Designing and Implementing an Educational Program to Reduce the Challenges Related to Healthcare Ethics for Medical Practitioners and Nurses

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Abstract

More than sixty five percent of healthcare workers have ethical issues during their career. Unless ethically challenging situations are managed effectively, they often escalate into more complicated issues that erode communication and result in compromised care. Unethical behavior will not only cause ethical stress but also moral distress to the employees and decreases reputation of the hospital while increasing staff turnover. In order to improve the working conditions the health care organization must provide better support resources and structures to face the ethically challenging situations. An effective educational program will prepare health care professional and doctors to face ethically challenging situations. This project work aims at designing an educational program to affectively deal with and reduce challenges regarding ethics. Social learning theory and blended learning technique are suggested for program design. The criteria for this program are at evaluation Behavior level.

Keywords: Training Program, Healthcare Ethics, Ethical Stress, Moral Distress, Etical Behavior.

**Background**

About two thirds of healthcare workers have some ethical issues they can do nothing about, and many reported frustration and fatigue(1). Most of the ethical incidents occur in Intensive care and oncology which means ethically difficult situations are pertained to end-of-life care for children and adults (2). Unnecessary patient suffering, patient autonomy and questionable professional behavior were the most prevalent ethical issues. If healthcare ethics are not adhered to, it will lead to patient dissatisfaction (3). The negativity and unethical behaviour are likely to shatter the confidence of the patients in the care that they receive (4). The review from a patient whose experience and perception is not good is likely to be bad that discourages other patients as well. This not only stops patients from returning back, but also stops others from visiting the institution based on the recommendation they receive (5). The unethical behavior by employees can negatively impact not only public trust and the reputation of an organization, but also long-term financial viability of an organization (6).

If ethics regarding confidentiality regarding of patients records is not maintained, leakage of information regarding the patients will lead to many problems, including the defamation of patients, unnecessary hardships to patients in society and particularly the problem is grievous in cases about famous personalities and celebrities (7) .

There are situations when the staff members follow their moral decisions, but in doing this they clash with legal regulations(8). These legal problems exist because they violate human right principles like Right to liberty and security, right to privacy and confidentiality, right to information, right to bodily integrity, right to highest attainable standard health, right to freedom from torture and cruel, inhuman and degrading treatment, right to non-discrimination and equality, right to remedy(9).

Despite the recent publicity about the ethical problems in relationships between physicians and pharmaceutical industry, inexperienced and experienced physicians continued to have a rather permissive view about a variety of marketing activities (10). It was found that acceptance of drug samples was judged to be ethical by almost all respondents and acceptance of a lucrative consultant ship by just over a half. Respondents seem to believe that the average doctor is more likely to accept most items and is more likely to be influenced in his or her prescribing practices by accepting an item (11).

Industry payments to surgeons have received public attention, but little is known about the relationships between surgeons and medical device representatives(12). With innumerable technologies now available in the armamentarium of healthcare, combined with escalating realities of financial constraints, cultural differences, moral divergence, and ideological divides among stakeholders, medical professionals and their patients are increasingly faced with ethical quandaries when making medical decisions (13). While developing Healthcare Technologies, ethical norms such as aspects of equality and justice, autonomy, privacy, and cost effectiveness should be followed (14).

Ethical behavior of coworkers, ethical optimism, education in ethics, gender, and being a nurse significantly impacted ethical behavior of self (15). Ethical behavior of peers, ethical behavior of successful managers, and emotional intelligence had a significant positive impact on ethical behavior. Another interesting observation of the study is that physicians and hospital employees with political connections with in the organization were significantly less ethical than other employees(6). Unless ethically challenging situations are managed effectively, they often escalate into more complicated issues that erode communication and result in compromised care (2).

Poor ethical climate leads to ethics stress. An important overlap exists between overall work climate and ethical climate, and overall work related stress and ethics stress. A higher ethics stress score was associated with a lower ethical climate score. Ethics stress could contribute to or be the result of a poor work environment. The findings also detailed that those without institutional support for handling ethical issues and stress are more likely to want to leave their jobs. Twenty five percent of the sample reported they would like to leave their current position, especially younger workers and those who work full-time(1).. The findings also detailed that those without institutional support for handling ethical issues and stress are more likely to want to leave their jobs. Twenty five percent of the sample reported they would like to leave their current position, especially younger workers and those who work full-time (1).

