

EDUCATIONAL LEVEL AND MORAL
DEVELOPMENT OF INTENSIVE
CARE NURSES

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CHAPTER 1

INTRODUCTION

The growth of biomedical knowledge and changes in the patterns of demand for health services have led rapid and, hopefully, progressive changes in nursing. In addition to these changes, an increasing number of moral dilemmas arising from the advances in nursing and medicine has also affected the practice of nursing.

Intensive care nurses, in particular, are faced with such moral dilemmas as human experimentation, organ transplants, birth control, abortion, genetic engineering, and euthanasia at some time in their careers. Studies have shown that nurses are encountering difficulty in dealing with these moral dilemmas. According to Krawczyk and Kudzma (1978), it may be that nurses' professional curricula have not prepared the nurses for effectively dealing with moral dilemmas.

Mahon and Fowler (1979) stated the acquisition, development, and execution of judgments related to moral dilemmas are affected by the nurse's level of moral development. Kohlberg's (1973) theory of moral development advocated the stimulation of moral development in

educational settings. Fostering the level of moral development in education may increase the nurse's effectiveness in dealing with moral dilemmas in nursing practice.

The study of moral development in nursing stimulates thought in the direction of determining if there are differences between associate degree and baccalaureate degree nurses. Associate programs emphasize technical skill while baccalaureate programs emphasize theoretical knowledge (Michelmore, 1977). Despite differences in educational training, both types of nurses are expected to respond to a moral dilemma in the same manner in the intensive care setting. Therefore, the focus of a study to examine the level of moral development in associate degree and baccalaureate degree nurses is indicated.

Problem of Study

The problem of this study was:

Is there a relationship between the kind of basic education of nursing students and the level of moral development attained? Specifically, do intensive care nurses who have earned a baccalaureate degree in nursing have a different level of moral development than do intensive care nurses who have earned an associate degree in nursing?

Justification of the Problem

Issues in morality are concerned with all relationships in a human society and include the values of life, trust, deception, responsibility, and individual rights (Bull, 1969). Nursing is involved in issues of morality because of its intimate involvement with people. For this reason, nurses must be able to deal effectively with issues of morality. Moral awareness and reasoning are necessary for nurses to respond effectively to moral issues and the associated values (Munhall, 1980).

According to Rest (1975), moral reasoning levels are highly correlated with the level of education and the educational environment itself. Therefore, one of the goals of nursing education should be to stimulate autonomous moral development so the individual can engage in autonomous moral reasoning. The educational environment in nursing has been portrayed as rigid and authoritarian and it is said to reflect teaching styles that impart subservience and appeal to authority for approval (Group & Roberts, 1974). Research findings indicate that nursing students do not feel free to express opinions and that faculty fail to treat them as autonomous individuals (Stein, 1969).

Associate degree and baccalaureate degree nurses differ in educational preparation. Technical competency is the emphasis of associate degree programs, while theoretical knowledge is the emphasis of baccalaureate programs (Michelmores, 1977). In practice, little differentiation is made between baccalaureate and associate degree nurses. Both levels are expected to exhibit the same level of moral development despite educational differences.

College students are at a transitional period for moral development and theoretically are most vulnerable to upward change (Kohlberg, 1973). In a recent study by Mahon and Fowler (1979), two groups of 10 nursing students were studied relative to individual changes in moral development. The experimental group was exposed to planned specific moral content in a nursing rounds format and to ethical content in lectures. The control group was only exposed to ethical content in lectures. The experimental group had a significantly greater level of moral development as determined by Rest's (1974) Defining Issues Test. Mahon and Fowler (1979) agreed that these changes warranted continued investigation of moral development in nursing education and practice.

Munhall (1980) investigated the level of moral development among different levels of nursing students and the faculty in a baccalaureate program. The Defining Issues Test by Rest (1974) was used. Analysis of data revealed a significant difference in levels of moral reasoning between faculty and students, but a lack of significant difference between students representing the different academic years of nursing education.

Levine (1977) contended there is little in nursing education that prepares a nurse to be a perceptive witness to the moral issues that arise in practice. A study of 60 public health nurses and 60 hospital nurses by Murphy (1976) indicated that nurses in both of the environments were stabilized at the conventional level of moral reasoning. At this level, conformity to personal expectations, loyalty, and the maintenance of social order are important (Kohlberg, 1975).

Studies have shown that nurses as a group have not attained the uppermost levels of moral development. Greater emphasis is needed in stimulating a higher level of moral development in nursing. A study of graduate associate and baccalaureate degree nurses may determine

if the level of nursing education stimulates a higher level of moral development.

Theoretical Framework

The theoretical framework for this study was based on Kohlberg's stages of moral development. Kohlberg's theory has its most immediate conceptual foundations in the cognitive developmental theory of Piaget (1948). Kohlberg, like Piaget, viewed the development of moral reasoning as a progression through a sequence of stages.

