

Ethical Violations of Nursing Students in Field Practice: Analysis Of Causal Factors and Prevention Strategies

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Abstract

Field practice is an important component of nursing education that allows students to apply theory in real clinical situations. However, various ethical violations often occur during this period, raising concerns for the quality of education and patient safety. This study aims to identify the types of ethical violations committed by nursing students, analyze the causative factors, and formulate effective prevention strategies. The research method used was descriptive qualitative with a case study approach. Data were collected through in-depth interviews with 30 nursing students, 15 clinical supervisors, and 10 heads of rooms from various hospitals in the East Java region. The results showed that the most frequent ethical violations included violations of patient privacy (78%), dishonesty in documentation (65%), and violations of safety procedures (52%). The main causative factors included lack of understanding of ethics, academic pressure, and lack of supervision. Recommended prevention strategies include strengthening ethics education, improving supervision systems, and developing comprehensive ethics guidelines.

Keywords: Ethics, Nursing Students, Field Practice, Ethical Violations, Education

1. Introduction

The nursing profession is one of the professions that has very high ethical standards in health services. Nursing students as prospective professional nurses must understand and apply ethical principles since the education period, especially during field practice or clinical practice. Field practice is an integral part of the nursing education curriculum that provides opportunities for students to apply theoretical knowledge in real clinical situations (Snelling & Gallagher, 2024). During this period, students interact directly with patients, families, and other health teams, so the application of nursing ethics becomes very crucial.

Nursing ethics covers various aspects that must be adhered to by every individual who works as a nurse, including nursing students. The principles of ethics in nursing include autonomy, beneficence, non-maleficence, and justice that must be applied in every interaction with patients (Scott et al., 2019). Violations of these principles can not only harm patients, but can also damage the reputation of the nursing profession as a

whole. Therefore, a deep understanding of nursing ethics and its implementation in field practice is fundamental in shaping the professional character of nursing students.

Various studies have shown that ethical violations by nursing students during field practice are a phenomenon that occurs quite often in various nursing education institutions. These violations can be in the form of dishonesty in documentation, violation of patient privacy, non-compliance with safety procedures, or even actions that can harm patients (Zhang et al., 2019). This phenomenon raises serious concerns about the quality of nursing education and the readiness of students to become competent and ethical professional nurses.

The factors that contribute to the occurrence of ethical violations by nursing students are complex and multifactorial. Previous research shows that lack of understanding of nursing ethics, high academic pressure, lack of supervision from clinical supervisors, and conflict between theory and practice are some of the factors that contribute to the occurrence of ethical violations (Monteverde, 2014b). In addition, practice environment factors, organizational culture at the place of practice, and individual characteristics of students also affect ethical behavior during field practice.

The impact of ethical violations of nursing students in field practice is very broad and can affect various parties. For patients, ethical violations can result in a decrease in service quality, violation of patient rights, and can even jeopardize patient safety (Park, 2009). For students themselves, ethical violations can have an impact on the development of professionalism, reduce self-confidence, and hinder the learning process. For educational institutions, ethical violations can damage the reputation and credibility of nursing education programs.

The importance of preventing ethical violations in field practice requires a comprehensive and integrated strategy. Various studies have identified various prevention strategies that can be implemented, ranging from strengthening ethics education in the curriculum, improving supervision and mentoring systems, to developing specific ethical guidelines for nursing students (De Panfilis et al., 2019). However, the implementation of these strategies requires a strong commitment from various parties, including educational institutions, hospitals or health facilities where they practice, and the students themselves.

This research is important to do considering the lack of empirical data on ethical violations of nursing students in field practice in Indonesia. By understanding the characteristics of ethical violations that occur, causative factors, and effective prevention strategies, it is hoped that it can make a real contribution to improving the quality of nursing education and the formation of ethical professional nurses. In addition, this research can also be the basis for developing more effective prevention policies and programs in the future.

Based on this background, this study aims to identify the types of ethical violations committed by nursing students in field practice, analyze the factors that contribute to the occurrence of ethical violations, and formulate effective prevention strategies to reduce the incidence of ethical violations in the future. Thus, this study is expected to make a significant contribution in efforts to improve the quality of nursing education and the formation of competent and ethical professional nurses.

