PERCEPTIONS OF ACCOUNTABILITY

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JOAN RUHS, B.S.N., R.N. CCRN

Karen Mayville, PhD, RN, Thesis Chair

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Abstract

Accountability is an essential component to nursing practice. Defining perceptions of accountability in undergraduate nursing students is an inherent means of determining professional behaviors in nursing students. Dishonest behaviors by nursing students have been shown to preclude unethical behavior as a nurse. Therefore, it is imperative that faculty members facilitate development of accountability in students using effective teaching strategies. This study followed a phenomenological inquiry design. Data were obtained from personal interviews with twelve participants. The participants were students at a nursing program in west-central Illinois. Open-ended questions were used to facilitate descriptive statements from participants. Three scenarios with follow-up questions were presented to participants with the intent to determine actions and responses in situations where accountability had been compromised. It was found that accountability is defined as responsibility. This responsibility encompasses our profession, course work, families, patients, employers, as well as to ourselves. Effective communication is vital to accountability. Communication should manifest itself as professional and respectful, not insulting or attacking. Many younger students find communicating with patients difficult in relation to the technological advances of society. Family, peers, and generational differences impact levels of accountability both positively and negatively. Parental influence has a great impact on beliefs that are carried through to adulthood. Many participants indicate that familial influence has shaped many practices that they carry out in college such as organizational skills and timeliness. Peer influences may become more noticeable after the young adult moves away from home.
Emphasis is often times placed on social life rather than academic commitments. Students often struggle with their value system in order to fit in with their classmates. Generational differences play a crucial role in accountability of students. Younger students often expect quick fixes to problems, often times craving instant gratification.
Dedication

I would like to dedicate this thesis to my husband Greg, my children Nicholas and Danielle and to my parents Carmelita Schutte and the late Herbert Schutte. The innate desire to achieve greatness instilled in me by my parents provided the inner drive needed to complete this thesis. With the love and support of my husband and children, I was able to successfully achieve my lifelong goal of teaching others.
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CHAPTER 1 INTRODUCTION

Accountability is a fundamental component of nursing practice. Defining the term is often a difficult task as there are many questions regarding accountability that must be answered by nursing students as well as seasoned professionals. These questions may address what is meant by accountability, to whom and what a nurse is accountable for, and how accountability is to be implemented. As hospitals and healthcare providers are closely scrutinized, accountability in nursing practice is imperative.

Accountability in nursing originates from within the profession. Nursing has moved beyond dialoging about the importance of accountability as evidenced by the American Nurses Association (ANA) Code of Ethics with Interpretive Statements in 2001. The International Council of Nurses (ICN) 2006 code of ethics indicates that “the nurse carries personal responsibility and accountability for nursing practice and maintaining competence by continual learning” (Milton, 2008, p. 301). Provision 4 of the ANA (2001) code of ethics indicates “the nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care” (p.16). This provision challenges nurses to accept responsibility and accountability while providing patient care, “acts of delegation, and other responsibilities such as teaching, research, and administration” (ANA, 2001, p. 16).

The ANA (2001) code of ethics also provides a directive to faculty. The role of nurse educators and preceptors in this directive is to acknowledge that “through assignment of nursing care activities to learners they share responsibility and
accountability for the care provided” (ANA, 2001, p. 17). The skills of the learner must be sufficient to provide needed care and supervision adequate to ensure safety of both the learner and the patient (ANA, 2001). In relation to the student nurse/faculty relationship “the student is seen as accountable for his studies, the teacher for the teaching. Each must account to the other and themselves.” (Bergman, 1981, p. 56).

**Background of the Study**

Nursing has often been touted as one of the most trusted professions in the United States. One attribute that is imperative in healthcare is accountability. The profession of nursing has set specific standards that address this topic. The ANA (as cited in Cartwright-Vanzant, 2011) indicated that these standards “define the profession’s accountability to the public and the outcomes for which registered nurses are responsible” (p. 15).

Accountability is a concept that must be carried out by faculty members as well as students. The faculty member is accountable for teaching applicable content to the student. Students are accountable for learning the course material and being adequately prepared for class. In addition to teaching nursing content to students, faculty members must foster a sense of empowerment within their students. Nursing faculty play a vital role instilling the value of accountability into students. Glass (as cited in Espeland & Shanta, 2001) indicated that “an empowering relationship between faculty and students encourages accountability in students and allows the emergence of political skills necessary for effecting change within the healthcare system” (p. 345).
A vital component to achieving empowerment is accountability. In nursing school, accountability indicates that students have taken responsibility for their learning. Acceptance of repetitive tardiness or late assignments negates students’ sense of accountability. When students are shielded from accountability, opportunities for growth and development of self-confidence are inhibited (Espeland & Shanta, 2001). Davis (as cited in Espeland & Shanta, 2001) indicated that “using deliberate strategies designed to facilitate students’ development of introspection, problem-solving skills, and assertiveness, professional accountability will emerge” (p. 346). Fostering a sense of accountability through development of problem-solving skills, self-confidence, and adaptability will lead to improved patient care outcomes at the bedside.

Accountability in nursing is a multifaceted concept. Nurses are accountable to their patients, employers, profession, and to themselves. Ashcroft et al. (as cited in Luhanga, Myrick, & Yonge, 2009) indicated that “a primary goal of nursing education is to prepare safe and competent practitioners who can be held accountable for their own actions” (p. 264). Accountability entails a strong component of responsibility; “therefore, anyone who is responsible is ultimately accountable for his or her own actions” (Luhanga, Myrick, & Yonge, 2009, p. 265).

Academic dishonesty is a disturbing yet undeniable occurrence in colleges across the United States. Langone (2007) indicated that “unethical practices among college students are concerning for any profession, but especially for nursing because these students will become health care providers after graduation” (p. 45). Undesirable
behaviors demonstrated as a student, such as dishonesty or lack of accountability, often correlate with behaviors exhibited as a professional.

Research has been conducted regarding unsafe and unethical practices in nursing education. In a study by Luhanga et al. (2009), clinical preceptors reported issues such as “dishonesty, including lying, hiding errors, and not admitting one’s own mistakes that revealed certain students’ lack of accountability and ultimately resulted in unsafe practice” (p. 267). Killam, Montgomery, Luhanga, Adamic, and Carter (2010) conducted a study that was designed to define student safety in a clinical setting. Nursing students and clinical faculty in this study indicated that compromised professional accountability consists of the following criteria: making up assessment data, withholding important observations or critical events, not following standard precautions, making repeated mistakes, and caring for patients beyond scope of practice (Killam et al., 2010).

Nursing education presents students with core classes that provide the foundation for their careers. Students with compromised accountability often exhibit a lack of critical thinking ability. Killam et al. (2010) indicated that “within nursing education, accountability needs to be a core structural characteristic of praxis, supported by clear policies and role modeled by educators and students” (p. 12). Begley (as cited in Killam et al., 2010) suggested accountability be taught using methodologies such as role modeling, habit-forming practice, and experience. Compromised accountability may have implications that extend beyond the academic setting and reputation of the nursing program permeating patient care delivery (Killam et al., 2010).
Statement of the Problem

A disconnect between public perception and reality exists although nursing remains America’s most trusted profession. Nursing education stresses accountability and responsibility. However, studies have indicated dishonest behavior while in school often continues into the professional setting and little research has been dedicated to undergraduate nursing students’ perceptions of accountability. The absence of supporting literature has made it difficult to determine if current strategies used by faculty are effective at inculcating accountable behavior of nursing students.

Purpose of the Study

The purpose of this research study is to determine perceptions of accountability in undergraduate nursing students. Current literature explores accountability in relation to the profession of nursing as set forth by the ANA (2001) *Code of Ethics with Interpretive Statements* and the International Council of Nursing. Accountability has been defined in the literature for undergraduate nursing students by how the concept pertains to an individual’s value system, level of integrity, or in relation to empowerment and responsibility. This study, however, will ascertain students’ perceptions of accountability, thereby empowering faculty to emulate practices that foster development of professionalism in students as practicing nurses.

Martin, Yarbrough, and Alfred (2003) completed a study using the NPVS to evaluate professional values held by both BSN and ADN students. Results of the study indicated that ADN students scored higher than BSN students on five subscales. Subscale four, which highlights responsibility and accountability for nursing judgment and actions,
resulted in significantly higher \((t=2.66\) and \(p=.01\)) scores for ADN students (Martin et al., 2003). This study is significant to nursing education because by “understanding the importance that participants attribute to professional values can be useful to nursing faculty in understanding how students differ in their growth as professionals” (Martin et al., 2003, p. 295).

**Significance of the Problem**

This problem is significant because a primary goal of nursing education is to prepare nurses that are safe and accountable practitioners. Accountability is a multifaceted concept that is often difficult to define. Terms such as responsibility and autonomy are often linked to and considered integral components of accountability. Another aspect of defining accountability that nursing students as well as professional nurses must consider is to whom they are accountable. Accountability must be demonstrated to the employer, faculty, academic institution, the profession, and to themselves.

Nursing students are entrenched in coursework that prepares them to enter the workforce as a competent professional. Grueling schedules require many hours of preparation time for class and clinical. Holding students accountable for assignments and clinical duties fosters a sense of self-confidence within them. Self-confidence is a precursor to empowerment that leads to safe practitioners and improved patient care (Espeland & Shanta, 2008).

In a grounded theory study of clinical preceptors, Luhanga et al. (2009) report accountability issues such as lying, not admitting mistakes have been made, and hiding
errors as an indicator of unsafe practice (p. 267). Langone (2007) indicated that “studies have found correlation between unethical practices as a student with future professional behavior; therefore it is important to instill a sense of ethics in all nursing students” (p. 45). An understanding of student perceptions in relation to accountability will empower faculty in nursing programs to create environments that facilitate positive learning experiences and deter dishonest and unethical behaviors.

**Significance of Study**

This study is significant because accountability for one’s actions is a competency that reflects professional awareness and should be promoted in nursing students (Bowers-Lanier & Beecroft, 2008). Nursing has long been considered one of the most trusted professions in the United States. A key component to maintain this level of public trust is to instill a sense of accountability and responsibility in nursing students. Defining perceptions of accountability in undergraduate nursing students will create a portal for learning opportunities that will promote this trait as well as foster development of positive self-esteem and critical thinking abilities, desirable characteristics as registered professional nurses.

**Research Questions**

The research questions for this qualitative study were:

Question 1: What are the perceptions of accountability in sophomore, junior, and senior undergraduate nursing students?

Question 2: What are the variations in the perceptions of accountability in sophomore, junior, and senior undergraduate nursing students
Question 3: What are the variations in the responses to situational questions pertaining to accountability between sophomore, junior, and senior undergraduate nursing students? These questions were designed to determine student’s definitions of accountability, providing a foundation for instilling this trait with undergraduate nursing students.

**Summary**

Accountability is a core component in nursing practice. Nursing has been touted as one of the most trusted professions in the United States. In order to maintain a high level of trust, adequate inculcation into a culture of accountability is imperative in undergraduate nursing programs. Research into the values and perceptions of nursing students has not solely focused on accountability. Therefore, the focus of this research leans towards assessments of numerous values and qualities deemed necessary to practice accountability in the profession of nursing as perceived by nursing students. Defining the perceptions of accountability in undergraduate nursing students will provide the means to incorporate learning strategies to foster this trait throughout the curriculum.
CHAPTER 2 LITERATURE REVIEW AND THEORETICAL FRAMEWORK

This chapter contains a review of the literature that is pertinent to this research study. Search terms, databases, and previous studies relevant to the study’s topic were explored. The literature review encompasses professional values of nursing students, integrity and unsafe clinical practice of nursing students, generational differences in nursing education, and accountability of the nursing profession. This chapter also explores the theoretical framework used to guide this research study.

**Database Search Results**

A variety of search terms were used to find literature relevant to the study’s topic. Accountability, perceptions, nursing students, behavior, beliefs, values, and integrity were key words used in the literature search. Approximately 30 articles were found of which 11 were found to be of high quality and therefore were used to support this study. The literature also found that research pertaining to perceptions of accountability in undergraduate nursing students was minimal.

Databases used for this literature search included CINAHL, Ebsco A-Z, and Ovid. The ANA *Code of Ethics for Nurses with Interpretive Statements (2001)* provided insight regarding accountability of the practice of nursing.

**Professional Value Traits of Nursing Students**

Nursing education is a grueling process that involves a transformation of personal values to those of a professional nurse. The complexity of nursing education requires the integration of professional values throughout the curriculum and this integration is possible as demonstrated by Martin et al. (2003). They found that students perceive
themselves as having assumed accountability and responsibility for judgments and actions. They also found that ratings for accountability were higher among associate degree graduates than baccalaureate degree graduates. A conclusion of the study was that strategies to instill professional values such as accountability need to be re-examined as to their effectiveness with meeting the educational needs of nursing students as more men and minorities enter the nursing profession.

