

Nurse Educators' Lived Experiences
With Values Changes in Baccalaureate Nursing Education

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Abstract

Values education in nursing can be a highly emotional topic. Values in nursing education can be linked to general societal values at any given point in time. Values are transmitted by nursing educators and institutions not only consciously in the nursing curriculum, but also unconsciously in the hidden curriculum. Each year many registered nurses are disciplined by their state board of nursing for failure to act appropriately when confronted with values-based decisions. These disciplinary actions are costly in terms of monies spent on nurse preparation, prohibiting practice of individuals in an era of a shortage of nurses, and investigatory costs associated with disciplinary actions. Since moral reasoning is a function of nursing education, this pilot study attempts to identify the values consciously taught, unconsciously transmitted via the hidden curriculum, and changes that might be made after identification during the course of the career of baccalaureate program nurse educators at a major Midwestern university. These values were identified by the nursing educator's lived experience reflecting on the instructor's nursing education practice. Naturalistic Inquiry is the paradigm of this research. An emergent design was used during face-to-face interviews.

Keywords: values, nursing education, hidden curriculum, lived experience
nursing instructor values

Introduction

Introduction

Values can often be a contentious issue especially when linked with education. Piaget (1965) indicates that morality can be taught by using a constructionist methodology: allowing the individual to construct and reconstruct their concept of right and wrong from interactions within the environment they find themselves. Values influence how a person will perceive and act (Thorpe & Loo, 2003).

Kohlberg (1971) indicates that values can be taught but must not be taught traditionally, which relies on the definition of values becoming which values are worthy of internalizing. Teachers then impose absolute values based on their personal beliefs rather than presenting that students may hold various values with the major value being the holding of clear views and acting congruently with those views.

Statement of the Problem

Over decades, social values have changed from those of the general broader public good to those of more specific individual oriented good (Rassin, 2008). Relating this change back to Kohlberg (1971), teachers of the traditional teaching of values are influenced heavily by those values changes that have taken place in general society. Since teachers of values clarification allow students to construct values from interaction with the environment, these students also are heavily influenced by those values present in the social environment with which they interact. Values education is an obligatory element in nursing education (Neumann & Forsythe, 2008; Vezeau, 2006).

Students, including nursing students, learn values from a conscious effort resulting from the teaching of values and/or transmission via the hidden curriculum. The

conscious effort to teach values occurs within the affective domain of learning. The affective domain includes the teaching of attitudes, beliefs, and feelings (Neumann & Forsythe, 2008 citing Billings & Halstead, 2009). Teachers often avoid teaching in the affective domain because it is less concrete and frankly takes more planning time than teaching in the cognitive domain. Because nurse educators live in various subcultures and social structures, it is difficult to teach an agreed upon set of values (Eddy, 1994; Thorpe & Loo, 2003). Moreover, values education in a nursing preparation program tends to occur in a random manner (Vezeau, 2006).

Over 5,000 nurses are disciplined from their Boards of Nursing each year (AJN, 2000). It is reasonable to assume that these disciplinary actions of misconduct are due in some part to values that have failed to be learned by as a student nurse or that the nurse has chosen to violate indicating a failure by the instructor or institution to transmit this value with the appropriate importance.

In Minnesota, the State Board of Nursing has reported that there are currently 102,975 nurses practicing in the state. Currently, 1974 of those nurses have disciplinary actions attached to their licenses (Minnesota, 2008). Although this figure only represents two percent of licenses that are encumbered, further examination of the cost of educating a nurse both by the nurse and the state or private foundation quickly becomes noticeable. Baccalaureate preparation nurses currently pay 33% of the cost of a nursing education, with the state providing the other 67%. In real terms this means that at the current rate of \$305.20 per credit yields a state contribution/private contribution of \$144,841,855.00 for nurses with encumbered licenses. It is recognized that not all nurses have become licensed at the baccalaureate level or at state institutions of higher education but this

figure represents an attempt to quantify the cost of nurses with encumbered licenses by estimation and may be used as a comparison figure for future studies.

