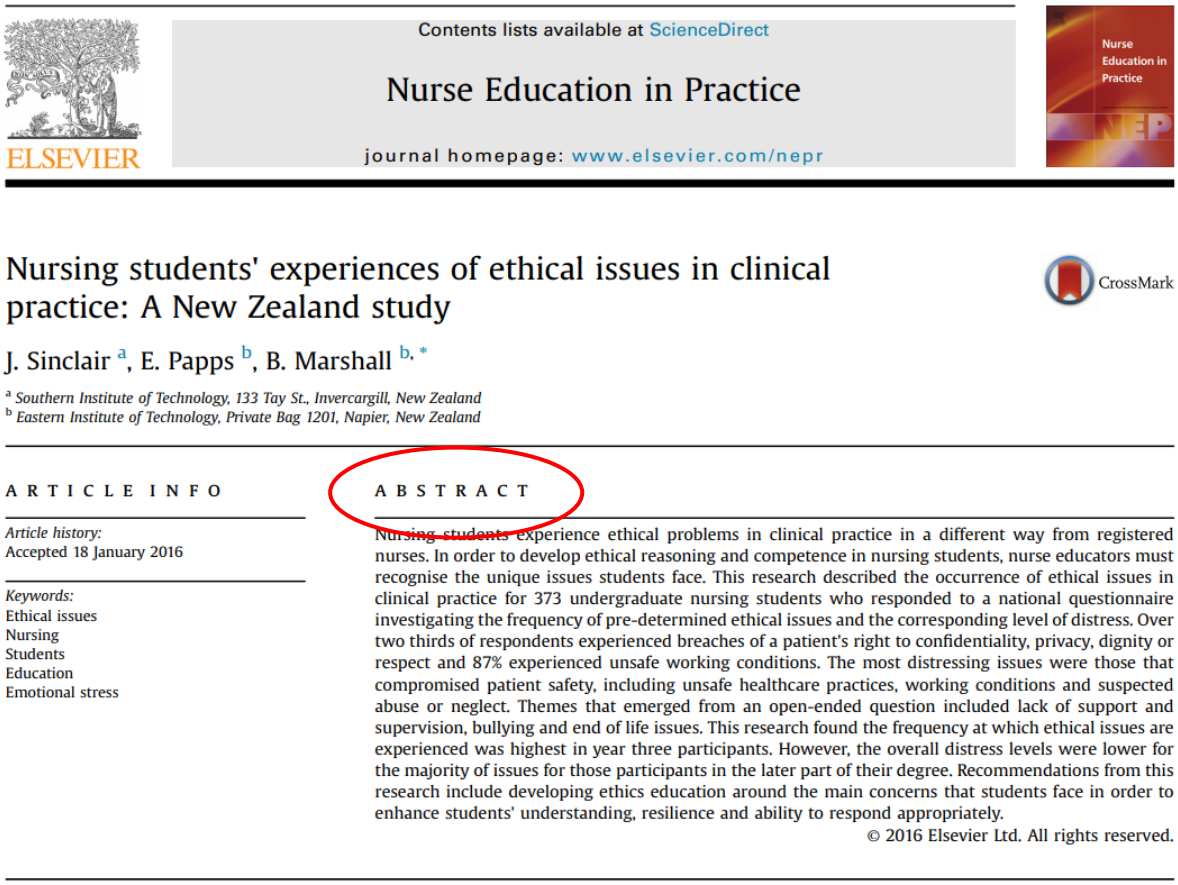
Layout of Research Articles

Research articles generally follow a standard layout. Knowing what the different sections are can help with reading and making sense of them.

The below excerpts are from a research article by Sinclair et al. (2016). Keep in mind that other articles may not be titled so clearly but they will, to a greater or lesser degree, follow the below schema.

Figure 1

Abstract



Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nepr

Nursing students' experiences of ethical issues in clinical practice: A New Zealand study

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ARTICLE INFO

Article history:
Accepted 18 January 2016

Keywords:
Ethical issues
Nursing
Students
Education
Emotional stress

ABSTRACT

Nursing students experience ethical problems in clinical practice in a different way from registered nurses. In order to develop ethical reasoning and competence in nursing students, nurse educators must recognise the unique issues students face. This research described the occurrence of ethical issues in clinical practice for 373 undergraduate nursing students who responded to a national questionnaire investigating the frequency of pre-determined ethical issues and the corresponding level of distress. Over two thirds of respondents experienced breaches of a patient's right to confidentiality, privacy, dignity or respect and 87% experienced unsafe working conditions. The most distressing issues were those that compromised patient safety, including unsafe healthcare practices, working conditions and suspected abuse or neglect. Themes that emerged from an open-ended question included lack of support and supervision, bullying and end of life issues. This research found the frequency at which ethical issues are experienced was highest in year three participants. However, the overall distress levels were lower for the majority of issues for those participants in the later part of their degree. Recommendations from this research include developing ethics education around the main concerns that students face in order to enhance students' understanding, resilience and ability to respond appropriately.