A variety of strategies are used to incorporate professionalism into the curriculum across the spectrum of nursing education. Kubsch, Hansen, and Huyser-Eatwell (2008) found that associate degree programs place emphasis on skills and tasks needed to provide bedside nursing care. They also found that diploma programs stressed a high level of clinical experience whereas baccalaureate programs emphasized a liberal arts education based on the American Association of Colleges of Nursing (AACN) (2005) core nursing values. Due to these differences among the nursing programs, they concluded that educational preparation as well as position or title and membership in a professional organization influence the registered nurse’s perceptions of professionalism.

Nursing encompasses a mutigenerational section of the population. Nursing students typically are members of “Generation Next” and may be considered technologically savvy. Seasoned professionals offer wisdom and experience that students and new graduates lack. Assuming that experience as a RN leads to acquisition of professional values, LeDuc and Kotzer (2009) explored differences in values of nursing students, new graduates, and seasoned nurses, as well as relationships between professional nursing values and years of nursing experience. They also explored nursing
students’ and staff nurses’ knowledge of the ANA code of ethics. They found no significant differences between the three groups in relation to professional values. They found, however, that new graduates were more aware of the ANA code of ethics than seasoned nurses and nursing students.

**Integrity and Unsafe Clinical Practice**

Nurse educators are charged with preparing safe, accountable nurses. In the clinical area according to Ritman and Osborn (as cited in Luhanga et al., 2010, p.264), nurse educators have the responsibility of determining those students who should not enter the profession because they are unsafe, and according to Luhanga et al. (2010), those nurse educators who allow unsafe students to graduate should be considered negligent for not upholding the profession’s standards.

Luhanga et al. (2010) found in their study that unsafe student practice was often associated with dishonesty. Lying, hiding errors, and not admitting one’s own mistakes not only demonstrated lack of accountability but also led to unsafe practice. They noted that lying violated the principle of veracity, which is a moral and ethical requirement for communication. Other behaviors identified as unprofessional by the study were lack of due diligence, arrogance, and disrespectfulness.

Unethical behavior exists on college campuses throughout the country and is a concern for nursing programs because studies have shown correlation between unethical behaviors as a student with unethical professional behavior as a practicing nurse (Langone, 2007). In a survey of nurse educators, Bailey (as cited in Langone, 2007) found that nursing faculty believe dishonesty influences future behavior as a professional.
The technological era has made cheating easier. Handheld devices, such as cell phone cameras and handheld scanners, allow students to capture test images. Research papers are available for purchase from a variety of vendors. Hilbert (as cited in Langone, 2007) found that 27% of nursing students admitted to copying sentences without citing references, 19% worked with a partner on an individual project, and 19% falsely recorded medications or treatments. This type of behavior, while a great concern for colleges, is a greater concern in nursing “because unethical behaviors can affect the life of another human being” (Langone, 2007, p. 46).

Clinical education is a vital component of nursing programs because practice under the guidance of faculty leads to safe practice. However, unsafe practice occurs and defining unsafe clinical student behaviors was the focus of a study conducted by Killam et al. (2010). They found that unsafe students were characterized by three components involving disengagement during clinical practice, compromised accountability, and incomplete praxis. Accountability and patient safety were compromised when students came to clinical unprepared for their assigned patients. Other behaviors identified as unsafe behavior were incomplete documentation, inability to critically think, fabricating assessment data, not following standard precautions, and lack of respect for patient needs. A hallmark of unsafe practice was identified as students covering up mistakes.
Generational Differences in Nursing Education

Generational differences in college classrooms are more apparent now than ever. Students in the Baby Boomer Generation as well as Generation X and Y may be present in one classroom. Because all three generations have different value systems and learning styles, nursing faculty are challenged with how to impart nursing knowledge and values, such as accountability, to this diverse student population. To prepare for generational diversity, Walker et al. (2006) emphasized the importance of evaluating and revising teaching methods to meet the learning needs of a multigenerational classroom.

Meeting the needs of a multigenerational classroom is compounded by the generational characteristics of nursing faculty. The average age of nursing faculty is 53.3 years, making them members of the Baby Boomer Generation. As members of this generation, nursing faculty possess the following characteristics: has a big picture mindset, emphasizes self-actualization, is team oriented, and seeks new perspectives. As a generation, they have a transformational learning style preferring participation, critical reflection, and feedback as methods to generate knowledge and understanding (UNJSPF, n.d.). How this generation creates knowledge and understanding is in contrast with students who are members of Generation X and Y.

Generation X, students born between 1965 and 1980, may possess the following characteristics: reliance on technology, positive outlook, ability to complete several tasks at once, strong inner drive, and resistance to authority. As a generation, they prefer self-directed or self-paced learning. They also prefer to use technology and media when learning, wanting easy access to information (UNJSPF, n.d.).
Generation Y, those students born 1981 and after, possess the following characteristics: ability to complete multiple tasks at once, tendency to gravitate toward social settings, ability to use a variety of electronic devices with ease, and inability to interact when placed in difficult situations (UNJSPF, n.d., p. 4). This generation prefers informal, incidental learning. These students learn best in an individualized setting, augmented with the use of technology such as an electronic learning portal facilitating group interactions (UNJSPF, n.d.).

The characteristics and learning styles of these different generations suggests that nursing faculty must develop a variety of teaching methods to be effective within a multigenerational classroom. However, Walker et al. (2006) found no statistical difference between the teaching methods preferred by Generation X and Generation Y. Both generations preferred the lecture method for teaching, desired handouts that corresponded with lectures, and wanted case studies when course material was difficult (Walker et al., 2006). Both generations were interested in what they should learn but not the reason for learning. Walker et al. (2006) also found that both generations occasionally learned for the sake of learning. Their goal was a good grade. Based on these findings, the imperative is to develop generation appropriate teaching methods that promote learning beyond a good grade.

Accountability in the Nursing Profession

Accountability is an essential component of nursing practice. Milton (2008) referred to accountability as “an important legal, ethical, and moral term reflecting an attitude of human obligation to other persons, groups, organizations, and societies” (p.
Nursing organizations throughout the world, including the ICN and the ANA incorporate stringent accountability practices into their codes of ethics. The ICN (2006) code of ethics cites “personal responsibility and accountability for nursing practice and for maintaining competence by continual learning” (Milton, 2008, p. 301). The ANA (2001) code of ethics emphasizes individual responsibility and accountability for practice, appropriate delegation, and quality of practice and conformity to professional standards of care (Milton, 2008, p. 301). Both codes of ethics also emphasize accountability to oneself and others for actions taken. Therefore, “in order to be accountable, nurses act under a code of ethical conduct that is grounded in the philosophical ethical principles of fidelity and respect for the dignity, worth, and self-determination of persons” (Milton, 2008, p. 301).

Nurse administrators and nurse educators are challenged with empowering staff and students to act in an ethical and accountable manner. Accountability has been recognized as an essential component in delivering nursing excellence. To deliver excellent nursing care, Aroh, Occhiuzzo, and Douglas (2011) described a blueprint for nursing leadership that was enacted at Hackensack University Medical Center in New Jersey. The blueprint has three key components that involve distributed responsibility, non-stop skill delivery, and accountability. Each component plays a key role. However this study and therefore the literature review focused on the accountability component.

There are six principles of accountability that are imperative to creating a culture of excellence (Aroh et al. 2011). These principles include setting expectations, inviting commitments, measuring results, providing feedback, providing links to consequences,
and evaluation of effectiveness. Using these principles allows nurse leaders to set goals and maintain accountability for results. Setting expectations is primarily a responsibility of nursing leadership. This principle posits that members of the healthcare team, including students, hold themselves responsible for outcomes and consequences of their actions. Measuring results, providing feedback, and evaluation of effectiveness ensures achievement of outcomes and allows for revision of goals for either a healthcare institution or nursing program. Nurse leaders and faculty stress the consequences to not following protocol or not contributing to a culture of accountability. The consequence of not meeting expectations in education is often failure to progress in one’s course of study, whereas in a healthcare organization this behavior could result in termination of the nurse leader or staff members.

**Conclusions from the Literature Review and the Study**

Accountability is a necessary component to professional, responsible behavior. There are many factors that influence accountability in undergraduate nursing students that include generational differences, academic dishonesty, professional values, and ethical consideration of the nursing profession.

Today’s nursing classrooms are multigenerational. There may be representation from as many as three generations during one class period. Traditional nursing students are typically members of Generation X or Y, whereas nursing faculty are Baby Boomers. A challenge is posed because each generation has specific learning styles and faculty must adapt teaching strategies in order to properly disseminate course material.
Academic dishonesty is rapidly increasing in post-secondary education. Falsifying clinical forms, plagiarizing written assignments, copying a classmate’s assignment, or lying are behaviors that may be classified as dishonest. Studies indicate that dishonest behavior as a nursing student often continues past graduation and this is disturbing in that nursing students are future healthcare providers.

Nursing education stresses accountability and responsibility throughout the course of study. Fostering accountability in nursing students is imperative in their growth and development as a professional. Demonstrating accountability indicates that a nursing student has taken responsibility for their learning. This behavior fosters development of a positive self-esteem as well as critical thinking skills.

The ICN and ANA have incorporated accountability practices into their codes of ethics. The ANA code of ethics serves as a guide to behavioral standards of nursing practice and stresses accountability and responsibility for one’s actions, appropriate delegation, as well as conforming to professional standards of practice. The ICN stresses competent practice enhanced through continual learning and accountability and responsibility for nursing practice.

**Theoretical Framework**

The theoretical framework that will guide this research study is the Theory of Reasoned Action. This theory by Ajzen and Fishbein “provides a model that has potential benefits for predicting the intention to perform a behavior based on an individual’s attitudinal and normative beliefs” (Southey, 2011, p. 44). This theory suggests that an individual’s behavior is best determined by the intention to perform that behavior.
An individual’s intention to perform a behavior is determined by three constructs that include: one’s attitude toward a behavior, subjective norms, and perceived behavioral control (utwente.nl, n.d., para. 2). Attitudes are beliefs that individuals accumulates over the course of their lifetime (Haksyn, 2008, para. 3). Subjective norms refer to perceptions of the behavior that others, such as parents, friends, and co-workers, feel is appropriate for a given situation. Attitudes often influence behaviors more than subjective norms. A possible explanation for this influence is that attitudes focus on the consequences of behavior whereas subjective norms focus on what others feel is an appropriate behavior.

**Relationship to Research Study**

The Theory of Reasoned Action defines relationships between beliefs, attitudes, norms, intentions, and behaviors of individuals. An individual’s behavior is determined by the behavioral intention to perform it. The intention is determined by an individual’s attitudes and subjective norms towards the behavior (Haksyn, 2008). Influence over an individual’s behavior can be multi-faceted. Parents, peers, faculty members, and classmates may all contribute to perceptions of accountability. The premise that relationships exist between beliefs, attitudes, norms, intentions, and behaviors as indicated in The Theory of Reasoned Action determines if outside influences such as family, peers, or co-workers will influence perceptions of accountability.

**Summary**

Accountability is a necessary component of the nursing profession. There are multiple constructs to accountability explored throughout this chapter. Nursing is
considered one of the most trusted professions in the United States. Studies indicate that unethical behavior as a nursing student often continues into the professional role. In order to graduate competent, professional nurses, faculty has been charged with placing a greater focus on professionalism and ethical considerations in the classroom. Nursing faculty also face the challenge of teaching in a multigenerational classroom. The challenge is due to the fact that the generations present in the classroom have different learning styles thus requiring faculty to adapt in order to ensure transference of knowledge to all students. The ANA code of ethics cites accountability for delegation of duty, practice guidelines, and conformance to standards of care as key constructs to the profession of nursing. The Theory of Reasoned Action guided this research study. This framework indicates that an individual’s behavior is determined by the intention to perform it. This theory as the study’s framework is appropriate because it posits that a relationship exists between beliefs, attitudes, norms, intentions, and an individual’s behavior. It has also shown that accountable, professional behavior is influenced by beliefs and actions of peers, family members, classmates, and faculty.
CHAPTER 3 METHODOLOGY AND RESEARCH DESIGN

This chapter describes the study’s research design, setting and sample population, data collection, and data analysis. The study’s data collection tools and coding definitions will be described along with the methods to ensure protection of participants and maintenance of confidentiality.

Research Design

The purpose of this study was to determine perceptions of accountability of undergraduate nursing students. This purpose was accomplished by using a qualitative approach to answer the study’s three research questions. A qualitative approach was used because this methodology answers research questions attempting to ascertain participants’ perceptions of a specific concept (Creswell as cited in Mayville, 2007).

The research design was exploratory-descriptive in nature. This approach was appropriate for this study because the study’s topic is understudied and an accurate description of undergraduate nursing students’ perceptions of accountability is the desired outcome of the study. The research strategy was phenomenological inquiry, allowing the researcher to explore perceptions of accountability of undergraduate nursing students. This strategy was used because its purpose is to describe and understand the thoughts, and feelings of individuals such as undergraduate nursing students. This strategy was also be used because it fits the goal of the study.

The study’s goal is to determine perceptions of accountability of undergraduate nursing students. By developing a greater understanding of their perceptions of accountability in light of the generational differences in today’s classroom, nursing
faculty will be empowered to use and develop teaching/learning practices that foster undergraduate nursing students’ sense of accountability.

