Educational content in nursing ethics and level of mastery of this content in basic nursing education in Japan: A Delphi study

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Key words

Nursing ethics, Nursing education, Educational content, Delphi study

Abstract

The purpose of this study was to clarify the minimum necessary educational content in the area of nursing ethics in a basic nursing education program, and the level of students' mastery of this content, based on a Delphi study in both educational and clinical settings. A Delphi study was conducted in three rounds with faculty members who teach nursing ethics at all 158 four-year nursing universities in Japan as targeted panelists. In this study the opinions on nursing ethics of nursing instructors responsible for hospital education at all 82 special functioning hospitals were reflected in the panelists' opinions. Consensus was obtained on 41 items from a total of 63 items in 4 proposed frameworks. There were 20 items related to the *Concept of nursing ethics*, 7 items related to *Ethical codes*, 13 items related to *Ethical issues and methods to resolve them*, and 1 item related to *Efforts and issues in practical and educational settings*. Consensus as to desired level of mastery was reached on a total of 40 items. This agreed-upon level was *understanding of the concept* for 22 items, *the ability to explain the concept* for 16 items, and *the ability to act based on the concept* for 2 items.

Introduction

With the rapidly changing nursing environment in Japan, including more advanced medical technology, diversifying values, and a greater awareness of patient and family rights, there is a need to develop nurses' fundamental abilities to make ethical judgments during their basic nursing

education.[1)] In clinical settings nurses are always at the patient's bedside and they constantly face the suffering of patients and families. They find themselves in positions between doctors and patients, between patients and their families, and between other nurses, where they feel ethical dilemmas and must make various decisions while continuing their nursing work.[2)] Even new nurses will encounter and be forced to deal with various ethical dilemmas within a short period after starting work.[3)] Solid education in basic nursing education is essential for them to obtain the fundamental ability needed to make ethical decisions and deal with these situations appropriately. However, in the overloaded curricula in educational settings today, it is difficult to ensure that adequate time is spent on ethics, and educational methods have yet to be established.[4)5)] Moreover, the nursing education system in Japan is complex. According to a 2008 survey, there were a total of 1,299 nursing schools in Japan. Of them, 168 were nursing colleges, 539 were 3-year courses at nursing schools, and 249 were 2-year courses, and 69 were 5-year consecutive courses. Thus, various institutions provide nursing education in Japan, all of which need to develop consistent standards at or above a certain level for educational content and educational conditions. The educational curriculum for nursing ethics needs to be considered based on the current state of nursing education in Japan, described above. Four things may be considered in the framework for the curriculum: (1) setting educational goals, (2) establishing educational content, (3) systematizing educational methods, and (4) assessment. To achieve this, items showing the minimum necessary educational content for improvement of ethical ability within a limited time first need to be elucidated, and then educational methods aligned with that content need to be investigated.

As a first step to understanding the minimum necessary educational content for nursing ethics education, we looked at the trends in nursing ethics education in Japan.[6)] Nursing ethics was one class subject in the years from 1951 in 1967. The textbooks at that time focused on items of basic ethical knowledge and protocol. However, with spreading democracy and the development of nursing education in later years there was movement away from the previous nursing ethics educational content, because it was thought that ethical education which included obedience to doctors seemed too feudalistic. Following the 1967 "Regulation of educational curriculum for public

health nurse, midwife and nurses" (in the following, "Regulations"), there were no courses titled "nursing ethics" and educational content was not specified for the next 20 years or so. Then, in 1989, the need for nursing ethics was indicated on the occasion of revisions to the Regulations, and with the rising interest in bioethics in society, textbooks published after that time included much about bioethics in their nursing ethics education.

There are numerous reports from various countries on the goals and need for nursing ethics education.[7)8)9)] In Japan, the ideas have been stressed that systematic learning is better for nursing ethics education,[10)] and that education from many perspectives is preferable in various subjects,[11)] but there have been few studies on educational methods in ethics education, and we were unable to find any studies that showed specific educational content and the level to which it had been mastered by students.

