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Nurse's Perceived Utility of Case-Based Learning in Enhancing Ethical Decision-Making in Nursing Practice

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Abstract: Introduction & Significance: Traditional lecture-based ethics education is predominantly instructor-centred. It offers limited opportunities for active learning and critical reflection. Although staff nurses are licensed professionals, ongoing ethics education is essential to enhance ethical decision-making in nursing practice. Case-based learning (CBL) promotes active participation, critical thinking, and an application of ethical principles to real-life clinical situations. This study determines the perceived usefulness of the CBL method in enhancing ethical decision-making skills in nursing practice. Methodology: A quantitative, descriptive, post-test-only design was adopted. 70 staff nurses were randomly selected who were working in an adult medical-surgical unit. Data were collected using a 5-point Likert scale and analyzed quantitatively. Results: Overall perception of the usefulness of the case-based educational strategy: the mean score & SD are 52.48 ± 14.43. 57.3% of participants demonstrated a high perception, 36.0% had a moderate level of perception, and only 6.7% reported a low perception. Nurses perceived the highest benefit of case-based learning in ethical principles in nursing care practice (M = 11.68, MPS = 77.87%). Discussion. The findings indicate that CBL is perceived as an effective educational strategy for enhancing the ethical decision-making process among staff nurses. Overall, the perception score falls within the high effectiveness category, with specific strength in facilitating the application of ethical principles in nursing practice. These results support the use of CBL in continuing nursing education, especially in areas requiring professional judgement.

Keywords: *Case-Based Learning (CBL), Perception, Staff Nurses, Ethical Decision Making (EDM), Nursing Practice, Critical Analysis.*

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I. INTRODUCTION

Nursing education has adopted several teaching and learning methods. Among them, case-based learning strongly influences the learning process. It boosts practical application. Learners are guided to identify problems in a given scenario, collect relevant information, think critically and analyze the situation, apply theoretical knowledge, consider possible alternatives and make appropriate decisions [1,2].

In the contemporary world, knowledge and practice should be updated to ensure ethically sound, legally compliant, quality nursing care [3,4]. Nurses must learn to make the most appropriate decisions in patient care. The process of making appropriate decisions by navigating ethical principles is called ethical decision-making [5]. Ethical decision-making is a skill; the learnt ethical principles are applied to make justified decisions. CBL bridges theory and practice by providing realistic clinical examples [6]. Nurses have a wealth of professional knowledge, practice, and life experiences that serve as a strong foundation for integrating ethical principles to navigate and make the best care decisions [7].

Moreover, in the health care environment, patient care decisions are collaborative. CBL strategy builds collaboration and shared insight through group decisions[7]. It offers a structured, active form of learning and develops ethical decision-making skills with confidence [8,9]. Additionally, CBL strongly influences adult education by boosting practical application of previously learnt concepts. It facilitates critical analysis rather than merely problem-solving.

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Numerous studies have demonstrated that case- based learning can improve nurse's professional knowledge, critical thinking, clinical reasoning, problem-solving, and learner engagement [9,10,11,12]. However, few studies have focused on students' learning and academic settings [12,13,14,15]. There is little evidence, particularly on the application of CBL among practicing nurses in ethical decision-making. In the above context, a case-based learning approach was selected to strengthen ethical decision-making skills among staff nurses. Therefore, the study aimed to determine participants' perceived utility of CBL, which provides meaningful insights into how and to what extent this approach enhances ethical decision-making in nursing practice.

A. *Research question*

How and to what extent do staff nurses perceive the case-based learning method in enhancing ethical decision-making in nursing practice?

B. *Objectives*

- Determine the staff nurse's perceived utility of the case-based learning method in enhancing ethical decision-making in nursing practice
- Find an association between selected demographic and professional variables and the staff nurse's perceived utility of CBL in enhancing ethical decision-making in nursing practice.

II. METHODOLOGY

- Approach and design: The study adopted a quantitative, descriptive, post-test-only design. The study aimed to determine perceived usefulness. This is only possible after the participants are exposed to the intervention. Also, it reduces pretest familiarity.
- Sample and sampling techniques: 70 staff nurses were selected using simple random sampling. Staff nurses working in medical and surgical wards with a minimum of one year of experience as direct nursing care providers after council registration. The study was conducted at Muli-Speciality Hospital, Kerala.
- Tools and techniques: A self-administered data collection instrument has two sections. Section one contains questions on demographic and professional data. Section 2: a Likert scale with 15 items. It measured the perceived usefulness of the case-based learning method in enhancing ethical decision-making across 5 domains, from 1to 5 (least effective to highly effective). The tool was validated, and the perception scale was tested for internal consistency (α=.81).