**Setting and Population**

The study’s setting was a college of nursing located in west-central Illinois. The sample included sophomore, junior, and senior nursing students enrolled in the college’s undergraduate nursing program.

The study focused on baccalaureate nursing students to reduce variation in data and the scope of the study did not include determining the perceptions of students from other types or nursing programs. Polit and Beck (2012) noted that homogenous sampling is often used when greater understanding of a specific group of people such as undergraduate nursing students is desired.

Recruitment of participants was conducted by the researcher at the beginning of the semester. Introduction of the research study was done during scheduled class times at the sophomore, junior, and senior levels. Informational flyers were given to students to review after class. If interested in participating in the study, students were instructed to contact the researcher via secure e-mail. Confirmation of participation was also done by the researcher via secure e-mail.

The goal was to obtain a sample size of 8 to 10 nursing students in order to achieve saturation of data (Holloway & Wheeler, 2010). Another goal was to achieve a mix of students from the sophomore, junior, and senior levels in order to ascertain differences in perceptions of accountability across the nursing program and obtain
concepts and data relevant to describing accountability from the perspective of undergraduate nursing students.

**Inclusion and Exclusion Criteria**

Participants were included in the study based on the following inclusion criteria. They were nursing students enrolled in the setting’s undergraduate nursing program. They were a sophomore, junior, or senior nursing student. They were proficient in the English language and able to answer interview questions.

Nursing students who attended a tutoring session with the researcher, a nurse educator in the college’s learning resource center, were excluded from the study to alleviate any feelings of vulnerability and undue pressure to participate in the study. Another exclusion criterion for participation was that participants could not be students enrolled in the college’s graduate program. These students were excluded because the aim of the study was to obtain the perceptions of accountability of undergraduate nursing students.

**Data Collection**

Data were obtained from individual interviews with the study’s participants. Personal interviews were used because this method would ascertain participants’ perceptions of the phenomenon being studied. Personal interviews were also used to allow the researcher to be flexible and provide time for the participants to explore their thoughts regarding the phenomenon of accountability (Holloway & Wheeler, 2010).

Interviews were semi-structured, allowing the researcher to discover perceptions of accountability while adhering to a specific line of questioning (Holloway & Wheeler,
guiding interviews was a pre-determined list of questions, allowing the researcher to consistently obtain quality data pertaining to participants’ perceptions of accountability thereby increasing reliability (Polit & Beck, 2012).

Interviews were conducted in a secure location free of interruptions to put participants at ease. The purpose of interview questions as well as how the interview would proceed was shared with participants before the interview to also put them at ease, promoting the exchange of pertinent information (Polit & Beck, 2012). Ice-breaking questions were used as needed to ease feelings of stage fright with answering interview questions (Polit & Beck, 2012).

Interview questions were open-ended in order to allow participants to impart detailed perceptions of accountability. Prompts and exploratory questions were used as needed during the interview process, allowing the researcher to ascertain detailed explanations of thoughts, perceptions, and beliefs pertaining to accountability.

Interviews were recorded using audio taping and note taking so data were captured for later analysis (Holloway & Wheeler, 2010). Permission was obtained from participants prior to audio taping the interview.

**Data Collection Tool**

Data were obtained using an interview guide constructed by the researcher. Questions were derived from an extensive literature review that focused on characteristics of accountability. Three scenarios were introduced to participants requiring them to impart thoughts, perceptions, and feelings regarding lack of
accountability. The scenarios stemmed from studies that emphasized academic dishonesty and lack of accountability. The data collection tool is found in Appendix A.

Data Analysis

Data from personal interviews were analyzed using content analysis and pre-established codes. This method of analysis was used to assure all data were included in the analysis and treated in the same manner, increasing reliability of results (Mayville, 2007). Using pre-established codes allowed for peer review of the codes and coded data, promoting validity (Mayville, 2007).

Data analysis began with transcription of personal interviews and field notes to assure all data were captured verbatim, providing rich data relevant to the topic of accountability (Holloway & Wheeler, 2010). Field notes were transcribed along with personal interviews to ensure the researcher was aware of important issues emerging from the data.

A columnar approach was used to transcribe interviews whereby the content from interviews was placed in one column and the second column was available for coding and comments (Holloway & Wheeler, 2010). Once interviews were transcribed, data in the form of sentences or phrases was tagged with a predetermined code. Coded data were copied into tables corresponding to pre-established codes. Each table was thoroughly proofread by the researcher and peer reviewers to ensure data were accurately coded and placed in the correct table. The data under each table was summarized to describe the perceptions of accountability of undergraduate nursing students.
**Pre-established Codes**

The predetermined codes included the following: perceptions of accountability as defined by responsibility to self and others, perceptions of accountability defined as essential components of nursing practice, perceptions defined as a legal or moral obligation, perceptions defined as a value or priority, and behavior essential to promoting a culture of excellence. The predetermined codes and their meanings are described in Appendix B.

The pre-established codes were structured around accountability perceptions attained from the literature review. Perceptions of accountability as defined by responsibility to self and others were defined as behaviors manifested by having knowledge, skills, and abilities to fulfill duties and obligations to self and others. Data were coded into this category when perceptions of completing tasks in a timely manner as well as showing consideration to others were expressed by participants. Perceptions of accountability as defined as essential components of nursing practice were defined as behaviors manifested as an obligation to the profession of nursing. Data were coded into this category when perceptions relating to the ANA code of ethics were specified by participants. Perceptions of accountability as defined as a legal or moral obligation were defined as behaviors that convey truthfulness and honesty. Data were coded into this category when perceptions correlating with ethical behavior were stated by participants. Perceptions of accountability as defined as a value or priority were defined as behaviors that are valuable or meaningful to an individual. Data were coded into this category when perceptions representing conduct that was important to an individual were expressed by
Behavior manifested as essential to promoting a culture of excellence were defined as actions essential to holding oneself as well as others accountable for their actions. Data were coded into this category when perceptions suggesting behavior that assists students to successfully accomplish goals and outcomes were expressed by participants.

**Promoting Validity of Data Collection**

Four strategies were used to promote validity (Creswell, 2009). The first strategy was peer review of the study’s interview questions to ensure they were free of bias and appropriate to the study’s topic. The second strategy was bracketing of prior assumptions and lived experiences to eliminate researcher bias. The third strategy was peer review of coding to ensure correct placement of data. The fourth strategy was member checking of data tables by four randomly selected participants to ensure accurate understanding of participants’ perceptions.

**Protection of Participants’ Rights**

Participation in this study was voluntary and volunteers were informed that they could withdraw from the study at any time. Informed consent was obtained from all students who volunteered and met inclusion criteria. Students who received tutorial services from the researcher were excluded from this study to eliminate bias and feelings of vulnerability. Students were informed that participation or non-participation would not deter students from receiving tutorial services. Students were also informed that participation or non-participation would not exert any influence upon course grades.
Consent was obtained from participants before the interview began. Participants were instructed that audiotaping would be stopped at any point during the interview at their request. If participants requested not to be audiotaped, interviews would be recorded via written notes. Informed consents, audiotapes, and written notes were identified with a number to de-identify personal information and kept secured in a locked cabinet in the researcher’s office. Only the researcher had access to this information. Data entered into tables were password protected. Informed consents, audiotapes, notes, and data tables will be kept secure for a minimum of seven years and then destroyed. Participants were informed of these actions ensuring that their confidentiality is maintained.

**Summary**

This chapter outlined the study’s research design, setting and population, data collection, data analysis, and protection of participants’ rights. The research design was explorative-descriptive using a phenomenological inquiry research strategy. This methodology was used to provide the researcher with rich data from which to explore perceptions of accountability of undergraduate nursing students. The setting was a nursing college located in west-central Illinois. The sample was recruited from the program’s sophomore, junior, and senior nursing courses. Data were collected using individual interviews and analyzed using content analysis.
CHAPTER 4 DATA COLLECTION AND ANALYSIS

The purpose of this study was to determine the perceptions of accountability of undergraduate nursing students. In order to gain an in-depth understanding of their perspective of accountability, the research design was a phenomenological inquiry focusing on students’ perceptions of accountability. Data were collected using personal interviews and analyzed using content analysis.

The purpose of this chapter is to present the analysis of the study’s data and report findings that will answer the study’s three research questions. Verbal discussion and data tables are used to present the analysis and findings. A detailed description of the study’s sample is included along with a description of participants’ perceptions of accountability in relation to professional values and responsibility.

Description of the Sample

The study’s sample consisted of 12 undergraduate nursing students enrolled in a nursing college in west-central Illinois. The gender mix of the sample included nine females and three males. Class representation included five sophomores, six juniors, and one senior. Ethnicity was self-reported and was eleven Caucasian and one Asian student. The age ranges were 6 students between 18 and 25 years of age and 6 students between 26 and 35 years of age. Five participants were second degree students and seven participants were first time college students. Four of the participants had children that were identified as both a barrier and motivator towards accountability. One participant stated,
Those of us that are adults and have children and you know whatever, that’s a big one trying to manage your time in a way that you can put time in with your spouse and family and still have time to do all of your assignments.

Another participant indicated that as a single parent, unexpected emergencies may impact accountability such as babysitter issues or “maybe they are sick or something like that; that could affect my accountability in being able to be present on time to class.” Another characteristic of participants was that they believed tardiness shows a lack of professionalism.

Data Analysis and Coding

Five pre-established were used to code and categorize data. From the categories of data, themes describing participants’ perceptions of accountability emerged. The five pre-established codes were perceptions of accountability defined by responsibility to self and others, perceptions of accountability defined as essential components of nursing practice, perceptions defined as legal or moral obligation, perceptions defined as a value or priority in an individual’s life, and behavior manifested in the workplace/classroom essential to promoting a culture of excellence. A list of the categories, definitions, and coding rules are found in Appendix B.

Twelve interviews were transcribed and the units of analysis were sentences and phrases from each of the transcribed interviews. Units of analysis were manually coded using a color scheme whereby each code had a specific color. The result was that each sentence or phrase was highlighted with a specific color corresponding to the code that it fit by definition and coding rule.
Units of analysis were grouped together according to their highlighted color, copied, and pasted to data tables. Each table was labeled according to the pre-established code that it represented. From these tables of data, themes emerged that represented participants’ perceptions of accountability. Interviews, codes, units of analysis, and tables were reread several times to determine that data were appropriately coded and placed in the correct table. Units of analysis that did not match a code and/or table were re-coded and/or moved to the appropriate table.

Tables were read to determine similarities in content among the units of analysis. From these similarities, themes were generated. Each theme represented an aspect of how participants defined accountability.

**Promoting Validity and Reliability of Findings**

A threat to validity of findings with a qualitative study is the interjection of the researcher’s biases and assumptions when analyzing data and not maintaining an open mind (Holloway & Wheeler, 2010). To reduce this threat, the researcher’s assumptions and experiences pertaining to accountability were bracketed during interviews, transcription of interviews, and analysis of data.

Reliability of findings was promoted by using peer review. Six transcribed interviews were randomly selected by two peers familiar with accountability in nursing practice. Each peer read the interviews and checked that each unit of analysis was properly coded according to each code’s definition and coding rule. A high level of inter-rater reliability was achieved between the peer reviewers and the researcher.
Member checking was also done to promote validity of findings (Holloway & Wheeler). Tables were sent to four randomly selected participants who were asked to determine that the information in the tables accurately reflected their perceptions of accountability.

**Questions One and Two Findings**

The study’s first two research questions pertained to perceptions of accountability of undergraduate nursing students. The first question asked for the perceptions of accountability from sophomore, junior, and senior nursing students. The second question asked about differences in perceptions between these levels of nursing students.