Kohlberg (1968, 1973) theorized that moral development progresses through three levels entitled the pre-conventional, conventional, and postconventional levels. Additionally, each of these levels is subdivided into two numbered stages. An individual in the pre-conventional level is responsive to cultural rules and labels of good and bad, right or wrong. Interpretation of these labels is in terms of physical or pleasure seeking consequences or the physical power of authority figures. In the first stage of this level, the individual exhibits a punishment and obedience orientation. In terms of right and wrong, the individual believes right is that which avoids punishment. Thus, the individual obeys rules to avoid the physical consequences of action.

In stage two of the preconventional level, an instrumental relativist orientation is present. Right action consists of that which instrumentally satisfies one's own needs and occasionally the needs of others. Elements of fairness and reciprocity are present, but they are always interpreted in a physically pragmatic way. In both stages, right and wrong are determined by the fear of physical consequences and of the power exerted by those in authority. Stage one is directed toward avoidance of punishment while stage two involves personal gain.

The conventional level of moral development involves maintaining the expectations of the individual's family, group, or nation regardless of immediate and obvious consequences. The attitudes of this level are ones of conformity and loyalty to personal expectations and social order. The individual actively maintains, supports, and justifies the order and identifies with the persons involved in it.

Stages three and four represent the conventional level of moral development. In stage three, the interpersonal concordance of "good boy--nice girl" orientation is present. Good behavior is that which pleases or

helps others and is approved by them. Right coincides with the individual seeking acceptance and approval from peer groups by conforming to stereotypical images. The "law and order" orientation constitutes stage four. Whereas stage three involves conformity to persona, stage four is dominated by conformity to civil or moral rules, and maintenance of law and social order. Respect for authority and conformity to rules established by organizations or institutions with which the person is affiliated are also included in stage four.

The third or postconventional level involves a clear effort to define moral values and principles that have application and validity separate from group norms and authority. The fifth and sixth stages fall into the postconventional level of moral development. Stage five is the social contract stage in which the individual views the law as a binding code of behavior. In this stage the individual believes the law has content that can be changed by the will of the majority when necessary for utilitarian, rational, or updating purposes.

Stage six involves the universal ethical principle orientation. At this stage moral reasoning is based on decisions of conscience made in accordance with self-chosen ethical principles that supersede the demands of

law and social agreements when conflict exists. The individual in this stage is committed to the principles of justice, reciprocity, equality of human rights, and respect for the dignity of human beings as individual persons.

The sequence of Kohlberg's stages of moral development remain constant, because each stage is derived from a prior stage and prepares the individual for a subsequent stage. The process moves only forward and no stage is missed. The amount of time required for an individual to progress through each stage may vary.

Kohlberg (1973) believed an individual's moral reasoning process is a function of the dynamic interaction between an individual's internal cognitive structure and his external environment. Kohlberg stated that individuals cannot be taught internalized principles of moral judgments. According to Kohlberg, moral reasoning can be facilitated through experiences that stimulate cognitive conflict and allow for role taking opportunities. This is achieved through participation in courses that focus on moral discussion in which the student offers his own solutions and listens to those offered by others (Kohlberg, 1975).

Assumptions

The following assumptions were made for this investigation:

1. The level of moral development is measurable.
2. The level of moral development is affected by the external environment.
3. Progression to a higher level of moral development can be facilitated.

Hypothesis

The following hypothesis was formulated for this study:

There will be no difference in the level of moral development as determined by scores on the Defining Issues Test of intensive care nurses who are baccalaureate prepared nurses and intensive care nurses who are associate degree prepared.

Definition of Terms

For purposes of this investigation, the following terms were defined:

1. Moral development--a typological scheme describing general structures and forms of moral thought. Kohlberg's stages of moral development consist of three

distinct levels with two related stages in each level. Scores on the Defining Issues Test measure the level of moral development.

2. Baccalaureate prepared nurse--a registered nurse who has graduated from an upper level collegiate program and holds a Bachelor of Science degree in nursing.

3. Associate degree nurse--a registered nurse who has graduated from a community college program and holds an associate degree in nursing.

4. Intensive care nurse--a registered nurse employed in a hospital's intensive care unit.

Limitations

The limitations of this investigation were as follows:

1. The study was limited to one type of working environment. This prevents generalizability to nurses working in other environments.

2. The study sample was limited to females, thus preventing generalization to a male population.

3. The subject's previous experiences in dealing with moral dilemmas were not known.

4. The sample was not randomly selected, thus preventing generalizability to the total population.

Summary

This descriptive study examined the relationship between educational preparation and the level of moral development attained. Justification for the study has been provided as well as a discussion of the theoretical framework on which the study was based. Assumptions, the formulated hypothesis, definition of pertinent terms, and limitations of the investigation have also been presented.