The abstract provides a summary of the article and will help you decide if it is relevant for your purposes. An abstract should indicate whether the article is a primary or secondary source. In this instance, it describes research involving nursing students undertaking a questionnaire, so it is primary literature. In some cases, it may not be entirely clear if it is primary or secondary and you will need to read further into the article (discussed below).

Abstracts will contain key terminology relating to the topic you are investigating. This can be a good way to find keywords to use in your searches.

An article will start with an introduction providing context and background for the research. Following this, you will normally find a methodology section.

Figure 2

Methodology

et al., 1997). There is recognition that while general principles are useful to guide practice, they do not always provide sufficient guidance as there is typically a level of uncertainly and ambiguity in real world situations (Beckett et al., 2007).

Many of the ethical issues identified by nursing students in the literature reviewed included breaches of fundamental patient rights or ethical principles, such as autonomy and informed consent (Callister et al., 2009; Erdil and Korkmaz, 2009; Lemonidou et al., 2004; Vallance, 2003), beneficence and non-maleficence (Beckett et al., 2007; Callister et al., 2009; Erdil and Korkmaz, 2009), veracity (Callister et al., 2009; Erdil and Korkmaz, 2009; Han and Ahn, 2000; Lemonidou et al., 2004; Yeh et al., 2010), and justice (Buelow et al., 2010; Erdil and Korkmaz, 2009). Autonomy or self-determination was found to be one of the most frequently breached ethical principles and predominantly involved doctors and nurses making unilateral decisions on behalf of patients (Erdil and Korkmaz, 2009) and restricting patient's autonomy.

Nursing students faced an ethical dilemma when time constraints alter the level of patient autonomy they could facilitate (Vallance, 2003). Knowing what the right thing is when faced with this reality does not neatly fit text book ethics (Beckett et al., 2007) and a lack of confidence and fear of not being accepted by staff can lead to passivity on the part of the student (Edlund-Sjoberg and Thorell-Ekstrand, 2001).

Breaches of confidentiality were common among the studies reviewed, and linked to issues of professionalism (Callister et al., 2009; Erdil and Korkmaz, 2009; Solum et al., 2012). Students found unprofessional behaviour to be unethical and worrying (Solum et al., 2012) and Callister et al. (2009) found staff making rude and disrespectful comments to patients were viewed as unethical and caused moral distress for students. A lack of honesty displayed by other health professionals and information being withheld from patients relate to the principle of veracity. Yeh et al. (2010) found that students were personally instructed to withhold information from patients at the family's request. Vallance (2003) found concerns were expressed when blatant dishonesty regarding a patient's treatment was observed.

Students' views in the literature identified a moral concern for the provision of inequitable or substandard care. Observing or being involved in incompetent or inadequate care, and witnessing harmful or unsafe practices were the most common situations that prompted students to consider using ethical decision making tools (Callister et al., 2009).

nurses were the delivery of less than optimal care due to pressures from management, watching patients suffer because of lack of provider continuity, working with incompetent colleagues and performing or initiating what the nurses considered to be unnecessary tests, treatments or extensive life-saving actions.

Method

Design

A quantitative descriptive survey design collected the views of New Zealand undergraduate nurses on the frequency and distress levels of pre-determined ethical issues.

Setting and sampling

A non-probability convenience sample was drawn from nursing students who were current members of the New Zealand Nurses Organisation (NZNO) National Student Unit (NSU). The NSU is a voluntary student union and had 4422 members enrolled at various tertiary education institutions (TEIs) in 2012.

Participants met the inclusion or eligibility criteria for this study if they were aged over 18 years of age, were enrolled as a full or part-time Bachelor of Nursing student and had been on a clinical placement lasting for a minimum of two weeks in the previous six months.

