Implementation status of moral codes among nurses

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Abstract

Background and objective: Nurses should have an appropriate level of ethical development to perform their daily care. Ethical codes should be understood by nurses and used in each dimension of nursing practice. Therefore, this study aimed to investigate the implementation status of nurses' ethical codes.

Methods: This descriptive-analytic study was carried out on 202 nurses working in internal and surgical wards using easy sampling in educational hospitals of the Faculty of Medical Sciences, Abadan. The implementation status of ethical codes was investigated using a researcher-made questionnaire and the obtained data were analyzed using SPSS ver. 16.

Results: There was a statistically significant difference between the level of ethical performance of nurses with cases such as organizational positions, work shift, academic education, and ethics retraining courses and work experience ($p< 0.005$). This difference was not observed in relation to gender, marital status, educational degree, history of presenting complaints and job satisfaction and the workplace ($p>0.005$).

Conclusion: Results of this study showed that nurses should firstly recognize the dimensions and ethical issues in their profession for the ethical performance of professional nursing; therefore, it is recommended to maximize the efficiency and quality of health care by educating the medical staff and raising their awareness of professional ethics.

Key words: Professional Ethics, Code of Ethics, Nurses

Please cite this article as: Ban M. et al. Implementation status of moral codes among nurses. *World Family Medicine.* 2017; 15(8):103-110. DOI: 10.5742/MEWFM.2017.93063

Introduction

The health care system consists of a variety of components, each of which plays its role in some way. Among the components of this system, nursing is one of the most important pillars, so that the services provided by this component directly affect health and disease related indicators and related outcomes (1). Although observance of professional ethics is necessary in all occupations, this factor is more necessary in the nursing profession because spiritual behavior along with the responsibility of nurses with patients plays an effective role in their health improvement and recovery. Therefore, the nursing profession is based on ethics (2-3). Nursing ethics refers to the observance of professional ethics in providing nursing cares (4) which leads to conscientiousness towards the patient and the health organization (2-3). Any problem in observing nursing ethics can affect the most scientific and best nursing care (5). Although nursing knowledge has been significantly expanded and great emphasis has been placed on nursing technical competencies as well, the issue of ethical competence in care or care ethics has been some times neglected (6). With increasing attention to ethical issues and challenges in care settings, health care providers have been facing complex situations due to ethical issues (7). The working environment of nurses and their daily exposure to death lead to ethical tension among them (8). In fact, ethical tension occurs when a person knows what is right but the work constraints hinder proper work (9). According to existing studies, about 11% of and 36% of nurses face ethical challenges and problems every day and every few days, respectively (10-11). In the clinical environment, the ethical action factor, which means thinking, practicing, and accepting the responsibility of the performed act, may be confused with the contradictory values existing in it (12). There is also the fact that it seems nursing ethical values are not always clear (13), and the health services providing working environment undergo constant changing affecting the ethics factor (14). This issue leads to more complexity of the subject. The evident fact in recent years is that although nurses are trained on ethical issues, one of their major concerns is that they do not know how to deal with different ethical situations and problems (15). The results of studies in the ethics field indicate weakness in nursing ethical decision making (16). According to the studies, the mean score of ethical reasoning was reported to be 51.74 and 16.42 among nurses in other countries and Iran, respectively (17). Many investigations in different societies have led to the recognition of different aspects of ethical sensitivity (18). However, there are limited studies on ethical sensitivity, and this issue has not been adequately addressed by the researchers as to the importance it has in clinical practice. Kim et al. believe that the outcomes of previous research on the subject of ethical sensitivity are limited and of little depth (19). Therefore, it seems that a comprehensive view of this important issue can be valuable. Given the inadequate studies on nursing ethics, and since one of the important achievements of observance of ethical codes is to facilitate the implementation of clinical governance, which includes cases such as taking steps to minimize the risk to employees and patients, paying attention to patients' complaints and use of the best evidence in clinical decision making (20), this study aimed to investigate the implementation status of ethical codes in nurses.