CHAPTER 2

REVIEW OF LITERATURE

Before investigating the relationship between moral development and educational level, a review of the literature was conducted. The review included relevant research and current thinking related to this subject. Areas of discussion include the following: (a) theoretical foundations of moral development, (b) moral development and higher education, (c) moral development and nursing, and (d) baccalaureate and associate degree nursing.

Theoretical Foundations of Moral Development

The concept of moral development and moral education was first addressed by John Dewey (cited in Kohlberg, 1975). Dewey believed the aim of education should be growth and development, not only intellectually but morally as well. Dewey theorized three levels of moral development including the premoral or preconventional level, the conventional level, and the autonomous level. The premoral or preconventional level deals with behavior motivated by biological and social impulses with implications for morals. The conventional level of behavior

involves the individual accepting with little critical reflection the standards of his/her group. Conduct guided by the individual thinking and judging for himself/herself whether a purpose is good and personal acceptance of group standards only after personal reflection constitutes the autonomous stage (Dewey, cited in Kohlberg, 1975).

Building upon Dewey's work, Piaget made the first attempt to define stages of moral reasoning in children. Through the use of interviews and observations of children, Piaget (1948) constructed the first stage in which the child has no sense of obligation to rules. The second or heteronomous stage involves obeying rules for fear of punishment. In the last stage or autonomous stage the child follows rules freely and expresses mutual rights and obligations (Piaget, 1948).

Kohlberg (1975) used the ideas of Dewey and the work of Piaget to develop his theory of moral development. Over a 20 year period, Kohlberg redefined and validated the six stages of moral development in longitudinal and cross-cultural studies. Kohlberg focused on a person's reasoning by suggesting that reasoning

about the choice and not the choice itself, reveals the structure of the person's moral judgment.

Moral Development and Higher Education

Historically, one of the primary functions of higher education was the enhancement of moral development. Colleges and universities were usually church-sponsored with a major emphasis on moral development and values clarification. The gradual decline in the relevance of moral development in education was brought about by the increasing concern for separation of church and state. Presently, the literature suggests a growing concern and resurgence of interest in moral development among college educators. The literature identified three major means by which colleges and universities may influence the moral development of students. These are through curriculum content, form of instruction, and the role of the teacher.

Trow (1976) and Gross (1981) focused on the inclusion of literature in college curriculums as contributing to the enhancement of moral development. Literature, particularly the novel, extends a student's knowledge about alternative courses of action and consequences of

a choice that an exercise in moral judgment requires (Trow, 1976). Gross (1981) stated literature could serve as a vehicle for posing moral dilemmas. Students could be progressed through Kohlberg's stages by having them read characters and moral dilemmas in literature representative of each stage of moral development. Through small group discussions the students could be asked to seek solutions to moral problems posed in the literature. According to Gross, this could advance a student toward moral maturity by challenging students to think about the way in which decisions are made and to show most problems have more than one right or wrong answer.

Several researchers, including Kohlberg, viewed the method of instruction as the most important means by which to stimulate moral development. Kohlberg (1975) stated that moral development is stimulated if an environment's challenge is one stage above a person's present stage of moral development. Kohlberg believed in order to stimulate moral development, the educational environment should include the following: (a) role-taking and role-playing, (b) a diversity of student backgrounds and points of view that stimulate student

perspectives, (c) student-instructor decision making, and (d) keeping the focus of the class on reasoning.

Straub and Rogers (1978) designed, taught, and evaluated a combined English psychology course using Kohlberg's work on moral development as a frame of reference. The course taught at Ohio State University was titled "The Awakening Woman: Psychological Themes of Identity, Development, and Liberation through Literature." The investigators hypothesized that after being exposed to role-taking and playing, group discussion and participation, and emphasis on reasoning, the student would move toward higher stages of moral development and that self-reported attitudes toward women would become less traditional. The sample consisted of 14 students including 7 freshman, 3 sophomores, 2 juniors, and 2 seniors. The study's design was the pretest-posttest design using Rest's Defining Issues Test developed in 1974 and the Attitudes toward Women Scale by Spence and Helmlich as tools of measurement. The findings revealed a significant increase in the level of moral development among the college students particularly to stage five. The results also indicated an increasing awareness of women's issues and a decrease in the traditional attitudes toward women.

Yussen (1976) utilized role-playing as a means of probing a student's moral orientation. College and high school students ($n = 120$) were asked to respond three times to Rest's Defining Issues Test as the social role of self, average policeman, and average philosopher. College subjects had a significantly higher mean level of principled choices for self than for policemen and a significantly higher level for philosopher, than either self or policeman. At the ninth grade level, none of the differences between social roles was significant. Tenth and 12th graders had a significantly higher level of principled choices selected for philosopher than policemen. Twelfth graders also exhibited a higher level of principled choices for philosopher than for self.

Doris (1978) advocated the role of the teacher as an important determinant in enhancing a student's level of moral development. The teacher must possess a knowledge of the stages of moral development. Secondly, the teacher must be aware of the student's level of moral development by observing the reasoning of students in class discussion, and student-teacher talks, and by observing general classroom and social behavior.

