

Ethics in Nursing Education from the Viewpoints of Turkish Nursing Educators*

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ABSTRACT The purpose of this study is to identify nursing educators' responsivity to the ethical principles in nursing education and the unethical instructor behaviours they have experienced or witnessed. This study, which is descriptive in nature, was conducted with 134 volunteer nursing educators who work in nursing schools providing education at both undergraduate and graduate levels in Turkey. The data were collected through a questionnaire and analysed using SPSS 15.0 package programming. Results were obtained using numbers, percentages, descriptive statistics, Chi-square test for the variables identified in census, dependent and independent t-test, and variance analysis for the measured variables. It was found that although the instructors participating in the study took ethical principles into consideration while doing their duty, they reported to have witnessed or experienced unethical instructor behaviours. Besides, the proportion of unethical behaviours that were witnessed by the participants was always higher than the ones that were experienced.

INTRODUCTION

The main purpose of education is to bring about desired attitudes-behaviours in individuals. Education has impacts on attitudes and behaviours, which makes its close relation with ethics quite natural and inevitable (Baglama and Demirok 2016). There are two important aspects in ethics-education relationship. On the one hand, ethical values, awareness, and responsivity of students are formed by the education they receive; on the other hand, educators worry about and struggle for making the education context and method, and the relationships in education settings appropriate/ideal. While the former is called "ethics education", the latter is referred as

"education ethics". Education ethics involves ethical behaviours and practices that should be followed in education settings. Ethical standards in relation to function of education should include all stages of the education process (Aktan 2009; Aydin 2001; Haynes 2002; Alp 2016).

Nursing education in Turkey consists of at least four years or 4600 hours of clinical and theoretical training following high school education. The duration of theoretical education is at least one-third of the total duration and that of clinical education is half of the total education (Regulations for the Identification of the Minimum Education Provisions for Doctorship, Nursing, Midwifery, Veterinary, Pharmacy, and Architecture Curriculum 2008; Law on the Amendments on Nursing Law 2007). Based on the 2012 statistical data, there is a total of 103 private and state nursing schools at undergraduate level, and 399 state and a vast number of private nursing health vocational high school in Turkey (Republic of Turkey Ministry of National Education 2012; Student Selection and Placement Centre [SSPC] 2012). According to the new legal regulations, by 2014 the graduates of nursing school at health vocational high school level will be given the titles assistant nurse (Law on the Amendment of Certain Laws

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and Decree Law on the Organization and Duties of the Ministry of Health and its Affiliates 2014).

Nursing education has unique theoretical and practice dimensions (Yangoz et al. 2017). The content and approach of nursing education do not resemble any other field, which makes it a special version of education ethics. The main principles of this special version include respect for autonomy, justice, avoiding discrimination, beneficence, not harming, fidelity, cooperation, confidentiality, and respect for privacy (Aydin 2001; Haynes 2002).

Beside their professional knowledge and skills, nursing educators who train nurses are expected to consider learning theories (Bozdogan 2004; Kilic 2004), ethical theories (Aydin 2001), code of ethics for nursing educators (Rosenkoetter and Milstead 2010), ethical principles in higher education (Sowunmi 2004), and code of ethics for nurses (Ethical Principles and Responsibilities for Nurses 2008) while conducting educational activities at school and in clinical settings.

Basic ethical values of nursing educators and the behaviours shaped by these values enable students to receive a more effective-efficient education and to improve their own values system as well as developing behaviour patterns (Haigh and Johnson 2007). In this respect, behaviours of nursing educators at school and in clinical settings are of great importance. The focus in nursing education is usually on teaching knowledge and skills; the appropriateness of instructor behaviours in terms of professional and educational ethics is usually neglected.

The role of the nurse educator is to be a mentor, a role model, an information provider, and someone who challenges students to think critically about their ethical decisions and the ethical concerns of others whom they encounter in professional practice (Rosenkoetter and Milstead 2010; Mostafa 2017).