Since instructors and institutions have been linked as agents of either conscious transmission or transmission of values via the hidden curriculum and instructors and institutions are influenced by the change in social values in this transmission, an identification of changing values by an instructor becomes linked to the changes in values that a student nurse is exposed to and subsequently internalizes as his or her own. Interestingly, Martin (2003) notes that neither baccalaureate nor associate degree nursing graduates understand professional values. This statement would indicate a reevaluation of all nursing preparation curricula is necessary.

Conceptual Framework

The conceptual framework for this research is that of a three-legged stool. In a functional well-developed nursing preparation curriculum, the first leg represents the concept that values cause a nurse to act both professionally and personally. The second leg represents the concept that values can be taught and learned. The third leg represents the concept that nurses actually understand and can implement the values in their practice. The seat of the stool as a represents the curriculum with the individual nursing student seated upon it, thereby being supported by the seat and its three legs.

Research Questions

This study addressed the following research questions:

- 1. What is the lived experience of conscious and unconscious values transmission in nursing courses by nurse educators at the baccalaureate preparation level?*

2. *Has the identification of values transmission changed the manner in which the baccalaureate nurse educator would have taught values?*

The significance of this pilot study was to first identify what values are actively taught, transmitted via the hidden curriculum, as experienced by baccalaureate nurse educators. Secondly, once those values have been identified and categorized as to occurrence within nursing education, transferring values from the hidden curriculum to that of the nursing curriculum while at the same time eliminating untoward values occurring in the hidden curriculum. Once nursing educators have made a conscious effort to actively teach specific values, students then may have a better chance of internalizing those values, thereby leading to fewer disciplinary actions on the part of state boards of nursing. In this manner the number of competent nurses will increase and the cost of education nurses per capita will decrease.

Hypothesis Statement

This qualitative research assumes no hypothesis *a priori*, but rather used the naturalistic inquiry process to discover such a statement from within the research process.

Definition of Terms

The following terms with their operational definitions were used throughout the study:

Emergent design - The research design that emerges from the interaction of purposive sampling, inductive reasoning, and development of theory. Emergent design guides the direction of the study until resources have expired (Taft, p. 31).

Values - Enduring beliefs that are shared by a community of persons.

Values Transmission – The conscious or unconscious conveying of values from the community of persons to an individual or group of persons.

Literature Review

Introduction

There has been remarkably little written about nursing educator values. Fortunately, research studies have been completed in the fields of post-secondary education, K-12 education, and medical education that can be readily generalized to nursing education. As such, studies from nursing, education, and medicine are included in this literature review.

Factors That Influence Human Behaviors

The vast majority of research about values and nursing concerns society valuing nursing as a profession rather than values within a nursing preparation program. Some research has been reported on the topic of values of nursing students and little research has been reported regarding values transmission within the context of nursing education. This review of the literature will consist of general theories of values, the conscious transmission of values, the hidden curriculum, and transmission of values specific to nursing education.

Piaget (1965) and Kohlberg (1971) have demonstrated that values can indeed be taught and learned. However there are specific values that are applicable to nursing that may have not been considered in these theories.

Gilligan (1982) notes that Kohlberg conducted his research only with male subjects and therefore adds to Kohlberg's morality of justice (not to treat others unfairly) by proposing the morality of caring (not to turn away from someone in need of care.) This dichotomy remains with nursing today in terms of treating persons justly meaning equally and treating persons fairly meaning according to the individual's need.

Furthermore, Gilligan (1982) suggests that males tend to act within the morality of justice while females tend to act within the morality of caring. Since nursing is primarily a female profession, it is reasonable to extrapolate these moralities to place nursing within the morality of caring as a guiding force. This extrapolation may no longer be true however, since this concept has not been studied recently to reflect the new realities of social values change and changes within nursing. In today's era, it may be found that both males and females reason from both justice and caring moralities. Thus, since values can be taught, it would behoove the developers of nursing curricula to develop moral reasoning strategies from both justice and caring as moral guiding principles.