The above indicates the importance of clarifying educational content and methods, such as what needs to be considered in nursing ethics education and how we should think about it in the future. There is said to be a gap today in Japan between the abilities of new nurses at the time they graduate and the abilities required in the workplace.[12)] To close this gap, we thought it would be useful in this study to have the opinions of people in clinical settings reflected in the opinions of educators.

The aim of this study was to clarify the minimum necessary nursing ethics educational content and the level to which students master this content in basic nursing education, adopting the Delphi method in a survey of both educators and practicing nurses, and provide these findings to curriculum development for nursing ethics education.

Methods

Nursing ethics has no clear empirical evidence with regard to what should constitute key contents of education in Japan. A consensus method using the subjective opinions of experts is an appropriate way of developing nursing ethics education, provided the process is clear and systematic. Delphi studies[13)14)15)16)] are a means of obtaining written judgments from a panel of experts about an issue of concern.

The aim of this study was to obtain consensus among teachers of nursing ethics in nursing colleges, reflecting opinions from clinical settings. For this purpose, the Delphi method was judged to be appropriate. There are reports that an agreement rate of 51%, 55%, 70%, and 80% show consensus, but since the purpose of this study was to identify the minimum necessary educational content in nursing ethics in basic nursing education, we defined an agreement rate of 80% for educational content and 50% for level at which that content had been mastered as the consensus in this study.

1. Method of identifying 63 specific educational items

As a preliminary study for selection of the educational items on the questionnaire survey used in the Delphi study, we analyzed the trends in items contained in textbooks published since World War II.[6)] Based on this analysis, the entire tables of contents and all subheadings were collected from a total of 13 books: 7 textbooks published since in 1997 when the current Regulations were established and 6 books identified in a search using the key word “nursing ethics” among books published since that same year in the collection of the National Diet Library. From this a total of 120 items were extracted. Since the number of items would be too many if all 120 of these educational items were included in the questionnaire, we repeatedly investigated these items based on results of preliminary studies and opinions from two bioethicists and one nursing ethicist. We finally narrowed the number to 63 items, about half of the original number. We then categorized them into four frameworks: I. *Concept of nursing ethics* (22 items), II. *Ethical codes* (22 items), III. *Ethical issues and methods of resolving them* (14 items), and IV. *Efforts and issues in practical an educational settings* (5 items).

2. Credit and hours for nursing ethics class

The purpose of ethics education is to promote ethical competence. Improving the level of ethical competence requires a wide range of learning goals, educational and learning strategies, and methods of evaluation.[17)] Therefore, in setting the educational items in this study, it was necessary to establish the time available to teach them. From the results of a 2005 survey on the state of nursing ethics education in Japan by Onishi et al.[4)] and a 2007 survey on educational methods related to

ethics by Nakao et al.,[5] and with reference to the syllabi of a number of universities, it was decided that 15 hours of coursework as 1 credit was appropriate. In the exchange of opinions between educational and clinical experts using the Delphi method in the present study, the questionnaire instructed to respondents to "consider 1 credit to be 15 hours for the subject of nursing ethics."

3. The expert panel

A survey was conducted using a 3-round Delphi study with teachers of nursing ethics at all 158 (as of 2007) 4-year nursing universities in Japan as panelists. It is said that the expert panel in a Delphi study should be made up of experts in the issue under consideration.[18] The aim in the present study was to form a consensus on educational content among teachers who teach nursing ethics at universities, and determine the education content to be covered for nursing ethics. Therefore, it was judged to be appropriate to use teachers who teach nursing ethics at 4-year nursing universities as the subjects in this study. We also conducted two surveys on the nursing ethics opinions of nurses who are responsible for in-hospital education at all 82 special functioning hospitals in Japan, and reflected their opinions in those of the panelists.

4. The Delphi process

The present Delphi study consisted of 3 rounds, the procedure for which is shown below (Fig. 1).

