

MORAL JUDGMENT: A COMPARISON BETWEEN
HOSPITAL AND PUBLIC HEALTH NURSES

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CHAPTER 1

INTRODUCTION

An inherent premise of nursing is the fundamental rights of the patient, including the right to humanistic health care. With the complexities of the health system today, it becomes important to recognize the patient's value system and to intercede on behalf of the patient as his/her advocate. It is also essential and imperative that the nurse examine his/her value system and accountability to the patient, profession, and society. Values are an integral component of the decision-making process. Since nursing decisions affect human life, these decisions are often concerned with the moral welfare of others or have moral overtones. The ability to make responsible moral decisions is a crucial factor in giving quality patient care.

With the recent advancements in medical technology, the nurse is expected to make decisions previously not required. Often the nurse has to bridge the gap between moral theories learned as a student and morals in practice. This transition into practice, then, questions whether responsible moral judgments are being made.

For nurses to advance with the trends of society and the medicotechnical sphere, recognition should be given to the moral foundations of nursing practice. As the demands for responsible judgment increase, careful investigation of the quality of decisions is necessary. Only after intense inquiry into the values and morals of nursing science can the profession achieve its full potential and impact on the health care services it provides.

Problem of Study

The problem of this study was two-fold: (a) to determine if there is a difference in moral judgment levels between nurses in the Visiting Nurse Association and nurses in intensive care units in hospitals; and, (b) if there is a relationship between educational preparation and moral judgment scores of Visiting Nurse Association nurses and intensive care nurses.

Justification of Problem

Moral decisions are made in everyday health care practices. Often these decisions are not the dramatic life and death situations; but rather found in the day-to-day occurrences of each nurse. On a daily basis, the nurse encounters situations which may rob a patient of rights, dignity, or even the essence of

who he/she is as a person. Almost every nurse, in practice could relate an incident where patients' human rights have been violated. Examination of these violations, along with examination of the nurse's moral judgment, is critical if these practices are to be ameliorated. Nurses are committed to caring, to helping, and to assisting clients. This commitment is to all clients, but particularly to those clients who are unable to claim their rights; e.g., infants, mentally retarded persons, and aged persons.

Because human rights have been abused or neglected in the past, legal recognition and protection have become necessary. This protection extends into the health care system. The nurse not only has the responsibility to protect the integrity of the rights of patients, but is professionally obliged to do so. The nurse is accountable to the client. As more and more lawsuits are brought against nurses, the nurse's accountability and responsibilities are clearly brought into focus.

As nurses pursue higher education, the nature of nursing knowledge is being defined and the identification of relevant questions concerning nursing practice is being clarified. In the course of the development of

a professional value system, adherence to professional standards should be accompanied by accountability as evidenced by responsible moral decision-making. This requires challenging the standards of practice, introspection into the commitment and philosophy of nursing, and investigation into moral aspects which provide guiding forces in nursing practice.

Recently, nursing literature has increasingly addressed moral issues. However, few attempts have been made to discover the level of moral judgment among nurses, especially those in specialized fields of practice. To know the moral judgment level of nurses would be helpful in light of the increased pressure upon nurses to make decisions of a moral nature. Further, even fewer attempts have been made to study the relationship of moral judgment to educational levels among selected groups of nurses. This is imperative to establish so that nurse/educators can provide the type of education needed to keep up with the moral decision demands placed on nurses today.

Theoretical Framework

This study was based on Kohlberg's theoretical framework of moral development. Cognitive-developmental theory of moralization holds that there is a sequence of moral stages in different people which represents different views on the concept of justice, equality, and reciprocity (Kohlberg, 1971).

Kohlberg stated that each higher stage offers a philosophically more adequate means of resolving conflict. Kohlberg centered his work on the reasoning behind a moral choice rather than the decision made. In effect, it is the value made rather than the fact, that is of interest. According to the theory, different perspectives for viewing and analyzing moral situations distinguish different stages of moral judgment development (Rest, Cooper, Coder, Masanz, & Anderson, 1974).

Kohlberg (1971) grouped six developmental stages into three moral levels. Each level, therefore, contains two stages significant to that level. As the levels advance forward, so do the stages and each sequential stage is more organized and advanced than the previous one. This then assumes a hierarchical sequence. Kohlberg theorized that each stage must be attained before a higher level

could be achieved and no stages could be missed, Kohlberg defined the first moral level as the Preconventional level. This level is represented by both Stages 1 and 2. Stage 1 is characterized by freedom from punishment. The person obeys the rules to avoid the physical consequences from those in authority. Stage 2 involves the "morality of instrumental egoism and simple exchange" (Kohlberg, 1969, p.179). The principle characteristic is hedonism. Elements of reciprocity are present but interpreted in a pragmatic way.

The second level is the Conventional level. Societal expectations and order are primary motivators in this level. Loyalty and the maintenance and support of law and order are key concepts. Stage 3 of this level is based on the conformity to the "good-boy/nice-girl" orientation. Behavior is that which pleases others and receives approval. In Stage 4 the individual progresses to the morality of law and duty to social order, enlarging the scope from the previous stage of interpersonal concordance. According to Kohlberg (1969), most American adults operate within Stage 4.

The third level is the Postconventional or principled level. At this level,

there is a clear effort to define moral values and principles which have validity apart from the authority of groups or persons holding these principles, and apart from the individual's own identification with these groups. (Kohlberg, 1971, p. 164)

Moral behavior in Stage 5 is based on democratically accepted law. This "social-contract" stage governed by law also has the possibility of changing the law by the will of the majority. "This is the official morality of the American government and constitution" (Kohlberg, 1971, p. 165). Stage 6 behavior is in accordance with self-chosen ethical principles which are logical to comprehension, consistent, and universal.