Moral distress has been shown to be caused by providing poor-quality/futile care, unsuccessful patient advocacy, and the provision of unrealistic hope to patients and their families. These conditions are exacerbated when a poor ethical climate is prevalent. The effects of moral distress noted in the literature showed an impact on the physical and mental health of nurses, nurses’ provision of care, job satisfaction and staff turnover (16).

One aspect of research about this problem to consider would be whether education of Ethics to the healthcare professionals will in any manner make their position any better. Education alone is inadequate; interestingly, nurses and social workers with more ethics education reported more job dissatisfaction. Having some knowledge and skills to address recognize and articulate ethical issues in the workplace, but limited or no access to resources or a non-supportive ethical climate for practice may lead to frustration and dissatisfaction, moral distress and moral residue—emotional guilt over ethical decisions made by others (1). There are differing opinions that ethics taught in schools have various pitfalls including “introducing spurious technocratic jargon by the teacher and student alike in the futile search for intellectual respectability, culminating in a misplaced sense of having done the ethics module” (17, p.740).

In a study, to understand the awareness and the need to know the ethics, most of health care professionals expressed that they were aware about the need to know the ethics and law, but have not undergone any informal training. There was a marked difference in the knowledge and attitudes between physicians and nurses regarding the medical ethics and law. There was a statistically significant difference between the opinions of physicians and nurses with respect to adherence to patients' wishes, confidentiality, paternalistic attitude of doctors, consent for procedures and treating violent/ non-compliant patients. The doctors were stronger in their opinions than the nurses in these issues (18).

A need for further education in ethics and a forum for discussing ethically troubling situations experienced in the daily practice of care. Realizing that there are different ways of reasoning in ethical dilemmas could help professionals to understand better their own process of ethical decision-making and create a greater readiness for related situations. Ethics rounds, with interdisciplinary participation, could be one strategy and such intervention strategies could help identify ethical dilemmas earlier and increase the tolerance and respect for the moral perspectives of others, and thereby reduce the level of stress experienced(9).

From the literature review done so far, it is evident that unethical behavior of doctors and nurses is influenced by various factors ranging from individual behavior of the employees working with them to reasons due to adherence to healthcare regulations issued by governments and influence by external agencies like pharmaceutical companies and equipment suppliers. Even though some health care professionals learnt ethics as part of their curriculum it is often of little help to them in facing and handling ethical challenges in real life situations.

The literature reviewed in this study clearly shows that an educational program for healthcare professionals and nurses needs a further education regarding ethics

If the program designed, overall ethical atmosphere of the hospital will be improved. The results of improved ethical atmosphere will be

1. Ethical stress and moral distress will be decreased which results in increased job satisfaction and decreased staff turnover of healthcare professionals and nurses
2. Lower litigations and legal expenses
3. Improvement in the Reputation of the hospital

**Project**

For understanding about the needs of the program a training need analysis has to be carried out.

**Training Needs Analysis**

Methods of Data Gathering**:**

As literature suggests, most of healthcare professionals and nurses learnt about ethics from multiple sources but have little or no knowledge about the law (18). It is felt that training programs will be helpful for many of the respondents to know about ethics. The problem will be to create awareness among them on identifying the ethical issues and teaching them on handling the real situations to the satisfaction of all the stakeholders while being ethically correct.

Both quantitative and qualitative methods are to be used in this study for individual groups separately. The knowledge of ethics is assessed by quantitative techniques and for evidence of ethical problems. Qualitative techniques such as interviews, focus group discussion, and brainstorming can be used to explore more in detail the data discovered quantitatively.

**Learning Theory**

Social Learning Theory, a theory that aptly captures the requirements for this program, suggests that people learn by observing other people (i.e., models) and attempting to emulate their behaviors.

The theory suggests there are four processes involved in learning:

1. Attentional processes must occur, for individuals cannot learn by observation unless they are aware of the important aspects of the model’s performance. They are influenced by characteristics of the model and the learner.
2. Retentional processes are involved so that the learner can remember the behaviors or skills they observe and can recall them when appropriate.
3. Reproductional processes involve the learner trying to reproduce the behaviors or skills observed.
4. Learners are more likely to adopt the modeled behavior if it results in positive outcomes.

**Program design**

Three Phases of the Program Design Process

1. Pre-Training
2. Learning Event
3. Post-Training

Pre-Training**:** Preparing, motivating, and energizing trainees to attend the learning event. Pre-training also includes choosing and trainer and preparing and making sure the learning environment (climate, peers, and managers) supports learning and transfer.

