economic advantage. There is widespread suspicion that big oil multinational companies are pressuring the President to safeguard a cheap oil supply even if it means loss of life. Students at one campus took to the streets in demonstrations, tying up traffic and stopping regular business in the town. The president of the university demanded that the students stop their illegal demonstrations. Students then took over the college's administration building, completely paralyzing the college. Are the students right to demonstrate in these ways?

15. Do you favor the action of demonstrating in this way?

Should continue demonstrating in these ways	Can't decide	Should not continue demonstrating in these ways
O	O	O

16. Rate the following issues in terms of importance.

	Great	Much	Some	Little	No
1. Do the students have any right to take over property that doesn't belong to them?	○	○	○	○	○
2. Do the students realize that they might be arrested and fined, and even expelled from school?	○	○	○	○	○
3. Are the students serious about their cause or are they doing it just for fun?	○	○	○	○	○
4. If the university president is soft on students this time, will it lead to more disorder?	○	○	○	○	○
5. Will the public blame all students for the actions of a few student demonstrators?	○	○	○	○	○
6. Are the authorities to blame by giving in to the greed of the multinational oil companies?	○	○	○	○	○
7. Why should a few people like Presidents and business leaders have more power than ordinary people?	○	○	○	○	○
8. Does this student demonstration bring about more or less good in the long run to all people?	○	○	○	○	○
9. Can the students justify their civil disobedience?	○	○	○	○	○
10. Shouldn't the authorities be respected by students?	○	○	○	○	○
11. Is taking over a building consistent with principles of justice?	○	○	○	○	○
12. Isn't it everyone's duty to obey the law, whether one likes it or not?	○	○	○	○	○

17. Consider the 12 issues you rated above and rank which issues are the most important.

	1	2	3	4	5	6	7	8	9	10	11	12
Most important item	○	○	○	○	○	○	○	○	○	○	○	○
Second most important item	○	○	○	○	○	○	○	○	○	○	○	○
Third most important item	○	○	○	○	○	○	○	○	○	○	○	○
Fourth most important item	○	○	○	○	○	○	○	○	○	○	○	○

. Please provide the following information about yourself.

18. Age in years:

19. Sex:

Male	Female	Other
○	○	○

20. Which best describes your race/ethnicity? [Check all that apply]

African American or Black	Asian or Pacific Islander	Hispanic	American Indian/ Other Native American	Caucasian (other than Hispanic)	Other (please specify)
☐	☐	☐	☐	☐	☐

21. If you selected other to question 20, please describe:

[   ]

22. Level of Education: (mark the highest level of formal education you've obtained).

High School	Certificate	Associates Degree	Bachelors Degree	Master's Degree
○	○	○	○	○

23. Which nursing course are you presently enrolled in?

Foundations of Nursing	Complex Medical-Surgical Nursing
○	○

24. Is religion important in your life?

Great	Much	Some	Little	No
○	○	○	○	○

25. Is there a language that you feel more comfortable with than English?

YES	NO
○	○

26. If you selected yes to question 24, please describe:

[   ]

27. Have you taken any ethics courses outside of the nursing program?

Yes	No
○	○

28. If you selected yes to question 26, please indicate how many ethics courses you have taken outside of the nursing program.

[   ]

. I would like to thank you for taking the time to complete this survey. Your response means a great deal to me and will add to the body of knowledge in nursing education allowing the faculty at your school to devise educational strategies aimed at assisting student nurses in their development of moral judgment.

Qualtrics

APPENDIX H
IRB APPROVAL FROM STATE COLLEGE

Graciela Way

Projected end date for study.	1/2/14, the last day where I will collect data
Targeted audience of participants.	Student nurses enrolled █████ Associate Degree nursing program who are also concurrently enrolled █████ Bachelor's Degree in nursing program; first semester and last semester students.
Provide details on how you will protect the rights of participants, particularly how you will ensure that subjects may elect NOT to participate without consequence.	The participants rights will be protected by: • Confidentiality of data • Anonymity of response • Participant right to terminate involvement in study at any time • Voluntary nature of involvement.
Provide details on how you will verify informed consent and that participants are at least 18 years old (or provide attachments of consent forms).	A consent to participate in the study will be imbedded in the first page of the survey tool. I will attach my survey tool. All participants will be over the age of 18.
Provide details on who will have access to research data and how you will protect the data.	Individuals with access to the data are myself (principal investigator), my statistician consultant (Dr. Shiva Ishani), and the Center for the Study of Ethical Development (owners of the survey tool)
Provide details on the questions or instruments used in your study (or provide attachments).	Will attach.
Provide information on any other organizations, agencies, or departments involved in the study.	N/A
Principal Investigator's signature.	*Graciela Way*