Although the bulk of moral stage development occurs in childhood and adolescence, it does not require the extensive personal experience of moral choice and responsibility found in adult life (Kohlberg, 1971). The experiences which generate stage movement to the principled stages are experiences involving thinking. Personal experiences of choice involving questioning and commitment integrated with moral reflection appear to be required for advancement to principled thought (Kohlberg, 1971). This has significance in relation to nursing specialty areas.

With reference to educational levels, Kohlberg theorized that educational settings are preconditions for critical thinking. Rest (1975) found that the higher the level of education, the higher the level of moral development. Educational opportunities often create forms of disequilibrium which stimulate the individual to seek a higher level of moral development.

Assumptions

The following assumptions were made for this study:

1. The level of moral development will influence the way nurses select alternatives to moral dilemmas.
2. As individuals develop, they view moral issues differently.

Hypotheses

The following hypotheses were tested:

1. There is no significant difference between the scores on the Defining Issues Test of nurses who work in the Visiting Nurse Association and nurses who work in intensive care units.
2. There is no significant relationship between the nurse's educational degree and the nurse's score on the Defining Issues Test.

Definition of Terms

For clarification of the study, the following terms were defined:

1. Nurses--all registered nurses with diploma, associate, baccalaureate, or master's degrees in nursing and currently practicing in a hospital intensive care unit or Visiting Nurse Association. The nurses must have been graduated from a National League for Nursing accredited school of nursing.

2. Visiting Nurse Association--an agency whose clientele are acute-care or long-term patients specifically cared for on an outpatient basis.

3. Intensive care units--acute intensive care units in a large county hospital in the Southwest which are designated as such by the individual hospitals.

4. Moral judgment levels--a cognitive and developmental process of reasoning depicting a sequential transformation in the way social arrangements are interpreted (Rest, 1975) as measured by the Defining Issues Test (Rest, 1979b).

Limitations

The following variables were limitations that could have affected the conclusions of the study:

1. The study measured responses to hypothetical moral situations and may or may not reflect how the individual would respond in a real situation.
2. Use of institutions in one geographic area may have limited the generalizability of the findings.
3. Only volunteer subjects participated in the study. It is possible that those who did not participate would have exhibited different levels of moral development from those who did participate.

Summary

During the past decade there has been a significant increase in the need for professional nurses to make responsible moral decisions. This study was conducted in order to determine if there is a difference in moral judgment levels between nurses in two specialty areas; i.e., Visiting Nurse Association and hospital intensive care unit nurses. Also, this study sought to determine if there was a relationship between educational degree and moral judgment scores in Visiting Nurse Association nurses and intensive care unit nurses.

CHAPTER 2

REVIEW OF LITERATURE

Traditionally moral and ethical thinking have been based on that part of philosophy known as bioethics. Ethical theories and teachings have predominated the nursing literature (Aroskar, 1980; Davis, 1981; Lumpp, 1979; Payton, 1979). These theories of ethics and morals principally identify how solutions to dilemmas are structured and solved. Classical concerns have dealt with choices and conflicts around issues of

longevity versus freedom from pain, full versus partial disclosure of health information, and rights of individuals versus rights of society. (Aroskar, 1980, p. 659)

A plethora of publications have centered on the moral leadership of the nursing profession as a role model (Jacobi, 1977), the role of the nurse in bioethical decisions (Lumpp, 1979), and teaching ethical decision-making to nursing students (Aroskar, 1977; Bindler, 1977; Flora, 1978; Krawczyk & Kudzma, 1978; Langham, 1977; Ryden, 1978). However, until recently little consideration has been given to how nurses think and perform--only how they should behave in the face of moral dilemmas.

It was hypothesized in the present research that different nursing specialty areas predispose the nurse to different moral judgment levels. The two areas of concern are intensive care units and the Visiting Nurse Association. The first part of this section will address the environmental aspects of public health and hospitals, and subsequently, intensive care units and public health facilities such as those under study.

Public Health Milieu

Anderson, Leonard, and Yates (1974) stated that public health nurses demonstrate strong psychosocial assessment skills. These nurses have the background for problem-solving and management of a wide variety of client problems. They are also accustomed to a relatively high level of accountability and independent decision-making.

Back, Coker, and Donnelly (1958) noted that the public health physician lacks the total authority possessed by physicians employed in a hospital setting. The public health environment requires an interchange among the health team members. Thus, the public health nurse, while collaborating with physicians, requires a high degree of independent decision-making skills.

Hansen and Thomas (1966) indicated that the public health nurse is a

relatively free agent in making decisions in such areas as (a) the kind of nursing service that is appropriate in a given situation; (b) the need to refer an individual or family to a community agency or to a physician, and (c) the establishment of priorities for home visits. (p. 12)

Lewis (1975) addressed the issue that public health nurses are more free to serve their clients. Lewis pointedly stated that the public health nurse functions in a setting which is not medically controlled but whose requirements are for a nursing concern.

Dalton (1979) reported that public health nurses function with a greater degree of independence than in acute care settings. In hospital facilities restrictions imposed by the medical staff and administration take precedence.

Cleland (cited in Murphy, 1976) described the differences between hospital nurses and public health nurses. The general differences between the two groups of nurses are manifested in the scope of "cues" utilized to make decisions. For example, Murphy adapted Cleland's differences in nursing practice between hospital and public health nurses. This adaptation reflects the

following characteristics: (a) the public health nurse's decisions are slowly, methodically made and are relevant for long periods of time versus the hospital nurse who makes quick, decisive decisions for shorter periods; (b) the public health nurse's expertise lies in complex data gathering leading to a broad program of care versus the hospital nurse whose expertise is in technical skills and provides care only during the hospital stay.