There are numerous studies in relation to principles of education ethics and ethical behaviours conducted with students, teachers, and instructors at primary, secondary, high school, and university levels in Turkey (Altinkurt and Yilmaz 2011; Erdemir et al. 2004; Kurtulan 2007; Kutanis et al. 2005; Kucukkaraduman 2006; Uzunboylu and Selcuk 2016). Turkish education literature also includes several studies on nursing education conducted with students and nursing educators in clinical and school settings. These studies are associated with some con-

cerns which are indirectly related to nursing education such as student-instructor relationships, characteristics of instructors, expectations of students from instructors, teaching atmosphere, and student-instructor and clinician nurses relationships in clinical settings (Atasoy and Sututemiz 2014; Aydin and Argun 2010; Cinar et al. 2011; Karadag et al. 2013; Keceli and Arslan 2012; Khorshid et al. 2007; Kuzu et al. 2003; Ozbayir et al. 2003). The number of studies which is directly related to ethics of nursing education and ethics education in nursing is relatively fewer in number (Dinc and Gorgulu 2007; Gorgulu and Dinc 2007; Erdil and Korkmaz 2009). The world-related literature demonstrates that there are several studies about the ethics of nursing education focusing on both students and instructors in clinical and school settings (Baxter and Boblin 2007; Clark 2008; Clark and Springer 2007a, b; Haigh and Johnson 2007; McCabe 2009; Salminen et al. 2011; Stokes 2010; Eyikara and Baykara 2017).

Objectives

The purpose of this study is to identify nursing educators' responsiveness to the ethical principles in nursing education and the unethical instructor behaviours they have experienced or witnessed. The hypothesis, based on general observations and the related literature (Clark and Springer 2007a, b; Clark 2008; Fowler and Davis 2013) is that instructors would be well-intentioned about and responsive toward education ethics; however, due to lack of knowledge or poor working conditions, they may have some ethical violations in terms of their relationships with students. Findings of the present study are thus hoped to contribute to the development of an original data base and thereby guide instructors who work in nursing education institutions.

METHODOLOGY

Study Design

This study, which is descriptive in nature, was conducted in undergraduate nursing schools with a view to identifying the nursing educators' responsiveness to the ethical principles in nursing education and the unethical instructor behaviours they have experienced or witnessed.

Setting and Samples

Target population of the study is approximately 600 nursing educators (professor, associate professor, assistant professor, and lecturer) who work in 103 undergraduate nursing schools in Turkey (SSPC 2012). The participants of the study are 200 instructors who work in the total number of ten schools which provide education at both undergraduate and graduate levels. The notion of choosing universities at graduate level is that these schools are included in the most developed universities in Turkey, and the specialization and educational background of the nursing educators are better than those of in other nursing schools. Education of the nursing educators participating in the study ranges from undergraduate to graduate level. Official permission and ethics committee approval were obtained from the institutions; the study was then conducted with 134 nursing educators who volunteered to participate in the study and gave informed consent. The participation rate for the study was 67 percent.

Ethical Considerations

The study was approved by the Cukurova University, Medical Faculty Ethics Committee when it was at the project phase. The administrations of the schools where the study would be conducted were informed about the study, and in some schools the data collection form was evaluated in the ethics committee. Prospective participants were given detailed information about the study on the first page of the data collection form, and it was emphasized that participation was on voluntary basis.

Measurements/Instruments

The participants were administered a questionnaire prepared by the researchers in the light of observations and the related literature (Clark 2008; Clark and Springer 2007a, b; Fowler and Davis 2013). The questionnaire, piloted with 25 instructors and revised accordingly, was formed with the help of the views and contribution of the instructors specialized in the fields of nursing education, ethics, and statistics. The questionnaire included seven questions pertaining to personal information and 4 questions aiming to identify behaviours and perceptions of the participants concerning education ethics. The

forms were printed and sent to the participants via mail and collected back in the same way.

The questions in the personal information section aimed to find answers to the questions such as the schools the participants were working in, their age, education level, and doctorate programs they graduated from, years of experience in profession, clinical experience before starting teaching, academic titles, having received any courses on ethics or not, and if so the level of the course.