(1) Round 1

Sets consisting of a written request for cooperation in the survey, which described the study purpose and methods, together with an anonymous self-administered questionnaire, an internal envelope to maintain anonymity and a return envelope were put in envelopes and sent to the subjects with a request to send back their responses within about two weeks.

(2) Round 2

Subjects who agreed to participate in the first round and sent back responses were sent a second survey form using the same method as in the first round. This time a summary of the round 1 survey from educational and clinical settings was included.

(3) Round 3

The subjects who agreed to participate in the second round and sent back responses were sent

the survey form for the third round. This time, a summary of the first and second round from both educational and clinical settings was included. ←Fig. 1

5. Study procedure in clinical settings

The following 2 questionnaire surveys were conducted so that the opinions of nurses responsible for in-hospital education in clinical settings could be reflected in the opinions of experts from educational settings. The survey procedure was as follows.

(1) Round 1

Sets consisting of a written request for cooperation in the survey, which described the study purpose and methods, an anonymous self-administered questionnaire, an internal envelope and a return envelope were placed in envelopes and sent to the subjects with a request to send back their responses within about two weeks.

(2) Round 2

Subjects who agreed to participate in the first round and sent back responses were sent a second survey form using the same method as in the first round. This time the round 1 survey results for clinical settings were included.

6. Consensus level

Items from among the 63 educational items for which responses of “agree” were obtained from 80% or more of respondents among educators for the results of the third round were taken to be educational items for which consensus had been obtained. For level of mastery, the educational items for which more than 80% agreement was obtained were divided into the 3 levels of mastery below. Agreement of 50% or more respondents on the desired level of mastery was taken as showing consensus.

3: Understands concept and acts based on it

2: Understands concept and can explain it

1: Understands concept

7. Ethical considerations

Approval for this study was obtained from the Bioethics Committee of the School of Health

Sciences, Nagoya University. The responses to this survey were based on voluntary participation. It was explained to participants that: (1) participation could be stopped at any time, (2) the results of this survey would not be used for any purpose other than this study, (3) although an address code for sending the next survey form was written on the return envelope, anonymity would be maintained by using an internal envelope, (4) when this study was published in an academic journal or other scholarly work, care would be exercised so that no information would be included that could be used to identify individuals or universities.

Results

Of the 53 educators who responded, 5 were aged in their 30s, 10 in their 40s, 16 in their 50s, and 1 over 60. Three were men and all the others were women. By position in the university, 1 respondent was an assistant professor, 6 were lecturers, 11 were associate professors, and 35 were professors. Years of experience in the university was more than 30 for 5 respondents, 20–30 years for 9 respondents, 10–20 years for 20 respondents, 5 years or more for 10 respondents, and less than 5 years for 9 respondents. These 53 people were the experts for the Delphi method used in this study.

Of the 29 respondents from clinical settings, 12 respondents were aged in their 40s, 16 in their 50s, and 1 above the age of 60. One respondent was male and all the others were female. Twenty of the respondents had management level positions in the hospital and 9 were chief nurses. Their clinical experience was more than 30 years for 9 respondents and 20–30 years for 20 respondents.

In the first round, cooperation was received from 53 of 158 (34%) university educators and 29 of 82 (35.4%) hospital nurses. In the second round, participants were 38 of 53 (72%) educators and 19 of 29 (66%) hospital nurses. In the third round, participants were 32 of 38 (84%) educators (Table 1).

←Table 1

1. State of nursing ethics education in Japan today

To understand how nursing ethics education is conducted at the nursing colleges in this study, the first round contained questions on course names, number of hours, and year of students who took the courses. The following results were obtained (see Table 2 for details).