Method

The present research is a descriptive-analytic study which was conducted in 2016. The research population consisted of nurses working in hospitals affiliated to the Abadan Faculty of Medical Sciences who were selected using convenience sampling method. Inclusion criteria included having a bachelor's degree in nursing and above, employment in one of the internal and surgical wards, having at least six months of work experience and informed consent for participation in the study. After obtaining permission from the Research Ethics Committee of Abadan Faculty of Medical Sciences, and presenting an introduction letter from Research Management to the head of target hospitals, the questionnaires were distributed by the researcher after repeated referring to the wards at the right time, explaining the research objectives, the method of filling in the questionnaire and obtaining informed consent. It should be noted that the samples completed the questionnaire freely and without direct supervision of the researcher, then the completed questionnaires were collected by the researcher. Two questionnaires were used to collect information.

A) Demographic information questionnaire including age, sex, marital status, educational level, organizational post, work shift, ethics education, retraining courses during recruitment, the history of a patient's legal complaint from a nurse, professional satisfaction, work experience and the workplace.

B) To investigate the nurses' performance to the nursing ethics of Iran, a researcher-made questionnaire, by Mohajl Moghadam et al. (5), was used. In this questionnaire, according to Iran's Nursing Ethics, ethical guidelines have been developed in five areas of nurses and community, nurses and professional commitment, nurses and cares provision, nurses and the therapeutic team colleagues, nurse and education, and have 35 statements per area. Options, including Always, Often, Occasionally, Rarely, Never, and not experienced were considered in each statement. Cronbach's alpha coefficient for the reliability and internal consistency of the questionnaire was calculated 0.79 by Mohajl Moghadam et al (5). Face and content validity of the questionnaires were also evaluated in this study (5) by the professors of medical ethics, social medicine, Islamic education and nursing. SPSS ver. 16 is used in this research. For statistical analysis of data, descriptive statistics were used for obtaining basic information such as frequency, frequency percentage, mean, minimum and maximum, number of data and standard deviation. In inferential statistics, the Kolmogorov Smirnov test was used for normality of variables and independent t-test, Mann-Whitney U test, Kruskal-Wallis and Pearson correlation were also used. It should be noted that all ethical considerations, including obtaining the code of ethics (IR. ABADANUMS.REC. 1395. 133), obtaining

informed consent from the participants, confidentiality of information, the possibility of withdrawal from the continued participation of nurses if desired and the publication of the results as a group study were considered.

Findings

69.3% of the participants in this study were women and 52% were married. 93.6% had ethical education and 86.6% had passed retraining courses in this field. Moreover, 86.6% had no history of making complaints, 67.3% of them are satisfied with their professions, and the average age is 32.396±7.335. Other information on demographic variables is presented in Table 1.

Table 1: Descriptive statistics of demographic variables

		Frequency	Frequency percentage
Degree	BA	196	0.97
	MA	6	0.3
Organizational position	Nurse	194	0.96
	Head nurse	8	0.4
Work shift	Morning	26	12.9
	Afternoon	2	0.1
	Night	15	7.4
	Circulating shifts	159	78.7
Work experience	Less than 5 years	92	45.5
	5-10years	56	27.7
	11-15 years	30	14.9
	More than 15 years	24	11.9

Comparison of the nurses' performance to the Iranian nursing ethics in each of the demographic variables is presented in Table 2. Considering the normality or non-normality of distribution of the sample, the appropriate test has been used. There was no statistically significant difference between the distribution of performance to Iran's nursing ethics with gender, marital status, educational level, complaints history and having job satisfaction and workplace ($p>0.005$).

Table 2: The relationship between the socio-demographic characteristics of nurse with their performance to the nursing ethics of Iran

Variable	Classification	Mean	Standard deviation	Statistics	Degrees of freedom	Significance level
Organizational position**	Nurse	5.256	0.527	0.457	-	0.049
	Head nurse	5.589	0.304			
Work shift ***	Afternoon	4.928	0.020	Only two cases do not participate in the test 10.021	2	0.007
	Morning	5.374	0.369			
	Night	4.870	0.567			
	Circulating shifts	5.294	0.529			
University education **	Yes	5.297	0.503	0.693	-	0.009
	No	4.874	0.669			
Retraining course **	Yes	5.299	0.511	1320.500	-	0.022
	No	5.012	0.575			
Work experience***	Less than 5 years	5.159	0.575	9.888	3	0.02
	5-10 years	5.426	0.3977			
	11-15 years	5.311	0.499			
	More than 15 years	5.276	0.534			

* Both groups are normal and the independent T test is used.
** At least one group is not normal and Mann-Whitney U is used.
*** At least one group is not normal and the Kruskal-Wallis test is used.