Seating Arrangements: Conference-type - Used for total-group discussion, limited presentations and no small group work

Choosing Trainers: Both internal and external trainers for different backgrounds are to be recruited.

The training team consists of

1. Experienced Doctors and nurses mostly internal trainers, who are having good reputation in dealing with ethical dilemmas.
2. Attorneys who are experts in dealing circumstances related to ethical problems in hospital.
3. Psychologists to address ethical stress and moral distress.

Course outline

**Learning Event:** Learning Event involves preparing instruction and environment to facilitate learning. This can involve planning appropriate activities to engage the audience, and program design and flow.

Lesson Design: A design document includes the scope of the project, delivery, and objectives.

Scope of the Project:

Goal - to learn good ethical behavior

Audience – healthcare professionals and nurses

Length of the course: Three days

Delivery:

|  |  |  |
| --- | --- | --- |
|  | Morning Session | Evening Session |
| Day 1 | Introduction to Ethics and commonly encountered ethical issues. | Ethical dilemmas - how to resolve them, Distribution of DVDS |
| Day 2 | Dealing patients ethically | Dealing family/ patients relatives / members ethically |
| Day 3 | How to cope up with ethical stress and Moral Distress | Ethical issues – human right violations  Evaluation / Case studies |

**Learning Objectives**

For this training program the learning objectives which after completion of the course participants will be appreciate are:

* Identify ethical issues encountered by doctors and nurses.
* Identify indicators for early signs of ethically difficult situations.
* Analyse the ethically difficult situation.
* Manage the ethically difficult situation and resolve.

**Post-Training**

This stage involves the transfer of training to the actual job.  There are many factors that can affect this, such as support from managers, coworkers, and opportunities to use the training on the job.

Support Network:

A support network is a group of 2 or more trainees who agree to meet and discuss their progress incorporating what they learned in training to the job. This can be done in a variety of ways from face to face, email, using Social networking. Employees can share ways that they have used what they learned in training and any challenges they encountered while trying to implement it.

**Training Methodology**

For this training program blended learning is to be used. Blended learning is a new hybrid teaching methodology, e-learning combined with traditional class room methods and independent study.

Blended learning has three primary components:

1. In-person classroom activities facilitated by a trained educator.
2. Online learning materials, often including pre-recorded lectures given by that same instructor.
3. Structured independent study time guided by the material in the lectures and skills developed during the classroom experience (19).

In this training program one or two face to face sessions of instructions will be held followed by distribution of pre-recorded DVDs. The DVD shall be precompiled media consisting of case studies regarding various possible ethical dilemmas and how to resolve them. The case studies shall be in the form of short films with actors or animated characters which will help in reinforcing the concepts. The trainees will view the DVDs at their convenience and understand how to resolve ethical dilemmas. After completion of viewing the DVDs, the participants will attend again face to face sessions conducted to discuss about case studies and similarity with the real life situations they handled. The discussions will continue to analyse the actions of the healthcare professionals and nurses and possible solutions that may be better. This will not only prepare them to handle situations much better but will also provide more case studies for future.

**Evaluation**

The training program proposed is regarding ethics for Healthcare professionals and Nurses and most of the Healthcare professionals and Nurses have formal education regarding ethics during their school education. There are differing opinions that ethics taught in schools have various pitfalls including “introducing spurious technocratic jargon by the teacher and student alike in the futile search for intellectual respectability, culminating in a misplaced sense of having done the ethics module” (17, p.740). As mentioned earlier Ethics is defined as “Our concern for good behavior. We feel an obligation to consider not only our own personal well-being, but also that of other human being” (20, p.401). Hence, Behavior and Skill-based outcomes will be the most appropriate outcome for this training program. Other methods of assessing outcomes which demonstrate the extent to which trainees are familiar with information, including principles, facts, techniques, procedures, and processes (19), covered in the training program may not be useful in this context as also the measurement of returns as it is not always possible to quantify and measure the returns in such trainings.

**Training Evaluation Criteria**

Learning criteria are measures of the learning outcomes of training; they are not measures of job performance (19). They are typically operationalized by using paper-and-pencil and performance tests. The choice of evaluation criteria is a primary decision that must be made when evaluating the effectiveness of training and it largely depends on the purpose for which the training is given. Kirkpatrick’s four-level model of training evaluation and criteria suggests training can be evaluated on the following levels (19):

1. Reactions level, which focuses on trainee satisfaction.
2. Learning level, this focuses on the acquisition of knowledge, skills, attitudes and/or behaviours.
3. Behavior level, which focuses on improvement in job performance or behaviours.
4. Results level, which focuses on whether desired business results were achieved as a result of the training.