➢ *Data Collection Process:*

Following ethical committee approval, permission was obtained from the departmental head and two blocks were allocated. The researcher interacted with staff nurses ward-wise and explained the purpose, eligibility for participation, data collection process and learning sessions. Nurses who provided oral consent were included in the sampling frame. A simple random sampling strategy was used. Among 156 nurses, a computer-based random number generator was used to extract a final sample of 70.

The selected nurses were informed about the schedule of learning sessions. Before starting the first session, written consent, demographic data and professional data were obtained. In the First session, ethical principles and their applications were explained using lecture cum discussion method. The second session focused on ethical decision-making in nursing practice. In this session, nurses were taught about ethical decision-making using case analysis and interpretation. After that, participants were divided into small groups of 4-5 members. A structured template was issued along with a case scenario. They were directed to analyse the case collaboratively and write the best decision with reasons. The researcher then provided feedback, and the conclusion was linked to real nursing care practice.

Data on the perceived usefulness of case-based learning in enhancing ethical decision-making were collected after the group sessions. The whole process was carried out over 2 hours.

III. RESULTS

Table 1: Frequency and Percentage Distribution of Staff Nurses According to Demographic and Professional Characteristics (N = 70)

Demographic Characteristics	Category	F (n)	(%)
Gender	Male	1	1.4
	Female	69	98.6
	Others	0	0.0
Age (years)	22–30	38	54.3
	31–40	26	37.1
	41–50	5	7.1
	>50	1	1.4
Religion	Christian	56	80.0
	Hindu	14	20.0
	Islam	0	0.0
	Others	0	0.0
Professional variables			
Educational Qualification	GNM	37	52.9

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	B.Sc. Nursing	33	47.1
	M.Sc. Nursing	0	0.0
	PhD in Nursing	0	0.0
Type of Employment	Permanent	24	34.3
	Contract	44	62.9
	Voluntary	2	2.9
	Others	0	0.0
Years of Experience	1–5 years	35	50.0
	6–10 years	20	28.6
	11–15 years	12	17.1
	16–20 years	2	2.9
	>20 years	1	1.4
Working Unit	General Medicine Ward	26	37.1
	General Surgery Ward	17	24.3
	Oncology Unit	19	27.1
	Nephrology Unit	8	11.4
Working hour pattern	6–6–12	70	100.0
	8–8–8	0	0.0
	12–0–12	0	0.0
	>12 hours	0	0.0
Availability of ethics support system	Yes	0	0.0
	No	70	100.0
Participation in ethics training within the last 6 months	Yes	0	0.0
	No	70	100.0
Membership in professional organisation	Yes	45	64.3
	No	25	35.7
Total	—	**70**	**100.0**

Table 1 presents demographic and professional characteristics of staff nurses. The findings showed that 98.6% were female, and 54.3% belonged to the 22- 30 years age group. 80% were Christian, 52.9% had completed a diploma in Nursing, and 62.9% were employed on a contract basis. 50 % of them had 1-I years of experience, 37.i% worked in a general medicine ward. All participants reported working in a 6-6-12 shift pattern. None of the participants reported that the ethics support system was available for nurses, and none had attended ethics training within the last 6-month period. 64.3% of the staff nurses were members of the professional nursing organisations.

Table 2: Frequency and Percentage Distribution of Staff Nurse's Perceived Utility of CBL Method in Enhancing Ethical Decision-Making in Nursing Practice N=70

Perception Level	**Score**	**Frequency**	**Percentage**
High	56–75	43	57.3%
Moderate	36–55	27	36.0%
Low	15–35	5	6.7%

Table 2 shows the distribution of staff nurses according to the perception of the usefulness of the CBL approach in learning ethical decision-making. The participants (57.3%) reported a high level of usefulness, followed by 36.0% who reported a moderate level. Only 6.7% reported a low level of perceived usefulness.