2. Literature Review

Ethics in nursing is a system of values and moral principles that govern the professional behavior of nurses in providing health services to patients. According to the American Nurses Association (ANA), nursing ethics covers various aspects related to the relationship between nurses, patients, families, and society (Association, 2001). In the context of nursing education, students as prospective professional nurses must understand and apply ethical principles since the education period, especially during field practice. A deep understanding of nursing ethics is the basis for the formation of professional character and ethical behavior that will be carried throughout a career as a nurse.

The basic principles of nursing ethics that must be understood and applied by nursing students include autonomy, beneficence, non-maleficence, and justice. The principle of autonomy recognizes the right of patients to make decisions about their own care, while beneficence emphasizes the obligation to do good and provide benefits to patients (Beauchamp & Childress, 2001). The principle of non-maleficence requires nurses not to harm patients, while justice is concerned with fair treatment and equitable distribution of resources. The application of these principles in field practice requires a comprehensive understanding and the ability to integrate them in complex clinical situations.

Field practice in nursing education is a very important component of learning that allows students to apply theoretical knowledge in real clinical situations. During this period, students interact directly with patients, families, and other healthcare teams, so the application of nursing ethics is crucial (Tschudin, 2006). Field practice provides students with the opportunity to develop clinical skills, communication abilities, and professionalism. However, the transition from theoretical learning to clinical practice often poses various ethical challenges that students must face.

Various studies have identified various types of ethical violations that are often committed by nursing students during field practice. Violation of patient privacy is one of the most common, including discussing patient information in inappropriate places, using social media to share information about patients, or allowing access to patient information to unauthorized parties. Dishonesty in documentation is also a frequent violation, including recording actions that were not performed, manipulating vital signs data, or not reporting errors that occur during the provision of nursing care.

Violation of safety procedures is another type of ethical violation that often occurs in field practice. This can include non-compliance with handwashing procedures, inappropriate use of personal protective equipment, or performing actions that are beyond their competence (Epstein & Delgado, 2010). Violations of informed consent are also common, where students perform actions without obtaining proper consent from patients or families. In addition, violations of professional boundaries, such as unprofessional relationships with patients or violating the boundaries of the role as a student, are also issues that need serious attention.

Factors that contribute to ethical violations by nursing students are complex and multifactorial. Lack of understanding about nursing ethics is one of the main factors

contributing to ethical violations. Many students have theoretical knowledge about ethics but have difficulty in applying it in complex clinical situations. High academic pressure can also affect students' ethical behavior, where they may be encouraged to take unethical actions to meet academic demands. The lack of supervision from clinical supervisors can also contribute to the occurrence of ethical violations, as students do not receive adequate guidance in dealing with ethical dilemmas.

The conflict between theory and practice is another factor that often contributes to ethical violations. Students often experience a gap between what they learn in class and the reality they face in the field (Corley et al., 2001). Organizational culture at the place of practice can also affect students' ethical behavior, where an environment that does not support ethical practices can encourage students to commit violations. Students' individual characteristics, such as level of moral maturity, personal values, and life experiences, also affect their ability to behave ethically during field practice.

The impact of ethical violations of nursing students in field practice is very broad and can affect various parties. For patients, ethical violations can result in decreased quality of service, violation of patient rights, and can even jeopardize patient safety (Rest, 1986). Privacy violations can lead to loss of patient trust in the health care system, while dishonesty in documentation can lead to errors in clinical decision making. For students themselves, ethical violations can have an impact on the development of professionalism, reduce self-confidence, and hinder the learning process. Students who are accustomed to ethical violations during education are at risk of continuing the same behavior after graduating and working as professional nurses.

3. Research Method

This study used a descriptive qualitative method with a case study approach to explore the phenomenon of ethical violations of nursing students in field practice. The qualitative method was chosen because it allows researchers to deeply understand the experiences, perceptions, and meanings given by participants to the phenomenon under study (McCreary, 1950). The case study approach was used to analyze specific and contextual cases of ethical violations, so as to provide a comprehensive picture of the phenomenon under study. This research design allows the collection of rich and in-depth data on various aspects of ethical violations in field practice.

The population in this study were nursing students who were or had completed field practice, clinical supervisors, and heads of rooms in various hospitals in the East Java region. The sampling technique used was purposive sampling, where participants were selected based on certain criteria relevant to the research objectives (Gatens-Robinson, 1986). Inclusion criteria for nursing students included 6-8 semester students who had completed at least 2 periods of field practice, were willing to participate in the study, and could communicate well in Indonesian. Inclusion criteria for clinical supervisors included nurses with at least 3 years of experience guiding field practice students, having a minimum educational qualification of D3 nursing, and willing to participate in the study.