Conscious Transmission of Values

Raya (1990) supports the concept that values can be taught in a paper where she asks the reader to consider whether knowledge can be taught and values ignored simultaneously. She concludes:

Values, when transmitted by teachers of all subjects within the educational structures of the university, can increase the students' respect for truth, for the worth and rights of other persons, his appreciation of his own worth, assets and limitations, his love of wisdom and desire to serve humanity, his outlook about man's position in the world and his inquiring mind in order to discover higher perspectives of life. (p. 504)

Relating this concept specifically to nursing education the author continues:

Only in this way does university become a worthy center of *paideia* [a Greek term used to describe the ideal education] for educating nurses committed and aspiring to provide holistic, personalized, quality care to people, as well as to determine the shape of the future of nursing education in the midst of our technological, computerized and some would say dehumanized era, propelling itself into the twenty-first century. (Raya, 1990, p. 508)

The Hidden Curriculum

There remains another manner in which values are transmitted for educator to student: the hidden curriculum. The hidden curriculum represents summation of values that are transmitted but not consciously taught in a given course of study or individual course.

The hidden curriculum may represent those values that a particular instructor or individual institution, possesses as well as those of a subset group of the profession. Individual instructors may possess a value of service, which is then transmitted to students unconsciously. While another instructor possesses the value of collective bargaining and unconsciously transmits to the students that it is their right to take all benefits that have been negotiated, thereby the former putting the patient first and the latter putting the nurse first. It is difficult to identify and label values transmitted via the hidden curriculum because the instructor or institution may not be aware that these are even extant much less being transmitted (Allan, Smith, & O'Driscoll, 2011; Thorpe & Loo, 2003).

Bergenhoege (1987 citing Illich, 1971; Fitzmaurice, 2010) concludes that the hidden curriculum occurs in all forms of institutional education. Recent studies in the discipline of medicine and education do yield results that can be applied to nursing (Puliyel, Puliyel, & Puliyel, 1999).

Examining the hidden curriculum as a function of the institution, one can see that there is a discrepancy between emphasized stated values and transmitted values (Haynes, 1999). In 2005 Lowen et al. (2007) surveyed 134 medical school associate deans in the U. S. and Canada on the topic of teaching caring attitudes in their respective

undergraduate medical programs. Receiving 73 responses out of the requested 134, the authors conclude that although caring was valued by the curriculum leaders, “35 % thought caring attitudes was less emphasized than scientific knowledge” (p. 1514).

If this is applied to nursing it could be argued that there are some instructors in some schools of nursing that emphasize scientific knowledge teaching over the teaching of the caring attitude. This view is problematic as nursing is a caring profession.

Using the Approaches to Teaching Inventory (ATI), Prosser and Trigwell (2006) studied responses from more than 1,000 teachers at the university level from 4 countries in various disciplines and years of experience in the physical sciences. After examining the literature, these authors described a “fundamental distinction between teacher oriented/content oriented perceptions and student centered/learning oriented conceptions” (Posner & Trigwell, 2006, p. 405). The implication for nursing education is that student expectations generally succumb to teacher expectations at the university level. Within the process of this submission, is precisely where tacit values can be transmitted.

Transmission of Values Specific to Nursing Education

Thorp and Loo (2003) studied the values profile of 152 nursing students and compared the results with 111 management students. Both populations were undergraduates. Using a *t-test* for the comparison statistic, these authors found that the nursing sample scored higher on the altruism subscale and lower on the Life Style; Advancement; Authority; Autonomy; Creativity; Economic; and Risk subscales than the management sample. These authors conclude that, “values compel individuals to be and to act both personally and professionally” (Thorpe & Loo, 2003, p. 88).

Considering the historical figures in nursing, Rassin (2008) states, “Nursing is a discipline rich in values.” (p. 614) and “Values are standards for living” (p. 614). Citing

Pask (2003), Rassin continues that "Today...there is a conflict between personal, professional, institutional and social values" (p. 615).

In his study of 323 Israeli nurses, the researcher asked the nurses about 36 personal values and 20 professional values. The author then asked the nurses to identify factors affecting the personal and professional values. The population studied was 82% women 18% men with half of the participants native born Israelis and approximately 38% born in the former Soviet Union and receiving their nursing education outside of Israel. While this demographic is quite usual in Israel, it is different from most nurse populations in the U. S. in so far as the ability to generalize may be limited.