Table 3 shows the frequency percentage of distribution of nurses' performance to the nursing ethics of Iran from their point

Table 3: Frequency percentage of distribution of nurses' performance to the nursing ethics of Iran from their point of view

	Statements on Nursing Ethics in Iran	Not experienced	Never	Rarely	Sometimes	Mostly	Always
1	I attempt to reduce pain, prevent diseases and improve public health.	0	0	20	5	19.3	73.8
2	I carry out nursing care with respect for human rights, social values and religious beliefs of the patient.	0	2.5	1	2	18.3	76.2
3	I paid special attention to vulnerable groups such as the elderly, people with disabilities and physical disabilities	0	1	0.5	3.5	21.8	73.3
4	In crises, natural disasters and epidemics, I carry out my duties with caution.	2.5	1	1	5	23.3	67.3
5	When considering nursing interventions and clinical decisions, I will also take ethical responsibilities.	0	0	1	2	14.4	82.7
6	Within the range of my duties and authority, I try to provide a safe and healthy environment for the patient.	0	0	0.5	2.5	18.3	78.7
7	I secure patient safety with timely attendance, performing professional tasks and recording care provided.	0	0.5	1	1.5	24.3	72.8
8	I provide the best care to the patient, based on professional standards from valid research findings.	0	0	0.5	8.4	27.2	63.9
9	I carry out all nursing interventions by maintaining human dignity and respect for the patient and his or her family.	0.5	0.5	1	3	20.3	74.8
10	I attempt to protect patient's secrets, privacy, respect for individual autonomy and obtain informed consent.	0	0	0.5	3	21.3	75.2
11	I prevent possible injuries to the patient by identifying and reporting possible professional errors made by my colleagues.	0.5	0	0	6.9	26.7	65.8

12	In the event of an error in nursing interventions, I honestly explain it to the patient and observe honesty and fairness.	2.5	2.5	4.5	10.4	30.2	50
13	I maintain and promote my physical, mental, social and spiritual abilities.	0	0	4.5	5.4	28.7	64.4
14	To maintain professional competence, I keep my knowledge and skills up to date.	0.5	0.5	3	8.4	28.2	59.4
15	I have the knowledge and ability to take care of the patient, without direct supervision of the authorities, and I am responsive to my duties.	0	1.5	0	9.9	22.8	65.8
16	I refrain from accepting any gift or privilege from a patient or relatives	7.4	3.5	0.5	2.5	11.9	74.3
17	I introduce myself to the patient by naming my name, title and professional role.	0.5	2	1.5	6.9	16.8	72.3
18	I establish a relationship of mutual trust with the patient so I can understand his/her needs and concerns.	0	0.5	0	74.5	35.1	56.9
19	Prior to nursing interventions, I will provide the patient with sufficient information to accept or reject the interventions.	0	0	2.5	5.9	37.6	54
20	In order to empower the patient to improve her/his self-care, the patient and their family are being trained upon discharge	0.5	0.5	1	3	28.2	66.8
21	In emergency situations outside of the work environment, I also provide care for the patient or injured person.	5.4	2.5	7.9	13.4	30.7	40.1
22	I use patient information only for health-related purposes (treatment, research) and for the benefit of the patient.	0	0	2	5	27.7	65.3

23	I adopt precautions to ensure the safety of nursing interventions and consult with colleagues.	0	0	1	5.4	27.2	66.3
24	I will report any complaints and problems to the department in charge.	0.5	0	0.5	6.4	25.2	67/3
25	I will abstain from taking actions that violate ethical and legal principles, even with the patient's request.	0.5	0.5	0.5	2	19.8	76.7
26	I work to accept reality and meet the patient's wishes in the final days of her/his life.	0.5	1	1.5	8.4	19.8	64.4
27	Different levels of professionalism, other nurses, masters and behavioral students are honored with respect.	1	0.5	2	3	15.8	77.7
28	I consult with the Ethics Committee of the Hospital in the face of any ethical challenge.	10.9	2	5.9	20	29.2	42.1
29	In case of patient participation in research projects, I will observe patient rights and ethical considerations.	2.5	1	3.5	6.4	28.7	57.9
30	I use my professional position to persuade the patient to participate in research and education of students	9.4	2.5	5	12.4	27.2	43.6
31	If the patient and his/her family do not cooperate in teaching the students, it will not affect the delivery of the services.	5	2.5	1	11.4	25.7	54.5
32	As a clinical nurse, I attempt to improve the skills and capacities of nursing students.	3.5	0.5	4.5	11.9	25.7	54
33	I decide on the donation of patients with brain death or vegetable life.	32.7	22.8	3.5	5.4	12.9	22.8