Ethical considerations

Ethical approval to conduct the study was obtained from the researchers' institutional Research Ethics and Approvals Committee. Participants were advised that participation was voluntary and a statement was included in the questionnaire that stated that the completion of the survey indicated voluntary agreement to participate and certification that participants were 18 years of age or older at the time of the study. The survey was configured to ensure that participants could not be linked to their responses, therefore ensuring anonymity.

Data collection

Previously developed scales, such as the Moral Distress Scale (MDS) (Corley et al., 2001) and the Ethical Issues Scale (EIS) (Fry and Duffy, 2001) were reviewed. These scales were developed in the

The methodology section for this article is clearly laid out and informs the reader as to the nature of the research conducted. In this case, we can tell that it is primary research as it involved a quantitative survey of the views of undergraduate nurses.

Secondary sources may also include a methodology section, but are likely to describe the search strategies involved for collating the sources they draw from in the article.

Be aware that not all research articles will have a clearly titled methodology section. It may be embedded within the introductory information or have another title like *procedures*. You may need to skim the first few paragraphs to find this information if it is not clearly identified.

The methodology section will typically be followed by the results of the research, perhaps including tables of the data collected (although these may be in an appendix).

Figure 3

Results

questions posed difficulty in regards to wording or understanding. They were also asked for feedback on the relevance of each item included in the questionnaire. An open-ended question was also included in the preliminary questionnaire to enable the identification of any issues not evident in the literature review process. In response to verbal and written feedback the wording of some questions was modified and questions deemed to be duplicates or irrelevant were removed, leaving a total of 15. The final questionnaire was reviewed by a statistician to assess for irregularities that may have hindered the data analysis. It was, however, recognised that these 15 items might not be the only factors which may cause distress for nursing students.

The questionnaire was assessed for content validity by experts in the field of nursing ethics and education, focussing on technical soundness, clarity and relevance. The questionnaire was submitted for reliability testing after the completion of the data collection.

The questionnaire format involved a general information page including a statement regarding consent and confidentiality as well as three preliminary questions to identify if participants met the inclusion criteria. Participants who met the inclusion criteria then progressed to Section A, which collected gender, age, ethnicity and year of study data and included further information about the study. Participants were also informed that they would be asked to recall experiences from their time as nursing students and not from their workplace if they were, or had been, employed as healthcare assistants, caregivers or nurse aides.

The subsequent two sections were designed to gather data relating to the participants' experiences of frequency and distress of

A P-value <0.05 was considered statistically significant.

Results

Participants' characteristics

The email invitation was sent to 3383 students who had an email address recorded with the NZNO NSU. The NZNO was unable to distribute based on the target qualification, therefore students outside the target population would have received an invitation. Five hundred and nine responses were received and of those, 339 met the inclusion requirements and completed the entire survey. A nominal overall completion rate of 10% was based on the members sent the email invitation rather than on the eligible population.

The majority of participants (91%) in this study were female, 61% were aged between 18 and 29 years of age and 79% of participants were aged less than 40 years. Just over two thirds of the participants (69%) identified as New Zealand European or New Zealander, and 9% identified as Māori. The largest number of students were in the third year of their degree (43%), with 38% and 19% in year two and one respectively. The spread of participants across each of the years of study is likely due to the eligibility criteria requiring recent clinical exposure.

Frequency and distress levels

Table 1 illustrates the frequency and distress levels associated with issues.

Table 1
Summary of frequency and mean scores.

What level of distress did you feel when	Occurrence %	Frequency mean	Distress mean
Healthcare personnel made derogatory or disrespectful statements about patients?	87%	2.88	3.39
You have experienced unsafe working conditions?	86%	3.14	3.66
You experienced healthcare personnel not respecting a patient's dignity?	77%	2.43	3.4
You have experienced breaches of a patient's right to confidentiality and/or privacy?	73%	2.23	2.92
You have experienced discriminatory treatment of patients?	67%	2.22	3.43
You have experienced unsafe healthcare practices that place a patient at risk?	63%	2.0	3.57
You were asked to provide care you did not feel competent to provide?	62%	2.04	3.51
You have experienced medical or nursing care given without informed consent?	61%	1.96	3.03
You have experienced information withheld from a patient regarding diagnosis, treatment or prognosis?	45%	1.74	3.03
You have provided care to a patient at risk to your own personal safety?	41%	1.59	3.26
You have cared for a patient who you suspected may have been abused or neglected?	40%	1.61	3.69
Medical or nursing care was given against a patient's wishes?	36%	1.5	3.07
You experienced chemical or physical restraints being used in situations that you felt were not in the patient's best interest?	29%	1.43	3.24
A medication or treatment error was not reported?	20%	1.27	3.44
You experienced a 'Do Not Resuscitate Orders' being implemented without consultation with a patient or their family/whanau?	7%	1.12	3.3