**Perceptions Defined by Responsibility**

Themes under this coding category reflected participants’ perceptions of accountability as defined by responsibility to self and others and behaviors manifested by having knowledge, skills, and abilities to fulfill duties and obligations to self and others. Six themes emerged from this category and are listed in Table 1. Table 1 also identifies the number of participants’ responses that contributed to generating the themes. These themes include: setting goals and proper planning using accessory devices enhances accountability, time management is a key component to accountability, help each other (students) maintain accountability, multiple barriers to accountability are present in today’s society, communication with others is vital to accountability, and responsibility to self and others is an essential component of accountability.
Table 1

*Themes with Perceptions Defined by Responsibility to Self and Others*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Total number of responses expressing theme</th>
<th>Number (and %) of responses by class level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting goals and proper planning using accessory devices enhances accountability.</td>
<td>5</td>
<td>Sophomore 2 (40)  Junior 3 (60)  Senior 0</td>
</tr>
<tr>
<td>Time management is a key component of accountability.</td>
<td>4</td>
<td>Sophomore 3 (60)  Junior 1 (25)  Senior 0</td>
</tr>
<tr>
<td>Helping each other (students) maintain accountability.</td>
<td>6</td>
<td>Sophomore 1 (16)  Junior 5 (83)  Senior 0</td>
</tr>
<tr>
<td>Multiple barriers to accountability are present in today’s society.</td>
<td>6</td>
<td>Sophomore 3 (50)  Junior 3 (50)  Senior 0</td>
</tr>
<tr>
<td>Communication with others is vital to accountability.</td>
<td>12</td>
<td>Sophomore 5 (42)  Junior 6 (50)  Senior 1 (8)</td>
</tr>
<tr>
<td>Responsibility to self and others is an essential component of accountability.</td>
<td>11</td>
<td>Sophomore 5 (45)  Junior 5 (45)  Senior 1 (9)</td>
</tr>
</tbody>
</table>

**Setting goals and proper planning.** This theme, described strategies used by participants to remain current on tasks and events as well as achieving the end goal of graduation. Participants found that calendars or planners as well as use of electronic devices such as I-phones programmed with reminders assisted with maintaining accountability. “I have five calendars and two planners. Everything is written in all of them. If I lose one it is okay.” Other methods such as “little gut checks to myself” and “recheck my planner when times get tough, I guess, and reflect on that and just try to be in tuned I when I’m stressed” provided participants with inspiration to remain organized. In addition to using assistive devices, participants indicated “what I have found successful in schools is making a plan, so not only having a plan to achieve those goals really sets you up to successfully complete that.”
**Time management.** This theme, described a strategy that enabled participants to successfully complete work for the class as well as clinical time. Participants indicated that time management was vital to getting tasks completed for both class and clinical. “Time management is probably a very big thing on accountability.” “I think workload when you kind of go into shut down mode, accountability has obviously been sacrificed. So workload and time management together.” When students were late to class or clinical, they felt this behavior was disrespectful and inappropriate because “you’re supposed to have time management and you’re supposed to have responsibility to be on time.”

**Helping each other.** This theme, described a strategy that encompassed a student helping another student complete assignments and projects so accountability was maintained with group work. When a student was not contributing to a group project, participants indicated the need to communicate before making assumptions. One participant stated:

> You might ask them if they are overwhelmed, if they got something major going on in their lives they need help with that we might be able if everyone else is in agreement. You know, just see what you can do to maybe help out.

Participants felt that not doing all of the work for the non-contributing student would be beneficial. Some participants felt that students should reach out to others in a manner that conveys caring and concern as one participant stated:

> Maybe help out with other people that aren’t doing their work and help out with questions that they have; explain to the person that is not doing the work hey
we’re getting together to work on our project. Do you wanna come over here and get your part done and we’ll help you a little bit to get done?

One participant felt it was important for peers and co-workers to listen to others and take their wants and learning needs seriously. “Sometimes my peers and co-workers make me a good worker. You’ll always work with people that will bring you up. I think just the same, you’ll probably always have those people that bring you down.”

**Multiple barriers to accountability.** This theme derived from the vast array of outside influences that deter individuals’ ability to display desirable behaviors. For example, workload as a nursing student was perceived as an astronomical barrier. “When you have like five classes, they have to get prep work done and you have to study for and you have to get your regular homework done on time, it’s a lot. I feel that is a huge barrier.” “Workload. That is huge. I’m so overwhelmed.”

Other extraneous factors identified by participants that constituted barriers to accountability were anxiety, motivation, and confidence. One participant stated:

Well anxiety would be a huge barrier. I think there’s a lot of anxiety in nursing school. I know there is in fact. Lack of study technique, lack of exposure, lack of confidence, lack of maybe motivation, focus, drive, those sorts of things too.

Lack of resources and financial constraints that required individual’s to work in addition to attending college in order to pay bills and provide necessities for their families were other extraneous factors posing barriers to accountability. “Lack of resources to perform whatever it is that you need as a student.” Modern technology such as computers or television may prove to be a distraction, thereby altering an individual’s level of
accountability. “Things that I enjoy that distract me like hours on the computer, watching TV, or stuff like that definitely alters my accountability because I may lose track of time and not be able to get my homework done.”

**Communication is vital.** This theme was identified as essential to accountability in all aspects of healthcare and academia. “Communication is big.” When unable to keep an appointment with faculty or fellow students, participants indicated that communication with the other party is essential. “I will send communication and ensure that it is received, either an e-mail, text, or phone call. I try to ensure that those that I am not going to be there.” “I call them as much in advance as I know.” Another participant indicated that lack of communication was rude and unacceptable behavior, stating:

Notify them at least a day ahead of time if possible. If it’s an emergency situation try to make it up to them, try to explain what happened. Talk to them ASAP. You can’t leave them on the hook. That’s rude, irresponsible and it’s not acceptable.

Effective communication with classmates was an imperative when working on group projects. One participant stated:

Make sure your communication is open with them and that teammates know how you are feeling because we can’t read minds, first of all, and maybe in their mind they are doing enough. But having that conversation, which sometimes people seem to skip over, they want to complain about it. But they don’t want to have this, I call them crucial conversations. Having those crucial conversations saying, look, you know, tell me what is going on with you.
Participants felt that communication with faculty when content was unclear was essential to accountability and success. “Accountability would have to do with finding a way to understand that and so back to communicating with people and changing your own study habits in order to meet those goals.”

**Responsibility to self and others.** This theme illuminated the defining characteristic of accountability. Participants defined accountability as responsibility for a variety of situations including being prepared, meeting needs of others, and having a sense of self. “Accountability for me probably coincides with; it’s being there for people.” “It involves taking responsibility and it’s just a very dynamic process.” Accountability was also defined as having responsibility to self. “I define accountability in terms of responsibility that you place on yourself with regards to not only your behavior but in how you keep yourself or hold yourself accountable for getting things done.”

Accountability was identified by participants as an essential component of the nursing profession. “Taking responsibility for everything that is influenced by you. Whatever you do, whatever you impact, to make sure you own up whatever it is. It’s the responsibility of your decisions, your actions, your thoughts, of everything you do.” Taking responsibility for actions gone awry also exemplified accountability. “Put forth your best effort and the responsibility that if something didn’t go as you planned that you take ownership of that. Accountable for whatever the situation was.”
Perceptions Defined by Nursing Practice

Themes under this coding category reflected participants’ perceptions of accountability as defined as essential components of nursing practice and behaviors indicative of obligations to self, patients, healthcare organizations, and the nursing profession. Themes under this category also applied to participants’ perceptions related to the ANA code of ethics for nurses. Six themes emerged from this category and are listed in Table 2. The six themes are: communicate respectfully and professionally, not following proper procedure may demonstrate lack of accountability for actions, not following protocol may pose risk to self and patients, unprofessional behaviors as a student may continue as a registered nurse, generational differences may impact professionalism, and nursing is a multifaceted and trusted career that emphasizes caring.

Table 2
Themes with Perceptions Defined by Nursing Practice

<table>
<thead>
<tr>
<th>Theme</th>
<th>Total number of responses expressing theme</th>
<th>Number (and %) of responses by class level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Sophomore</td>
</tr>
<tr>
<td>Communicate respectfully and professionally.</td>
<td>16</td>
<td>3 (19)</td>
</tr>
<tr>
<td>Not following proper procedure may demonstrate lack of accountability for actions.</td>
<td>9</td>
<td>3 (33)</td>
</tr>
<tr>
<td>Not following protocol may pose risk to self and others.</td>
<td>11</td>
<td>6 (55)</td>
</tr>
<tr>
<td>Negative behaviors as a student may continue to the professional arena.</td>
<td>4</td>
<td>1 (25)</td>
</tr>
<tr>
<td>Generational differences may impact accountability.</td>
<td>5</td>
<td>2 (40)</td>
</tr>
<tr>
<td>Nursing is a multifaceted and trusted career that emphasizes caring.</td>
<td>14</td>
<td>8 (57)</td>
</tr>
</tbody>
</table>
Communicate respectfully and professionally. This theme described the methods by which students as well as registered nurses should communicate with others. Participants indicated that the proper communication should occur when questioning knowledge or clinical skills. The theme emerged in relation to nursing students being placed in an observational role as a learning experience when procedures were performed on patients. The question posed to participants in the observational role was: What are your thoughts and how would you respond when watching a registered nurse complete a dressing change without using proper technique? Participants’ answers focused on communicating with the registered nurse in a professional, respectful manner. “If you see any nurse doing something you can just kindly remind them. I personally would not want to say anything to her because I feel it would be rude and disrespectful.” “I would communicate with the nurse directly about their lack of correct or formal protocol.” “I wouldn’t want to scare the patient. I would make sure it was handled professionally and respectfully.”

Not following proper procedure. This theme identified attitudes or behaviors exhibited by professionals that may be considered a breach of policies enacted by healthcare facilities. This theme emerged in relation to policies and procedures that were developed by healthcare institutions as a measure of upholding the scope and standards of nursing practice. A breach in these procedures, perhaps considered a time saving measure to a professional nurse, portrayed to participants a lack of accountability for actions. “As a student nurse you know that is not correct. You know that nurse is supposed to change the dressing with proper technique.” “You are responsible for proper technique.”
Participants expressed that as a registered nurse, your license mandates that accountability for all behaviors is maintained. One participant pointed out about the nurse’s accountability, stating:

The nurse is not being accountable for her actions, because I mean she was probably saving time but it is not the proper procedure and she knows that.

Sometimes we need a reminder that the small things do matter, like putting on gloves. She was not really demonstrating her teaching skills as a nurse.

When proper procedure was not followed by a nurse, some participants perceived the nurse as lazy. “Laziness. That person is in a rush or has a heavy load, but trying to get things done quickly rather than doing things is I think where we see accountability being lost.” “Laziness. She forgot the main priority was the patient.”

**Not following protocol poses risks.** This theme identified behaviors that may cause harm not only to the nurses but to individuals throughout the institution. Hand washing was identified by participants as the single most effective way to prevent the spread of infection and, when violated, should result in disciplinary action. “She’s putting the patient at risk for an infection and I would say, well I mean that it’s setting a bad example for the student.” “Putting the patient at risk for infection. Also putting themselves at risk by not wearing gloves.” “Protection of herself and the patient is definitely compromised.” Participants also indicated that not following hand washing protocol placed the nurse as well as the patient at risk by inadvertently spreading microorganisms to other patients as well as coworkers. “The nurse was negligent in practice.” “We all know about infection control and how important it is.” “If she didn’t
wash before, I doubt that she washed after, so you could spread it to whoever else she touches and whatever else she touches.”

**Unprofessional behaviors as student may continue.** This theme focused on how participants felt about positive behavioral change being possible. Participants provided a mixture of positive and negative statements in regards to behavioral changes. One participant stated:

If you’re not accountable as a student then you’re not going to be a good RN which makes total sense. Because, like in class, you have those people who like oh you just think to yourself how are they gonna make it as an RN when you can’t get your homework done or you can’t show up to class on time.

Another participant stated: “What you are presenting yourself now will definitely carry on into your nursing career.”

Participants also felt that providing education as needed along with proper mentoring were key components when initiating positive change in an individual. However, one participant felt that bad habits are hard to break, stating:

If you are still continuously displaying those characteristics it is going to be really hard to change those bad habits. I don’t think they would be the best nurse on the floor. I probably wouldn’t want to work with that person. You would think, okay what would happen if something major happened like their patient had a cardiac arrest and they weren’t there. What would happen? I wouldn’t feel comfortable working with that person and I think if people find out their history of behaviors like this, I don’t think they would get hired.
**Generational differences may impact accountability.** This theme referred to accountability behaviors exhibited by current professionals that are related to their generation. Each participant had a list of behaviors that were attributed to one’s generation as well as other factors. “Personality. They seem to display a lot of characteristics that I would term as professionalism.” Participants noted that younger generations often have a “quick fix” mentality. One participant stated:

They probably provided better patient care because they took their time with stuff and they understood that there were processes and all that stuff back when. Our generation is snapping their fingers saying why isn’t this happening right now and that could transition into nursing. Nursing is not always going to be a fast process. Nothing is always gonna be a quick fix. Our generation needs to slow down and take our time with patients and really do a full assessment and not just bam-bam-bam move on to the next one.

Seasoned nurses were often viewed by participants as organized with their workload. “New grad nurse may still have all the best intentions, but the old seasoned nurse is gonna be like alright….” “You have curve balls thrown at you but you quickly understand how to recover because you’ve been doing it for so long.”

**Nursing is a multifaceted and trusted career.** This theme exemplified the very core of the profession. Nursing was repeatedly named the most trusted profession due to its caring demeanor and professional behavior. Nursing as encompassing many avenues besides direct patient care was described by participants. “If you don’t put your heart into your job then it’s a job. Being a nurse isn’t a job, it’s a career.” “Patients should always
feel that they can tell a nurse anything. Because if they can’t tell their nurse what’s wrong, who can they tell other than their close family.” “We are caring and we always want what is best for the patient. We’ll listen to them and we’ll talk to them, educate them, and well you know we’re just someone there for them.” “We are advocates for our patients.” In order to maintain the high standards of the profession, participants expressed that nurses must continually display exemplary behaviors. One participant stated:

I think it is a lot of things that make a nurse. The accountability is a portion of it you know but your actions and how you treat others, how you come off and I guess that is scary to me too. I look at somebody and think I would not want them to take care of me or my mom or my dad or you know….