The second section of the questionnaire focused on questions about the ethics of nursing education. The participants were asked to identify the importance given to each of the different aspects of ethics, to state the ethical principles they used in relation to their patients, colleagues in the clinic and do the same priority evaluation for their interactions with students, the participants specified which different student definitions they prioritised and to what extent, and focused on the unethical behaviours witnessed (witnessing others do it) or experienced (done by themselves) at school and in clinical settings as well as the frequency of encountering these kinds of behaviours.

Data Analysis

The data were analysed using IBM SPSS Statistics Version 20.0. Results were obtained using numbers, percentages, descriptive statistics and chi-square test for the variables identified in census, dependent and independent t-test and variance analysis for the measured variables. The highest critical significance level was identified 0.05 for all the analyses.

Limitations of the Study

The present study was limited to 10 graduate level nursing schools which are linked to various health institutions in Turkey. The rationale behind considering doctorate education as a criterion is that it is an indicator of the sufficient number of instructors and institutional balance.

RESULTS

Descriptive findings showed that the average age of the participants all of whom were women is 40.6 ± 8.0 with a range of 26-65. Mean for years of experience in profession was 15.5 ± 8.2 with a range of 1 to 42. The percentage of those who had PhD degree was 83.6 percent

and 76.9 percent of the participants had clinical experience before teaching. It was also found that 37.3 percent of the participants were assistant professors, 89.6 percent received the course of ethics, and 51.7 percent received this course only in the undergraduate program.

The average scores of the participants for adoption level of certain definitions of ethics were 4.46 ± 1.09 for "ethics is professional morals"; 4.37 ± 1.17 for "ethics is morals"; 4.31 ± 1.14 for "ethics is a philosophy"; 3.63 ± 1.38 for "ethics is a series of rules" and 3.63 ± 1.45 for "ethics is the criterion for good and bad".

Table 1 displays the participants' adoption level of ethical principles in nursing education. The average score of the participants for adoption level of ethical principles regarding relations with their students were 4.94 ± 0.23 for abstaining from discrimination; 4.94 ± 0.23 for respecting privacy; 4.94 ± 0.26 for no harm; 4.93 ± 0.25 for being fair; 4.87 ± 0.37 for keeping secrets; 4.84 ± 0.39 for respecting autonomy; 4.86 ± 0.49 for providing benefit; 4.73 ± 0.57 for solidarity; 4.57 ± 0.78 for loyalty (Table 1).

Table 1: The participants' adoption level of ethical principles in nursing education (N: 134)

<i>Ethical principles</i>	<i>Mean$\pm$SD</i>
Avoiding discrimination	4.94 ± 0.23
Respect for privacy	4.94 ± 0.23
Not to harm	4.94 ± 0.26
Justice	4.93 ± 0.25
Confidentiality	4.87 ± 0.37
Respect for autonomy	4.84 ± 0.39
Beneficence	4.86 ± 0.49
Cooperation	4.73 ± 0.57
Fidelity	4.57 ± 0.78

Table 2 displays the participants' mean scores for the adoption of the ethical principles in their relationships with colleagues and patients. Mean scores for the adoption of the ethical principles in the participants' relationships with their students reveal that the most favoured item is "avoiding discrimination" (4.94 ± 0.23), and the least favoured one is "fidelity" (4.57 ± 0.78). Mean scores for the level of adaption of the ethical principles in their relationships with colleagues and patients show that the most frequently chosen item is "justice" (4.96 ± 0.20) while the least frequently chosen item is "fidelity" (4.53 ± 0.84). In the framework of the respect for autonomy principle, the participants were found to adopt their colleagues' autonomy more than that of their students; the difference between

Table 2: The participants' mean scores for the adoption of the ethical principles in their relationships with colleagues and patients (N: 134)

<i>Ethical principles</i>	<i>Interactions with students</i>	<i>Interactions with colleagues and patients</i>
	<i>M$\pm$SD</i>	<i>Mean $\pm$SD</i>
Avoiding discrimination	4.94 ± 0.23	4.94 ± 0.31
Respect for privacy	4.94 ± 0.23	4.93 ± 0.25
Not to harm	4.94 ± 0.26	4.92 ± 0.34
Justice	4.93 ± 0.25	4.96 ± 0.20
Secrecy	4.87 ± 0.37	4.89 ± 0.31
Respect for autonomy *	$4.84 \pm 0.39^*$	$4.91 \pm 0.28^*$
Beneficence	4.86 ± 0.49	4.86 ± 0.49
Cooperation	4.73 ± 0.57	4.63 ± 0.77
Fidelity	4.57 ± 0.78	4.53 ± 0.84

