Impact of an Affective Teaching Intervention in Fostering the Development of Pre-Licensure Nursing Students’ Beliefs and Perceptions of Ethicality of Academic and Professional Misconduct

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Research Questions
• Can an affective teaching intervention that focuses on principles of integrity and moral reasoning impact development of beliefs and perceptions of ethicality towards academic and professional integrity?
• Does witnessed or experienced behaviors of misconduct impact student beliefs of ethicality of academic misconduct?
• What impact does demographics have on student perception of ethicality of misconduct?

Background
• Preventing academic misconduct does not model attributes of core value integrity
• Intentional classroom lessons allow students to practice ethical decision making
• Affective teaching strategies encourage expression of beliefs & values
• Non-punitive design fosters open discussion of academic and professional conduct
• Affective learning objectives focus on clinical judgement and critical thinking
• Application of ANA Code of Ethics & Standards of Practice serves as a guide
• Models expected core values and allows practice in moral decision-making

Methodology
• Quasi-experimental pre (N=65) & post (N=16) intervention study- pre-licensure BSN students
• Conceptual framework: James Rest (1994) Theory of Moral Development
• Class objectives: Krathwohl (1964) Affective Taxonomy (receiving & responding)
• Class content: principles of integrity, ANA Nursing Code of Ethics & Scope and Standards of Practice
• “Nursing Student Experiences and Perceptions of Academic and Professional Conduct Survey” modified version of McCrink’s (2008) tool
• Pretest survey and intervention 2nd semester juniors, posttest 1st semester seniors (same group)
• Lesson: classroom discussions, reflection, group work, case studies from student perspective, ‘grey’ areas – affective components addressed
• Lesson: addressed consequences & outcomes to decisions aligning to one or more components of moral development (sensitivity, character, judgement & motivation)

Findings
• Students with health care work experience believed professional misconduct as less unethical (or as more ethical)
• Students with healthcare worked experience perceived academic misconduct as less unethical (or as more ethical)
• Students enrolled part-time in school perceived witnessed or experienced professional misconduct as less unethical than FT students; mean rank for part-time students was 40.38 and for full time students was 29.14 (U = 203, p = .006).
• Positive correlation between beliefs of academic misconduct and perceptions of academic misconduct, r = .532, p < .001.
• Positive correlation between beliefs of academic misconduct and beliefs of professional misconduct, r = .376, p < .01
• As students found academic misconduct less unethical; perception of professional misconduct seen as less unethical r = .322, p < .05
• No significant comparative findings. Notably was the poor response rate for the post test related to COVID restrictions and delays in data collection

Implication to practice
• Discussion, reflection & case analysis can reveal disconnects and allow students to explore consequences and outcomes in non-punitive setting
• Base for developing strategies to assist students to develop expected behaviors and professional attributes – promotes affective learning
• Groundwork for application of value formation
• Innovative ways to teach and model core professional values within nursing curriculum

Limitations
• COVID pandemic impacted design & distribution of posttest
• Small posttest sample size
• Value acquisition is long term; short term study

Figure 1: Depiction of Rest’s Theory of Moral Development