Nursing was also identified as a very stressful but rewarding career. No procedure or task was identified as too small by participants. “You can’t ignore the small things. The small things are where mistakes get made. If you ignore the little things, big things pile up.”

**Perceptions Defined as Moral or Legal Obligation**

Themes under this coding category reflected participants’ perceptions of accountability as defined as legal or moral obligations and behaviors manifested as those required by law or convey honesty and truthfulness. Five themes emerged from this category and are listed in Table 3. The five themes are: honesty is an essential component of accountability, trust is an essential component of relationships, accountability as a student includes reporting dishonest behavior of staff as well as classmates, plagiarizing
is dishonest and unlawful, and responsibility for actions is an essential component of
accountability.

Table 3

<table>
<thead>
<tr>
<th>Theme</th>
<th>Total number of responses expressing theme</th>
<th>Number (and %) of responses by class level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Sophomore</td>
</tr>
<tr>
<td>Honesty is an essential component of accountability.</td>
<td>17</td>
<td>7 (41)</td>
</tr>
<tr>
<td>Trust is an essential component of relationships.</td>
<td>6</td>
<td>3 (50)</td>
</tr>
<tr>
<td>Accountability as a student includes reporting dishonest behavior of staff as well as classmates.</td>
<td>16</td>
<td>8 (50)</td>
</tr>
<tr>
<td>Plagiarizing is dishonest and unlawful.</td>
<td>12</td>
<td>3 (25)</td>
</tr>
<tr>
<td>Responsibility for actions.</td>
<td>6</td>
<td>3 (50)</td>
</tr>
</tbody>
</table>

**Honesty is an essential component of accountability.** This theme exemplified truthful and ethical behavior whereby honesty was a desirable component that speaks to doing the right thing. Participants indicated that honesty coincides with conscientious behavior. “Being an honest person in general counts.” “Honesty, like if I did that it would just eat away at me forever and I feel like they have no sense of like a conscience.” “Being honest and owning up to what they’ve done.” “I think being honest helps even when you are a sophomore level student.” “I feel it’s that person’s responsibility, it’s a moral thing. I would feel terrible because it’s on your conscience.”

**Trust is an essential component.** This theme coincided with honesty. Participants expressed that feeling comfortable with co-workers or superiors may foster a sense of trust. One participant stated:
I think you’re gonna be much more honest with somebody if you feel like you can comfortably be like I really screwed up, I need help. I really need help figuring out what I did wrong and why I did it wrong.

Participants also felt that being honest with patients and others was extremely important. “Be as honest with my patients as I can. They know whatever you say, they can trust.” “Honesty is very important. Trust, being able to trust that person. I guess trust and honesty are the two most important for me. That’s what I would say.”

**Accountability as a student includes reporting dishonest behavior.** This theme exemplified a key component of accountability as described by participants. Reporting dishonest behavior of a classmate or registered nurse, although a difficult task according to participants, was identified by participants as a component of accountability to self and others. “Would be difficult for me to say something to an instructor, to someone you know.” “I don’t think it’s my position to say anything. I think that they are short changing themselves.”

Some participants indicated an anonymous approach to reporting dishonest behavior would increase their comfort level with reporting this type of behavior. One participant stated:

I would have to anonymously contact the teacher/instructor and I’d have to tell them about it cause I couldn’t live with that. My conscience would get to me and I just couldn’t live with that and I don’t know how anyone else could

Participants also felt that fellow students should self-report dishonest behaviors and not reporting such behavior is unacceptable for students. One participant stated:
I just can’t keep this a secret because this could affect me too. Say, these are the things I have to do if you don’t take care of it. So, you kind of give them an ultimatum and see where it goes. But I would just feel like you know we are all students. I have to do it, everybody has to do it. Really this is going to benefit you in the long run.

**Plagiarizing is dishonest and unlawful.** This theme was associated with dishonest behavior. “At this school we have an academic honesty policy and I would feel obligated to the bare minimum to confront the students.” Another participant stated:

If you cheated then you should be, you’re held accountable. You’re not supposed to cheat. You know you’re not supposed to cheat. You signed a waiver saying that you wouldn’t cheat. So you automatically are held responsible to go and tell someone. I just feel sick. I couldn’t do it. I would have to tell someone. Yeah, maybe it’s my best friend, maybe it’s someone I care about but they know the ramifications.

Participants indicated that plagiarism can also be viewed as illegal or theft in the sense that individuals who are engaged in this activity are breaking the law. “They’re stealing. They are falsifying, putting their name on something that wasn’t theirs. So there’s no accountability.” “They totally stole it. They plagiarized. It’s huge and not ok. It’s wrong on so many levels. You’re stealing.” Another participant had similar feelings regarding plagiarism and theft, stating:

I think plagiarism is really bad and I think its theft and unfair. It’s wrong to the students who didn’t plagiarize. I feel the student who did plagiarize took the easy
way out and I would definitely contact the teacher and notify them they plagiarized

Participants felt that honesty and moral integrity are breached when plagiarism has occurred. Some participants reported feeling anxious and having physical symptoms when merely thinking about reporting academic dishonesty of a fellow classmate. One participant stated:

I think it is wrong. It scares me. It kind of makes my heart palpitate just you saying that. Again, it is one of those things that you talk with your classmates about and how wrong it is and secrets don’t make friends. They will haunt you and it is all wrong.

The majority of participants felt that plagiarism should be reported to a faculty member. Participants also felt that those guilty of plagiarism should have ramifications due to those actions. One participant stated:

They know what they are getting themselves into if they did something they are not supposed to do and I feel like if they cheated and if it’s the difference between passing and failing they’ll just have to fail. Because it’s their responsibility to do their job and do it the way they’re supposed to.

**Responsibility for actions.** This theme stemmed from the premise that students or nurses who engage in dishonest behaviors should self-report to their faculty or superiors. Some participants would have issued ultimatums to those individuals displaying academic dishonesty. Other participants felt that students should be given the chance to self-report their behavior to faculty. Participants indicated they would follow
through on notifying the instructor if the behavior was not self-reported. “I would confront them and issue them an ultimatum, either come out with what you’ve done or I will inform your professor.” “Owning up to what they’ve done.” “I think that someone would need to go to a teacher. I would want the person who actually plagiarized the paper to do it.”

**Perceptions Defined as Value or Priority**

Themes under this coding category reflected participants’ perceptions of accountability as defined as a value or priority in an individual’s life. A total of six themes were derived from data matching this categorical requirement. Six themes emerged from this category and are listed in Table 4. These themes are: family has a great influence on behaviors; environment in which we were raised could impact accountability, generational differences affect accountability; communication is a valued component of the nursing profession, peer influence has a strong impact on behavior, and tardiness shows lack of professionalism.
Table 4

<table>
<thead>
<tr>
<th>Theme with Perceptions Defined as Value or Priority</th>
<th>Total number of responses expressing theme</th>
<th>Number (and %) of responses by class level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Sophomore</td>
</tr>
<tr>
<td>Family has a great influence over behaviors.</td>
<td>17</td>
<td>9 (53)</td>
</tr>
<tr>
<td>Environment in which we were raised could impact accountability.</td>
<td>5</td>
<td>2 (40)</td>
</tr>
<tr>
<td>Generational differences affect level of accountability.</td>
<td>13</td>
<td>3 (23)</td>
</tr>
<tr>
<td>Communication is a vital component of the nursing profession.</td>
<td>8</td>
<td>3 (38)</td>
</tr>
<tr>
<td>Peer influence has a strong influence on behavior.</td>
<td>8</td>
<td>3 (38)</td>
</tr>
<tr>
<td>Tardiness shows lack of professionalism.</td>
<td>6</td>
<td>2 (33)</td>
</tr>
</tbody>
</table>

**Family has a great influence on behavior.** This theme stressed the importance of family members in developing values and beliefs associated with accountability.

Participants strongly felt that familial influence played an important role in shaping their value systems and what constitutes accountability. “I feel like I’m the kind of person I am because of my family.” “My mom and dad have made me accountable throughout my whole life.” Another participant stated:

Grandpa, he was the one who taught me, if you’re not 15 minutes early, you’re late. He’s a great role model because he sticks to his morals; he sticks to his family values and teaches his values to his kids and to his grandkids. I respect that and he has a really good work ethic. Any job worth doing is a career not a job.

A value that had a strong familial influence was timeliness. Several participants indicated that either parents or grandparents instilled the value of time and consideration
of others. Arriving early for appointments or family functions was a common thread in participants’ responses. The desire to arrive early for class or clinical was important to participants.

One of my biggest pet peeves is being late for stuff. I think arriving late is rude. Growing up, my dad always enforced if you are not five minutes early you are late. Coming to the college world I have made it if you are not 15 minutes early then you are late. I think just being on time shows you are ready and willing to be a participant and you respect your teacher’s time.

**Environment could impact accountability.** This theme was derived from statements citing rural or urban upbringing as a factor in levels of accountability. Participants indicated that classmates or roommates from more urban settings, such as Chicago or St. Louis, had different value systems. One participant stated:

I don’t know if it’s true or I feel like the environment you are raised in has that affect too. I just don’t know if it’s a bias or people like grow up in a small town….tend to be more honest compared to I don’t know. Having friends here at school from Chicago and St. Louis and they will say things and do things that seem normal to them and I would never dream of saying or doing.

Social or personal influences also impacted accountability. Participants felt society is telling individuals that a lack of accountability is acceptable. “It seems like our society is telling people it is ok to not be accountable. I was raised by a baby boomer pretty much so I have those qualities that the baby boomers held really close to their hearts.”
Generational differences impact accountability. This theme referred to behavioral characteristics specific to a generation that may impact levels of accountability. Participants felt that the younger generations want instant gratification and value socializing with friends over completing assigned tasks and homework. One participant stated:

There is a cycle of things for instance the students that are closer to my generation tend to get things done ahead of time, tend things planned out, better time management, things of that nature. Most of us are not out all weekend. We are home with our families or doing things of that nature with friends. The younger students are living for the weekends. The generations definitely have different attitudes toward responsibility.

Generational differences were also conveyed by participants as an attitude that exemplifies laziness and lack of caring. “I feel like our generation is kind of falling off into a downhill slope and I don’t like it.” “People are becoming lazy, being spoiled and instant gratification.”

Politeness and displaying manners were traits that participants felt are lacking in younger generations. However, self-serving attitudes according to participants are often displayed by traditional as well as non-traditional students. “Everybody is just out for themselves.” “How people talk to each other, the words they use, saying please and thank you. I see a generation that is scary.” “The instant gratification generation.”

Communication is a valued component. This theme spoke to the importance of timely and appropriate communication. Participants felt that professional communication
is important and conveys respect, inciting the need for timely notification prior to missing
an appointment or scheduled class time. “That’s important to me that people
communicate those things and they respect my time.” “Basically no call no show, I’ve
never tolerated that. There’s no excuse for that.” “A lot of people in my generation are
later than other generations and I just really don’t see why.”

**Peer influence has strong influence.** This theme exemplified the strong pull
peers and classmates have on student behavior. “If their peers are modeling behavior they
will absolutely identify with that and mimic that.” “I think the greatest pull is their friends
and their peers.” “There are more important things than making sure everybody is my
best friend.”

A behavior that was troublesome to participants was excessive socializing. “There
are a group of students who like to have fun we’ll say and like to go out and drink the
night before an assignment is due.” “If you choose to go out with them then that’s gonna
hurt your performance for the next day and I think that happens a lot.”

Participants also cited instances when peers tried to alter their study habits to meet
the demands of nursing education. “My friends kind of influence that because they try
and make me deviate from my path I have chosen.” “Sometimes just telling your friends
to go away is the best way to do it.” “My friends get kind of irritated, but at the same time
I have to do what is best for me and not what is best for them.”

**Tardiness shows lack of professionalism.** This theme emphasized showing
respect to others. This theme encompassed behaviors such as arriving on time for class
and clinical as a student as well as in the workplace as a professional nurse. Participants
felt a great sense of annoyance when classmates arrive late, interrupting the previously begun lecture. “Find it annoying for other people to be late to class.” “Tardiness is one of my pet peeves.” “It annoys me so bad when it’s the same people you know. Lecture already started and I don’t understand why it is necessary to always be like that.” “If you’re tardy and you’re late it shows that, well I didn’t want to be there.”

Some participants felt that tardiness was grounds for a verbal or written reprimand or termination. “Shows poor character because I think that you’re not gonna show up to your job late and that would be grounds for reprimand.” “Tardiness is one of my pet peeves. Any employees that were constantly tardy were no longer my employees.”

**Behavior Promoting a Culture of Excellence**

Themes under this coding category reflected participants’ perceptions of accountability as behaviors manifested in the workplace or classroom essential to promoting a culture of excellence, holding oneself accountable for actions or lack of action, and assisting students and staff to successfully accomplish goals. Six themes emerged from this category and are listed in Table 5. The six themes are: alternative grading policies would be beneficial, make expectations known early, disciplinary action needed for repeated violations, setting examples and displaying accountability, consistency in expectations, and specific practices to increase student accountability.
Alternative grading policies beneficial. This theme exemplified flexibility in grading policies of faculty members’ who consider individual students’ contributions to group projects. Participants indicated that some students do not always complete the majority of the workload for a group project. Participants reported that often times one grade is given to the entire group despite poor performance of those noncontributing group members. “Talk to the teacher about it and maybe have her give us an evaluation of each member of the group just to show her who did what work and who was responsible for what.” “The teachers that give the evaluation afterward of your group members and you can write stuff; then people feel a little bit safer.” “They can’t hold the entire group accountable for one person.”