34	I decide regarding the quality and quantity of the survival of coma patients.	30.2	24.8	5	5.4	8.9	25.7
35	I hide the prognosis of malignant diseases like cancer from the patient or his/her family.	25.7	18.3	11.9	9.9	13.9	20.3

Discussion and Conclusion

Based on the findings of this study, the variables such as age, sex, level and type of education have no effect on the ethical development of nurses and this has been emphasized by Zirk et al. (21) and Ghoorchiani et al. (22); however, Dehghani et al. (23) and Sokhanvar et al. (24) opposed to the lack of correlation between these variables. Also, there was no significant statistical difference between married and non-married nurses in terms of ethical performance, which was also emphasized in other studies (23, 25). The organizational position of nurses has had a significant effect on their ethical performance in this study, so that head nurses who often have a better a history of work and a sense of responsibility towards their work, had best performance, though it is not confirmed in some studies (23 and 25). Since the ethical principles in human encounters with patients and ethical laws are the same, in this research, the service area has not had an effect on the level of ethical development of nurses, which is consistent with the study by conducted by Zirk et al. (21). There was a significant relationship between the shift work of nurses and the quality of professional ethics performance and other studies achieved similar results (23). Morning nurses have had a better ethical performance than working shift nurses. The work environment and various shifts lead to nursing burnout, which in turn leads to a decrease in the ethical development level in nurses. Therefore, it seems necessary to make some changes in nurses' work shifts in order to reduce the effect of fatigue due to long working hours. Variables of passing the retraining course and university education were significantly related with the level of ethical development. Individuals with both trained ethics as well as in-service training were more likely to use ethical resources and institute ethical performance. In an environment where this training is not given much importance, ethical issues are overlooked over time and individuals only consider themselves to be bound to comply with institutional policies and clinical considerations. Since the studies of other researchers (26, 21, 23, 5) have also confirmed the effect of this training, it is necessary to pay close attention to educating ethical concepts, especially using new teaching methods in nursing education programs and in-service nursing programs. Hundert points out that there is a small probability that students who are not familiar with ethical theories before being in a clinical position can identify ethical problems (27). Erdil and KorkMazz agree with this idea (28). Their undesirable performance requires a change in the content of the curriculum and the method of teaching professional ethics in the nursing baccalaureate and before entering the clinical field (29). Perhaps one of the challenges facing ethics education is the provision of qualified instructors in the teaching of ethical issues that have been referred to in research (30), because learning situational ethics has a considerable impact in increasing the internal motivation of individuals for ethical performance. Also, it was shown in this study that as the clinical experience of nurses increases, the ethical development of nurses decreases, which is consistent with the results of the Ham and Dean Mohammadi (31-33). However, there are obstacles to implementing these codes, which should be addressed first, so that they can be expected to be implemented well in the clinical field. Implementation of these codes requires the coordination and cooperation of all nursing practitioners and authorities such as the Ministry of Health, the Nursing Organization, the National Medical Sciences Universities, the Nursing Board and other nursing organizations, which must, with the participation of each other, eliminate structural barriers to the implementation of nursing ethical codes so that it will be turned into a charter applicable to hospitals. One of the limitations of this research is the fact that only nurses' views have been investigated, but it seems that a more comprehensive view on solving ethical problems in a clinical setting can be achieved by investigating the viewpoints of patients and nursing students. Data were also collected by self-reporting questionnaire, in which participants may not report their actual data.

Acknowledgments

This article is based on the research project, approved by the Faculty of Medical Sciences Abadan with the code 95st-0089.Finally, the authors appreciate all those who sincerely have collaborated with researchers in this research, particularly, the Vice chancellor for Education and Research of Abadan Faculty of Medical Sciences as well as respected authorities in selected clinical departments in this study for their support.

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