IRB Review	
Exempt from Review	
Approved without Conditions	V
Approved with Conditions	
IRB Chair Signature	████████████████████
Date	12/17/13

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APPENDIX I
IRB APPROVAL FROM STATE UNIVERSITY

Approval of Exempt Human Research

From: ██████ Institutional Review Board #1
FWA00000351, IRB00001138

To: Graciela Way

Date: December 16, 2015

Dear Researcher:

On 12/16/2015, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review:	Exempt Determination
Project Title:	MORAL JUDGMENT DEVELOPMENT OF STUDENT NURSES IN AN ASSOCIATE DEGREE IN NURSING PROGRAM
Investigator:	Graciela Way, Ed.D.
IRB Number:	SBE-15-11851
Funding Agency:	
Grant Title:	
Research ID:	N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of ███████████████████ IRB Chair, this letter is signed by:

██████████████████

Signature applied by ████████████ on 12/16/2015 04:17:25 PM EST

IRB Manager

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APPENDIX J
ETHICAL OBJECTIVES OF NURSING CURRICULUM

State College Course Number/Name	State College Ethical Objective(s)
NUR 1022C: Foundations of Nursing NUR 1060C: Health Assessment NUR 1210C: Basic Concepts of Medical-Surgical Nursing NUR 2520C: Concepts in Mental Health Nursing NUR 2423C Obstetrical Nursing NUR 2241C: Advanced Concepts of Medical-Surgical Nursing NUR 2251C: Complex Concepts of Medical-Surgical Nursing NUR 2943C: Practicum and Client Care Management	• Adhere to professional standards as defined by the Nurse Practice Act. • Discuss ethical legal, technology, and socio-cultural principles that impact health assessment. • Integrate ethical, legal, technology and socio-cultural principles into health assessment. • Understands the influence of personal and professional values on ethical decision-making. • Identify, describe, and begin to analyze moral/ethical and legal issues/dilemmas specific to mental health clients. • Gain an appreciation for the moral, ethical and legal issues that impact the care of the childbearing family. • Practice within the legal, ethical, and regulatory standards of professional nursing while caring for the childbearing family. • Demonstrates legal, ethical, and professional values. • Evaluate the delivery of health care systems based on legal, ethical and professional values. • Utilizes critical thinking skills and evidence-based information in making clinical judgments and management decisions to ensure accurate and safe care. • Practices nursing within the legal, ethical, and regulatory standards of professional nursing practice. • Participates in ongoing professional development that supports personal and professional growth. • Demonstrates accountability for nursing care.

State University Course Number/Name	State University Ethical Objective(s)
NUR 3065: Health Assessment	• Discuss ethical, legal, health policy, and socio-cultural factors that impact health assessment. • Integrate ethical, legal, health policy, and socio-cultural principles into health assessment.
NUR 3165: Nursing Research	• Discuss the elements of ethical conduct of research.
NUR 3616: Health Promotion Across the Lifespan	• Describe social, cultural, and ethical aspects of community health nursing practice.
NUR 3634: Community Health Nursing	• Describe social, cultural, and ethical aspects of community health nursing practice.
NUR3805: Dimensions of Professional Nursing Practice	• Demonstrate critical thinking in describing the relationships among culture, socioeconomic status, spirituality, law, ethics and professional nursing practice.
NUR 3806: Professional Socialization Seminar	• Integrate values clarification in decision-making process.
NUR 4637: Public Health Nursing	• Determine the social, cultural, political, economic, legal, ethical and spiritual factors that influence nursing care of at-risk aggregates.
NUR 4828: Nursing Leadership, Management & Role Transition	• Apply legal and ethical principles to common problems encountered in leadership roles.
NUR 4837 Health Care Issues, Policy & Economics	• Discuss the implications of culture, diversity, values, ethics, and the law for the development and implementation of healthcare.

APPENDIX K
PERMISSION TO REPRODUCE A TABLE

November 20, 2015

Lawrence Erlbaum Associates, Inc., Publishers
10 Industrial Avenue
Mahwah, New Jersey, 07430

To Whom it May Concern,

My name is Grace Way and I am a doctoral student at the University of Central Florida

who is presently working on a dissertation entitled "Moral Judgment Development of Student

Nurses in an Associate Degree in Nursing Program." During the course of my research, I located

two charts in an article entitled "Cheating in Academic Institutions: A Decade of Research by D.

McCabe, L. Trevino, and K. Butterfield, in the journal Ethics & Behavior, 11(3), 219-232. I

would like permission to reproduce Table 1, Self-Admitted Cheating-Summary Statistics on page

223 and Table 2, Self-Admitted Cheating-Summary Statistics, on page 224 of the article.