Brown and Canon (1978) suggested caring confrontations by the teacher as a means of stimulating moral development. These authors suggested the teacher confront the student with his/her own perception that a particular personal act has moral and ethical dilemma content. In doing this, the teacher must value the student's right to decide and assert moral ethical positions that may differ from the teacher's. This caring behavior assists the student in fully exploring personal behavior, thus stimulating moral development.

Several authors cited the importance of higher education in enhancing moral development. Higher education provides additional time for an individual to make the transition from adolescence to adulthood (White, 1980). Kohlberg (1975) believed that movement from conventional to postconventional thought requires both the personal experiences of questioning and commitment and the kinds of stimulation to moral consideration that often occurs in college. Rest (1975) believed that moral judgment levels increase as people continue their education.

The previous discussion has focused on research related to higher education and moral development. The

literature reported curriculum content, method of instruction, and teacher role as important factors in the stimulation of moral development in higher education. Higher education was cited as instrumental in a student's development of moral judgment.

Moral Development and Nursing

The majority of research done to determine the relationship of moral development and nursing has focused on educational preparation or work environment and moral development level. The studies which have been done utilized Kohlberg's (1975) theory of moral development as the theoretical framework.

Munhall (1980) examined the levels of moral reasoning between baccalaureate nursing students representing the four academic years and between nursing students and nursing faculty in the same baccalaureate nursing program. A sample of 15 nursing students was administered Rest's Defining Issues Test. Findings indicated no significant differences among the four student groups, although there were significant differences between the students' and faculty's level of moral development. The students tended to be at the conventional level, while the faculty was at the postconventional level of moral reasoning.

Munhall stated that the findings revealed nursing schools offer an environment conducive to conventional level thinking. This author also suggested the inclusion of moral development theory in planning nursing curricula.

Krawczyk and Kudzma (1978) advocated the inclusion of dilemma discussion seminars and courses as a means of integrating moral development theory into nursing curricula. The dilemmas included in discussion seminars must meet the following criteria: (a) generate uncertainty about right and wrong, (b) contain content appropriate to the student's level of nursing knowledge, (c) have elements that are transferable to other situations, and (d) be a relatively common occurrence in nursing practice. The researchers also stated faculty and administrators of the nursing school must possess knowledge of the moral development theory.

Birdston (1979) met the preceding criteria when investigating whether intensive discussions of moral dilemmas that arise in the practice of nursing would facilitate moral principled reasoning in a group of freshman students in a baccalaureate nursing program. Students ($n = 69$) were pretested and posttested using Rest's (1974) Defining Issues Test and Crisham's (1981) Nursing Defining Issues Test. The subjects were enrolled

in a dilemma discussion course titled "Holistic Nursing" either in the fall or spring semesters. Findings revealed no significant increase in the level of moral development following the dilemma discussion course. The investigator suggested that the results were due to the limited time frame of two semesters in which the study was conducted.

The relationship between critical thinking, educational preparation, and the level of moral judgment was investigated by Ketefian (1981a). The sample consisted of 36 associate and diploma prepared nurses and 43 baccalaureate prepared nurses. The subjects were administered Rest's (1974) Defining Issues Test and the Watson-Glaser Critical Thinking Measure. Results indicated a positive relationship between critical thinking and moral reasoning ($p = .001$). Nurses who had professional education had more advanced levels of moral reasoning than those who had received technical nursing preparation, $F(1, 77) = 9.6, p < .01$. Lastly, critical thinking and educational preparation together would predict greater variance in moral judgment than either variable alone ($p = .01$). The higher the nurse's critical thinking, the higher the moral reasoning.

In a subsequent study by Ketefian (1981b), the relationship between moral reasoning and moral behavior in 79 practicing nurses was identified. The subjects were administered the Judgment about Nursing Decisions Test developed by Ketefian and the Defining Issues Test by Rest (1974). Moral reasoning was positively related to knowledge and valuation of ideal moral behavior ($p = .01$). Moral reasoning was also positively related to nurse's perception of realistic moral behavior. Ketefian contended that nurses must achieve a postconventional level of moral reasoning in order to enhance decision-making and achieve greater latitude and control over their own practice.

Murphy (1976) examined the effects of the working environment and position of authority on the moral reasoning of nurses. The participating 60 hospital nurses and 60 public health nurses were females with baccalaureate or higher degrees. The subjects were administered a moral judgment interview consisting of moral dilemma situations. Findings indicated no overall differences in levels of moral reasoning among nurses working in different types of environments and positions of authority. Data revealed that most of the sample was

stabilized at stages three and four of the conventional level of moral reasoning. Murphy stated that in order for the nurse to achieve postconventional thinking, the service agencies and hospitals must allow nurses to share in decision-making and institute courses in ethical reasoning through inservice education for nurses.