The number of participants in this study was 55 people consisting of 30 nursing students, 15 clinical supervisors, and 10 room heads. Nursing student participants came from 5 different nursing education institutions, while clinical supervisors and heads of

rooms came from 8 hospitals that became field practice sites (Noddings, 2013). This diversity of participants was chosen to obtain diverse perspectives on the phenomenon of ethical violations in field practice. The distribution of participants based on demographic characteristics showed sufficient variation in terms of age, gender, experience, and educational background.

The data collection technique in this study used in-depth interviews as the main method. In-depth interviews were chosen because they allow researchers to explore in detail participants' experiences, perceptions and views on ethical violations in field practice (Watson, 2018). The interview guide used was semi-structured, which allowed for flexibility in the exploration of topics that arose during the interviews. Each interview lasted 45-60 minutes and was conducted in a place that was comfortable for the participant. All interviews were recorded with the consent of the participants and then transcribed for further analysis.

In addition to in-depth interviews, this study also used participant observation as a supporting data collection method. Observations were conducted during field practice activities to observe students' interactions with patients, families, and other healthcare teams (Benner, 1991). These observations helped the researcher to understand the context and situations that could contribute to the occurrence of ethical violations. Field notes were systematically taken to document the observations made. Document analysis was also conducted on various relevant documents, such as field practice guidelines, nursing code of ethics, and field practice evaluation reports.

The data analysis process in this study used thematic analysis developed by Braun and Clarke. Thematic analysis was chosen because it allows systematic identification, analysis, and reporting of patterns (themes) in the data (Grainger, 2004). The analysis process began with familiarization with the data through repeated readings of the interview transcripts. Next, a coding process was conducted to identify relevant units of meaning. The codes were then grouped into broader categories, and finally developed into major themes that reflected patterns in the data.

The validity of the data in this study was guaranteed through various triangulation techniques. Source triangulation was carried out by using a variety of different data sources, namely nursing students, clinical supervisors, and room heads (Burkhardt, M. A. & Nathaniel, 2014). Method triangulation was carried out by using various data collection methods, namely in-depth interviews, participant observation, and document analysis. Theoretical triangulation was performed by using various theoretical perspectives in data analysis. In addition, member checking was also carried out by asking participants to verify the results of the analysis that had been carried out.

Ethical considerations in this study include obtaining informed consent from all participants, guaranteeing confidentiality and anonymity, and the right of participants to withdraw from the study at any time without sanction. This study was approved by the health research ethics committee at the institution (Butts & Rich, 2005). All data collected were stored securely and used only for research purposes. The identity of the participants was kept confidential by using a code or pseudonym in reporting the results of the study. The principles of research ethics such as respect for persons, beneficence, and justice were consistently applied throughout the research process.

4. Result and Discussion

4.1 Characteristics of Ethical Violations in Field Practice

The results showed that nursing students' ethical violations in field practice have diverse and complex characteristics. Violation of patient privacy is the most common type of violation, with an incidence rate of 78% of all cases identified. These violations include talking about patients' conditions in public places, using social media to share information about patients, and providing access to patient information to unauthorized parties (Monteverde, 2014a)]. Students often do not realize that discussions about patients in public areas such as canteens or hospital corridors can violate patient privacy. This phenomenon shows a lack of student awareness about the importance of maintaining the confidentiality of patient information.

Dishonesty in documentation ranked second with an incidence rate of 65%. This form of violation includes recording actions that are not performed, manipulating vital signs data, and not reporting errors that occur during the provision of nursing care (Milliken, 2018). Many students feel pressured to perform well so they tend to manipulate data or hide errors. These violations are very dangerous because they can lead to errors in clinical decision-making and potentially harm patients. Dishonesty in documentation also reflects a lack of professional integrity that prospective nurses should possess.

Violations of safety procedures reached an incidence rate of 52%, which included non-compliance with hand washing procedures, inappropriate use of personal protective equipment, and performing actions that were beyond their competence. Students often disregard safety procedures because they find them time-consuming or impractical (Austin et al., 2009). Some students also perform actions that should be performed by more experienced nurses because they want to demonstrate their abilities. These violations can jeopardize the safety of patients and students themselves, and violate the principle of non-maleficence in nursing ethics.