Table 3: Overall Mean and Standard Deviation of Perceived Usefulness of CBL Method in Enhancing EDM in Nursing practice N=70

Perceived usefulness of CBL	**Maximum score**	**Mean**	**SD**
	75	52.48	14.43

Table 3 depicts the overall perceived usefulness of CBL in EDM. The mean score was 52.48 SD 14.43. It indicates that staff nurses perceived the CBL method as useful.

Table 4: Domain-Wise Score of Staff Nurses' Perceived Utility of CBL on EDM in Nursing Practice N=70

Rank	**Domain**	**Mean**	**SD**	**Mean Percentage Score**
1	Application to nursing practice	11.68	3.35	77.87%
2	Understanding of ethical principles	10.75	3.07	71.64%

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2	Learning engagement and collaboration	10.75	3.16	71.64%
4	Ethical decision-making skills	10.05	2.99	67.02%
5	Critical Thinking and Reflection	9.25	2.73	61.69%

Table 4 presents a domain-wise perceived utility of CBL. The Highest level of perceived usefulness is in the application of ethical principles in nursing practice (M=11.63, MPS=77.87% and the lowest is in critical thinking and reflection (M= 9.25, MPS=61.69%)

The Chi-square analysis revealed no statistically significant association ($p < 0.05$) between the perceived utility of case-based learning and the demographic variables, including gender, age, religion, and professional variables of educational qualification, type of employment, years of experience, and working unit.

IV. DISCUSSION

The study set out to determine the perceived usefulness of the case-based learning method in enhancing ethical decision-making in nursing practice. The primary finding is that 57.3% of the staff nurses felt that the CBL method is highly beneficial. It suggests that the CBL approach allows nurses to recall and apply ethical principles in a given scenario, facilitates them in analysing the case critically during group discussion and reach the most appropriate decision. It helps them integrate theory into real practice. This result matches earlier findings that the post-test moral reasoning was higher among the group that followed the CBL than the control group that followed the lecture method (49.08 ± 5.74 vs. 44.67 ± 5.87, $p=0.002$) [21].

Out of a maximum score of 75, the study reports an overall mean perception score of $M = 52.48 \pm 14.43$. This indicates staff nurses perceived the CBL method positively because the EDM process facilitates the translation of theoretical knowledge into real practice through critical case analysis, group discussion and collaborative learning [22].

The domain-wise analysis indicates a polarised perception among staff nurses regarding the usefulness of CBL in EDM. Staff nurses expressed the highest positive perception of applying ethical principles in nursing practice (MPS = 77.87%) and understanding ethical principles and collaborative learning engagement in the decision-making process (MPS = 71.64%), showing appreciation for the integration of ethical principles into daily nursing practice [27].

However, the lowest score was reported in critical thinking and reflection (M= 61.67%). This strongly suggests staff nurses need multiple learning sessions with a variety of case analyses to gain expertise in critical analysis and reflect on real practice to make ethics-based decisions confidently [27].

The findings suggest that staff nurses' perception of the CBL in enhancing EDM appears independent of demographic and professional characteristics. Therefore, the CBL approach is applicable across diverse groups of staff nurses.

Practically, institutions can use the CBL method in continuing education sessions because this approach connects theory to practice. Coupled with prior foundational knowledge and professional practice facilitates active, self-directed learning for future practice.

Several limitations were noted. First, the sample was restricted to one hospital, which may affect generalizability. Second, the usefulness of CBL was measured through a self-reported survey; this may cause reporting bias. The scale is research-specific, developed by the researcher; it lacks psychometric property testing, which may cause measurement bias. To safeguard internal validity, the tool was validated by experts, tested for internal consistency and pilot-tested.

Future studies may test the effectiveness of CBL using a pre- and post-test design with a control group or multiple teaching-learning methods.

V. CONCLUSION

The study sought staff nurses' perceived utility of case-based learning in enhancing the ethical decision-making process. The findings indicate that CBL provides a structured, clinically relevant, interactive learning experience. It enables staff nurses to apply ethical principles to nursing practice, particularly in patient care. Nurses perceived CBL as a useful educational strategy for strengthening ethical decision-making and promoting ethically responsible, patient-centered nursing practice. Therefore, adopting case-based learning in continuing nursing education programs contributes to greater confidence and competence in addressing patient care issues, especially where ethical judgement is required.

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