Crisham's (1981) findings supported the assertion that hospitals and service agencies have a profound effect on nurses' levels of moral reasoning. Crisham investigated the difference between nurses' responses to general hypothetical moral dilemmas and responses to real life nursing dilemmas. The sample included 57 associate degree nurses, 85 baccalaureate degree nurses, 10 master's prepared nurses, 36 college junior prenursing majors, and 37 graduate level non-nurses. Subjects were administered Rest's Defining Issues Test and the Nursing Dilemma Test developed by Crisham to measure nurses' responses to nursing dilemmas. A significant relationship was found between the subject's moral judgment about hypothetical general dilemmas in the Defining Issues Test and moral judgment about real-life nursing dilemmas in the Nursing Dilemma Test. With the three

groups of registered nurses, Nursing Dilemma Test and Defining Issues Test scores increased with educational level and length of clinical nursing experience. A surprising finding revealed that the pre-nurse group and non-nurse group had higher principled thinking scores for nursing dilemmas than the staff nurse group with the exception of the master's prepared nurses. The investigator believed that staff nurses, more than any other group, interpreted the dilemmas in terms of the distractions and pressures within the hospital milieu.

The literature suggested additional research is needed in the area of moral development and nursing. The continued study of the relationship between moral development and nursing has implications for nursing education and nursing practice.

Baccalaureate and Associate
Degree Nursing

The position paper by the American Nurses' Association (1965) classified nurses as either technical or professional. The technical nurse was defined as a graduate of a 2-year community college program, while a graduate of a 4 or 5-year college program was defined as a professional nurse. The technical nurse was

responsible for tasks delegated by physicians and professional nurses that would assist the patient in moving toward recovery. The professional nurses' practice was more theoretically oriented and emphasized the social-psychological aspects of patient care.

Kramer (1981) stated that baccalaureate programs prepare the nurse for five functions. These functions include the following: (a) caregiving function, (b) managerial and leadership function, (c) health promotion and health supervision, (d) teaching and counseling function, and (e) health and illness screening role. Associate degree programs prepare the nurse only in the caregiver function.

Kramer believed associate degree nurses are often better hospital nurses since 90% to 100% of their clinical education compared to 60% of a baccalaureate graduate's education is spent in the caregiver role. The baccalaureate graduate nurses the individual and family as a whole entity striving to return the individual to a higher level of wellness. The categories of assessment and evaluation in the nursing process are most important to the baccalaureate graduate. The associate graduate emphasizes planning and intervention in giving immediate

care to parents with common physiological problems (Kramer, 1981).

Several studies have identified differences between graduates of associate and baccalaureate programs. Richards (1972) investigated differences among a sample of 120 baccalaureate, 134 associate, and 107 diploma graduating seniors in 13 schools of nursing in the Western part of the United States. Gordon's (cited in Richards, 1972) Personal Profile, Vaillot's (cited in Richards, 1972) Professionalization Scale, and Cattell's (cited in Richards, 1972) IPAT Intelligence Test were administered. No statistically significant differences were found in intelligence, leadership potential, responsibility, emotional stability, or sociability. The only significant difference was that baccalaureate students were found to be more professionally oriented than associate degree or diploma prepared students.

DiMarco and Hilliard (1978) compared diploma, associate, and baccalaureate degree nurses' state board scores, quality of patient care, supervision rating, subordinates' satisfaction with supervision, and self-report job satisfaction scores. The sample consisted

of 25 baccalaureate and 44 associate degree and diploma nurses employed in a 300-bed midwest hospital. No significant differences were found among the diploma, associate, and baccalaureate degree nurses in any of the areas studied.

Differences between associate and baccalaureate degree nurses were identified in a study by Bullough and Sparks (1975). These investigators believed there were two basic orientations to the nursing role. One focused on caring for patients and the other focused on curing patients' illnesses. A questionnaire was devised consisting of cure-oriented tasks and care-oriented tasks in nursing as defined by the literature. The questionnaire was administered to 201 associate degree and 192 baccalaureate nursing students. Differences in orientation between baccalaureate and associate degree students were statistically significant ($p < .001$) with the baccalaureate student care-oriented and the associate student cure-oriented.

Gray (1977) also identified differences between 22 associate degree and 22 baccalaureate degree graduating seniors. An instrument consisting of open-ended short essay questions which measured performance

in technical skills, teaching, leadership, giving support to patient and family, interviewing skills, actions in structured situations, and actions following observation was administered. The baccalaureate students ranked higher totally on the test. The associate students were concerned with meeting the patient's immediate physical needs and were more management oriented. The baccalaureate students were concerned in meeting the patient's psychological and long-term needs and were leadership oriented.

Associate and baccalaureate graduates are defined according to educational preparation and the specific roles for which they are prepared. Despite differing role expectation and educational preparation, the literature reported similarities as well as differences between associate and baccalaureate graduates.