*The difference between the adopting levels is statistically significant ($p=0.032$), ($t=2.161$).

levels of adoption was found to be statistically significant ($p=0.032$), ($t=2.161$). It has been seen that participants more often adopted the principle of respect for autonomy in relation to their patients and colleagues.

Table 3 presents the frequency of how the participants perceive students. It was found that the participants consider/perceive their students as colleagues with 4.42 ± 0.96 , as guarantee of the future with 4.00 ± 1.30 , as friends with 2.76 ± 1.40 , as beginners with 2.70 ± 1.40 , as people in need of help with 2.25 ± 1.42 , as sons/daughters with 2.19 ± 1.36 , as siblings with 1.98 ± 1.24 and as people who can cause problems with 1.55 ± 0.96 (Table 3).

Table 3: Frequency of how the participants perceive students (N: 134)

<i>How the participants perceive students</i>	<i>Mean$\pm$SD</i>
A student is a colleague	4.42 ± 0.96
A student is guarantee of future	4.00 ± 1.30
A student is a friend	2.76 ± 1.40
A student is naive	2.70 ± 1.40
A student is a person who needs help	2.25 ± 1.42
A student is a son/daughter	2.19 ± 1.36
A student is a brother/sister	1.98 ± 1.24
A student is a person who may cause problems	1.55 ± 0.96

Table 3 demonstrates the distribution of unethical behaviours which are witnessed or experienced by themselves in school settings. Unethical behaviours witnessed by the participants the most were; 53.70 percent stated instructors

come to school late and leave early, 46.30 percent share private problems of students with other instructors, 36.60 percent offend students before the class, 6.00 percent share private information about other instructors with students, 1.50 percent punish students physically and 0.70 percent consume alcohol in the school (Table 4).

The distribution of unethical behaviours demonstrated by the participants themselves indicated that 32.80 percent come to school late and leave early, 18.70 percent share private problems of the students with other instructors and 11.20 percent sell books and similar materials to students. The behaviours that were demonstrated by the participants the least were; 1.50 percent come to class without sufficient preparation, 0.70 percent punish students physically and 0.70 percent accept expensive gifts from their students. It was also indicated that none of the participants pay special attention for children of their relatives or friends, discriminate based on financial status of the students, share private information of other instructors with students or drink in the school (Table 4).

Table 5 demonstrates the frequency of unethical behaviours which are witnessed or experienced by themselves in clinical settings. Unethical behaviours witnessed by the participants the most were; 63.40 percent witnessed other instructors examine students in the presence of a patient, 45.50 percent behave impatiently and intolerantly, 41 percent spend their times with other tasks rather than with students, while the behaviours witnessed the least were; 9.70 percent change the patient the students monitor very often, 5.20 percent share private information about students with clinic staff and 0.70 percent are not open to innovation (Table 5).

The distribution of unethical behaviours demonstrated by the participants themselves within clinical settings indicated that the most common behaviours were; 26.90 percent examine students in the presence of a patient, 23.10 percent behave impatiently, 11.90 percent talk to students sarcastically, while the least common behaviours were; 1.50 percent offend and humiliate students in the presence of hospital staff and patients,

Table 4: Frequency of unethical behaviours which are witnessed or experienced in school settings (N: 134)