Valid responses were received from 53 nursing colleges (34%). Of these 53 colleges independent

courses on nursing ethics were taught at 33 colleges. This was a required class in 32 of them and an elective course at 1 school. The name of the course was “Nursing ethics” at 20 colleges, “Bioethics” at 3 colleges, and “Medical ethics” at 2 colleges. Other names included “History and ethics of medicine,” “Nursing theory,” and “Nursing and medical ethics.” With regard to the number of hours, 15 hours for one credit was the most common, accounting for 52% overall, followed by 30 hours for two credits, at 27% of overall. The students who took these classes were fourth year students in 42% of all classes, and first-year students in 33% of all classes.

Of the 20 colleges which responded that nursing ethics was not taught in an independent course, 14 said that it was necessary to teach nursing ethics and 5 colleges responded that it was not necessary. In response to a question of whether it is necessary to have preliminary basic knowledge in ethics and morals or philosophy as background knowledge in order to teach nursing ethics, 45 colleges responded that it was necessary and 8 colleges responded that it was not necessary.

←Table 2

2. Expert panel scores after each Delphi round

The process through which a response of "necessary" and consensus of 50% or more for level of mastery was and was not obtained among the 63 educational items is shown in Table 3 for the educational setting and in Table 4 for the clinical setting.

In the educational setting, it was agreed in Delphi round 1 that a total of 34 educational items were necessary. For level of mastery, consensus was obtained for *until content is understood* for 8 items, *until content can be explained* for 10 items, and *until action can be taken based on concept* for 2 items. There were 14 educational items that panelists agreed were necessary but for which no consensus was reached with regard to the level of mastery. In Delphi round 2 it was agreed that a total of 38 educational items were necessary. For level of mastery, it was agreed that *until content is understood* was necessary for 16 items, *until content can be explained* was necessary for 15 items, and *until actions can be taken based on concept* was necessary for 2 items. Consensus was not reached on level of mastery for 5 educational items. In Delphi round 3 it was agreed that a total of 41 educational items were necessary. For level of mastery, it was agreed that *until content is understood*

was necessary for 22 items, *until content can be explained* was necessary for 16 items, and *until actions can be taken based on concept* was necessary for 2 items. There was 1 educational item for which consensus on level of mastery was not reached.

In the clinical setting, it was agreed in round 1 that a total of 25 educational items were necessary. It was agreed that a level of mastery of *until content is understood* was necessary for 10 items, *until content can be explained* was necessary for 0 items, and *until actions can be taken based on concept* was necessary for 6 items. Consensus was not reached for level of mastery of 9 educational items. In Round 2, it was agreed that a total of 37 educational items were necessary. It was agreed that the level of mastery necessary was *until content is understood* for 25 items, *until content can be explained* for 1 item, and *until action can be taken based on concept* for 5 item. Consensus was not reached on level of mastery for 6 educational items. ←Table 3.4

3. Table of contents in nursing ethics education with expert panel consensus

The 41 educational items for which the final agreement rate was 80% or more were divided into 4 groups: I. *Concept of nursing ethics*, II. *Ethical codes*, III. *Ethical issues and methods of resolving them*, and IV. *Approaches and issues in practical and educational settings*. The respective agreement rates and levels of mastery for educational items for which consensus was obtained in Rounds 1, 2, and 3 are shown in Table 5.

In the group *Concept of nursing ethics*, consensus of 80% or more was obtained for 20 of 22 items. For 8 of those items, including “Patients’ Bill of Rights,” “What are medical ethics (bioethics)?,” and “History of nursing ethics in Japan,” agreement was reached on a mastery level of *until content is understood*. For 9 items, including “What are nursing ethics?,” “Ethics demanded of nurses in modern clinical settings,” and “Nurses’ rights,” a mastery level of *until content can be explained* was agreed, and for the 2 items of “Confidentiality” and “Protection of patient privacy” a mastery level of *until actions can be taken based on concept* was agreed. Consensus of 80% was obtained for “Medical information dsclosure and protection of privacy,” but no agreement was reached on level of mastery.