Summary

A review of the literature related to moral development and nursing has been presented. The theoretical foundations of moral development were first discussed. Research pertaining to moral development and higher education was reviewed. Studies related to moral

development and nursing were than presented, followed by a discussion of studies seeking to differentiate between associate and baccalaureate degree nursing roles and education.

CHAPTER 3
PROCEDURE FOR COLLECTION AND
TREATMENT OF DATA

The following chapter is a discussion of the procedure utilized in the collection and statistical treatment of the data. The setting, population, and sample are delineated and the procedure for protection of human subjects discussed.

This investigation was a descriptive study. Descriptive research observes and describes the relationship between phenomena (Polit & Hungler, 1978). In this investigation, the relationship between the two variables of educational type and level of moral development was described.

The design utilized was a two group posttest-only nonequivalent groups design. Cook and Campbell (1979) stated that posttest-only designs involve "making observations only on persons who have undergone a treatment and then only after they have received it" (p. 96). In the present study, observations were made upon individuals who have completed a nursing program and received a baccalaureate or associate degree in

nursing. According to Cook and Campbell (1979), the posttest-only design lacks pretest observations. In this study, no observations were made on the subject's level of moral development prior to completion of an educational degree.

Setting

The intensive care areas of a 600-bed private hospital in a large Southwestern metropolitan area were utilized as the setting for this study. The hospital's critical care areas included two medical-surgical units and one coronary care unit. The medical and surgical intensive care units each had 13 private room beds. The coronary care unit had a 10-bed private room capacity. Each unit contained a nurses' lounge which served as the site for questionnaire administration. The standard staffing pattern was one nurse per two patients. The number of full-time staff was approximately 70 registered nurses.

Population and Sample

The study utilized an accessible population which is defined by Polit and Hungler (1978) as the group of cases which conform to specific criteria and are available

to the researcher. The accessible population included those registered nurses employed at the selected institution for data collection and assigned to the intensive care units. In order to be included in the study, the subjects had to meet the following criteria: (a) possess a baccalaureate or associate degree in nursing, (b) be employed in a medical-surgical intensive care unit, (c) be female and between the ages of 20 and 35 years, and (d) be a registered nurse.

The sampling technique utilized was convenience sampling. Polit and Hungler (1978) defined convenience sampling as the use of the most readily available persons. A total of 60 subjects was given the envelope containing the questionnaires. Forty-one of the envelopes were returned. A total of 10 questionnaires was discarded because subjects did not meet the criteria. The sample therefore consisted of 15 associate degree nurses and 16 baccalaureate degree nurses.

Protection of Human Subjects

Compliance with the guidelines of Texas Woman's University for protection of human subjects (Appendix A) was achieved prior to initiation of the study. Permission was received from the graduate school (Appendix B) and

from the agency at the proposed location of data collection (Appendix C).

Prior to the administration of the questionnaire, the subject read and received a verbal explanation (Appendix D) of the procedure to be followed. The subject was advised that completion and return of the questionnaire was construed as informed consent to act as a subject in the study. The subject was requested not to use her name on any form to insure confidentiality and anonymity. Subjects were informed that participation in the study would not affect their employment at the hospital.

Instruments

Two instruments were used in this study. A Demographic Data Form developed by the researcher was used to collect information regarding sex, age, verification of registration, and educational level of the subject. This information was used to describe the sample (Appendix E).

The Defining Issues Test by Rest (1974) (Appendix F) was used to determine the level of moral development. Rest was motivated to devise the Defining Issues Test from Kohlberg's method for determining moral development. Since Kohlberg's instrument is an interview questionnaire,

Rest believed a different method of measurement needed to be devised. In comparison to Kohlberg's instrument, Rest saw many methodological advantages of the Defining Issues Test. Rest stated that an objective test would minimize variance in stage scores due to individual differences in verbal expressivity, save time, and minimize scorer bias.

The format of the Defining Issues Test consists of a series of moral dilemma stories. The subject is given a moral dilemma story, ending with a binary choice. The subject is given the option of selecting a choice or marking undecided. Then, the subject reads 12 questions or issues that bear on the decision made. For each issue, the subject records the degree of importance on a 5-point scale. At the bottom of the page, the subject records the four most important issues in order of their importance. In scoring the test, only the last set of data is used.

Each issue is designed to exemplify some distinctive characteristic of the stages of moral development. Items are written for stages two, three, four, five, and six since subjects in Rest's (1974) study on the Defining Issues Test were considered too advanced for stage one.

The Defining Issues Test was scored according to instructions given in the Defining Issues Test Manual by Rest (1979). The P score which is the most widely used index of the Defining Issues Test was used in data analysis. The P score is the sum of weighted ranks given to stage five and six items and is interpreted as the relative importance a subject gives to principled moral considerations in making a decision about moral dilemmas (Rest, 1974).