<i>Unethical behaviours</i>	<i>Witnessed</i>		<i>Experienced</i>	
	<i>Frequency (f)</i>	<i>Percentage (%)</i>	<i>Frequency (f)</i>	<i>Percentage (%)</i>
Talking about other instructors in a negative way in class	40	29.90	7	5.20
Coming to the classroom without enough prior preparation	33	24.60	2	1.50
Insulting students in front of the class	49	36.60	4	3.00
Insulting students behind their back	42	31.30	5	3.70
Accepting expensive gifts given by students	9	6.70	1	0.70
Not allowing students to ask questions or to ask for repetition	27	20.10	5	3.70
Ethnic or religious discrimination	15	11.20	3	2.20
Telling a student's secrets, personal information and problems	14	10.40	3	2.20
Expressing, imposing, and propagandising political views in the classroom	14	10.40	4	3.00
Telling about the students' private problems to the instructors	62	46.30	25	18.70
Ignoring attempts to cheat.	20	14.90	6	4.50
Selling books and similar materials to students	42	31.30	15	11.20
Showing more interest to those who are successful	37	27.60	13	9.70
Showing less interest to those who are not successful	14	10.40	5	3.70
Coming late to the school or leaving early	72	53.70	44	32.80
Punishing students physically	2	1.50	1	0.70
Refusing inexpensive gifts given by students	12	9.00	12	9.00
Showing more interest to the children of relatives/friends	10	7.50	0	0.00
Financial discrimination	9	6.70	0	0.00
Telling about confidential information of instructors to students	8	6.00	0	0.00
Drinking alcohol at school	1	0.70	0	0.00

Table 5: Frequency of unethical behaviours which are witnessed or experienced in clinical settings (N: 134)

<i>Unethical behaviours</i>	<i>Witnessed</i>		<i>Experienced</i>	
	<i>Frequency (f)</i>	<i>Percentage (%)</i>	<i>Frequency (f)</i>	<i>Percentage (%)</i>
Not treating equally while evaluating students	31	23.10	1	0.70
Offending or insulting students in front of patients and hospital personnel	43	32.10	2	1.50
Remaining insensitive	47	35.10	4	3.00
Intolerance	61	45.50	10	7.50
Giving students duties that can be considered as chores	29	21.60	4	3.00
Remaining indifferent about the problems that are reflected to students	30	22.40	5	3.70
Using the time allocated for students doing some other things	55	41.00	12	9.00
Lack of education, supervision or guidance	49	36.60	12	9.00
Not informing students about the expected behaviours in clinical settings	27	20.10	6	4.50
Not understanding students' stress	49	36.60	13	9.70
Speaking sarcastically with students	54	40.30	16	11.90
Not informing students about the evaluation criteria	28	20.90	7	5.20
Testing students in front of patients	85	63.40	36	26.90
Not preventing students' being given duties that would not contribute to their education	40	29.90	12	9.00
Not keeping promises given to students	33	24.60	10	7.50
Impatience	61	45.50	31	23.10
Not creating an equal learning environment for all students	20	14.90	8	6.00
Telling the private information that belongs to students to the health personnel	7	5.20	3	2.20
Frequently changing the patients monitored by students	13	9.70	6	4.50
Frequently changing students' place of duty	15	11.20	10	7.50
Not being open to innovations	1	0.70	1	0.70

0.70 percent evaluate students unfairly and 0.70 percent are not open to innovation (Table 5).

DISCUSSION

Research findings encompass ethical aspect of the relationship between nursing educators and students at school or in clinical settings.

Although the participants were found to adopt all definitions of ethics, they mostly favoured "ethics is professional morality". This finding might be related to the fact that ethics concept and its topics are usually brought into question in nursing history and code of ethics courses in nursing schools (Dinc and Gorgulu 2002; Gorgulu and Dinc 2007). Besides, the participants' nursing identity might have been more prioritised than their instructor identity, which eventually caused them to perceive ethics as professional morality.

The participants were found to give importance to all ethical principles in relationship with

their students but attach more importance to avoiding discrimination, respect for privacy, and not harming principles (Table 1). While some studies (Kucukkaraduman 2006; Salminen et al. 2011) indicate that educators generally have the knowledge of ethical principles and behave accordingly, some other studies (Kurtulan 2007) reveal inadequate importance and priority given to these principles in practice.