Make expectations known early. This theme related to the process of providing information to students and staff that is necessary for academic and job performance. Participants felt that getting course information would promote accountability. “If it’s in
the syllabus and you go over the syllabus the first day of class.” “Teachers provide the syllabus for each class.” “Some instructors may say, ok everybody needs to not cheat. But spending more time speaking about it, setting very clear expectations.” “If you fail a test, it is up to you to make your appointment with them and also the tutor.”

**Disciplinary action needed.** This theme pertained to enforcing ramifications for actions such as tardiness, absences from class or clinical, and turning in assignments late. Participants felt that students who repeatedly violate attendance policies or turn assignments in late should receive the strictest punishment. “I think there should be disciplinary action.” “Here’s a line. You do it again there needs to be some kind of action taking place, some sort of disciplinary action whether it affects your grade or whether it affects you continuing in the program.” “Personally, I think that if somebody shows up late to clinical then they are not taking it seriously and they need to be reprimanded.”

Participants felt strongly that once policies are put into place at the beginning of the semester they should be carried through until the end. One participant stated:

Most of my instructors say the first day of class; you know you really shouldn’t come in late. But they’ll kind of let people, the expectations is that you shouldn’t, but like I said I have the one who is very set on you’re not coming in late and the other who comes late themselves.

**Setting examples and displaying accountability.** This theme pertained to actions taken by faculty and nurse leaders to foster accountable behaviors in students and staff. Timeliness, setting good examples, and displaying the same behavioral standards expected of students were identified by participants as actions on the part of faculty and
nurse leaders that could promote accountability. “When your teachers are late and the whole time they’re always preaching you need to be on time and get your stuff in.”

“Setting the example for those and showing accountability I think improves others attitudes towards accountability and maybe displays it for those who have not seen it.”

“The teachers that I’ve respected the most are the ones that say, I will have the grade up by next whatever. One week from now I promise you it will be there and it’s there.”

“Teachers putting off good vibes that influences everything we do.” “I think that an instructor show up on time themselves or even a bit early then that will influence the students to do the same.”

Participants felt that positive reinforcement by faculty members promoted accountability of students. Publicly recognizing an individual for exemplary grades or performance enhanced the desire to display accountable behaviors. “I think that there are times where faculty go out of their way to positively motivate students to get things done and it definitely works.” “When someone is publicly recognized for doing something well, it typically motivates others because people like to be recognized for doing something whatever that may be.”

**Consistency in expectations.** This theme pertained to behaviors expected of students in regard to being successful. Participants voiced frustrations at the lack of consistency in expectations among clinical instructors from one semester to the next. “Last semester, the instructor just trusted that we were prepared but this semester is kind of nice, intimidating but kind of nice.” “There’s a lot of inconsistency. It seems as though one clinical instructor will require something that another won’t.”
Participants also felt differences in clinical faculty may have allowed students to pass who they felt should not have passed. One participant stated:

I just wish there was a little more consistency. Because you could go with one clinical instructor and fail and then pass with another. You see people who you think, I don’t think they should have made it, but they were with somebody who was totally different so it was fine.

**Specific practices to increase accountability.** This theme referred to strategies used by faculty to promote professional behavior. Participants noted several strategies currently used by faculty and had suggestions for future improvements. “Our instructor checks our clinical prep.” “Hardwiring us to be accountable.” “Maybe they could do skits in the classroom, show examples and stuff and maybe that’ll remind the students of what to do and what not to do.” “Having specifically a module about accountability and the benefits of how it affects people.”

Participants also noted that faculty had implemented attendance policies to foster timeliness in students. “Once the door shut you don’t come in until break.” “You turn it in at the beginning of class, the bin shuts, and you have to have it in.” Another participant suggests faculty meetings with students that are repeatedly late. “If you come into class late more than one time, you could ask to have a meeting with that student, to see if there is a reason.”

Participants cited willingness of faculty to have open office hours as a means of promoting accountability. “My door is always open.” “Just tap on their door and they will give you at least five minutes of their day.”
Question Three Findings

Research question three focused on situational as well as reflective questions to collect a greater range of data from which to gain an understanding of undergraduate nursing students’ definition of accountability. To answer this question, participants were asked interview questions pertaining to three scenarios. Each scenario placed participants in a situation where the accountability of either a nursing student or registered nurse was questioned.

Scenario One

The first scenario placed participant in a room with a registered nurse who was changing a patient’s dressing and did not follow sterile technique. Participants were asked to describe their thoughts on what they observed and what action, if any, they would take in this situation. Table 6 lists the themes that emerged from the analysis of participants’ responses to this scenario.
Table 6

Themes with Accountability Scenario

<table>
<thead>
<tr>
<th>Theme</th>
<th>Total number of responses expressing theme</th>
<th>Number (and %) of responses by class level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate with nurse regarding actions.</td>
<td>10</td>
<td>Sophomore Junior Senior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 (40) 5 (50) 1 (10)</td>
</tr>
<tr>
<td>Report actions to instructor or charge nurse.</td>
<td>7</td>
<td>4 (57) 2 (29) 1 (14)</td>
</tr>
<tr>
<td>Would not speak directly to registered nurse.</td>
<td>2</td>
<td>1 (50) 1 (50) 0</td>
</tr>
<tr>
<td>Concern regarding R.N. status.</td>
<td>3</td>
<td>1 (33) 2 (67) 0</td>
</tr>
<tr>
<td>Actions or registered nurse showed lack of responsibility and accountability.</td>
<td>6</td>
<td>3 (50) 3 (50) 0</td>
</tr>
<tr>
<td>Actions of registered nurse showed laziness.</td>
<td>2</td>
<td>1 (50) 1 (50) 0</td>
</tr>
<tr>
<td>Actions of registered nurse showed knowledge deficit.</td>
<td>2</td>
<td>1 (50) 0</td>
</tr>
<tr>
<td>Actions compromise patient status.</td>
<td>3</td>
<td>2 (67) 1 (33) 0</td>
</tr>
</tbody>
</table>

Participants felt the nurse displayed a lack of responsibility and accountability to self and patient. Their responses indicated that the nurse was negligent and his/her actions exemplify laziness. “I think there was no accountability in this scenario because she was not taking responsibility.” “It might have been laziness or she forgot the main priority was the patient.”

Accountability of the student was also addressed by participants. “I think that accountability for the student nurse would be telling someone what she saw so that they can take the appropriate measures to correct that.” Some participants reported that they would feel uncomfortable reporting the actions of the registered nurse. “I’m not the type of person to step on somebody else’s toes. I personally wouldn’t say anything to her just because I feel it would be rude and disrespectful.” Another participant stated:
I think a lot of times on the floor, as a student nurse you see something that is not right. It is kind of hard to ask that nurse, why are you doing this? I think if we go to our instructor that is another way of showing accountability because we did see it and we know it is not right.

The majority of participants stated they would speak with the nurse regarding her actions. They indicated they would report the incident to a clinical instructor or charge nurse. They believed conversations should be held away from patients and conducted in a professional, respectful manner. In addition to conversations, participants expressed that simple gestures such as handing the nurse a pair of gloves might convey the same message as words. “Approach that nurse per say and maybe mention hey why didn’t you do this?” “Perhaps by my actions, she might pick up on that hey well let’s go about this in a clean way.” “I would communicate directly about their lack of correct or formal protocol.”

Scenario Two

The second scenario placed participants in a situation involving group work assigned by instructors. This scenario entailed a group of students working from start to finish on a project to be turned in for a grade and one student did not contribute to the group work. Participants were asked to describe their thoughts on the situation as well as what actions they would take to create an atmosphere of camaraderie. Table 7 lists the themes that emerged from this scenario.
Table 7

Perceptions with Teamwork Scenario

<table>
<thead>
<tr>
<th>Theme</th>
<th>Total number of responses expressing theme</th>
<th>Number (and %) of responses by class level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Sophomore</td>
</tr>
<tr>
<td>Lack of contribution causes frustration amongst team members.</td>
<td>3</td>
<td>1 (33)</td>
</tr>
<tr>
<td>Communication with team members is key to successful collaboration.</td>
<td>10</td>
<td>4 (40)</td>
</tr>
<tr>
<td>Communicate with faculty if student does not contribute.</td>
<td>5</td>
<td>2 (40)</td>
</tr>
<tr>
<td>Offer assistance to team members if needed.</td>
<td>5</td>
<td>5 (100)</td>
</tr>
<tr>
<td>Lack of participation conveys non-caring attitude.</td>
<td>3</td>
<td>1 (33)</td>
</tr>
<tr>
<td>Lack of participation conveys lack of accountability.</td>
<td>6</td>
<td>4 (67)</td>
</tr>
</tbody>
</table>

Participants expressed a great deal of frustration in regards to group work. Their statements frequently indicated that typically a core group of students do the actual work on the project and often become frustrated, agitated, and irritated with those members who do not contribute to the project, believing their grades could suffer because of the lack of contribution of these group members. “When you’re one of the students who are in this situation that you’re doing the work for the other students, it’s tough because you’re in that rock and a hard spot.” “Everybody knew that I was the person to get it done because I didn’t want to get a bad grade if they didn’t do their part.” “I would just rather do it all.”

Participants felt numerous characteristics of accountability were missing in this scenario. They included: punctuality, caring attitude, responsibility, respect for group members, communication, and consistency. “Doesn’t care about the project.” “They push
it off. It’ll get done. Somebody will do it. They’re lazy.” “The person obviously doesn’t care that other people are doing their work for them.”

Participants felt that communicating with fellow group members was important. “I would talk with the person who is not pulling their end with the project.” “I like to give that individual some time or hear their side of the story.” “Make sure your communication is open with them and that teammate knows how you are feeling because we can’t read minds.”

Faculty involvement was identified by participants as another avenue for dealing with students who do not participate in group work. “If it doesn’t work, get the instructor involved.” “I feel like it would probably have to be the teacher that would do it. Instead of giving the group a grade, they would just have to give each individual person their grade.”

**Scenario Three**

The third scenario involved a group of students who had plagiarized a research paper. Participants were asked to describe their thoughts about the plagiarism as well as what, if any, action they would take. Table 8 lists the themes that emerged from this scenario.
Table 8
Perceptions with Plagiarism Scenario

<table>
<thead>
<tr>
<th>Theme</th>
<th>Total number of responses expressing theme</th>
<th>Number (and %) of responses by class level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plagiarism constitutes theft.</td>
<td>3</td>
<td>1 (33)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 (67)</td>
</tr>
<tr>
<td>Participant would not report plagiarism.</td>
<td>3</td>
<td>2 (67)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 (33)</td>
</tr>
<tr>
<td>Plagiarism constitutes lack of honesty/responsibility.</td>
<td>6</td>
<td>3 (50)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 (50)</td>
</tr>
<tr>
<td>Academic honesty policy constitutes need to report plagiarism.</td>
<td>2</td>
<td>1 (50)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 (50)</td>
</tr>
<tr>
<td>Report dishonest behavior to faculty or individual in charge.</td>
<td>9</td>
<td>3 (33)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 (67)</td>
</tr>
<tr>
<td>Talk with student regarding plagiarism.</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 (67)</td>
</tr>
<tr>
<td>Plagiarism indicates laziness and lack of motivation.</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 (100)</td>
</tr>
</tbody>
</table>

Honesty was the key component of accountability that participants felt was missing from this scenario. “What nurses stand for is honesty and it is just all wrong.” “Being honest and owning up to what they’ve done.” “At … we have an academic honesty policy and I would feel obligated to the bare minimum to confront the students.” Some participants felt that plagiarism constitutes a crime. “Abiding by the law. I mean, my goodness, you are breaking the law.” “They totally stole it. They plagiarized.”

Characteristics of accountability that participants felt were also missing from this scenario included honesty, responsibility, self-discipline, fraud, respect, and lack of motivation. “Passing it off as your own and expecting the teacher not to notice.” “They are stealing. They are falsifying, putting their name on something that wasn’t theirs.” “Don’t have the motivation to do the paper.” “Honesty. If I did that it would just eat away at me forever and I feel like they have no sense of conscience.”
The majority of participants indicated they would either speak directly with the student or report the incident to faculty. “I would confront them and issue them an ultimatum; either come out with what you have done or I will inform your professor.” “I would contact the teacher and notify them they plagiarized.” “I would just have to tell somebody because I would be scared. Doesn’t that make you an accomplice?”

Participants considered plagiarism as a breach of academic honesty. While some participants would speak directly with the student or report to faculty, other options were to encourage the student to self-report or ignore the situation. “I’m not the kind of person to tattle.” “Not my personality to do that sort of thing.” “I guess I should care more about what others do but I guess that I don’t really.”