Hospital Milieu

Anderson et al. (1974) stated that nurses from intensive care units, although skilled in physical assessment, have responsibility but not the authority to function autonomously. They are confined by their setting to very strict protocols. Thus, these nurses are most comfortable in competent dependent roles (Anderson et al., 1974).

Raisler (1974) reported that the hospital nurse is retarded from developing nursing judgment and independence by the restrictions inherent in the nurse-doctor relationship. Physicians view nurses as handmaidens rather than professionals capable of competencies of their own. Katz (1969) explained that if nurses were "professional peers" they could take a more moral stand

against medical mistakes.

She is expected at all times, to protect the good name of the physician and the hospital, even if this means blocking or distorting information for public consumption. (Katz, 1969, p. 60)

Further, Katz (1969) stated that the nurse "is expected to react with moral passivity to her knowledge of happenings in the hospital" (p. 59).

Sheahan (1972) maintained that it is the patient who gives the physician all his authority and power. It is the patient who assumes the doctor has the knowledge and expertise to initiate the therapeutic regimen. Essentially, then, it is the physician who determines the framework of care the patient is to receive. Sheahan (1972) stated:

It is the doctor's orders, as well as his role expectations of nurses, which are the principal source of control, the chief determinants, of nurse's actions and activity. (p. 441)

Harrington and Theis (1968) stated that in hospitals, emphasis is placed on routines and technical proficiency, "assignments are planned in terms of tasks to be done rather than patients to be nursed" (p. 228). In their research, these authors found that the attitudes and expectations of those in authority were perceived by the nurses to influence how the nurse would utilize her

professional skills. Results also revealed that the hospital's supervisory and administrative personnel, work assignments, and communication methods all had profound effects upon the nurse's ability to function professionally.

Corwin and Taves (1963) stated that since the nurse is primarily an institutional (hospital) employee, the nurse's autonomy is lost in the hospital's organization. These authors further stated that the nurses' work is directed primarily by outside professions such as doctors and administrators. Corwin and Taves asserted that the hospital nurse is trained more for obedience than autonomy and is described as more docile and subordinated than any other American worker.

Moral Judgment and Moral Development

The remainder of this chapter will deal with literature related to moral judgment and moral development. The relevance of specific variables that might impinge on moral decision-making will also be examined.

Mahon and Fowler (1979) studied two groups of 10 baccalaureate nursing students. These groups were studied for individual changes in the stages of moral development. One group was a control group which

received no planned moral content to their clinical rotation experiences. The experimental group was subject to specific and planned moral content sessions. The Defining Issues Test (DIT) was administered in a pretest and posttest style. The results demonstrated an increase in the level of moral judgment development in the experimental group than in the control group. Findings also indicated that scores on the posttest for both nursing groups under study were significantly higher than for equivalent level college students. The authors attributed this overall increase to the inherent exposure to moral dilemmas which nurses and nursing students must participate.

Munhall (1980) studied the levels of moral reasoning in a baccalaureate nursing program. The areas under investigation included the 4 academic years of nursing education and the nursing faculty of the same program. The sample size included 76 freshmen, 60 sophomores, 81 juniors, 88 seniors, and 15 faculty. All students and faculty participated in the latter part of the spring semester. The following results were obtained: (a) the average moral reasoning level of the students was at the conventional level; (b) the average moral

reasoning level of the faculty was at the principled level; (c) there was no difference in scores among the 4 academic years of the students; (d) the higher the grade point averages of the students, the higher the level of moral reasoning; (e) there were no significant differences in the level of moral reasoning and age, economic level, parents' occupation, religiousness, or previous nursing experience.

Mahon and Fowler's (1979) and Munhall's (1980) data seemed to be in conflict with regard to the inherentness of moral reasoning growth in nursing students. Munhall stated that the lack of growth in this area was due to the subject matter treated as a "defacto" part of the curriculum. Mahon and Fowler's (1979) findings, however, did support the theme that there is some integral moral learning as a nursing student.

Crisham (1979) tested several hypotheses. Principle in the purpose of Crisham's study was the development of an instrument (Nursing Dilemma Test) and its comparableness to the DIT. Since this aspect of Crisham's study is not pertinent to this paper, only the findings related to the DIT will be discussed. Relevant to this research study is Crisham's investigation of the DIT to

the level of nursing education and the length of clinical nursing experience. The sample was obtained from five large general hospital nursing staff who held associate degrees or baccalaureate degrees in nursing, were employed full-time, and were female. Staff nurses ($n = 146$) qualified for Crisham's study. Crisham's findings revealed that baccalaureate degree staff nurses scored higher than associate degree staff nurses on the DIT, as expected. Additionally, those nurses with master's degrees in nursing scored higher on the DIT than the groups with less education. This substantiated previous DIT conclusions that education level is related to the level of moral reasoning. When the moral judgment scores on the DIT of staff nurses were compared to the length of nursing experience (less than 1 year and more than 5 years), no consistent pattern was demonstrated.

Relationships between critical thinking, educational preparation, and levels of moral reasoning among selected groups of nurses was explored by Ketefian (1981a). A primary subfocus was the difference between professional and technical nurses and moral reasoning. Ketefian sampled 79 registered nurses from three major medical

centers. The findings of Ketefian's study positively correlated the nurses' critical thinking and moral reasoning scores. Also, nurses considered to have had professional education scored higher than those nurses who had received technical preparation. Additionally, analyses performed on such characteristics as age, religion, and ethnicity did not yield significant findings.