In the group *Ethical codes*, consensus of 80% or more was obtained for 7 of 22 items. For 6 of

these items, including “Nuremburg Code,” “Declaration of Geneva,” and “Declaration of Helsinki,” a mastery level of *until content is understood* was agreed. For the items of “Code of ethics for patients,” a mastery level of *until content can be explained* was agreed.

In the group *Ethical issues and methods of resolving them*, consensus of 80% or more was reached for 13 of 14 items. For 7 items, including “Process of ethical decision-making and actions” and “Self development as a professional,” a mastery level of *until content is understood* was agreed, and for 6 items including “What is an ethical dilemma?,” “Ethical issues for nurses,” and “Basic knowledge required for ethical judgments” a mastery level of *until actions can be taken based on concept* was agreed.

In the group *Approaches and issues in practical and educational settings*, consensus of 80% or more was reached for 1 of 5 items. For this item, “Ethically conducting research with human subjects,” a mastery level of *until content is understood* was agreed. ←Table 5

Discussion

1. Validity of survey using the Delphi method

All nursing colleges in Japan were asked to participate in the present survey. Responses were received from 53 of 158 colleges (34%) in Round 1, 38 and 53 colleges (72%) in Round 2, and 32 of 38 colleges (84%) in Round 3. It is generally said that the response rate to questionnaires sent by post is low at 25–30%,[14] and in round 1 of this study the response rate was about the same. A response rate of 34% in Japan, where there are still few teachers who specialize in teaching nursing ethics, does not seem to be particularly low. A characteristic of Delphi studies is said to be that the response rate of panelists declines as the number of rounds progresses,[19] but as shown in Table 1 a high a level of cooperation was obtained with respective response rates of 72 and 84% from people who received the surveys in the second and third rounds. One reason for this is thought to be that follow-up requests were made by mail to subjects whose responses from the previous round were not received. It is also recommended that the expert panels in Delphi studies in the field of medicine be made up of at least 20 people,[18] and in the present study a panel of more than 30 people was

maintained through the third round.

The above suggests that the present study achieved an adequate level of validity as a Delphi study.

2. Forty-one educational items for which consent was obtained

The purpose of ethics education is to promote ethical competence[17] but in already full curricula there are limits to what can be included. It is therefore necessary to narrow the educational content to fit the limited time available. In the present study, the aim was to present the minimum necessary educational content related to basic nursing education through consent among the opinions of teachers who teach nursing ethics in nursing universities, including consideration of opinions from clinical settings. One hundred twenty educational items were first extracted from the literature, and then narrowed down to 63 items through repeated consideration together with 2 bioethicists and 1 nursing ethicist. In the study, consensus was obtained for 41 of these educational items.

As shown in Table 5, consensus was obtained for 20 of 22 educational items in the category *Concept of nursing ethics*. Of these 20 items, 19 were first included in textbooks after 1989,[6] the exception being "Confidentiality." The 19 items included "Progress in medical technology," "Patient autonomy," "Notification," "Concept of QOL," and "Informed consent." Textbooks related to nursing ethics in Japan before 1989 included mostly ethical codes showing behavioral standards for medical professionals, but after the revisions to the Regulations in 1989 items on bioethics came to be included. Bioethics covers all matters of human life and death,[20] including fetal diagnosis, genetic diagnosis and gene therapy, reproductive technology and other issues concerning life, determination of brain death, use of life support devices, notification, and dying with dignity and other issues related to death. These issues have been discussed in society since about the time of the revisions to the Regulations. In Japan today the ethical issues seen in nursing practice are questions that attract interest from society, even making newspaper headlines.[21] Nurses also need to be actively involved with these questions. That is probably why consensus was obtained for nearly all the items in *Concept of nursing ethics*.

Next, in the category of *Ethical codes*, consensus was obtained for 7 of 21 items, including "Nuremburg Code," "Declaration of Helsinki," and "Code of ethics for nurses." *Ethical codes* show

behavioral standards for medical professionals, items which have been taken up consistently since the end of World War II until today.[6] *Ethical codes* are also guidelines to guide the judgments and practical behavior of nurses. They use these codes to analyze ethical issues they are faced with based on ethical principles.[21] However, consensus was not obtained for the "Declaration of Lisbon," "Hippocratic oath," or "Nightingale pledge." The reason is that it was not considered to be necessary to teach all ethical codes, but rather those that form a basis for ethical behavior to ensure the rights of patients in concurrent settings.