Two different instruments were used to measure values. The first was the Rokeach Values Survey which measured nurses personal values and the second was a ranking of professional values present in the Israeli nurses' Code of Ethics (Rassin, 2008). Both the hierarchical scale and the values survey showed good reliability and validity when compared with other scales. The correlation between the scales was high.

Factors that affect values were identified as: culture, professional experience, education and professional training, and the effect of nursing experience. The results of this study demonstrated that there was a significant level of differences in 12 values ($P>0.05$) between Israeli born nurses and former Soviet born nurses. This result is important to this pilot study as it demonstrates that values differ between cultures and/or nursing education curricula.

Many instructors of nursing function from within a theory of caring. In most areas of the country, the monetary rewards for teaching nursing are not great compared to a new graduate's salary in a medical center. Yet instructors of nursing remain in the field

of nursing education for other reasons. One of them is intangible rewards. Many instructors take great pride in their passing down the profession and receive an internal, personal reward for doing just that. However, when one is not sure if the correct values are being transmitted or if any values are being transmitted to the nursing students, intrinsic rewards are not present and a sense of frustration may develop. This frustration may lead to avoidance of the teaching of nursing professional values. Students are then left on their own to accommodate these values into themselves. Judging from the number of encumbered licenses in a given year, some students do not internalize these values or choose to ignore them as not important.

Methodology

Overview

This qualitative research study employed interviews, field notes and triangulation with the latest accreditation study or self-study. After recording the interviews, coding and chunking was attempted to identify patterns of response by the participants to the interview questions. These patterns were chunked into categories. The researcher then attempted to build a theory with the chunked and re-chunked categories.

Research Design

The design of this pilot study was a naturalistic inquiry of the lived experience of three nurse educators in baccalaureate preparation programs. An emergent design was used to allow the researcher to modify the existing research plan if it could possibly yield more data specific to answering the research questions.

Professional Setting

The professional setting for this pilot study was a Midwestern state university baccalaureate nursing preparation program. This university had a Carnegie rating of research one (R-1). The nursing division employed 143 faculty members. Faculty in this case refers to school of nursing employees who have teaching and curriculum responsibilities and include those who are not tenured nor in a tenure-track position. Twelve percent of the faculty was male the remaining 88% was female. There were nine faculty members with the rank of professor. All of them were female. The school of nursing consisted of three content divisions: Adult and Gerontological Health, Child and Family Health and Population Health and Systems. The program enrolled 435 nursing students each year and provided both urban and suburban clinical experiences in teaching hospitals throughout the city and suburbs.

Participants

The population of this pilot study was three baccalaureate nursing program nurse educators who have been practicing as a nurse educator for at least 10 years. The sample size of this pilot study is three nurse educators. Purposive sampling was used. The sample was a convenience sample. Because this was pilot study, saturation was not attempted and snowballing was used to expedite the research process once the first participant was identified.

Data Collection and Analysis

The primary form of data collection was the interview with field notes. Each interview lasted approximately one hour. The researcher conducted the interviews and immediately after the interview created field notes adding contextual description factors to the responses. Responses to interview questions were collected and digitally recorded. Environmental factors, verbal and non-verbal behavior were collected. The researcher also tried to capture the voice tone quality, speech speed attributes and other description factors from the participants during the interview. A Livescribe® recording pen was used to synchronize the notes with the audio and the entire interview was transcribed. The transcribed interview was then coded using the Hyperresearch® computer software. The codes were assembled into chunks and a matrix was developed. The matrix was then analyzed and interpreted in light of the research questions and a report was written.

To analyze the data, the researcher transcribed the recorded interviews and synchronized the field notes with the interview. The actual analysis was performed within the computer program HyperResearch®. This program allowed the researcher to code, retrieve, chunk, build theories and analyze qualitative research data.

This researcher interpreted the results of the analysis to answer the research questions. For the first research question, *What is the lived experience of conscious and unconscious values transmission in nursing courses by nurse educators at the baccalaureate preparation level?*, this researcher expected to find that there will be a similarity of participant statements relating to the institutional and written curriculum values taught that were also present in the self-study.