Utilizing the same sample, Ketefian (1981b) also measured the relationship of moral reasoning and knowledge and valuation of ideal moral behavior in nursing dilemmas; and, the relationship between moral reasoning and nurses' perception of realistic moral behavior in nursing dilemmas. In this research, Ketefian correlated the DIT to the instrument she developed (Judgments about Nursing Decisions) in analyzing the data. There was significant correlation between the DIT and the Judgments about Nursing Decisions scores and moral reasoning, knowledge, and valuation of ideal moral behavior in nursing dilemmas. Likewise, the second aspect of the study was also positively correlated. Interestingly, additional analysis revealed a significant difference between ethnic groups. The author

stated that the differences may be due to different values these groups acquire from their respective cultures. Kohlberg (1971), however, stated that basic moral values or principles are universal, and, thus, culture variation does not affect the basic moral reasoning structure.

Sleicher (1978) probed into the area of moral decision-making in nursing. The results demonstrated that there was a "consistent, bureaucratic, passive, approach to the dilemmas [by] ordinary [nurses]" (Sleicher, 1978, p. 71). The subjects in this group relinquished responsibility for making critical decisions. The conclusions indicated that "ordinary" nurses saw themselves as less than professional or incapable of making certain moral decisions.

Shoenrock's (1978) research determined the moral reasoning levels of professional nurses. Thirty-seven nurse practitioners were sampled. Nurse practitioners were defined as having a baccalaureate degree and practicing professional nursing. The results demonstrated that 14 of those sampled were postconventional moral thinkers; 7 were classified as conventional thinkers; and 2 were classified as premoral thinkers. Three

respondents could not be typed and 11 were rejected due to inconsistencies in completing the instrument. No significant difference was found in the numbers of nurse practitioners who were at the conventional versus the postconventional level.

Murphy (1976) studied the levels of moral reasoning of a selected group of nursing practitioners and the differences in levels of moral reasoning among nurses in different working situations. The findings indicated that there was no difference in moral reasoning levels between public health nurses and nurses employed in the hospital. The results also revealed that most of the participants were at the conventional level of moral reasoning.

Summary

The realization that nurses are going to be making and are making more and more moral decisions regarding their patients and clients has encouraged a growing number of research studies in this area. From the preceding review of the literature related to moral judgment levels and educational preparation, it was found that most of the studies reported increased moral judgment levels as educational levels increased. There also

appears to be limited documentation of the effects the hospital and public health agency milieus have on selected nursing specialty areas in regard to moral judgment or decisions. However, such findings may yield useful information for practice and for future research.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

Because professional nurses are frequently called upon to make moral decisions, there is a need to know if a relationship exists between educational preparation and moral judgment and between nursing specialty areas and moral judgment. To determine these questions, a descriptive approach was used in conducting this study.

Descriptive designs are utilized when the researcher obtains information in areas in which little previous investigation has occurred and/or to construct a picture or account of events as they exist naturally (Waltz & Bausell, 1981). Such designs are used to establish what the relevant variables are in a particular situation. Descriptive research also offers greater precision and accuracy in assessing relationships between phenomena (Williamson, 1981). Descriptive research is carried out for the purpose of providing an accurate portrayal of a group of subjects with specific characteristics or describing the relationship among variables. In this

research no attempt is made to introduce something new or to in any manner modify or control the situation being studied.

Setting

This study was conducted in two settings. The first setting was a large county hospital with 500 or more beds, located in a Southern metropolitan area of the United States. The institution has seven critical care units with approximately 100 beds. The investigator met with the director of nurses and in some instances the coordinators for the intensive care units. The instrument packets were given to these individuals who then disseminated the information and elicited volunteers from the staff. The participants were instructed to complete the instrument packets at their homes and return them to the facility.

The second setting involved a Visiting Nurse Association which was also located in the same area of the Southwest as the hospital. There are 35 registered nurses in the home care division of this facility. Each nurse's case load averages 35 clients per month. Most of the patients require long-term care. Contact was made by the researcher directly with the

Visiting Nurse Association nurses in this particular institution. A small conference room located within the Visiting Nurse Association facility was used to present the material. This room was away from the direct flow of noise and activity. Participants were instructed to complete the material at their homes and return the packets to the agency.

Population and Sample

The population for this study was defined as registered nurses who were licensed and practicing nursing in the Southwest. Participants were limited to nurses employed in the two participating agencies. The total accessible population approached was 185 nurses.

Using convenience sampling technique, a sample of 19 intensive care unit (ICU) nurses and 17 Visiting Nurse Association (VNA) nurses was obtained. The criteria for the selection of participants included registered nurses with diploma, associate, baccalaureate, or master's degrees, currently licensed and practicing nursing in a hospital ICU or VNA. All participants must have been graduated from a National League for Nursing (NLN) school of nursing.

Protection of Human Subjects

The rights of the individual participants in this research study were protected in the following manner. This study was exempt under Category I of the 1981 Federal Register (Appendix A), signifying no risk to the participant. Permission to conduct the study was received from the graduate school (Appendix B). A copy of the proposal was presented to each facility and written permission from the administrative officials was obtained prior to conducting the study (Appendix C).

Each participant was given the opportunity to volunteer or refuse to participate in the study (Appendix D). The participants were informed verbally and in writing that completion and return of the forms would be construed as informed consent. Each individual's right to privacy was respected by providing complete anonymity as no names were requested on the forms. Each participant was informed verbally that she/he could withdraw from the study at any time. Results of the study were presented to the agency following conclusion of the research study.

Instruments

Two instruments were used for collection of data in this research study. These instruments consisted of a form used for collection of demographic data from the nurse participants and the second instrument was a specific tool used to measure the moral judgment levels of the participants.

The Demographic Data Form (Appendix E) was designed by the investigator and was used to obtain specific information regarding age, sex, educational preparation, and employment. The information gathered from these responses was used to describe the sample as well as substantiate the data used to test Hypothesis 2.

