Introduction

There is a lack of studies nationally and internationally evaluating the effect of classroom-based End-of-Life Care (EOLC) ethics-specific education programmes delivered to multiple disciplines of healthcare staff. The Ethical Framework for End-of-Life Care Study Sessions (McCarthy et al. 2010) is a classroom-based, multidisciplinary, ethics-specific education programme which was developed in response to the need for EOLC ethics education in Ireland (McCarthy et al. 2010). This study investigated the effect of the Ethical Framework for End-of-Life Care Study Sessions.

Aims of the Study

To undertake a pilot study to evaluate the effect of the Ethical Framework for EOLC Study Sessions (McCarthy et al. 2010) on a mixed group of healthcare staff, who were involved in delivering EOLC in the Republic of Ireland.

Methods

One group pre test post test design; 20 clinical staff were recruited in HSE Mid West region April 2013;

Ethical Framework for EOLC Study Sessions were delivered as four ethics seminars once weekly for four weeks to two groups of ten volunteers;

Demographics questionnaire was completed pre education;

Effect on moral reasoning was measured pre and post education using the Defining Issues Test 2 (DIT2) (Rest and Narvaez 1998);

Moral reasoning is the cognitive process that people use to determine a right or wrong action (Rest et al. 1997);

There are three schemas of moral reasoning used by people to resolve ethical dilemmas: the Personal Interests (PI) Schema, the Maintaining Norms (MN) Schema and the Post Conventional (P) Schema (Rest et al. 1999a);

Schemas are developmentally ordered: PI Schema least developed, P Schema most developed (Rest et al. 1999a)

<table>
<thead>
<tr>
<th>Schema</th>
<th>Factors motivating decision making</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI Schema</td>
<td>Self interest</td>
</tr>
<tr>
<td>MN Schema</td>
<td>Society, Law and order</td>
</tr>
<tr>
<td>P Schema</td>
<td>Ideals and logical coherence</td>
</tr>
</tbody>
</table>

Results

Mean Pre & Post DIT2 Scores N=20

<table>
<thead>
<tr>
<th></th>
<th>Pre PI</th>
<th>Post PI</th>
<th>Pre MN</th>
<th>Post MN</th>
<th>Pre P</th>
<th>Post P</th>
<th>Pre N2</th>
<th>Post N2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>31.50</td>
<td>25.74</td>
<td>31.00</td>
<td>36.04</td>
<td>33.60</td>
<td>35.42</td>
<td>29.25</td>
<td>33.00</td>
</tr>
<tr>
<td>N</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

Paired t-tests used to compare differences between mean pre and post-test DIT2 scores;

Inferential statistics used to examine relationships between change in DIT2 scores and demographic variables.

<table>
<thead>
<tr>
<th>Change in Pre &amp; Post DIT2 Scores</th>
<th>Mean</th>
<th>N</th>
<th>Std.Dev</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pair 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre PI</td>
<td>31.50</td>
<td>20</td>
<td>15.188</td>
<td>.071</td>
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<tr>
<td>Post PI</td>
<td>25.74</td>
<td>20</td>
<td>9.454</td>
<td></td>
</tr>
<tr>
<td>Pair 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre MN</td>
<td>31.00</td>
<td>20</td>
<td>10.146</td>
<td>.154</td>
</tr>
<tr>
<td>Post MN</td>
<td>36.04</td>
<td>20</td>
<td>13.689</td>
<td></td>
</tr>
<tr>
<td>Pair 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre P</td>
<td>33.60</td>
<td>20</td>
<td>13.805</td>
<td>.536</td>
</tr>
<tr>
<td>Post P</td>
<td>35.42</td>
<td>20</td>
<td>15.171</td>
<td></td>
</tr>
<tr>
<td>Pair 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre N2</td>
<td>29.25</td>
<td>20</td>
<td>14.295</td>
<td>.085</td>
</tr>
<tr>
<td>Post N2</td>
<td>33.00</td>
<td>20</td>
<td>15.324</td>
<td></td>
</tr>
</tbody>
</table>

Discussion

Moral reasoning development is characterised by decreasing use of lower stage moral reasoning scores (PI and MN scores) and increasing use of higher stage moral reasoning scores (P score) (Rest et al. 1999b).

In this study participants were observed to have experienced moral reasoning development, following receipt of the Ethical Framework for End-of-Life Care study sessions (McCarthy et al. 2010), as evidenced by a decrease in PI scores and an increase in MN and P scores between pre and post-tests.

The increase between pre-test and post-test N2 scores confirmed this finding.

The statistically significant relationships between age and change in PI score (p<0.05) and prior ethics education and change in N2 score (p<0.05) suggests that age and previous ethics education contributed to change in moral reasoning.

Conclusion

This study suggests that the Ethical Framework for End-of-Life Care Study Sessions (McCarthy et al. 2010) may have contributed to moral reasoning development in multidisciplinary healthcare staff involved in delivering EOLC to patients and families.

In order to confirm and extend this finding, the programme should be evaluated in a larger sample of practicing healthcare staff in multiple sites across Ireland.

References


Acknowledgements

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