In the category *Ethical issues and methods of resolving them*, consensus was obtained for 13 of 14 items including "What is an ethical dilemma?" "Ethical problems in nursing Japan; case studies" "Basic knowledge required for ethical judgments," and "Components of the decision-making framework in nursing ethics and case examples." These items may be considered basic knowledge that is needed to resolve various ethical problems faced by nurses in clinical settings. The results of a 2007 survey of new nurses by the authors revealed that new nurses face many ethical problems in clinical settings. When they encounter such problems they tend not to say anything to doctors or senior nurses and have difficulty resolving them by consulting other nurses of the same career level. To ensure and improve the quality of nursing and provide safe medical care to patients, new nurses need to be taught basic knowledge for resolving ethical issues in basic nursing education, which will help them to state their opinions openly with regard to dilemmas that they experience.

Fujioka[22] wrote that "Teachers select knowledge and techniques through filters of the age, and we must think about what to communicate from the perspective of nursing as it will be in the future." Looking at the 41 educational items for which consensus was obtained in the present study, it is seen that teaching the minimum educational items that reflect the current age in the limited time available meets the needs of both educational and clinical settings.

3. Level of attainment for the 40 educational items for which consensus was obtained

As shown in Table 3, consensus on level of mastery was obtained for 21 of 35 items in round 1. In the final round, however, consensus was obtained for 40 of 41 items. Of these 40 items, the agreed level of mastery was *3: Until action can be taken based on concept* for 2 items, *2: Until content can*

be explained for 16 items, and *1: Until content is understood* for 22 items. Ethical ability, which is the purpose of ethics education, is said to include 5 components of ethical competence: ethical "knowing", ethical "seeing" or perception, ethical "reflecting", ethical "doing", and ethical "being".[17] In the present study, however, the level of mastery for about half of the items for which final consensus was obtained was *until content is understood*, and nearly all items are included in the two levels of *until content is understood* and *until content can be explained*. The present results therefore seem to indicate that in basic nursing education in Japan today nursing ethics education makes limited demands on students to attain a level of acting on ethical concepts.

However, for the 2 items of "Confidentiality" and "Protection of patient privacy," a level of mastery of *until action can be taken based on concept* was demanded in all rounds. The rate of agreement was also that all panelists consistently responded that this level was necessary. The regulation that nurses must not disclose to other parties patient information learned through their jobs is also obvious from a moral perspective. The personal information of patients that nurses communicate to other nurses or information that they share is information needed to resolve the patient's health problems, and care is needed in handling patient information so that it is limited to nurses who are members of the medical team directly involved in the treatment of the patient.[10] This behavior is demanded even of students involved as professionals with real patients during nursing practicums. In the 2 surveys in clinical settings that were conducted for inclusion in the opinions from educational settings, in addition to the above 2 items, the mastery level of *until the actions can be taken* was demanded of new nursing graduates for the 3 items of "Informed consent," "Disclosure of information and patient privacy," and "Restrictions on the use of physical constraints." These 5 items in the results from both educational and clinical settings are related to personal information protection laws, and it was clear the same level of protection of personal information was requested of students. In a report of the Investigative Committee to Improve the Practical Clinical Abilities of New Nursing Personnel of the Ministry of Health, Labor and Welfare,[23] one of the attainment targets for new nurses includes "having the awareness of a professional and acting on an ethical foundation." This together with the present results indicates there may be a large differences in the

abilities demanded of new nursing personnel and nursing students at the time they graduate from basic nursing education. It has been stated that nursing ethics is not something that should end with the discontiguous and sporadic ethics education during one's student years, but rather that it is more effective to link all content across the courses in a curriculum and incorporate it organically in practical training.[11] With regard to the level of mastery in educational settings it will be necessary to conduct further investigations with reference to the opinions of practicing nurses.