For the second research question, *Has the identification of values transmission changed the manner in which the baccalaureate nurse educator would have taught values?*

This researcher expected varied responses that exist on a continuum from “No, I teach the way I teach and this makes no difference.” to “I wasn’t aware and I will have to make some changes as a result of this new information.” These interpretations may have indicated a need for some changes in the way nurse educators are educated to assure that they are exposed to these concepts and what may happen if they are not addressed.

Description of Instruments

The researcher used a verbal guiding questionnaire (see Appendix B). This interview questionnaire served only as a guide and follow-up questions determined by emergent design always keeping in mind the research questions.

There were three techniques used. The interviews were recorded to provide a permanent record of the content. Field notes were assembled immediately after each interview. The Essentials of Baccalaureate Education for professional nursing practice document was used as it was the theory within which the program was developed.

Results

Overview

The participants were cooperative and responded well to the interview questions and the follow-up questions. Interviews were held in the participants' offices. Interviews were transcribed by the researcher and each transcription was coded with using the following codes: awareness of other faculty values, educator values, evolution of instructor, evolution of students, institutional values, prediction of disciplinary action against license, professional values, sources of values student values, and the values teaching process. The original code self-awareness of values was eliminated because only one participant alluded to it albeit in a quite oblique way.

Data Analysis

After assembling the codes by participant, each code was assigned to the transcribed text of the interview. The frequency of each assigned code was tallied by participant (see Table 1, p. 30). The mean and standard deviation were calculated on the total frequency of codes assigned (see Table 2, p. 31). The mean represents the mean number of coded responses assigned a particular code for all participants. In this manner a comparison of the average responses by coded category could be obtained. The standard deviation was calculated to see how near the frequency of coded utterances were to the other participants. Those categories with standard deviations less than 4.0 were deemed to be in a reasonable range and therefore meaningful since all three participants had a closer frequency of coded utterances in that category, while those standard deviations greater than 4.0 were deemed to be less related and less meaningful.

Individual responses by participant were compiled and analyzed to answer the research questions.

Results and Interpretation

The following research questions were answered:

1. *What is the lived experience of conscious and unconscious values transmission in nursing courses by nurse educators at the baccalaureate preparation level?*

The lived experience of conscious values transmission in nursing courses by nurse educators at the baccalaureate was found. The lived experience of unconscious values transmission in nursing courses by nurse educators at the baccalaureate level was not found.

2. *Has the identification of values transmission changed the manner in which the baccalaureate nurse educator would have taught values?*

The identification of values only changed the manner in which the baccalaureate nurse educator would have taught values for one participant and in the case where it forced the nurse educator to clarify the educator's own values as a result of the identification in a clinical experience.

Triangulation

Although the research plan called for triangulation of results with the latest self-study or accreditation study. It was not possible to examine either of these documents. Since each participant stated that a source of the values in the curriculum was the Essentials of Baccalaureate Education for Professional Nursing document, and that this document was used as the accreditation guide, the results were triangulated with this document for ease of location.

Specifically, the Essentials of Baccalaureate Education for Professional Nursing document requires a nursing curriculum to “Engage in ethical reasoning and actions to provide leadership in promoting advocacy, collaboration, and social justice as a socially responsible citizen (AACN, 2008, p. 12). In addition, the document requires that the curriculum provide for a student to learn to “Value the ideal of lifelong learning to support excellence in nursing practice (AACN, 2008, p. 12). In Essential VII, the document requires a program to provide the following five values which are extant in a caring, professional nurse: altruism, autonomy, human dignity, integrity and social justice (AACN, 2008, p. 27).

The participants all mentioned the five professional values in the Essentials document as well as the goal of lifelong learning. Since the results triangulated with this document, the researcher supported the use of the Essentials document as a substitute for the self-study.