Reliability of the instrument determined from test-retest data has been found to be in the high .70s or .80s. A substantial correlation of the Defining Issues Test was found with Kohlberg's moral judgment scale. The correlation was .68 which is the highest correlation of Kohlberg's measure with any other measure (Rest, 1974).

Data Collection

The investigator was present during the change of shift on the day of data collection. Those subjects who met all criteria were asked to participate in the study. The participating subjects received an explanation of the data collection methods and the risks and benefits associated with the study. Subjects were instructed that completion and return of the questionnaire

would be construed as informed consent to act as a subject in the study.

The questionnaire, demographic data form, and a blank envelope were distributed following the work shift. The subjects were asked to place the questionnaire and demographic data form in the envelope upon completion. The researcher left the area while the subjects completed the questionnaire and data form. The researcher returned within 1 hour to gather the envelopes. This procedure continued until the desired 15 subjects per educational level were obtained.

Treatment of Data

The statistical test utilized for the study was the t-test. According to Polit and Hungler (1978), the t-test is a parametric procedure applied to a two group situation and is used to test the significance of the difference between group means. In this descriptive study, the difference between the level of moral development and educational degree was explored. The hypothesis was tested at the .05 level of significance.

CHAPTER 4

ANALYSIS OF DATA

The purpose of this study was to determine if a significant relationship existed between the level of moral development and educational preparation. This chapter describes the sample utilized in this descriptive study. The findings of the study are presented according to the research hypothesis.

Description of Sample

The sample consisted of 15 associate and 16 baccalaureate prepared nurses. All of the nurses were employed in intensive care areas at the institution selected for data collection. All of the nurses had been registered in the state of Texas within the previous 15 years.

The age of the sample ranged from 23 to 35 years. The mean age of the associate degree nurses was 29.8 years and the mean age of the baccalaureate degree nurses was 29.6. All of the respondents were female. The mean, standard deviation, and ranges of subjects' ages are presented in Table 1.

Table 1
Mean, Standard Deviation, and Ranges of
Subjects' Ages

	Associate Degree	Baccalaureate Degree
Range	23-35	26-35
Mean	29.8	29.6
<u>SD</u>	4.2	2.7
<u>n</u>	15	16

Findings

The hypothesis for the study was as follows:
There will be no difference in the level of moral development as determined by scores on the Defining Issues Test of intensive care nurses who have baccalaureate degrees and intensive care nurses who have associate degrees. The t-test was utilized to evaluate the relationship between the level of moral development and educational degree. Rest's mean P score for associate degree nurses was 39.22 and for baccalaureate degree nurses 39.68. The findings were nonsignificant (t = .10, p = .92), inferring that a significant relationship did not exist between the level of moral development and educational degree. The mean, standard deviation, and

range of the moral development scores appear in Table 2.

Table 2
Mean and Standard Deviation of Moral
Development Scores

	Associate Degree	Baccalaureate Degree
Mean	39.22	39.68
<u>SD</u>	14.53	11.6
<u>n</u>	15	16

A search for additional findings revealed no significant differences between stage scores of the associate degree and baccalaureate degree nurses. The means, standard deviations, and level of significance of the moral development stage scores were explored.

Summary of Findings

The data analyzed in this study indicated no significant difference between the level of moral development of associate degree intensive care nurses and baccalaureate degree intensive care nurses. A search for additional findings revealed no significant differences between stage scores of associate and baccalaureate degree nurses.

CHAPTER 5

SUMMARY OF THE STUDY

This study was conducted to determine if there was a difference in the level of moral development between intensive care nurses who have baccalaureate degrees and intensive care nurses who have associate degrees. A summary of the study is presented in this chapter, followed by a discussion of the outcome. Conclusions and implications are suggested, and, finally, recommendations for further study are listed.

Summary

The problem of this descriptive study was to determine if there was a relationship between the level of moral development and level of educational degree. The theoretical framework for this study was based on Kohlberg's theory of moral development.

The sample consisted of 15 associate degree and 16 baccalaureate degree intensive care nurses. The Defining Issues Test by Rest (1974) was used to determine the level of moral development. A researcher developed Demographic Data Form was also utilized.

The hypothesis of the study stated that there would be no difference in the level of moral development between intensive care nurses who had associate degrees and intensive care nurses who had baccalaureate degrees. The t -test revealed nonsignificance between the level of moral development and educational degree ($t = .10$, $p = .92$). Based on this finding, the hypothesis was accepted. An analysis of the data revealed no significant differences between associate and baccalaureate degree nurses in the stages of moral development.

Discussion of Findings

The findings of this study revealed no difference in the level of moral development between associate and baccalaureate prepared nurses. The results of this study agreed with findings of other studies which have been unable to demonstrate significant differences between graduates of associate and baccalaureate degree programs. Richards (1972) found no difference between associate and baccalaureate prepared nurses in intelligence, leadership potential, responsibility, emotional stability, or sociability. DiMarco and Hilliard (1978) reported no differences between associate and baccalaureate nurses in state board scores, quality of patient care,

supervisor rating, and job satisfaction. Richards (1972) and DiMarco and Hilliard (1978) suggested that a possible explanation for the nonsignificant results was that the measuring instruments used were not effective or that the samples were not representative. In this study the smallness of the sample size and lack of randomization could have resulted in the selection of a sample not representative of the population.