The criteria for evaluation for this training program should be done at behavior level. “Trainee learning appears to be a necessary but not sufficient prerequisite for behavior change” (21). In contrast, behavioral criteria are measures of actual on-the-job performance and can be used to identify the effects of training on actual work performance. Issues pertaining to the transfer of training are also relevant here. Behavioral criteria are typically operationalized by using supervisor ratings or objective indicators of performance (22). Although learning and behavioral criteria are conceptually linked, researchers have had limited success in empirically demonstrating this relationship (23). This is because behavioral criteria are susceptible to environmental variables that can influence the transfer or use of trained skills or capabilities on the job (24). The effectiveness of a training program may vary as a function of the criteria chosen to measure effectiveness (22).

**Threats for validity and assessment of Benefits**

This training program may be evaluated for external validity, “which refers to the generalizability of the evaluation results to other groups and other situations. Threats to external validity include how participants react to the pretest, how they react to evaluation, an interaction of selection and training, and the interaction of methods” (19).

“In order to control the threats to validity a comparison (or control) group may be used. A comparison group is that which participates in the evaluation study, but does not receive the training to rule out factors other than training as the cause of changes in the trainees. The group that does receive the training is referred to as the training group or treatment group” (19 p.235).

For evaluation design the pre-test / post-test with comparison group design includes pre training and post training outcome measurements as well as a comparison group in addition to the group that receives training. If the post training improvement is greater for the group that receives training, as we would expect, this provides evidence that training was responsible for the change. This would help in evaluation of the benefits accrued to the group due to the training (19, p.235).

**Costs and Return On Investment**

While it is easy to find out the cost of training by considering the costs of imparting training as well as the manpower costs, calculating Return on Investment (ROI) is not an easy task. The training on Ethics, though will improve the image of the institution as a whole, the improvement in the business that flows as a result of this improvement in Ethical behavior will be difficult to assess and quantify and hence will not be measured.

**Challenges**

The training program is on ethics for healthcare professionals and nurses. This training program consists of experts from various fields. One of the challenges in training and development is that it is sometimes fraught with issue of who exactly delivers the learning and development. Using all external trainers will be costly and so for this training program a mix of internal trainers as well as external trainers should be used. This will have multiple advantages. Internal trainers can be used for introduction to training as well as for bringing in the real time experiences on board for discussion and finding solution to various issues faced by them. Bringing in external trainers will have the advantage of training the trainees from their own experience, skills and new concepts and thus providing a different perspective of the same problem and how they are handled elsewhere. As some ethical issues are human right violations, this program should use attorneys who are experts in dealing ethical issues as trainers and provide a legal perspective of the issues handled by the Healthcare professionals. Balancing the faculty with such a variation will be a big challenge.

The second challenge for this training program is development of training material. As this program is multi-disciplinary, and training material consists of case studies in the form of video DVDs selecting case studies and presenting the solutions for the case studies is itself an important task. By forming a group of experts from various fields and by brain storming techniques proper case studies will be selected and presented.

The third challenge for this training program is different generations of staff. Different generations have different learning styles. The younger generation prefer more freedom and online training whereas older generation prefers traditional learning techniques. While the younger generation will be more interested in and respond well to learning techniques that deploy things such as micro learning and augmented reality. It would be difficult for older employees to adapt to these modern technologies. Finding a right mix and balance of various training methods will be a difficult challenge to handle. One way to handle this challenge is to pre-asses the preparedness and comfort level of the trainee group with the technologies to be used and divide them into different groups. Designing the course delivery using different techniques as suited to different targets will improve the effectiveness of the training.

The fourth challenge of training program is ensuring that employees are fully engaged with Learning platform and content. This is mainly because the trainee either cannot understand the objectives or see the relevance of the training to him or her. Sometimes, it may be that the mode of delivery feels stale and uninteresting. Two ways to tackle this issue is use of different audio visual elements in E-Learning provision. However, a far more effective approach for ensuring engagement is to make the potential trainee a stakeholder in their own learning. Using surveys and appraisals to create appealing custom content that will make your employees feel that they have been involved in its development will mitigate the issue to some extent.

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