The results section will often be laden with data and could be a little overwhelming and dry to read. While data and statistics are important, you may want to initially skip past this section to the findings and conclusion. You can always come back and read the results section more carefully if you decide the findings are particularly relevant for you and you want to explore them in more detail.

Figure 4

Discussion

Other issues that were indicated in the open-ended question included end of life care and veracity. End of life care was not included in the questionnaire due to the complexity of this ethically challenging area of nursing. The issues highlighted by student's involved ethical issues where care was given either to avoid life saving measures or to prolong life when the participants felt it contradicted the patient's wishes.

Seven participants identified overt acts of dishonesty in clinical practice. These related to documentation and instances of falsifying or attempting to add information to patient notes. Although these participants report low frequency rates they indicated high distress levels when it was experienced.

Discussion

The demographic characteristics of the participants are generally representative of the nursing population and the Bachelor of Nursing national student body (Walker and Clendon, 2012). The majority of participants were of New Zealand European descent, under 40 years of age and in year two (38%) or three (43%) of their degree.

The five most frequently experienced issues were consistent for both Māori and New Zealand European participants as well as in each year of study indicating that the culture of nursing was the dominant factor, rather than cultural or ethnic values and beliefs relative to these ethical issues. Typically, higher frequency rating scores were noted from participants in their third/final year of study which was expected due to increased exposure to the clinical environment.

directly affect the delivery of patient care, or have the potential to cause physical harm to patients, appear to cause the most distress for New Zealand nursing students. Patient care issues were prominent, including suspected abuse and neglect, unsafe working conditions and unsafe healthcare practices, with the latter being the only two issues that showed increasing distress levels between participants in each year of study. This may be suggestive of an increasing concern regarding the structure and the function of their future work environment towards the end of their training and they may have concerns relating to their own stress levels and coping abilities as well as the patient care deficits that are pronounced in an unsafe clinical environment.

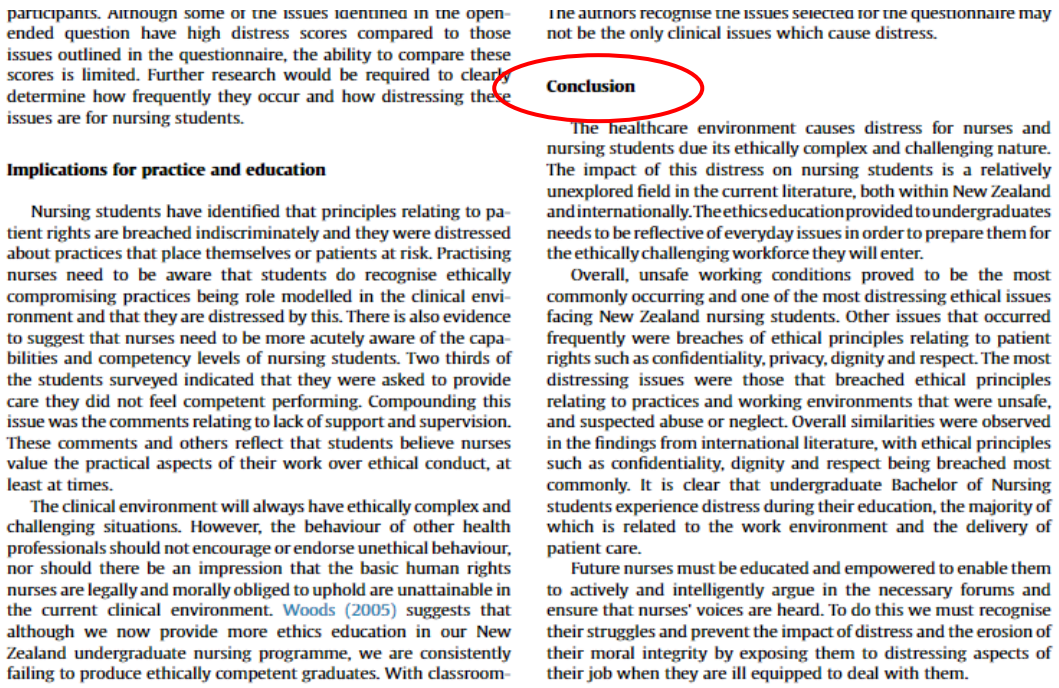
Overall distress scores showed a significant increase between year one and two participants but a decrease in year three participants. The increase in overall distress levels between year one and two participants may be in part due to students having greater exposure to a more ethically complex environment in their second year of training and/or due to the compounding effects of experiencing ethical issues more frequently. Moral blunting, desensitisation or socialisation may have an influence on the reduction in distress levels seen in year three participants. However, this was not a statistically significant reduction and may be due to other factors or drivers. Randle (2003) recognised that nursing students initially experience conflict and confusion in situations where ethical principles are breached but later in their studies develop ways of conforming to these situations.