The methodology of data collection may have influenced the findings of this study. In the present study, data collection took place within the hospital environment. Crisham (1981) suggested distractions and pressures in the hospital setting, conflicts with hospital policy, and opposing loyalty to the nursing profession, patient, and hospital could greatly influence a person's moral decision. In studies by Ketefian (1981a, 1981b) and Crisham (1981), findings indicated a difference in the level of moral development between associate and baccalaureate degree nurses. Ketefian's and Crisham's sample groups completed the questionnaires outside of the hospital setting.

The review of literature revealed that research on moral development and nursing was limited. More

research is indicated to enhance understanding of the way in which educational variables affect moral development. This study does not contribute to the identified need.

Conclusions and Implications

The findings of this study revealed no significant difference in the level of moral development between associate and baccalaureate prepared intensive care nurses. Search for additional findings revealed no difference in the various stages of moral development between associate and baccalaureate prepared nurses. These results may be attributable to smallness of sample size, lack of randomization, and methodology of data collection which could have affected the results of the study. These factors should be considered in future studies regarding moral development and nursing. Since no definitive results were obtained, no implications can be drawn.

Recommendations for Further Study

Based on the findings of the study, the following recommendations for further study were made:

1. Studies to examine the hospital milieu effects on moral development.

2. Studies to examine how nurses behave in actual moral dilemmas instead of hypothetical moral dilemmas.

3. Studies to determine the effect of the educational environment and specific teaching strategies on moral development.

APPENDIX A

APPENDIX B



Texas Woman's University

P.O. Box 22479, Denton, Texas 76204 (817) 383-2302, Metro 434-1757, Tex-An 834-2133

THE GRADUATE SCHOOL

September 2, 1982

Mrs. Florence Elaine Crawford Beauregard
Route 2, Box 387
Alexandria LA 71301

Dear Mrs. Beauregard:

I have received and approved the Prospectus for your research project. Best wishes to you in the research and writing of your project.

Sincerely yours,


Robert S. Pawlowski
Provost

ap

cc Dr. Lois Hough
Dr. Anne Gudmundsen

APPENDIX C

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE _____
GRANTS TO Florence Elaine Beauregard
a student enrolled in a program of nursing leading to a
Master's Degree at Texas Woman's University, the privilege
of its facilities in order to study the following problem.

There will be no difference in the level of moral development
as determined by scores on the Defining Issues Test of intensive care
nurses who have baccalaureate degrees and intensive care nurses who
have associate degrees.

The conditions mutually agreed upon are as follows:

1. The agency (~~may~~) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (~~may~~) (may not) be identified in the final report.
3. The agency (wants) (~~does not want~~) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other A copy of the completed report will
be forwarded to the agency

Date: 5-6-82

Florence Beauregard
Signature of Student

Signature of Agency Personnel

Lois Haugh
Signature of Faculty Advisor

*Fill out & sign three copies to be distributed as follows:
Original - Student; First copy - Agency; Second copy - TWU
College of Nursing.

APPENDIX D

Explanation to Subjects

I am a registered nurse from Texas Woman's University. I am conducting a study to determine how nurses respond to ethical dilemmas. I would very much like to have you serve as a participant in this study. Permission has been obtained from the hospital administration.

You will be asked to complete a questionnaire which consists of six moral dilemma stories with specific questions referring to each story. It takes approximately 30-40 minutes to complete the questionnaire.

There is very little risk involved in completing the questionnaire. Possible risks include personal inconvenience and fear of improper release of data. Participation in the study will not affect your position of employment in the hospital. Anonymity and confidentiality are assured. Benefits of the study include contributions to nursing education and practice. Completion of the questionnaire and demographic data form will be construed as informed consent.

If you have any questions, I will be glad to answer them for you. Thank you very much for the time you have given this project.

Elaine Beauregard, R.N.

APPENDIX E

COMPLETION AND RETURN OF THIS QUESTIONNAIRE WILL BE
CONSTRUED AS INFORMED CONSENT TO ACT AS A SUBJECT
IN THIS STUDY

Demographic Data Form

Sex: _____ Male _____ Female

Age: _____

Verification of registration: State licensed _____

Year _____

Educational Level:

Associate degree _____

Diploma degree _____

Baccalaureate degree _____

APPENDIX F

Defining Issues Test

The Defining Issues Test is a copyrighted instrument. A copy of this instrument may be purchased from Dr. James Rest at the following address:

Minnesota Moral Research Projects

330 Burton Hall

University of Minnesota

Minneapolis, Minnesota 55455

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