**Summary**

The purpose of this study was to determine the perceptions of accountability of undergraduate nursing students. In order to ascertain these perceptions, the research design was a phenomenological inquiry. Data were collected using personal interviews from participants meeting the study’s inclusion criteria. Twelve undergraduate nursing students, ranging in age from 18 to 35, from a west-central Illinois nursing college, participated in the study. Nine participants were female and three were male. The sample represented the nursing program’s sophomore, junior, and senior classes. Data obtained from personal interviews were coded and categorized using pre-established coding categories. The results of this content analysis were several themes that can be used to describe participants’ perceptions of accountability. Themes included professional communication, responsibility to self and others, honesty is a vital component of nursing
practice, and family and peers have a great influence on level of accountability. Using these themes, the study’s research questions can be answered.
CHAPTER 5 CONCLUSIONS AND RECOMMENDATIONS

Determining undergraduate nursing students’ perceptions of accountability was important in light of the fact they will be future healthcare providers. Nursing is a multifaceted career requiring immense dedication and commitment along with a heightened sense of responsibility and caring.

It is questionable if dishonest behavior as nursing students carries forth into the professional realm. Therefore, ascertaining beliefs and perceptions of undergraduate nursing students may provide insight into this potential relationship. In order to ascertain their perceptions and beliefs, questions pertaining to accountability practices as well as responses to student scenarios were posed to participants. Determining differences in perceptions in relation to year of study was achieved by posing the same questions to different levels of undergraduate nursing students. This strategy was successful in determining whether perceptions and responses were based on age, year of study, or personality of participants.

Summary and Discussion of Results

Accountability is a term that is inherent to the nursing profession. Nurses are held accountable by their state boards of nursing, patients, administrative personnel, and co-workers. The ICN 2006 code of ethics indicates that “the nurse carries personal responsibility and accountability for nursing practice and maintaining competence by continual learning” (Milton, 2008, p. 301). Accountability, however, begins prior to licensure and a directive to promote accountability has been issued to nursing faculty by the ANA Code of Ethics and Interpretive Statements. According to this directive, the role
of nurse educators and preceptors is to acknowledge that “through assignment of nursing care activities to learners they share responsibility and accountability for the care provided” (ANA, 2001, p.17).

Students must also maintain an optimal level of accountability. “The student is seen as accountable for his studies, the teacher for the teaching. Each must account to the other and themselves” (Bergman, 1981, p. 56). Students are responsible for preparing adequately for class as well as clinical practice. Adequate preparation is imperative for active learning and safe practice in the clinical area.

Academic dishonesty is an area of great concern for educators. It is a disturbing yet undeniable occurrence in colleges across the United States. Langone (2007) indicates that “unethical practices among college students are concerning for any profession, but especially for nursing because these students will become health care providers after graduation” (p. 45). Killam et al. (2010) indicate that academic dishonesty may extend beyond the institution into the delivery of patient care.

The premise of this study was significant because accountability for one’s actions is a competency that reflects professional awareness and must be promoted in nursing students (Bowers-Lanier & Beecroft, 2008). In order to obtain nursing students’ perceptions of accountability, a phenomenological inquiry design was used. Personal interviews were used to obtain data. Interviews were manually coded using a color metric scheme to correlate with the study’s established categories. The research questions as well as coding strategies were derived from the literature review.
This phenomenological inquiry had a sample size of 12. From these 12 participants, the study gained insight into student perceptions pertaining to accountability in a variety of settings. The study also gained insight into a possible relationship between levels of accountability as it relates to familial and peer influence.

**Communication is a Key Component**

Communication is a key component in academia as well as professional settings. Generational influences play a pivotal role with an individual’s ability to effectively communicate. Taylor (2008) indicates that “this generation may lack the civil and social interaction skills that are expected of them from patients, particularly those in the older generation” (p. 30). Therefore, guidance in developing professional, therapeutic communication skills in the younger generation may be warranted (Taylor, 2008).

As a nursing student, effective timely communication is essential to success. Participants felt that timely communication is imperative when an individual cannot attend class or clinical, a scheduled meeting with faculty or peers, as well as work time. The majority of participants felt that using technology to communicate was an acceptable modality as long as it provided ample notice to the individual.

The purpose of group work in academia is to prepare nursing students to function as a member of a team. Oftentimes, the majority of the workload is completed by a small portion of the group. Participants indicated that open dialogue with non-contributing members of the group is imperative to reduce frustration of those doing the work.

Nursing students interact with a variety of healthcare team members. It is essential that communication with these team members is professional and respectful.
Participants felt that when questioning a member of the health care team regarding a procedure or technique, communication should take place in a secure location and be performed in a professional manner. Respect should be shown to the individual on the basis of his or her licensure status.

A competency that should be promoted in nursing students is therapeutic communication skills as a member of a multidisciplinary team (Bowers-Lanier & Beecroft, 2008). Participants indicated that proper communication conveys respect. Time is a valuable commodity and communication regarding absenteeism is necessary in academia as well as in the professional setting.

**Responsibility to Self and Others**

The majority of participants in this study defined accountability as a responsibility. There were multiple facets of responsibility that included: everything you do, taking ownership of what goes wrong, class work, having a sense of self, remaining up to date, being prepared, meeting needs of others, and after an activity is carried out. Some participants defined accountability as a dynamic process that emanates a feeling of security in yourself as well as patients.

Proper hand hygiene is a basic skill taught to nursing students early in the education process. The ramifications of not using proper hand hygiene include spread of infections to other patients as well as other members of the health care team. Participants felt that not following hand washing protocol places the patient as well as the nurse at risk of developing an infection. Participants also felt that when a registered nurse does not follow protocol he or she is demonstrating a lack of accountability. Policies and
procedures are developed in order to assure that staff is following the scope and standards of practice. A staff member may also be perceived as lazy when shortcuts or improper technique is used when performing a procedure.

**Multiple Barriers to Accountability**

A plethora of barriers impeding levels of accountability are present in the lives of nursing students. Participants indicated that workload in nursing school is an astronomical barrier. Many students have difficulty managing a heavy course load in addition to responsibilities at home and with their families. Participants indicated further barriers included: anxiety, lack of confidence and motivation, lack of study techniques, as well as lack of exposure to the healthcare environment. Time management is a key component to successful completion of nursing school. Some participants indicated using planners, calendars, as well as electronic reminders to ensure completion of course and clinical requirements.

**Nursing is a Multifaceted Career**

Nursing is repeatedly named the most trusted profession in the United States. This honor is bestowed upon the profession in relation to nurses caring demeanor and professional behavior. Caring is displayed in many avenues such as communicating with patients and families, active listening, providing education, and the act of “being present.” Participants indicated actions such as advocating for our patients, putting your heart into your career, and wanting what is best for our patients exemplifies caring.
Honesty is Essential

Honesty is a component of accountability that speaks to truthful, ethical behavior. Participants indicated that honesty coincides with doing what is right and conveys a sense of conscience. Accountability and ethical issues are present throughout academia. Research in this setting by Luhanga et al. (2010) indicated behaviors related to dishonesty, including hiding errors, lying, as well as not admitting one’s own mistakes, reveals a lack of accountability that may result in unnecessary mistakes.

Participants indicated that engaging in dishonest behavior would make them feel uneasy. A sense of trustworthiness coincides with honesty as desirable components of accountability. Following up on actions and promises as well as acting promptly on verbal commitments enhances feelings of trust in both patients and co-workers.

Reporting Dishonest behavior

Dishonest behavior can manifest in many forms such as cheating on a test, plagiarizing a paper for class, or falsely taking credit for a project without contributing to the workload. Participants felt that plagiarism constitutes unlawful behavior and should thus be reported to faculty or an authority figure. Langone (2007) indicates that nursing students admit to academic dishonesty manifested as falsifying medication or treatments, working with a partner on an individual project, and copying sentences without proper citation. Behavior such as this is a concern in academia but more so in nursing education as these students will be providing care to human beings. Some participants indicated that they would have difficulty reporting a classmate if dishonest behavior was occurring. An
anonymous approach when reporting academic dishonesty is an option that may be used if an individual is uncomfortable with face to face reporting.

Baccalaureate nursing education requires students to participate in scholarly writing activities. Courses that are designated as writing intensive require students to complete an intensive scholarly writing assignment. These assignments are often difficult for students unaccustomed to this type of writing. Participants indicated that students guilty of plagiarism should face the ramifications of academic dishonesty. Paterson, Taylor, and Usick (2003) found inconsistencies in reporting and carrying forth the ramifications of plagiarism. Participants felt that making expectations known early in the semester increases accountability in students.

**Influences on Accountability**

Family members, such as parents, grandparents, and siblings, impact behavior from an early age. Participants indicated that their value systems were greatly impacted by their families. Parents were cited as having the greatest influence on behavior. Timeliness, responsibility for decisions, punctuality, and respect are traits that suggest strong parental influence. Several participants cited their father as having the greatest influence on time management and work life balance.

Peer influence plays a crucial role in student accountability. Familial influences are often overshadowed by the pull of going out and partying versus staying in and studying for an exam. Students may mimic behavior of peers to fit in with the crowd. Excessive socialization was seen by some participants as a deterrent to accountability. Drinking the night before an assignment is due may affect student performance.
Participants felt this behavior happens on a regular basis. Peers may also attempt to derail students from their designated path. Academic requirements of nursing school are more stringent than a more traditional degree. Peer groups often do not understand this, causing a degree of conflict amongst the group.

Rural settings traditionally produce students with more traditional values. Participants indicated that classmates from urban settings such as St. Louis or Chicago have a different value system. Society may also impact an individual’s level of accountability. Participants felt that society is telling young people that it is acceptable to act irresponsibly. Those participants felt that being raised by parents with strong beliefs and value systems impacted their level of accountability.

**Behaviors Manifesting Accountability**

It is imperative for faculty to role model behavior for students. Faculty need to make expectations known early in the semester. Reviewing the syllabus on the first day of class allows students to ask questions regarding assignments and projects. In doing this, faculty are able to clearly define their expectations for students as well as outline ramifications for those not meeting desired outcomes. Participants indicated the need for faculty to follow the expectations they set for students. If timeliness is stressed, participants felt that faculty should arrive early to set a good example for students.

An area of great concern expressed by participants involved inconsistency in faculty grading and evaluation criteria. Perceptions of inconsistency frustrate students and leave them fearful of failing. Participants felt that clinical evaluations should be consistent from one semester to the next. An example of this concept is academic failure
due to an academic warning for one semester followed by repeated warnings in subsequent semesters. Arriving late to class or clinical, incomplete documentation, inability to critically think, fabricating assessment data, not following standard precautions, and lack of respect for patient needs are viewed as unsafe practices and therefore disciplinary action is needed if such behaviors are repetitive (Killam et al., 2010).

Conclusions

Perceptions of accountability in undergraduate nursing students focus on the concept of responsibility. Responsibility to self and others is stressed by organizations such as the ICN. The ICN (2006) code of ethics cites “personal responsibility and accountability for nursing practice and for maintaining competence by continual learning” (Milton, 2008, p. 301).

Communication is a vital component to accountability. Students must communicate with faculty and classmates when they are unable to fulfill expectations. Communications regarding absences should be completed in a timely manner using the most appropriate means available.

Group work is an essential component of nursing education in light of nursing is a profession that often times requires teamwork to provide quality patient care. Group projects require students to learn team building skills. Often times, a group member may not contribute to the final project outcome. Communicating on a professional level as well as active listening may promote conflict resolution. Communication with members of the healthcare team may intimidate or frighten nursing students. Students are often
afraid to call attention to incorrectly performed procedures or breaks in technique. Conveying their concerns in a professional, respectful manner is imperative to accountability as a student.

Following proper technique and protocol are necessary components to professional accountability. Deviating from protocols and standards may place patients at risk for developing further health complications. This behavior may display laziness, lack of preparation, as well as a knowledge deficit in the registered nurse.

Family members and peers influence accountability in nursing students. Parents and grandparents instill values and beliefs into children and are the major influence in their lives until they leave home. Timeliness, respect, responsibility, and punctuality are traits that are often taught and practiced in the home. Peers often attempt to derail students from their path by suggesting nights out for dinner or drinking. Excessive socializing may be perceived as a hindrance to accountability as this may leave students unprepared. Students must follow their plan for success using a variety of strategies such as planners, calendars, and electronic reminders.

Faculty are in position to shape future nurses. Students model their behavior after that observed from faculty members. Providing and reviewing a course syllabus at the beginning of the semester outlines course expectations. This allows students to develop a plan for success. Modeling the behavior that is expected of students will also promote accountability. If timeliness is expected of students, arriving early for class will set a good example for students. Consistency in clinical evaluation and grading will alleviate
anxiety in students and increase levels of accountability. Students feel consistency with grading will enhance accountability in clinical performance.

Honesty and trust are viewed as vital components of accountability. Academic dishonesty, such as plagiarism is considered to be theft and requires students face ramifications for their actions. Dishonest behavior is felt to carry over to the professional world. This is frightening in nursing education as these students will be caring for patients upon completion of their education.