These tables would add a great deal to my dissertation and I wish to obtain written

permission to reproduce them in my dissertation. Thank you for your attention to this matter and

I look forward to hearing from you.

Grace Way

Grace Way
531 Eagle Circle
Casselberry, FL 32797
(321) 947-3461
wayg@knights.ucf.edu

permission to reproduce tables

Graciela Way

Wed 2/17/2016 7:35 PM

To dmccabe@andromeda.rutgers.edu <dmccabe@andromeda.rutgers.edu>;

Good evening Dr. McCabe,

My name is Grace Way and I am a doctoral students at the University of Central Florida currently working on her dissertation entitled *Moral Judgment Development of Student Nurses in an Associate Degree Program*. During the course of my literature review, I came across your article entitled *Cheating in Academic Institutions: A Decade of Research in Ethics & Behavior (2001), 11(3)*. I am asking for permission to reprint 2 tables in the article. The first one is on page 223 entitled *Self-Admitted Cheating-Summary Statistics*. The second table is on page 224 and is entitled *Self-Admitted Cheating-Summary Statistics (%)*.

These tables would add a great deal to my dissertation. Thank you for your consideration,

Grace Way

APPENDIX L
PERMISSION TO REPRODUCE A FIGURE

Good evening,

My name is Grace Way and I am a doctoral student at the University of Central Florida who is presently working on a dissertation entitled "Moral Judgment Development of Student Nurses in an Associate Degree in Nursing Program." I am in the dissertation proposal phase of my and will be obtaining the DIT-2 from the Center for the Study of Ethical Development very soon.

During the course of my research, I located a diagram on the internet in an article entitled "Norms for DIT-2 from 2005-2009" by Yangxue Dong that I retrieved from http://ethicaldevelopment.ua.edu/files/2014/03/Norms-for-DIT2.pdf. I would like to ask permission to reproduce the diagram on page 7 of this document in my dissertation, "Graph 1b-1, N2 score" This diagram would add a great deal to my dissertation and I wish to obtain written permission to reproduce the diagram. Thank you for your attention to this matter and I look forward to hearing from you.

Grace Way
531 Eagle Circle
Casselberry, FL 32707
(321) 947-3461
wayg@knights.ucf.edu

Inbox

You replied on 11/20/2015 7:31 PM.

Hi Grace,

I don't see why this would be a problem as long as you appropriately cite/give credit to Yangxue Dong and her manuscript.

Thanks!

Meghan

Center for the Study of Ethical Development
307 Carmichael Hall
BOX 870231
The University of Alabama
Tuscaloosa, AL 35487
www.ethicaldevelopment.ua.edu

APPENDIX M
PERMISSION TO REPRODUCE A FIGURE

November 20, 2015

Lawrence Erlbaum Associates, Inc., Publishers
10 Industrial Avenue
Mahwah, New Jersey, 07430

To Whom it May Concern,

My name is Grace Way and I am a doctoral student at the University of Central Florida who is presently working on a dissertation entitled "Moral Judgment Development of Student Nurses in an Associate Degree in Nursing Program." During the course of my research, I located a diagram on the Four Component Model of Morality by S. Thoma, on page 73 of the Handbook of Moral Development (2006) by M. Killen and J. Smetana (Eds.).

This diagram would add a great deal to my dissertation and I wish to obtain written permission to reproduce the diagram in my dissertation. Thank you for your attention to this matter and I look forward to hearing from you.

Grace Way

Grace Way
531 Eagle Circle
Casselberry, FL 32797
(321) 947-3461
wayg@knights.ucf.edu

Dr. S Thoma

Graciela Way

Good evening,

My name is Grace Way and I am a doctoral student at the University of Central Florida working on her dissertation. My dissertation is entitled the Moral Judgment Development of Student Nurses in an Associate Degree Program. While performing my literature review, I encountered a figure by Dr. Thoma in a textbook, Handbook of Moral Development, by Killen & Smetana (2006). Dr. Thoma had included a figure of the Four Component Model of Morality on page 73 of this book. As I am using the Defining Issues Test-2 in my research, the figure captured my interest. I am seeking permission to reproduce the figure.

I have been trying to contact Dr. Thoma through the publisher of the book without success. I would appreciate any assistance in contacting Dr. Thoma. The figure of the FCM would add a great deal to my dissertation. Thank you for your time.

Grace Way

Thoma, Steve <sthoma@ua.edu>

Grace,

This is the first I've heard of your request. I have no problem with you reproducing the figure in your dissertation. Please let me know if you require anything further and good luck with your work.

Best,

Steve Thoma
Educational Psychology
310 Carmichael Hall
University of Alabama
Tuscaloosa, AL 35487-0231
(205) 348-8146
(205) 348-0683 (FAX)
http://www.ethicaldevelopment.ua.edu/

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