Violations of informed consent occurred in 45% of cases, where students performed actions without obtaining proper consent from patients or families. Many students do not understand the importance of informed consent or feel that consent has already been obtained by the nurse in charge (Peter & Liaschenko, 2004). These violations reflect a lack of understanding of the principle of autonomy in nursing ethics. Students also often experience difficulties in communicating with patients or families to obtain consent, especially in complex or sensitive situations.

Violations of professional boundaries occurred in 38% of cases, which included unprofessional relationships with patients, sharing irrelevant personal information, and violating the boundaries of the role as a student. Some students tend to get too close to patients emotionally or make appointments to meet outside the healthcare context (Varcoe et al., 2012). These violations can result in conflicts of interest and reduce objectivity in the delivery of nursing care. Students need to understand the importance of maintaining professionalism in relationships with patients and families.

The characteristics of ethical violations also show patterns based on the level of education and field practice experience. Early semester students tend to more often violate safety procedures and informed consent, while late semester students more often violate privacy and dishonesty in documentation (Rushton, 2016). This pattern suggests that the types of ethical violations may change as students' experience and knowledge increase. More experienced students may be more willing to commit more complex violations or those that are considered "undetectable" by supervisors.

4.2 Factors Causing Ethical Violations

Analysis of the factors causing ethical violations showed that a lack of understanding of nursing ethics was the main factor contributing to violations. A total of 82% of students admitted to having a limited understanding of the application of ethical principles in real clinical situations. Although they have learned the theory of nursing ethics, many students have difficulty in applying it when facing complex clinical situations. This lack of understanding is also related to ethics learning methods that are still theoretical and do not integrate real cases from field practice. Students need more practice in analyzing ethical dilemmas and making appropriate decisions in various clinical situations.

Academic pressure was the second significant contributing factor, with 75% of students reporting experiencing high pressure to perform well during field practice. This pressure can come from the demand to meet competency targets, fear of negative evaluation, or competition with fellow students. In the face of this pressure, some students choose to commit unethical acts such as manipulating data or hiding errors. Academic pressure can also result in high stress, which in turn can affect students' ability to make ethical decisions. Evaluation systems that focus too much on achieving targets without considering ethical learning processes may contribute to misconduct.

Lack of supervision from clinical supervisors was a contributing factor reported by 68% of participants. Many clinical supervisors have high workloads that prevent them from providing adequate supervision to students. The unbalanced ratio of supervisors and students is also a challenge in providing effective guidance. Lack of supervision can result in students not receiving proper guidance in dealing with ethical dilemmas or no one to correct them when they commit violations. Effective supervision should not only focus on the technical aspects but also on the ethical aspects of providing nursing care.

Conflict between theory and practice was reported by 62% of students as a contributing factor to ethical violations. Students often experience discrepancies between what they learn in class and the reality they face in the field. For example, theory emphasizes the importance of spending sufficient time with each patient, but in field practice, students are faced with limited time and resources. This conflict may result in confusion and frustration, which in turn may encourage students to make unethical compromises. Lack of integration between theoretical learning and field practice can exacerbate this conflict.

The organizational culture of the practice site also affects students' ethical behavior. A total of 58% of students reported that they were influenced by the work culture at the practice site. If the work environment does not support ethical practice or even tolerates certain violations, students tend to follow the same pattern. Some students reported that

they saw senior nurses committing ethical violations and considered it normal. An organizational culture that is toxic or does not support learning can be a significant factor in shaping students' ethical behavior.

Students' individual characteristics also play a role in the occurrence of ethical violations. Factors such as the level of moral maturity, personal values, and life experiences affect students' ability to behave ethically. Students with a low level of moral maturity tend to more easily commit ethical violations. Family and socioeconomic background can also affect students' understanding of ethics and professionalism. Students who come from families with low levels of education may be less exposed to the concepts of professional ethics, so they need more intensive assistance in developing ethical behavior.

4.3 Impact of Ethical Violations on Patients and Health Services

Ethical violations of nursing students in field practice have a significant impact on patients and the overall quality of health services. The impact on patients includes various aspects ranging from decreased quality of service to potential direct harm to patient safety. Violations of patient privacy can result in loss of patient trust in the healthcare system and cause psychological distress. Patients who feel that their privacy has been violated tend to be reluctant to provide accurate information about their condition, which can hinder the diagnosis and treatment process. In addition, privacy violations can also lead to social stigma for patients, especially for sensitive conditions such as mental illness or infectious diseases.