One participant's comment may provide insight into the decrease in distress levels at year three:

Following the results, there will be some form of analysis and discussion. If these sections are titled, they can have any number of headings: findings, discussion, implications, analysis, etc. Such sections are likely to be more useful for your understanding of the topic (at least initially) than the specific data mentioned in the previous section.

Figure 5

Conclusion



participants. Although some of the issues identified in the open-ended question have high distress scores compared to those issues outlined in the questionnaire, the ability to compare these scores is limited. Further research would be required to clearly determine how frequently they occur and how distressing these issues are for nursing students.

Implications for practice and education

Nursing students have identified that principles relating to patient rights are breached indiscriminately and they were distressed about practices that place themselves or patients at risk. Practising nurses need to be aware that students do recognise ethically compromising practices being role modelled in the clinical environment and that they are distressed by this. There is also evidence to suggest that nurses need to be more acutely aware of the capabilities and competency levels of nursing students. Two thirds of the students surveyed indicated that they were asked to provide care they did not feel competent performing. Compounding this issue was the comments relating to lack of support and supervision. These comments and others reflect that students believe nurses value the practical aspects of their work over ethical conduct, at least at times.

The clinical environment will always have ethically complex and challenging situations. However, the behaviour of other health professionals should not encourage or endorse unethical behaviour, nor should there be an impression that the basic human rights nurses are legally and morally obliged to uphold are unattainable in the current clinical environment. Woods (2005) suggests that although we now provide more ethics education in our New Zealand undergraduate nursing programme, we are consistently failing to produce ethically competent graduates. With classroom-

The authors recognise the issues selected for the questionnaire may not be the only clinical issues which cause distress.

Conclusion

The healthcare environment causes distress for nurses and nursing students due its ethically complex and challenging nature. The impact of this distress on nursing students is a relatively unexplored field in the current literature, both within New Zealand and internationally. The ethics education provided to undergraduates needs to be reflective of everyday issues in order to prepare them for the ethically challenging workforce they will enter.

Overall, unsafe working conditions proved to be the most commonly occurring and one of the most distressing ethical issues facing New Zealand nursing students. Other issues that occurred frequently were breaches of ethical principles relating to patient rights such as confidentiality, privacy, dignity and respect. The most distressing issues were those that breached ethical principles relating to practices and working environments that were unsafe, and suspected abuse or neglect. Overall similarities were observed in the findings from international literature, with ethical principles such as confidentiality, dignity and respect being breached most commonly. It is clear that undergraduate Bachelor of Nursing students experience distress during their education, the majority of which is related to the work environment and the delivery of patient care.

Future nurses must be educated and empowered to enable them to actively and intelligently argue in the necessary forums and ensure that nurses' voices are heard. To do this we must recognise their struggles and prevent the impact of distress and the erosion of their moral integrity by exposing them to distressing aspects of their job when they are ill equipped to deal with them.

The final section (not including references and any appendices) will be a conclusion which summarises the key points and findings of an article. As such, many readers will often go straight to this section after checking the abstract to obtain a concise summary before deciding to read the rest of the article more carefully.

Remember, you are responsible for your learning. Suggestions on what sections to focus on may be useful when digesting large quantities of literature, but it is no excuse for failing to read your sources in detail when needed.

References

Sinclair, J., Papps, E., & Marshall, B. (2016). Nursing students' experiences of ethical issues in clinical practice: A New Zealand study. *Nurse Education in Practice*, *17*, 1-7. https://doi.org/10.1016/j.nepr.2016.01.005