Conclusions

An anonymous self-reported questionnaire survey with the Delphi method was conducted for the purpose of understanding the needs for nursing ethics education from experts in educational and clinical settings and identifying the minimum necessary nursing ethics educational items for basic nursing education. The following two main results were obtained.

1. A total of 41 of 63 educational items were specified, including 20 of 22 items related to *Concept of nursing ethics*, 7 of 22 items related to *Ethical codes*, 13 of 14 items related to *Ethical issues and methods of resolving them*, and 1 of 5 items related to *Efforts and issues in practical an educational settings*.
2. Of the 63 educational items, the desired level of mastery was clarified for a total of 40 items. This level was *until content is understood* for 22 items, *until content can be explained* for 16 items, and *until action can be taken based on concept* for 2 items.

Future issues

In the present study we clarified the items needed in nursing ethics education today and the level to which students should attain this knowledge from the perspectives of both clinical and educational settings, with the aim of improving nursing quality in the complex nursing education system in Japan. The results shown in this study will naturally come to have differences with actual conditions as time passes. Therefore, it will be necessary to conduct further studies and make updates in the future, for which the research methods adopted in this study may form a basis. In addition, to promote ethical

abilities we would like to continue research on the next step of future educational methods and assessments.

A limitation of this study is that the panel did not consist only of experts in nursing ethics education.

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Table 1 Numbers of participants in Delphi rounds

		Delphi round 1	Delphi round 2	Delphi round 3
Number (% of total) of participants	Nursing Teacher *	53 (34%)	38 (72%)	32 (84%)
		n=158	n=53	n=38
	Nurse Educator in Clinical	29 (35.4%)	19 (66%)	
		n=82	n=29	

* Average age was around 40's to 50's
Most of them were professor
10 to 20 years or more educational experience

Table 2 Current status of nursing ethics education

Is nursing ethics taught as an independent class? （n＝53）		
Yes 33	No 20	
Course title	Nursing ethics	20
	Bioethics	3
	Medical ethics	2
	Other	8
No. of hours	15 hours 1	17
	30 hours 1	3
	30 hours 2	9
	Other	4
Year of students in course	4th year students	14
	3rd year students	5
	2nd year students	2
	1st year students	11
	All years	1

Table 3 Process of consensus for essential items and level of attainment; as to Nursing teacher

Learning content		Delphi round 1	Delphi round 2	Delphi round 3
Goal	Until content is understood	8	16	22
	Until content can be explained	10	15	16
	Until actions can be taken based on concept	2	2	2
Education items for which consensus on level of attainment was not obtaine		14	5	1
Total number of education items		34	38	41

*Of the 63 educational items, number for which a response of "necessary" and consensus of 50% or more for level of attainment was obtained.

Table 4 Process of consensus for level of attainment; Nursing teacher

Learning content		Round 1	Round 2
Goal	Until content is understood	10	25
	Until content can be explained	0	1
	Until actions can be taken based on concept	6	5
Education items for which consensus on level of attainment was not obtaine		9	6
Total number of education items		25	37

*Of the 63 educational items, number for which a response of "necessary" and consensus of 50% or more for level of attainment was obtained.