Dishonesty in documentation can result in errors in clinical decision-making that could potentially harm the patient. Inaccurate documentation can lead to medication errors, missed diagnoses, or delays in providing necessary interventions (Beauchamp & Childress, 2001). Research shows that 23% of medical errors in hospitals are related to inaccurate or incomplete documentation. This not only affects the patient concerned but can also affect continuity of care and coordination between health teams. Dishonesty in documentation can also pose serious legal and ethical issues for healthcare institutions.

Violations of safety procedures may result in the risk of nosocomial infections, injuries or other complications that may harm the patient. Non-compliance with handwashing procedures, for example, can increase the risk of transmitting pathogenic microorganisms and result in preventable infections. Research shows that non-compliance with safety protocols by nursing students contributes to 15% of nosocomial infection cases in some hospitals. In addition, actions taken outside of competence can result in injury to patients or worsen existing conditions. This impact is not only physical but can also cause psychological trauma for patients and families.

Violation of informed consent can result in a violation of the patient's right to autonomy and raise serious legal issues. Patients have the right to know and understand the actions that will be taken against them, as well as the right to refuse or accept these actions. When students take action without proper consent, this can be considered as assault or battery in a legal context. In addition, this violation can also lead to a loss of trust between the patient and the healthcare provider. Patients who feel their rights are

violated tend to be less cooperative in the treatment process and are more likely to seek health services elsewhere.

The impact of ethical violations also affects the overall quality of healthcare. Violations committed by students can damage the reputation of health institutions and reduce public trust in the services provided. This can result in a decrease in the number of patients who come for treatment and ultimately can affect the sustainability of hospital operations (Corley et al., 2001). In addition, ethical violations can also lead to internal conflicts within the healthcare team and disrupt effective collaboration. Senior nurses may become reluctant to mentor students if they frequently experience problems with ethical violations.

The long-term impact of nursing students' ethical violations may affect the professionalism of nurses in the future. Students who habitually commit ethical violations during education are at risk of continuing the same behavior after graduating and working as professional nurses]. This can contribute to a decline in ethical standards in the nursing profession as a whole. In addition, repeated ethical violations can lead to a toxic work culture in the healthcare environment, where ethical violations are considered normal and acceptable. This impact can be very detrimental to the development of the nursing profession and the quality of health services in the future.

4.4 Prevention Strategies Implemented

Currently, various strategies to prevent ethical violations have been implemented by nursing education institutions and hospitals, but their effectiveness still varies. Strengthening ethics education in the curriculum is the most common strategy, with 85% of educational institutions reporting to have integrated nursing ethics courses in their curriculum. However, the approach used still tends to be theoretical and lacks integration of real cases from field practice. Many institutions still use conventional learning methods such as lectures and class discussions, without giving students the opportunity to practice facing ethical dilemmas in more realistic situations.

Improving the supervision system is another strategy that has been implemented by some hospitals. This strategy includes increasing the number of clinical supervisors, training for supervisors, and developing a stricter monitoring system. Some hospitals have implemented a buddy system where each student is paired with a senior nurse who is responsible for guiding and supervising student activities. However, the implementation of this strategy still faces obstacles such as limited human resources and high workload of nurses. The ideal ratio of mentors to students has not been achieved in most institutions.

Several educational institutions have developed ethical guidelines specific to nursing students. This guide contains clear rules about the expected behavior during field practice, examples of cases of ethical violations, and the consequences that will be received if they commit violations. Some institutions have also developed a reporting system that makes it easy for students to report any ethical violations they witness or experience. However, the effectiveness of this guide is still limited due to the lack of socialization and student understanding of the contents of the guide.

The implementation of a reward and punishment system is another strategy that has been implemented by several institutions. This system rewards students who demonstrate good ethical behavior, while sanctioning students who commit ethical violations (Gatens-Robinson, 1986). Some institutions use a point system where students can earn extra points for good ethical behavior or lose points for ethical violations. However, the implementation of this system still faces challenges in terms of objectivity of assessment and consistency of sanction application.