The second instrument used was The Defining Issues Test (Appendix F) by Rest (1979b). Written permission from the author was obtained to utilize this instrument (Appendix G). The Defining Issues Test (DIT) measures the developmental character of the way people choose the important issues in moral dilemmas. It is a multiple choice, paper-pencil test questionnaire. The tool presents a moral problem and then asks for a solution and a justification for that solution (Rest, 1979b). The subjects read six hypothetical, moral dilemmas and then

select from among 12 issue statements. The 12 issue statements are the most important issues in making a decision concerning each case. The 12 issue statements represent a stage characteristic of Kohlberg's stage typology. The subject ranks the questions in terms of the importance of each consideration in making a decision about what ought to be done. The assumption is that a subject's developmental level will influence how the participant rates and ranks the items (Munhall, 1980). Moral judgment scores tell something about the general interpretive framework that a person brings to a moral problem and presumably the way a person interprets a problem has a bearing on decision-making (Rest, 1979b).

Each of the 12 issue statements is characterized by: the stage structure, distractor items, matching issues from various stages on such items as work length and complexity of syntax, and including representation of each set of considerations (Rest et al., 1974). The subjects rank their first four choices of the most important issues. Rest considered scoring the test by using the P score (sum of weighted ranks given to Stage 5 and 6 items or principled morality).

This score is interpreted as the relative importance a subject gives to principled (Stage 5

and 6) moral considerations in making a decision about moral dilemmas. (Rest, 1979b, p. 52)

Weights of 4, 3, 2, and 1 are assigned to the issues ranked as first, second, third, and fourth respectively by the subject. Since each dilemma has four ranks, each has 10 points to distribute among the stages. Points are totaled across the six stories for each stage. Thus, there are 60 points in all. The raw P score is calculated by adding together the scores of Stages 5A, 5B, and 6. The raw score is converted to percentages by dividing it by .60. The P percentage ranges from 0 to 95 instead of 100 due to the fact that on three stories there is no fourth possible Principled item to choose (Rest, 1979b). This value represents the total weighted ranks of the Principled moral considerations in moral decision-making (Rest, 1979b).

A consistency check is recommended by Rest to uncover any inconsistency between a subject's rating and ranking of any statement. Discrimination between the ratings and rankings denotes whether the participant was taking the test seriously or misunderstood the instructions (Rest, 1979b). This is accomplished by comparing the subject's rating (at the left hand side of the test)

with the ranking (the items at the bottom of the page). If, for example, a high rated item is not ranked as first or second choices, then there is an inconsistency between rating and ranking. This may be due to careless responding, random checking, misunderstanding or instructions, or changing one's mind about an item (Rest, 1979b).

An M score represents a subject's tendency to rate high meaningless items based upon their pretentiousness. A high raw M score of 8 or higher or an M percentage of 14 or more should be discarded (Rest, 1979b).

Reliability

According to Polit and Hungler (1978), reliability refers to the consistency or accuracy which the instrument measures a characteristic. The DIT was assessed reliability by comparing it to Kohlberg's Moral Maturity Score (MMS), the Differential Aptitude Test (DAT), the Comprehension of Moral Issues (COMP), and Law and Order Orientation (LO). This type of reliability check is referred to as equivalence by Polit and Hungler. In Davison and Robbin's (1978) article, the correlation between the DIT and the MMS was .68; between the DIT and the DAT the correlation was .43. The correlation between the DIT and the COMP was .65, and between the

DIT and LO the correlation was $-.59$. All of these were calculated with the level of significance established at $.01$. In a group of 193 subjects, Rest found correlation of the DIT to the COMP to be $.58$; the DIT to the LO to be $-.60$; and the DIT to the DAT to be correlated at $.41$. The level of significance established for this study was also $.01$.

Another characteristic of reliability assessment is stability or test-retest reliability. Rest (1975) sampled 28 ninth graders. The DIT had a test-retest Pearson correlation of $.81$ at the $.01$ level of significance. In Davison and Robbin's (1978) article of 160 subjects, the test-retest scores ranged in the upper $.70$ s and $.80$ s with the level of significance set at $.05$.

Validity

Validity refers to the degree an instrument measures what it is supposed to measure (Polit & Hungler, 1978). A criterion-related approach to validity is assessed by the relationship between the instrument and some other criterion. The tool is said to be valid if it correlated with some criterion (Polit & Hungler, 1978). Rest (1975) discussed the cross-sectional study which validated criterion approach by comparing school level to the DIT.

In his 1975 study, Rest found that junior high school students scored in the 20s, senior high school students scored in the 30s, college freshmen and sophomores averaged in the 40s, college juniors and seniors averaged in the 50s, and graduate students scored in the 60s.

Convergent-divergent validity refers to measuring the DIT with some other tests. As mentioned previously, the DIT has been correlated to other tools which are thought to measure moral levels. The DIT, secondly, would be related to other tests of cognitive development and least related to measures of sex, I.Q., and socioeconomic status (Rest, 1979a). For example, Rest (1979a), cited unpublished manuscripts for the low correlation of the DIT to I.Q. tests. M. A. Johnson (cited in Rest, 1975) sampled 66 students in 8th and 11th grades in a private Lutheran school in Pennsylvania. Johnson analyzed the Otis I.Q. test in relation to the DIT. The correlation between the test was .24. No level of significance was specified.

Data Collection

All registered nurses who agreed to participate in the research study were given the packet of materials consisting of the Demographic Data Form and the DIT.

Subjects were asked to complete the packet within 1 week. A time was designated for the return of the investigator to collect the packet material at each agency. It was decided by the supervisors and directors of nurses that ample time had been provided for the return of the packets by the staff. These officials determined that only those returning the packets at the designated time would be included in the study.