Table 5 Agreement rate of each item in nursing ethics with expert panel consensus in Delphi rounds

Group	List of items	1 Round agreement rate (%)	2 Round agreement rate (%)	3 Round agreement rate (%)	Level of mastery
Concept of nursing ethics 20/22	Patients' Bill of Rights	98	100	100	Until content is understood (8 items)
	What are medical ethics (bioethics)?	94	97	100	
	History of nursing ethics in Japan	87	95	100	
	Progress in medical technology	91	89	100	
	What is essence of medicine? [I,,e. What is must important in medicine?.]	*74*	84	97	
	Characteristics of hospital environments [I,e. A problem about the care]	81	84	88	
	Allocation of medical resources	*77*	82	81	
	Rights of fetuses and neonates	81	82	81	
	What are nursing ethics?	98	97	100	Until content can be explained (9 items)
	Ethics demanded of nurses in modern clinical settings	96	100	100	
	Nurses rights [Nurses perform work in accordance with the nursing laws of the country of employment. Rights conforming to the ICN or the code of ethics of their own country. Nurses have personal freedom and the right to work.]	92	100	100	
	Patient autonomy	98	100	100	
	Ethical responsibilities of nurses	94	89	100	
	Concept of QOL	98	97	97	
	Notification	92	95	97	
	Informed consent	100	100	100	
	Advocacy and integrity	94	97	94	
	Confidentiality	100	100	100	Until action can be taken based on concept (2 items)
	Protect of patient privacy	100	100	100	
	Medical information disclosure and protection of privacy	100	95	100	Consensus of 80% was achieved but no consensus was reached on level of attainment
Ethical codes 7/22	Nuremberg Code	89	92	100	Until content is understood (6 items)
	Declaration of Geneva	94	92	100	
	Declaration of Helsinki	96	97	100	
	Declaration of Lisbon	96	97	97	
	ICN Code of Ethics for Nurses	96	97	97	
	Restrictions on the use of physical constraint	*75*	*79*	84	
	Code of ethics for patients	98	97	100	Until content can be explained (1 items)

Ethical issues and methods of resolving them 13/14	Process of ethical decision-making and actions	89	89	94	Until content is understood (7 items)
	Self-development as a professional [Continuous efforts to acquire new knowledge and skills]	87	92	94	
	Methods for dealing with ethical issues	81	84	91	
	Recent problems concerning death	81	84	91	
	Future issues in nursing ethics	91	92	91	
	Activities of ethics committees	*72*	*79*	88	
	Respect for individuals and holistic nursing care in the terminal stage	*77*	82	88	
	What is an ethical dilemma?	96	97	100	Until content can be explained (6 items)
	Ethical issues for nurses	91	97	97	
	Basic knowledge required for ethical judgments	94	97	97	
	Components of the decision-making framework in nursing ethics ; case studies	85	92	97	
	Ethical problems in nursing Japan; case studies	91	97	97	
	Examples of ethical decision-making ; case studies	92	100	97	
Approaches and issues in practical and educational settings 1/5	Ethically conducting research with human subjects	81	*79*	81	Until content is understood (1 items)

Note: Explanations in brackets [ ] were not included in original Japanese version.

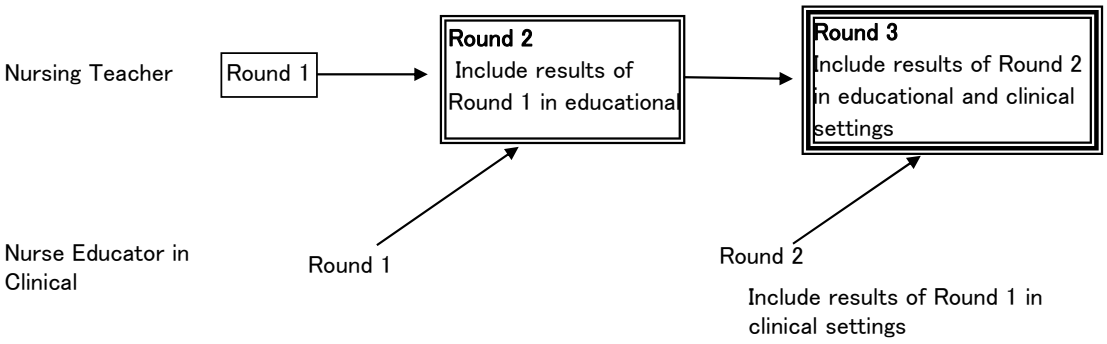

Figure 1. The Delphi process