Table 1

Code Frequency by Participant

<u>Code</u>	<u>Participant 1</u>	<u>Participant 2</u>	<u>Participant 3</u>
Awareness of other faculty values	1	1	5
Educator values	18	6	19
Evolution of instructor	18	2	5
Evolution of students	0	1	5
Institutional values	6	6	13
Prediction of disciplinary action	3	6	5
Professional values	8	10	5
Source of values	3	6	7
Student values	0	6	3
<u>Values teaching process</u>	<u>7</u>	<u>18</u>	<u>14</u>

Table 2

Combined Codes: Mean and Standard Deviations for All Participants

<u>Code</u>	<u>TOTAL</u>	<u>M</u>	<u>SD</u>
Awareness of other faculty values	7	1.75	2.21
Educator values	43	10.75	9.287
Evolution of instructor	25	6.25	8.098
Evolution of students	6	1.5	2.38
Institutional values	25	6.25	5.315
Prediction of disciplinary action	14	3.5	2.646
Professional values	23	5.75	4.349
Source of values	16	4.0	3.162
Student values	9	2.25	2.872
Values teaching process	39	9.75	7.932

Discussion and Conclusions

Discussion

The frequency of responses organized into the coding categories varied widely. Considering the mean and standard deviation of frequency of response by category, the data show that the categories of Awareness of Faculty Values, Evolution of Students, Prediction of Disciplinary Action, Source of Values, and Student Values yielded coding rates that were closer in number than those of Educator Values, Evolution of Instructor, Institutional Values, Professional Values and Values Teaching Process. These descriptive statistics showed the propensity of one or two of the participants to speak at length, citing more examples than the third within a category. This could be interpreted to mean that each participant had their favorite category in which to address, resulting in the higher standard deviations from the mean, while all participants giving approximately the same number of examples in other categories as noted by the lower standard deviation from the mean. This could mean that those categories with lower standard deviations from the mean resulted in a formed pattern with regard to all three participants.

Awareness of other faculty values. Each of the three participants noted that they were aware of other faculty values. Most of the responses were coded to the negative. This coding reveals that the participants' are most likely aware of other faculty members' values when they are different from their own. A recurring theme was that other faculty members take shortcuts, indicating that those faculty are held in lower esteem than those who have similar values. This values difference could create conflict within a committee and move the focus from excellence in care for students to a more divisive side –taking behavior which limits the overall functioning of the committee.

Educator values. The most common response coded as educator values was the value of excellence. This value applied to students, instructors and researchers. There is an expectation that students will receive excellent instruction to become excellent care providers and researchers. A commonality such as excellence makes the faculty more cohesive in goal and expectation setting for students.

Evolution of instructor. All three participants agreed that there was an evolution of instructor development that was based on prior experience, interpersonal communication skills, rich experiences in several nursing roles, and taking those lessons from one situation and applying them to another and thus building and internalizing the concepts of those said lessons. The responses all started with the participants as a staff nurse, beginning educator, researcher, developing into expert instructor. It is possible to plot where an instructor is on a continuum from novice to expert. The participants noted that the movement from concrete educator of content to a more holistic experiential approach occurred over their individual careers.

Evolution of students. Just as instructors develop and evolve, so do students. The participants viewed their instruction in a widening horizons type of curriculum design. First the student considers self, then others, then the unit they are working on, then the institution and then the larger context of the world. Nursing education does not occur in a vacuum but rather as an organism responding to changes in the internal environment of the student as well as the external environment of the student. The participants viewed themselves as facilitator of just that experiential learning.

Institutional values. The participants identified that rich experience with institutional values whether as a staff nurse or a professor coupled with the quality of

values from “don’t break the rules“ to “values are best left to the individual because there is no ultimate source of values.” The participants felt that these experiences helped them clarify their own values as well as consciously decide which values to teach. Even when there was a conflict between the participant and the institutional value it was viewed as a positive growth experience.

Prediction of disciplinary action against license. The participants unanimously agreed strongly that there was no ability to predict future encumbrances on a student’s license. The major reasons stated were that students are a product of their home, individual, and community values and there isn’t one set of identifying factors that could be assessed prior to acceptance in the baccalaureate nursing program. Even still, each participant stated the necessity of completing a written essay as part of the admission experience.

Professional values. Each participant stated that they learned professional values of altruism, autonomy, integrity, human dignity and social justice in their own preparation program. These values were not cemented into place until the participant became a staff nurse and widened the scope of visualization of values applying universally rather than singularly.