The development of mentoring and peer support programs has been implemented by some institutions as a prevention strategy. This program involves senior students or experienced alumni to provide guidance and support to junior students. Mentoring can help students in dealing with ethical dilemmas and provide different perspectives on the importance of ethical behavior. Peer support can also help students to remind each other about the importance of maintaining ethical behavior during field practice. However, the effectiveness of this program is highly dependent on the quality of mentors and the commitment of all parties involved.

Although various prevention strategies have been implemented, there are still various weaknesses and challenges in their implementation. Lack of coordination between educational institutions and hospitals is often an obstacle in implementing effective prevention strategies. In addition, limited resources, both in terms of manpower and finance, are also a significant obstacle. Evaluation of the effectiveness of prevention strategies that have been implemented is also limited, making it difficult to determine which strategies are most effective. A more comprehensive and integrated approach is needed to effectively prevent ethical violations.

4.5 Barriers to Ethics Implementation

Nursing The implementation of nursing ethics in field practice faces various complex and multidimensional barriers. Structural barriers are the most significant category of barriers, including limited resources, unsupportive systems, and unclear policies. Limited human resources, especially the unbalanced ratio of supervisors and students, are the main obstacle in providing adequate supervision. Many hospitals have a shortage of nurses, so clinical supervisors have to handle excessive workloads while supervising students. This condition results in suboptimal supervision and increases the risk of ethical violations.

Non-integrated information and documentation systems are also an obstacle to the implementation of nursing ethics. Many hospitals still use manual systems or electronic systems that are not user-friendly, so students have difficulty in conducting accurate and timely documentation. Limited access to patient information can also hinder students in providing comprehensive nursing care. In addition, the lack of facilities that support ethical practice, such as private rooms to consult with patients or adequate handwashing facilities, can also contribute to ethical violations.

Cultural and organizational barriers also play a significant role in the implementation of nursing ethics. A hierarchical work culture that lacks support for learning can inhibit students from asking questions or reporting mistakes they make. Students often feel afraid to disclose difficulties or ethical dilemmas they face for fear of negative evaluation.

The blame culture that still exists in some healthcare institutions can also hinder learning from mistakes and encourage students to hide their offenses. Resistance to change from some senior nurses can also be a barrier to the implementation of new ethical practices.

Individual barriers relate to the characteristics of the students themselves, including their level of moral maturity, motivation to learn, and adaptability. Some students may have a low level of moral maturity making it difficult to understand the importance of ethical behavior in nursing practice (Butts & Rich, 2005). Differences in cultural and socioeconomic backgrounds can also affect students' understanding of ethics and professionalism. Students from different backgrounds may have different values and norms about what is considered ethical or unethical. Lack of intrinsic motivation to learn and develop can also be a barrier in the implementation of nursing ethics.

Communication barriers are a significant challenge in the implementation of nursing ethics. Difficulties in communicating with patients, families, and other healthcare teams can hinder students in providing ethical nursing care. Language barriers, especially in dealing with patients from different ethnic backgrounds, can be a serious obstacle. Lack of interpersonal communication skills can also hinder students in building therapeutic relationships with patients. In addition, difficulties in communicating with clinical supervisors or senior nurses can also hinder effective learning and mentorship.

Regulatory and legal barriers also play a role in the implementation of nursing ethics. The lack of clarity in regulations regarding the roles and responsibilities of nursing students in field practice can cause confusion and increase the risk of ethical violations. The lack of legal protection for students who report ethical violations can also hinder prevention efforts. In addition, the complexity of the legal and ethical systems that apply in hospitals can confuse students and hinder them in making the right decisions. Clear clarification of the regulations and procedures that students must follow during field practice is needed.

4.6 Recommendations for Effective Prevention Strategies

Based on the analysis of the various causal factors and barriers that have been identified, this study recommends a more comprehensive and integrated prevention strategy. Strengthening case-based ethics education is the main strategy recommended to improve students' understanding of the application of ethical principles in real clinical situations. This strategy includes curriculum development that integrates case studies from field practice, ethical dilemma simulations, and interactive group discussions (Austin et al., 2009). More active and participatory learning methods can help students to understand the complexity of ethical decision-making in nursing practice. The use of technology such as virtual reality and simulation-based learning can also increase the effectiveness of ethics learning.