Treatment of Data

The statistical analysis of the data obtained involved a variety of measurements. The demographic data were analyzed using descriptive statistics and were presented as means and frequency scores.

Hypothesis 1 was tested using the t-test. This process is the basic parametric procedure for testing differences between group means (Polit & Hungler, 1978). It is appropriate for comparing means of small samples when it is assumed the sample scores come from normally distributed population. This t-test for two independent samples was applied to the data to determine if a significant difference between the two groups of nurses' scores on the DIT existed. The independent variable

was the nursing work specialty area while the dependent variable was the score on the DIT.

Hypothesis 2 was tested using Spearman's rank order correlation coefficient. Since the educational level was ordinal and the DIT was interval data, the Spearman rho was used to establish relationships between these kinds of data.

It is a measure of association which requires that both variables be measured in at least an ordinal scale so that the objects or individuals under study may be ranked in two ordered scales. (Siegel, 1956, p. 202)

The level of significance for this study was set at .05. The setting of .05 level is accepting the risk of being in error 5% of the time (Elzey, 1974).

CHAPTER 4

ANALYSIS OF DATA

The data in this chapter present the results of the study and the extent to which the findings substantiate the hypotheses. The statistical results in the comparison of the two groups of subjects are presented in score comparison for the groups. The correlation between the specific demographic factor (educational preparation) is also described.

The determination of moral judgment levels and any differences among ICU and VNA nurses was the intent of this research. Within the parameters of this study, analysis of the data revealed no significant difference between the two groups of nurses and no significant difference between nurses representing different educational preparedness.

Description of Sample

The sample for this study consisted of registered nurses (associate, diploma, baccalaureate, and master's prepared) who were currently practicing in a hospital intensive care unit or Visiting Nurse Association.

The sample was obtained from a county hospital intensive care unit and a Visiting Nurse Association located in a large metropolitan area in the Southwest part of the United States.

The hospital ICU was given 150 packets containing a demographic data sheet, the written presentation to the subjects, and the Defining Issues Test. In the hospital ICU setting, the investigator was not allowed to contact the staff nurses directly. Hospital policy mandated that the investigator deliver the packets and necessary information to the directors of the seven ICUs. The directors, in turn, would pass the materials and information to their subordinates for completion. At the end of 2 weeks, the investigator returned to each director to collect the completed packets. A written explanation to the subjects was included.

Twenty-one (14%) nurse participants completed and returned the packets. Of the 21 participants completing the packets, only 19 could be used for data analysis. The reason for the two eliminations resulted from failing the consistency check provided by the DIT manual. The consistency check is an indicator of the usability of a subjects' questionnaire. The consistency check

involves comparing the subjects' ratings with a subject's rankings. If a subject ranks an item first on the DIT, then the rating for that item should have no other item higher. Therefore, if a subject ranks an item second, then his ratings for that item should have no other items higher except the item ranked as first.

If there are items not chosen as first or second, then there is an inconsistency between the subjects' rankings and ratings due to careless responding, random checking, misunderstanding the directions, changing one's mind about an item, etc. (Rest, 1979b, p. 3.4)

The VNA was given 35 packets containing the same material as that given to the directors of the ICUs. The investigator was permitted to present the packets to the VNA nurses in groups. At the beginning of each of three routine monthly meetings, the investigator was allowed to discuss with each group the packets and information regarding subjects' rights. Additionally, time was allotted for questions and answers regarding the packet materials.

Eighteen (51%) nurse participants completed and returned the test. Of the 18, one was rejected due to failure to pass the consistency check as described in the DIT manual. One subject was male, the others were females. Their educational preparation ranged from

associate degree through master's level preparation. Distribution occurred in the following manner for the hospital ICU nurses: 1 nurse with an associate degree, 2 nurses with a diploma in nursing, and 16 nurses with a baccalaureate degree. All of the participants were in the 20-29 year age group. Distribution for the VNA nurses resulted in the following: 1 nurse with an associate degree, 3 nurses with a diploma in nursing, 12 nurses with a baccalaureate degree, and 1 nurse with a master's degree. All of the participants from the VNA were female. The age categories were 6 in the 20-29 year age group, 7 in the 30-39 year age group, 3 in the 40-49 year age group, and 1 in the 50-59 year age group (Table 1).

Findings

In order to determine if there is a difference in moral judgment levels between nurses in the Visiting Nurse Association and nurses in intensive care units, the following hypothesis was tested: There is no significant difference between the scores on the Defining Issues Test of nurses who work in the Visiting Nurse Association and nurses who work in intensive care units. The t-test was used to determine if there was a

Table 1
Description of Sample

	ICU Nurses (<u>n</u> = 19)	VNA Nurses (<u>n</u> = 17)
<u>Age:</u>		
20-29 years	19 (100%)	6 (35%)
30-39 years	0 --	7 (41%)
40-49 years	0 --	3 (18%)
50-59 years	0 --	1 (0.06%)
60-69 years	0 --	0 --
<u>Sex:</u>		
Male	1 (5%)	0 --
Female	18 (95%)	17 (100%)
<u>Employment Status:</u>		
Full-time	19 (100%)	16 (95%)
Part-time	0 --	1 (5%)
<u>Eduational Preparation:</u>		
Associate	1 (5%)	1 (6%)
Diploma	2 (10%)	3 (18%)
Baccalaureate	16 (85%)	12 (17%)
Master's	0 --	1 (5%)

significant difference in the Principled Morality Score percentage (P%) of the DIT and the two groups of nurses. Table 2 reflects this data. The scores reflect the mean P% scores. The Principled Morality score (sum of weighted ranks given to Stage 5 and 6 items) is interpreted as "the relative importance a subject gives to principles moral considerations in making a decision about moral dilemmas" (Rest, 1979b, p. 5.2). The mean P% score for the ICU group was 39.6 and 38.2 in the VNA group. Rest (1975) established P% norms for college students as 54.9%. The score for the DIT was calculated by adding scores of Stages 5A, 5B, and 6 from the DIT and dividing by .6 as instructed in the manual. The subdivisions into Stages 5A, 5B, and 6 correspond to the stages of the "morality of social contract," "the morality of intuitive humanism," and "the morality of principles of ideal social cooperation," respectively. Statistical analysis of this data using the t -test showed $t = .30$, $p = .769$, demonstrating that there was not a significant difference in the scores on the DIT between the two groups of nurses. Therefore, the null hypothesis was accepted.

