

CHAPTER 5

CONCLUSION AND RECOMMENDATION

This descriptive study was conducted to describe ethics education for nursing students in DIII programs in Central Java regarding nursing ethics course contents, teaching-learning methods and evaluation, teachers' background, students' characteristics, students' participation in ethical decision making of students.

Two hundred and forty seven nursing students and 14 ethics teacher respondents participated in this study from five programs in nursing. The students were recruited by using systematic random sampling. All 14 ethics teachers were included this study. Data were collected by self-report questionnaires including; Students' Characteristics Assessment (SCA), Teachers' Background Assessment (TBA), Ethics Contents and Learning Process Questionnaire (ECLPQ), and Ethical Decision Making Questionnaire (EDMQ). Data were analyzed using descriptive statistics. In this chapter, the topics are presented as follows:

1. Summary of Study Findings
2. Implications and Recommendations

1. Summary of Study Findings

In this study, the majority of students were female (74.1%). The age of the subjects ranged from 19 years to 25 years (mean = 21.25, SD = 1.21). Most of nursing students were Muslim (97.2%).

There were 14 ethics teachers in Health Polytechnic Semarang. The majority of the ethics teachers were female (71.4%). The age of teachers ranged from 25 years to 54 years. The religions of the teachers were Muslim (78.6%) and Protestant Christian (21.4%). All of them were married. Most of them had earned a bachelor degree. Among those who had a bachelor degree, six teachers had bachelor in nursing. Four of the 14 teachers had master's degree. One teacher earned Diploma III in nursing. Teaching experience in ethics ranged from one year to 13 years (mean = 5.21, SD = 4.25). Nine teachers had attended training or seminar related to ethics.

All nursing programs had two courses in ethics, 'Nursing Ethics' and 'General Ethics and Etiquette'. The topics of 'General Ethics and Etiquette' included definition and relationship between ethics and etiquette, theoretical basis of ethics, the functions of ethics in modern era, morals and religion, morals and law, basic theory of moral development, and basic theory of moral value. The topics of 'Nursing Ethics' were basic concepts and principles of ethics, code of ethics for nurses, patient's rights, informed consent, individual and professional values, ethics, morality and religion, ethics, morality and the law, ethics in caring for patients, and ethical dilemmas and ethical decision making.

All programs in this study integrated ethics contents into most practicum courses; Medical-Surgical Nursing Practicum, Maternity Nursing Practicum, Pediatric Nursing Practicum, and Mental Health Nursing Practicum. One out of five DIII programs integrated ethics contents into Gerontological Nursing Practicum because it was an elective course.

In theory courses, the methods of ethics teaching in 'Nursing Ethics' were lecture and discussion, which used by all DIII programs. Most nursing programs used PBL and case analysis, but seminar was rarely used. In 'General Ethics and Etiquette', all programs used lecture, followed by discussions and seminar. Whereas, the methods of evaluation in both 'Nursing Ethics' and 'General Ethics and Etiquette' courses were examination, report, class presentation, discussion, and seminar. In all programs 'examination' was always used to evaluate students in both 'Nursing Ethics' and 'General Ethics and Etiquette' courses.

In clinical courses, all five programs in this study performed clinical conference in practicum courses. All programs also conducted observation of ethical behaviors. Instructors and staff nurses were the persons who were involved in evaluating ethical behaviors in all five institutions. Two programs allowed nursing students to evaluate themselves.

Overall, nursing students in this study participated at high and moderate frequencies in all models of ethical decision making. Furthermore, nursing students participated more frequently in ethical decision making based on the patient-centered model (mean = 2.09, SD = .51) and bureaucratic-centered model (mean = 2.02, SD = .54) than on the physician-centered model (mean = 1.68, SD = .57).

2. Implications and Recommendations

Based on the findings of this study, the following implications can contribute to nursing education, nursing practice and the development of further research.

2.1 Nursing education

Ethics education ensures that students have a basic understanding of nursing ethics. Nurses who study ethics can increase their effectiveness as decision makers. Therefore, educational preparations should have a strong knowledge base in ethics and reaching a decision about ethical issues in practice. Considering that Islam is the predominant religion of the Indonesian population, it is recommended that nursing educators should address ethical issues regarding religious practices particularly Islamic teaching. Thus, nursing students will be more knowledgeable to make decisions ethically related to issues in such religious teaching.

One of most important factors that contribute to teaching ethics is teachers or faculty. The findings of this study indicated that some ethics teachers were not qualified. Ethics teachers should have expertise in ethics as well as in nursing, extended ethics knowledge theoretically by attending ethics trainings or seminars and practically by commitment to act ethically as a role model. It is recommended that ethics teachers are well-prepared before providing ethics teaching. Furthermore, it is recommended that ethics experts in nursing educational field should work together to conduct ethics a seminar periodically in order to adjust to current ethical issues. It would more advisable to present inter-disciplinary ethics experts or invite ethics experts from other countries.

2.2 Nursing practice

Complex clinical settings are increasingly common. Preparing professional nurses who are capable in ethical decision making and dealing with ethical dilemmas effectively in any situations is required. The findings of this study indicate

that nursing students did not have enough changes to participate in ethical decision making in various situations. Considering that nursing students were lacking in knowledge and authority and were under supervision, when the students become nurses, they must be prepared to deal with ethical dilemmas. It is recommended that continuing education be provided for nurses to develop skills in ethical decision making in order to increase the quality of nursing practice.

This results of this study showed that ‘consult with the team leader/instructor before providing any advice to patient’ and ‘advise the patient to ask the physician when patient asks about his/her illness’ were at high frequencies. These situations reflect that nursing students had limited knowledge about diseases and lacked authority in the clinical setting. Therefore, it is advisable for senior nurses, clinical instructor, and nurse educators in cooperation with other health care workers to establish ethics rounds in order to expose nursing students to the culture of clinical setting. An ethics round is an excellent strategy because they are interdisciplinary.

2.3 Nursing research

The research findings of this study provide baseline data that can be used as a reference for further research to determine proper teaching-learning methods and teachers’ qualifications in ethics, to assess factors related to ethical decision making, and to develop a model of ethics education aimed at improving ethical decision making skill of nursing students.

It is recommended to conduct further study in detail using qualitative study such as ‘how teachers observe ethical behavior of students as an evolution method’.