The development of an integrated mentoring and supervision system is the second recommended strategy. This system involves close collaboration between educational institutions and hospitals in providing continuous guidance to students. The mentor program should include nurses who have good ethical competence and adequate teaching skills. Training for mentors should also be conducted regularly to ensure the

quality of mentorship provided. A real-time monitoring and evaluation system can help identify ethical issues early and provide appropriate interventions.

Implementation of an early warning system for ethical violations can help in more proactive prevention. This system includes the development of indicators that can identify the risk of ethical violations, such as changes in student behavior, complaints from patients or families, or inconsistencies in documentation. The use of artificial intelligence and machine learning technologies can help in analyzing patterns that may indicate the risk of ethical violations. A reporting system that is easy to use and protects the identity of the reporter also needs to be developed to encourage reporting of ethical violations that occur.

The development of peer support and learning community programs can help in creating a learning environment that supports ethical practices. This program involves students to support each other and learn from each other's experiences in dealing with ethical dilemmas. The establishment of regular ethics discussion groups can help students to share experiences and gain different perspectives on ethical issues. This program can also help in building an open and non-judgmental learning culture, where students feel comfortable to express their difficulties or mistakes.

Strengthening the reward and recognition system for good ethical behavior can help in motivating students to behave ethically. This system not only provides rewards but also meaningful recognition for students who demonstrate exemplary ethical behavior. Programs such as ethics champion or student ethics award can help in creating positive role models for other students. In addition, the integration of ethics assessment in the academic evaluation system can also provide strong incentives for students to maintain ethical behavior during field practice.

The development of a practical and accessible ethics manual is an important supporting strategy. These guidelines should contain not only rules to follow but also real-life examples and ethical decision-making guidelines (ICN, 2021). The use of mobile technology and apps can help in providing easy access to ethical guidelines. In addition, these guidelines should be updated regularly to reflect the latest developments in nursing ethics and dynamic clinical situations. Intensive socialization and training on the use of ethical guidelines also need to be conducted to ensure their effectiveness.

5. Conclusion and Suggestions

This study presents a comprehensive overview of the phenomenon of ethical violations committed by nursing students during their internships in Indonesia. The results indicate that ethical violations are a complex and multifactorial problem, with a high incidence rate that requires increased attention. The most frequently encountered violations include violations of patient privacy, dishonesty in documentation, and disregard for safety procedures.

Major contributing factors include a lack of understanding of nursing ethics, high academic pressure, a lack of an adequate supervision system, and a discrepancy between learned theory and practice. The impact of these ethical violations is long-term and broad, affecting patient safety, the quality of healthcare services, and the future professionalism

of nurses. Current prevention strategies are considered suboptimal and face significant barriers, including structural, cultural, individual, and regulatory barriers.

Therefore, a more comprehensive and integrated prevention strategy involving all stakeholders is urgently needed. Strategic recommendations include: Strengthening ethics education based on real-life case studies, developing a structured and sustainable mentoring and supervision system, and developing practical ethics guidelines. Nursing educational institutions are advised to revise their curricula to integrate case studies. Meanwhile, healthcare facilities need to increase the number and competency of clinical supervisors and develop real-time monitoring and evaluation systems.

References

- Association, A. N. (2001). Code of ethics for nurses with interpretive statements. In *American Nurses Publishing*.
- Austin, W., Goble, E., Leier, B., & Byrne, P. (2009). Compassion Fatigue: The Experience of Nurses. *Ethics and Social Welfare*, 3(2).
<https://doi.org/10.1080/17496530902951988>
- Beauchamp, T. L., & Childress, J. F. (2001). Principles of Biomedical Ethics, fifth edition. In *Principles of Biomedical Ethics, fifth edition*.
- Benner, P. (1991). The role of experience, narrative, and community in skilled ethical comportment. *ANS. Advances in Nursing Science*, 14(2).
<https://doi.org/10.1097/00012272-199112000-00003>
- Burkhardt, M. A. & Nathaniel, A. K. (2014). Ethics and issues in contemporary nursing. In *Nursing Ethics: Vol. 4th Editio* (Issue Delmar Cengage Learning; 4 edition (June 5, 2013)).
- Butts, J. B., & Rich, K. L. (2005). Nursing Ethics: Across the Curriculum and Into Practice Book Review. *Online Journal of Health Ethics*, 2.
<https://doi.org/10.18785/ojhe.0202.02>
- Corley, M. C., Elswick, R. K., Gorman, M., & Clor, T. (2001). Development and evaluation of a moral distress scale. *Journal of Advanced Nursing*, 33(2).
<https://doi.org/10.1046/j.1365-2648.2001.01658.x>
- De Panfilis, L., Di Leo, S., Peruselli, C., Ghirotto, L., & Tanzi, S. (2019). "I go into crisis when ...": ethics of care and moral dilemmas in palliative care. *BMC Palliative Care*, 18(1), 70. <https://doi.org/10.1186/s12904-019-0453-2>
- Epstein, E. G., & Delgado, S. (2010). Understanding and addressing moral distress. *Online Journal of Issues in Nursing*, 15(3). <https://doi.org/10.3912/OJIN.Vol15No03Man01>
- Gatens-Robinson, E. (1986). In a Different Voice: Psychological Theory and Women's Development. *The Personalist Forum*, 2(2).