Participants were found to give importance to all ethical principles in relationship with their colleagues and patients, but attach more importance to the principle of fairness (Table 2). There was a statistically significant difference between the level of adoption of the respect for autonomy principle in terms of the relationships with colleagues and patients ($p < 0.05$) and the relationships with students. This result shows that the instructors are not as sensitive about student autonomy as they are about the autonomy of their colleagues and patients. In other words, they create the impression of adopting a pater-

nalist approach toward their students (Aydin 2001). Respect for colleague autonomy is a value that has been preserved traditionally while respect for patient autonomy is an approach that comes into prominence in the framework of patient rights. It might be possible to think that student autonomy, which is excluded from these two frameworks, is relatively shown less respect due to traditional society structure, habitual sense of education, and perceiving students as children or adolescents whose autonomy is still thought to be open to discussion (Aydin 2001).

Participants of the present study generally perceive their students as colleagues and guarantee of future while they relatively refrain from defining them as people who may cause problems (Table 3). This finding shows that instructors develop a professional interaction in their relationships with their students. Perceiving students as colleagues will facilitate their being role models to their students, transferring the ethical and professional values they possess, and sharing their professional knowledge and skills. The behaviours demonstrated in line with this perception will help students feel that they are valuable as individuals and eventually develop self-esteem (Haigh and Johnson 2007; Sowunmi 2004).

Unethical instructor behaviours identified in studies conducted with students and instructors in nursing schools (Atasoy and Sututemiz 2014; Clark 2008; Clark and Springer 2007a, b; Cinar et al. 2011; Khorshid et al. 2007; Kuzu et al. 2003; Ozbayir et al. 2003; Stokes 2010) are parallel to the findings of the present study concerning the witnessed and experienced unethical instructor behaviours in school settings. Studies conducted with instructors, academicians, and students from diverse fields and levels indicate that educators demonstrated unethical instructor behaviours which are similar to the behaviours witnessed or experienced in this study (Table 4). The findings that female instructors are more careful about their behaviours than male instructors are similar to the results found by Kutanis et al. (2005).

It was found that the proportion of unethical instructor behaviours that were witnessed by the participants was always higher than the ones that were experienced (Table 4). This is considered to be resulted from the effect of the worries about social acceptance. On the other hand, an explanation based on the assumption that indi-

viduals can observe many other people and thus identify more problematic behaviours than they find in themselves seems to be more relevant (Kececi and Tasocak 2009).

The participants were found to have experienced or witnessed various unethical instructor behaviours while teaching in clinical settings (Table 5). Some indicators that confirm the proportion of negative behaviours experienced or witnessed in clinical settings are much higher than those at school include students' getting insufficient help from instructors in clinical settings, instructors' having problems about the system of clinics, their working system, number of students and having difficulties in communicating with students and other workers (Atasoy and Sututemiz 2014; Aydin and Argun 2010; Karadag et al. 2013).

Similar to the education at school, the percentage of unethical behaviours which were witnessed in clinical settings were higher than the percentage of those which were experienced (Table 5). Hence, it is possible to repeat the above mentioned explanations that are given in the framework of school environment. The finding which indicates that individuals tend to protect and hence evaluate themselves more positively than others are also parallel to the findings in other studies (Kececi and Tasocak 2009).

CONCLUSION

The participants adopt the definition of "ethics is professional morality", prioritise avoiding discrimination among their students more than other principles, give importance to the principle of being fair in their relationships with their colleagues, and seem to attach less importance to students' autonomy than they do to colleague and patient autonomy. They report to have witnessed or experienced numerous unethical instructor behaviours both at school and in clinical settings. However, the percentage of witnessing these kinds of behaviours was always higher than experiencing them.

Given these findings, it can be concluded that the participants prioritise fairness, tend to be paternalistic rather than respecting student autonomy, and despite being aware of unethical behaviours, they performed these behaviours from time to time. In accordance with the hypothesis of the study, it is concluded that the participants are responsive to education ethics

to some extent, but lacked theoretical knowledge and awareness of the issue.

RECOMMENDATIONS

Based on the results of the study, it could be appropriate to train nurses not only on nursing ethics but also on education ethics in the framework of the professional education programs and thereby to raise awareness of the potential responsiveness to the issue. An increase and variation in the research on nursing education ethics would contribute to the interest in the issue and form a base for the theoretical knowledge of well-intentioned research.

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