**Recommendations**

There are five recommendations that will assist in promoting accountability in nursing students. These recommendations focus on promoting academic honesty, strengthening professional communication skills, promoting respect and responsibility to self and others, enhancing student perceptions of accountability as well as timeliness and respect for others time.

Academic dishonesty occurs at alarming rates throughout post-secondary education. Arhin (2009) indicated that many nursing students do not perceive behaviors such as copying and pasting from internet sites or looking at classroom notes during a test as dishonest. These beliefs are attributed to this generation’s dependence on peer approval as well as characteristics such as being resourceful, inventive, and self-sufficient problem solvers (Arhin, 2009). To promote academic integrity and decrease the incidence of plagiarism, structured educational sessions on what constitutes plagiarism could be offered to students. YouTube videos describing plagiarism are appealing to current
college students. Creative skits such as those on YouTube could be brought to life in the classroom making the situation appear more “real.”

A majority of the participants in this study indicated that accountability is defined as responsibility to self and others, including classmates, faculty and family members, as well as to patients. To promote responsible, respectful behavior, ICARE Behavioral Kudo Awards could be initiated at this institution. The acronym stands for Initiative to promote Caring, Accountability, Respect, and Exceptional Behavior at BRCN. Participants indicated that being recognized for a job well done incites positive behavior in others. Students would be recognized for promoting the behaviors listed above and receive a small token of appreciation.

Scenario questions used in this study required participants to determine how they would communicate regarding academic and professional dishonesty. The majority of participants indicated that they would communicate with the nurse not following protocol as well as students that had plagiarized or are not contributing to group projects. Effective communication is an inherent skill that may take years to develop. However, student nurses should have basic communication skills that will be perceived as both professional and respectful. In order to facilitate this practice, simulation scenarios similar to those in this study could be used to enhance the student’s ability to communicate with fellow students, a registered nurse, or a faculty member. Debriefing sessions would assist students in observing what communication techniques are effective and which ones may be perceived as unprofessional.
Students hear the term accountability frequently during their undergraduate career. How well students understand this concept is unclear. Participants indicated a greater understanding of the concept after the study’s interviews. Behaviors such as tardiness, timeliness, group participation, professional conduct, and plagiarism may not be perceived as components or breaches of accountability. Classroom skits identifying desirable behaviors such as timeliness to class may enhance perceptions of accountability in students.

Consistency in grading policies was a concern voiced by participants. Students that arrive late to class produce unwarranted interruptions often disrupting the flow of learning. Participants found this interruption quite disturbing, especially when the same student is late on a consistent basis. In order to produce a positive learning environment for all students, a consistent tardiness policy might decrease the number of students arriving late to class.

**Limitations of the Study**

In order to ascertain perceptions of accountability in undergraduate nursing students, a phenomenological design was used. Data were obtained using personal interviews. A total of 12 participants volunteered for the study. There were four primary limitations to this research study. The first limitation was the number of male participants that volunteered. Greater male participation may have provided perceptions from the minority population of the nursing profession.

Secondly, only one senior volunteered to participate in this study. A larger number of seniors would have enhanced any contrasts in perceptions that may be present.
in the undergraduate levels. This may be attributed to exclusion criteria restricting those students who had received assistance from the researcher in the Learning Resource Center. The senior who did volunteer provided rich descriptions to all interview questions and therefore allowed for contrasts among the class levels to be made.

A belief that only accountable students will volunteer for this research study was a limitation in that views of students who are not accountable would not be heard. While this may be a valid premise, the purpose of this study was to garner perceptions of accountability in undergraduate nursing students. Perhaps accountable students may offer insight into those that display less than desirable behavior as well as suggestions for improving behaviors throughout the undergraduate levels.

The final limitation of this study was the lack of participants older than 35. This may be due to the limited number of students in this age range at the college’s undergraduate level. Obtaining perceptions of this age range may have provided a different perspective to accountability.

Summary

Accountability is a concept that has embedded itself into the nursing profession. Provision 4 within the ANA Code of Ethics and Interpretative Standards (2001) indicates “the nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care” (p.16). This provision challenges nurses to accept responsibility and accountability while providing patient, “acts of delegation, and other responsibilities such as teaching, research, and administration” (ANA, 2001, p. 16). Nurse educators are
charged with facilitating the development of accountability through empowerment at the undergraduate level. Many practices, such as academic dishonesty raises concern with educators as nursing students will soon be caring for human beings, wherein dishonest behavior may result in loss of life.

The purpose of this study was to determine perceptions of accountability of undergraduate nursing students. Differences in perceptions relating to level of undergraduate study were sought to determine if perceptions changed as students knowledge broadened. The design was a phenomenological inquiry in which data were obtained through personal interviews. Open-ended questions were used to obtain sufficient data to answer the research questions. Twelve participants, nine females and three males, volunteered for the study.

From this study, it was found that participants define accountability as being responsible or displaying responsibility to self and others. Ninety-nine percent of participants defined accountability in this manner. One hundred percent of participants indicated that communication is a vital component of accountability. Communication should be respectful and professional and performed in a timely manner. Time management and adequate planning were found to be facilitators of accountability. Modalities such as planners, calendars, and electronic devices enhance student levels of accountability.

Communication with peers, classmates, and professionals may often be a deterrent to accountability. Lack of exposure and experience in the clinical area may impart of feeling of discomfort upon nursing students. Facilitating learning experiences
where students are given the opportunity to practice effective communication skills may foster the development of lifelong problem-solving strategies.

This study also found that family members and peers have an astronomical impact on levels of accountability. Participants from all three levels indicated that family members helped shape their moral character and develop their value system. Respect for an individual’s time was stressed by many parents and grandparents. An inherent belief that one should arrive for a meeting or gathering at least fifteen minutes in advance was stressed by many parents. These beliefs were carried through by the participants as students, causing many to be the target of peer harassment related to their habits. Peers can impose both positive and negative influences upon students. Peers that practice timeliness, responsibility, and respect will influence others to perform in the same manner. Peers that practice behaviors such as excessive socialization, and disregard deadlines will influence others to perform in a manner that does not portray accountability.

Generational differences impart a great deal of influence on levels of accountability in students. The majority of students belong to generation X or Y. Both generations have preferred learning styles. When needs are not met, these students often become impatient leading to a lack of productivity in the classroom. Participants felt that Generation Y students demand instant gratification and often do not want to work through the learning process. Generational differences proved to be disturbing for some participants, predominantly the junior level participants, in that they felt communication
was compromised due to lack of interest in nursing related activities. More interest was placed on social calendars and “who was doing what” over the weekend.

This study also found that participants perceive faculty expectations to be inconsistent from semester to semester. Participants felt that behaviors acceptable during one semester could be viewed as unacceptable in the proceeding semester and result in a failing grade. The inconsistency causes anxiety in students and leaves feeling of uncertainty on how to prepare for the clinical area. Participants also indicated that in order to foster accountability in students, the same behavior should be displayed by faculty members. An example of this would include faculty arriving early for class or clinical if they require this of their students.

Academic dishonesty is a practice that is prevalent in higher education. Dishonesty in nursing has been shown through research to be a precursor to behavior as a professional. Dishonesty presents itself in many forms including plagiarism, cheating on tests, as well as being untruthful to faculty or clinical preceptors. Honesty and trustworthiness are inherent to the nursing profession. Participants felt that plagiarism should be deemed as an unlawful behavior and students guilty of this practice should be punished according to the academic honesty policy of the institution. Participants from all three levels indicated that behavior should be directly or anonymously reported to faculty members. Only two participants indicated that they felt like it wasn’t their place to intervene in this situation and the student would eventually be caught by faculty members. Education regarding plagiarism and its ramifications is imperative to reduce levels of academic dishonesty in nursing education.
This study gained valuable insight into student’s perceptions of accountability. Communication, responsibility, familial and peer influences, academic dishonesty, consistency of faculty members and displaying accountable behaviors as a professional proved to be factors that enhance or preclude accountability. The themes where there were differences in perceptions include: consistency in faculty expectations, generational differences affect level of accountability, family has a great influence over behaviors, plagiarizing is dishonest and unlawful, and communicate respectfully and professionally with healthcare professionals. Based on these themes, opportunities for empowering accountability within nursing students were presented.
References


Part 1 Introduction:

The purpose of this interview is to determine perceptions of accountability in undergraduate nursing students. As an undergraduate nursing student, I am interested in your response to questions that will help achieve a greater understanding of how accountability is perceived in relation to the profession of nursing. I am also interested in your response to questions that will determine how accountability is defined in generational contexts.

The interview will begin with a series of open-ended questions. I am interested in how you define accountability as well as thoughts and perceptions elicited in situational questions.

Part 2 Demographic Data:

1. Which of the following corresponds to your age group:
   - 18-25______
   - 26-35______
   - 36-45______
   - 46-55______
   - 56-65______

2. Which of the following corresponds to your grade level:
   - Sophomore_____
   - Junior________
   - Senior________

3. Which of the following corresponds to your gender:
   - Male_______
   - Female______

4. Which of the following corresponds to your ethnicity:
   - Caucasian______
   - African-American____
   - Latino/Spanish/Hispanic_______
   - Native American________
   - Asian__________
Part 3 Interview Questions:

5. Please tell me how you define accountability?

6. Please share what you believe are characteristics or components of accountability. Think about what you believe are necessary characteristics or components of accountability in relation to being a prudent nursing student or registered nurse.

7. Tell me how you think a nurse or nursing student remains accountable.

8. Please reflect on the following fictional scenario:

   As a student nurse, you observe a registered nurse perform a dressing change without using gloves or following sterile procedure. The nurse removed the soiled dressing without gloves, and placed a new dressing over the wound without proper cleansing.

   a. Think about accountability and share your thoughts about the behavior in this scenario.

   b. How do you believe you would respond to the actions of the registered nurse?

   c. What characteristics or components of accountability may be missing or compromised?

9. Share your thoughts regarding excessive tardiness or arriving late to clinical or work

10. Tell me how family members, peers, and classmates influence behavior related to accountability.

11. Please think of an individual that has had a major influence on your life in relation to accountability. How has this individual influenced your perception and actions related to accountability?

12. Tell me about practices you’ve observed in faculty that you believe promotes accountable behavior in students?

13. Please share your thoughts about barriers to accountability. What, if anything, might make it difficult to be accountable?

14. Please reflect on the following fictional situation:

   You are working on a group project with classmates. One student repeatedly does not follow-thru on his/her work load. The other group members repeatedly do this
student’s work and are becoming frustrated at the lack of contribution from their classmate.

a. Please share your thoughts about this situation.

b. Tell me what characteristics or components of accountability may be missing in this group.

c. Share what steps, if any, you believe could be taken by the group that might increase accountability among the students.

15. Share with me what you do when you are unable to keep an appointment with classmates or a faculty member.

16. Please reflect on the following fictional situation:

You have been told in secrecy that a group of classmates have plagiarized a research paper off an internet site. The paper is worth 200 points and could mean the difference between passing and failing the course.

a. Tell me your thoughts about this situation?

b. Tell me what characteristics or components of accountability might be missing in this situation.

c. Share what steps, if any, you would take in this situation.

17. Do you have anything else you would like to share with me regarding your perceptions of accountability?

18. Please reflect on thoughts and feelings regarding your participation in this study. Do you think your actions/behaviors may change after this research study?

I will transcribe the interview and interpret the data looking for common themes and patterns related to accountability. I may need to clarify or follow-up on my interviews. Would you be willing for me to contact you by email for a follow-up interview?
### APPENDIX B
### PREDETERMINED CODE CATEGORIES

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Coding Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceptions of accountability defined by responsibility to self and others.</td>
<td>Behavior manifested by having knowledge, skills, and abilities to fulfill duties and obligations to self and others.</td>
<td>Applies to participant’s perceptions of completing tasks in a timely manner as well as showing consideration to others.</td>
</tr>
<tr>
<td>Perceptions of accountability defined as essential components of nursing practice.</td>
<td>Behaviors indicating an attitude of obligation to self, patients, healthcare organizations, and other members of the nursing profession.</td>
<td>Applies to participants perceptions as indicated in the ANA code of ethics.</td>
</tr>
<tr>
<td>Perceptions of accountability defined as a legal or moral obligation or “doing what is right.”</td>
<td>Behaviors manifested as those required by law or those that convey honesty and truthfulness.</td>
<td>Applies to participants perceptions as related to ethical behavior.</td>
</tr>
<tr>
<td>Perceptions of accountability defined as a value or priority in an individual’s life.</td>
<td>Behaviors manifested that are meaningful or valuable to an individual.</td>
<td>Applies to perceptions of what is important to the participant.</td>
</tr>
<tr>
<td>Behavior manifested in the workplace/classroom essential to promoting a culture of excellence.</td>
<td>Holding oneself as well as employees/students accountable for consequences of actions or lack of.</td>
<td>Applies to participants’ perceptions of behaviors manifested by nursing leadership/faculty that assist students and staff successfully accomplish goals/outcomes.</td>
</tr>
</tbody>
</table>