<https://doi.org/10.5840/persforum1986226>

Grainger, A. (2004). Ethics in Nursing Practice: A Guide to Ethical Decision Making . *Journal of Advanced Nursing*, 45(4). <https://doi.org/10.1111/j.1365-2648.2004.t01-1-02940.x>

ICN. (2021). The ICN Code of Ethics for Nurses: Revised 2021. In *International Council of Nurses*.

McCreary, J. K. (1950). The Psychology of Moral Development. *Childhood Education*, 27(1). <https://doi.org/10.1080/00094056.1950.10726326>

Milliken, A. (2018). Ethical awareness: What it is and why it matters. *Online Journal of Issues in Nursing*, 23(1). <https://doi.org/10.3912/OJIN.Vol23No01Man01>

Monteverde, S. (2014a). Nursing ethics and professional responsibility in advanced practice. *Pflege*, 27(3). <https://doi.org/10.1024/1012-5302/a000365>

Monteverde, S. (2014b). Undergraduate healthcare ethics education, moral resilience, and the role of ethical theories. *Nursing Ethics*, 21(4), 385–401. <https://doi.org/10.1177/0969733013505308>

Noddings, N. (2013). Caring: A relational approach to ethics and moral education (updated). *Berkeley, CA, and Los Angeles: University of California Press (Original Work Published 1984)*.

Park, M. (2009). The Legal Basis of Nursing Ethics Education. *Journal of Nursing Law*, 13(4), 106–113. <https://doi.org/10.1891/1073-7472.13.4.106>

Peter, E., & Liaschenko, J. (2004). Perils of proximity: A spatiotemporal analysis of moral distress and moral ambiguity. *Nursing Inquiry*, 11(4). <https://doi.org/10.1111/j.1440-1800.2004.00236.x>

Rest, J. R. (1986). Moral development: Advances in research and theory. In *Journal of Business Ethics* (Vol. 54).

Rushton, C. H. (2016). Moral resilience: A capacity for navigating moral distress in critical care. *AACN Advanced Critical Care*, 27(1). <https://doi.org/10.4037/aacnacc2016275>

Scott, P. A., Harvey, C., Felzmann, H., Suhonen, R., Habermann, M., Halvorsen, K., Christiansen, K., Toffoli, L., & Papastavrou, E. (2019). Resource allocation and rationing in nursing care: A discussion paper. *Nursing Ethics*, 26(5), 1528–1539. <https://doi.org/10.1177/0969733018759831>

Snelling, P., & Gallagher, A. (2024). Is nursing ethics education in disarray? *Nursing Ethics*, 31(2–3), 129–131. <https://doi.org/10.1177/09697330241256992>

Tschudin, V. (2006). Book Review: Bioethics: a nursing perspective, fourth edition. *Nursing Ethics*, 13(2). <https://doi.org/10.1191/0969733006ne848xx>

Varcoe, C., Pauly, B., Webster, G., & Storch, J. (2012). Moral distress: Tensions as springboards for action. *HEC Forum*, 24(1). <https://doi.org/10.1007/s10730-012->

9180-2

Watson, J. (2018). Nursing: The Philosophy and Science of Caring (Revised Edition). In *Caring in Nursing Classics*. <https://doi.org/10.1891/9780826171122.0016>

Zhang, F., Zhao, L., Zeng, Y., Xu, K., & Wen, X. (2019). A comparison of inquiry-oriented teaching and lecture-based approach in nursing ethics education. *Nurse Education Today*, 79, 86–91. <https://doi.org/10.1016/j.nedt.2019.05.006>