In order to determine if there was a correlation between educational preparation and the scores on the

Table 2

Comparison of Mean Scores and Standard
Deviations on the Defining Issues Test

	ICU Nurses (<u>n</u> = 19)	VNA Nurses (<u>n</u> = 17)
Mean score	39.6	38.2
Standard deviation	14.49	14.62
Minimum score	18.3	11.67
Maximum score	66.6	58.3

DIT for the two nursing groups, the following hypothesis was tested: There is no significant relationship between the nurse's educational degree and the nurse's score on the Defining Issues Test. The Spearman rank-order was used to determine whether a relationship existed. The Spearman rho was .166, p = .967; this demonstrated no significant correlation between educational preparation and the DIT scores. Therefore, null Hypothesis 2 was accepted.

Summary of Findings

This study was conducted in order to determine if hospital ICU nurses and VNA nurses differed in scores on the DIT and if there was a relationship between

educational preparation and scores on the DIT for VNA and ICU nurses.

A sample of 19 ICU nurses and 17 VNA nurses was obtained. All except one nurse was female. The educational preparation ranged from associate degree through master's degree level. Hypotheses 1 and 2 were both accepted, indicating that the work specialty area and the educational preparation were not significantly related to the scores on the Defining Issues Test.

CHAPTER 5

SUMMARY OF THE STUDY

In this chapter, a summary of this ex post facto descriptive study will be discussed. Also addressed will be the discussion of findings as they relate to other studies, Conclusions, implications for nursing research, and recommendations for further study will also be presented.

Summary

The problem of this study was to investigate the relationship between moral judgment, educational preparation, and specialty work area. The hypotheses of the study were written in the null and proposed that moral judgment was not related either to educational preparation or specialty work area. The subjects' educational preparation and specialty work area were correlated with the subjects' scores on the Defining Issues Test (DIT) which measures moral judgment levels.

The instruments utilized in this study were the Defining Issues Test by Rest (1979b) and an investigator designed demographic data sheet. The DIT measured the

moral judgment level of each group of subjects. The demographic data sheet was utilized to collect information regarding age, sex, educational preparation, and specialty work area. An accessible population of 150 ICU nurses and 35 VNA nurses was selected. A response rate of 19 (14%) ICU nurses and 17 (51%) VNA nurses yielded a total sample of 36 nurses.

Both parametric and nonparametric statistics were used in the data analysis. Hypothesis 1 stated: There is no significant difference between the scores on the Defining Issues Test of nurses who work in the Visiting Nurse Association and nurses who work in intensive care units. With reference to Hypothesis 1, the data were analyzed using the t -test. Results indicated no significant difference between the scores on the DIT and specialty work area. Therefore, Hypothesis 1 was accepted.

Hypothesis 2 stated: There is no significant relationship between the nurse's educational degree and the nurse's score on the Defining Issues Test. In order to determine the relationship between educational preparation and the scores on the DIT, Spearman rank order correlation coefficient was applied. Results of

this analysis demonstrated no significant difference between the nurses' educational preparation and the DIT score. Therefore, Hypothesis 2 was accepted.

Discussion of Findings

A brief discussion of the findings of this study will be presented as they relate to findings of similar research. Meanings extrapolated from these findings will also be included.

Unlike Crisham's (1979) study which concluded that the level of education was clearly related to the level of moral judgment about hypothetical dilemmas on the DIT, the present study indicated no such relationship. In Sleicher's (1978) study, there was a weak correlation between highest degree held and moral judgment scores. Davison and Robbins (1978) also found a significant correlation between educational level and DIT scores.

Failure of the present study to substantiate these research findings may be due to the small sample size and the low number of associate (2) and diploma (5) nurses. Both the ICU nurses and VNA nurses appeared to be at Stages 4 or 5A. Eleven ICU nurses and 11 VNA nurses were at Stage 5A. The homogeneous nature of the scores or stage levels of Kohlberg's (1969) theory did

not lend itself for statistical correlation. The groups also appeared homogeneous on age and sex, thus decreasing any significance for further analysis.

From the review of the literature, it was assumed that related to the milieu, VNA nurses should score higher on the DIT due to their autonomy and need for independent decision-making skills (Anderson et al., 1974; Back et al., 1958; Dalton, 1979; Hansen, 1966). The present study, however, failed to substantiate this premise.

Conclusions and Implications

The findings of this study failed to provide evidence that educational preparation or specialty work area were correlated with moral judgment levels. These findings were at variance with those findings of other studies which did correlate moral judgment levels with educational preparation. From these findings, the following conclusions were drawn.

1. The small sample size and homogeneous nature of the two specialty work areas influenced the lack of significant correlation.
2. Increased education may not have an effect on the ability of nurses to make difficult decisions.

3. Nurses employed in the ICU and VNA specialty areas have similar moral judgment levels.

Based on the similarities of the groups, results of this study suggest the following implications for nursing research:

1. Methods need to be implemented that will increase the moral judgment level of nurses from the conventional Stage 4 to the principled Stages 5 or 6. This may be accomplished by inservice programs provided by the institutions, or continuing education programs developed by educational institutions.