Source of values. All three participants stated that sources of values were self, co-workers, mentors, and faculty that the participant studied with. I was interesting that none of the participants noted that ethics courses they took were among the sources of values leading this author to believe that this may have been an oversight because the participants chose courses to teach where they would have influence over the teaching of

ethics and values. None of the participants identified an ultimate source of values but preferred to leave it in an area of individual development.

Student values. The participants identified the values of honesty and integrity when referring to student values. These references tended to be in the realm of cheating and plagiarism - those references which are not unique to nursing but appear in most disciplines. References to the honor code of the university and the expectation that it would be followed with regard to testing and writing was stated, but the participants admitted that in the on-line environment this was quite difficult to monitor and enforce.

Values teaching process. Each participant identified case study and scenario as the most effective way to identify an ethical dilemma, discuss how to deal with this dilemma in class, and how to empower nursing students to confront and resolve the dilemma when in their own practice. The participants felt that through guided discussion the student would learn how to handle an ethical dilemma.

Implications

There are three major implications for this study. The first is that the professors in a baccalaureate nursing preparation program should have rich values-laden experiences at the staff nurse level through the senior faculty level. In this manner, students will most likely be exposed to ethics and values education in the preferred delivery systems of case study, scenario and teachable moment instruction.

Second, the participants identified no values that they have taught unconsciously, which means that each gives either a considerable amount of thought to values and ethics during the planning and delivery phases of instruction. On the contrary, it could also mean that these three participants are simply unaware of how the hidden curriculum

works. This author believes the former because each of the three had such rich values-laden experience in their professional lives.

Third, the professoriate should not be held accountable for students who later have disciplinary action on their licenses as this pilot study clearly demonstrated that each participant found no commonalities among students who would have disciplinary action on their licenses after licensing nor would they admit to having any means of predicting such actions while the licensee was a student.

Limitations

There are several limitations to this pilot study. First, since saturation was not a goal of the research, any data should be interpreted with caution. In order to have a larger sample this author recommends a minimum of ten participants.

Second, all of the participants were currently teaching in the baccalaureate nursing preparation program, each continued to retain graduate school teaching or administrative appointments. This enhanced appointment, in itself, may account for the more global responses.

Third, each participant is a nationally and /or internationally known academic in the discipline and is well versed in research techniques that may account for the specificity and thoughtfulness of responses to the author's questions. Lastly, as with all qualitative research, care must be taken when generalizing the results of this pilot study. Insofar as the participants, setting, experience and notoriety are similar to another given situation, the results may be interpreted with confidence. However, the more varied this extant situation, the more caution must be taken with regard to generalizing the results.

Recommendations

Based upon the implications and limitations related to the study findings, the following recommendations are made:

1. To undertake this study with the intent of saturation. In this manner, one could be more certain that the results were more representative of the professoriate in baccalaureate programs as a whole.
2. New research should be undertaken to determine what the commonalities are extant among those nurses that have disciplinary actions attached to their licenses. In this manner, one could try to identify factors leading to the disciplinary action such as, prior substance abuse, the manner in which a nurse copes with the stressors of work, home, and family, and any personal deficits that may be present. Once these have been identified, a program within the nursing preparation program could be developed to help the nurse avoid factors that result in disciplinary actions.

Conclusions

Though this pilot study had a very small number of participants (n=3), the beginning development of a theory could be undertaken: If it is desirable for students to learn values and ethical professional behaviors, then it is best to have professors or instructors that have had rich values-laden experiences teaching those students. These professors or instructors will be able to draw upon their own rich experiences to make values and ethics real to students.

The second conclusion that this author has reached is that faculty members cannot be held accountable for students' future license encumbrances because they are simply not able to predict those factors while the student is in a baccalaureate nursing

preparation program. Until such factors are identified, the best option to screen students is a written essay that is evaluated by the department's admission committee.

Lastly, it is important for graduate level nursing programs to continue to teach ethics and values as well as applying those values to the curriculum so that conscious selection of values continues to be the norm for baccalaureate nursing preparation programs.

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