2. The nursing curriculum of all levels of nursing education should include strategies and content to enhance moral judgment level prior to the nurse graduating and entering practice.

Recommendations for Further Study

Since the findings of this study demonstrated no significant difference in educational preparation, specialty work area, and moral judgment levels, the following recommendations for further study were made:

1. A replication of this study should be made on a much larger sample providing data for generalization to the population.

2. Longitudinal studies of both student nurses and practicing nurses would lend data related to the change in moral judgment over time due to maturation processes.

3. Future studies could utilize an instrument specifically oriented toward nurses, such as Crisham's (1979) Nursing Dilemma Test, to investigate the moral judgment domain in nursing.

4. Future studies could analyze any variance with the Defining Issues Test by specific nursing program (associate, diploma, baccalaureate, master's), by current nursing position (staff nurse, head nurse, supervisor), and other types of health care settings (hospice, public school nursing, outpatient clinics).

5. Moral judgment scores could be evaluated in relation to length of time in the nursing profession.

APPENDIX A

Prospectus for Thesis
Approval Form

This proposal for a thesis by Beverly Ann Boykin Rasor
_____ and entitled Moral Judgment: A Comparison
Between Hospital and Public Health Nurses

has been successfully defended and approved by the members
of the Thesis Committee.

This research is X is not _____ exempt from appro-
val by the Human Subjects Review Committee. If the research
is exempt, the reason for its exemption is: _____

Meets requirements under Category I of the Human
Subjects Research Review Committee

Thesis Committee: Sandra Stukland, Chairperson
Helen A. Bush, Member
Fair Watson, Member

Date: March 11, 1982

Dean, College of Nursing

Date: _____

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

June 16, 1982

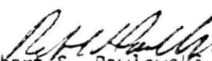
Mrs. Beverly A. Rasor
402 Grace Drive
Richardson, TX 75081

Dear Mrs. Rasor:

Thank you for providing the materials necessary for the final approval of your prospectus in the Graduate Office. I am pleased to approve the prospectus, and I look forward to seeing the results of your study.

If I can be of further assistance, please let me know.

Sincerely yours,


Robert S. Pawlowski
Provost

ap

cc Dr. Sandra Strickland
Dr. Anne Gudmundsen

APPENDIX C

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE _____

GRANTS TO Beverly Ann Rasor
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.

The problem of this study is two-fold: (a) to determine if there is a
difference in moral judgment levels between female nurses in the Visiting
Nurse Association and female nurses in intensive care units, and (b) if
there is a relationship between educational degree and moral judgment
scores in nurses in the Visiting Nurse Association and nurses in
intensive care units.

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) (~~is not willing~~) to allow the
completed report to be circulated through interlibrary
loan.
5. Other _____

Date: 4-28-82

Signature of Agency Personnel

Beverly A. Rasor
Signature of Student

[Signature]
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.

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE _____

GRANTS TO Beverly Ann Rasor

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. The problem of this study is two-fold: (a) to determine if there is a difference in moral judgment levels between female nurses in the Visiting Nurse Association and female nurses in intensive care units, and (b) if there is a relationship between educational degree and moral judgment scores in nurses in the Visiting Nurse Association and nurses in intensive care units.

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 _____

1., 2., and 4., above after it reads the completed report.

Date: 4-12-82

Signature of Agency Personnel

Beverly Ann Rasor
Signature of Student

Dorinda Stuchlik
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

My name is Beverly Rasor and I am a Texas Woman's University master's degree candidate. I am interested in studying how nurses from intensive care units and nurses from Visiting Nurse Association think regarding social problems. With your assistance, this data may be obtained for my study.

The questionnaire will take approximately 30-45 minutes to complete. Please use a pencil to answer the questions.

Confidentiality of your answers will be assured as no names are requested on the answer sheets. The results of the collected data will be reported as group data. Completion and return of the questionnaire will be construed as informed consent to participate in the study.

The data collected from this research will add to the body of knowledge of nursing. Nursing is becoming a well-educated and sophisticated profession which needs further exploration into social problems and issues. Your contribution to this subject will be most appreciated. Thank you for your cooperation and assistance.

APPENDIX E

COMPLETION AND RETURN OF THIS INSTRUMENT WILL BE CON-
STRUED AS INFORMED CONSENT TO ACT AS A SUBJECT IN THIS
STUDY

Demographic Data Sheet

Please respond to each category listed below by checking
the answer best describing you. Thank you for your
cooperation.

1. Educational Background:

- ☐ Associate degree
☐ Diploma degree
☐ Baccalaureate degree
☐ Master's degree

2. Employment Status:

- ☐ full-time (30 hours or more per week)
☐ part-time (less than 30 hours per week)

3. Sex:

- ☐ female
☐ male

4. Age:

- ☐ 20-29
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60-69

Please complete the following:

Name of nursing school: _____

City and State: _____

APPENDIX F

Defining Issues Test

A sample of this copyrighted instrument may be
obtained from the following source:

University of Minnesota
Department of Social, Psychological,
and Philosophical Foundations of
Education
330 Burton Hall
178 Pillsbury Drive S.E.
Minneapolis, Minnesota 55455

APPENDIX G

TEXAS WOMAN'S UNIVERSITY
DALLAS CENTER-INWOOD CAMPUS
1810 INWOOD ROAD
DALLAS, TEXAS 75235

COLLEGE OF NURSING

I, J.R. Rest PhD, give my permission for Beverly Rasor to
utilize the Defining Issues Test as the instrument for her
thesis.

signature James R. Rest
date July 1, 1981

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