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Experience of Nurses Vs Patients on Some Moral Issues while Nursing-care: A Qualitative Study from Iran

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Abstract

Moral issues in nursing care are frequently come across, which is due to pursuing an important role by nurses in decision-making and patient care. Hence, identifying the problems and ethical issues from nurses and knowledge regarding the principles, regulations, and codes of ethics altogether provide direction for the right decisions. The aim of the present study is to investigate the ethical issues experienced by nurses and patients and its adaptation to the nursing ethics code. The study was carried out with content analysis approach and compliance with the nursing ethics code, where 17 nurses and 10 patients of Tabriz University of medical sciences participated. The conflicts were the negligence in nursing care, lack of nurses' intrinsic motivation, the conflict between the present and the desired status of nursing care, inadequate training in the field of skills and professional ethics, the inappropriateness of the number of nurses-patients, the weakness in Identifying and decisively addressing immoral practices.

Introduction:

Nursing ethics could define as a collection of some formal principles based on ethical principles and theories that are used in the nursing care environment called nursing ethics codes. Nursing ethics teach nurses to observe the principles in order to take care of the patient with confidence and trust (Butts *et al.*, 2016). The fact is that there may be some controversial ethical issues in nursing interventions, and a decision is up to the patients, in addition to care, should also have moral implications (Hartrick, 2002). But despite the emphasis on ethical precedence, what is currently realizing on the patient's bedside is rising skepticism on nurses' professional qualifications. Hence, their qualifications, abilities, and skills have been criticized many times from both the extern and intern ends (Borhani *et al.*, 2010). Thus much emphasis must be given in this regard because any negligence could resultant to irreparable harm to themselves, patients, and other related individuals (Mahmoodishan *et al.*, 2009). Good nurse requires not only theoretical knowledge and clinical experience but also needs to develop a moral attitude to apply this knowledge and skills in a responsible manner whenever necessary (Thompson *et al.*, 2006). Nursing activities have both potential benefits and disadvantages for patients. Because firstly, nurses work with people who are sick and

vulnerable. Secondly, most patients are unfamiliar with the terminology of medical personnel. Thirdly, nursing care has a direct correlation with the patient's sense of well-being.

So, if the nurse is highly experienced and sensitive to the needs of patients, patients will feel safe and comfortable, and vice versa (Zirak *et al.*, 2011). But today, the attention of clinicians towards the equipment and extra medical facilities are more than their attention to humanity and moral relations, and this superficial and unethical relationship with patients, in the long run, often explode of personnel and patient dissatisfaction (Esmaili *et al.*, 2011). Moral issues in the nursing care environment are found abundantly in nursing experiences and having limited studies in the field of ethics (Abbaszadeh, 2002). Extensive social, economic, political and cultural factors in the field of nursing and health (Davis *et al.*, 1999), inequalities in access to health care and inadequate human resources allocation (Varcoe *et al.*, 2004), and the structure and management of the hospital can contribute to ethical problems. On the other hand, individual factors such as personality, values, lack of knowledge, insensitivity to patient rights, lack of satisfaction with working conditions and limited powers can also have negative effects on the decision and ethical performance of nurses (Erdil, 2009; Jafari *et al.*, 2016). McKinstry (2000), reported an

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independence of patients during nursing care was not well observed and ethical issues were given less important for nurses. Therefore, we decided to clarify the ethical problems experienced by nurses and patients in providing nursing care in this study.

Methodology:

In this study, the qualitative method content analysis approach was used. A total of 17 nurses and 10 patients were selected for the purpose with a maximum of variation, and semi-structured interviews were conducted in a relaxed environment and preferably at their own choosing. At the beginning of each interview, few questions were asked to raise awareness of the scholar with the participants and to create an intimate and non-stressful situation for coming 60 minutes, then the interview was led to more specific questions in line with the purpose of the research. The questions raised were as follows:

- 1- What ethical problems you are facing in nursing care?
- 2- What are the factors causing ethical problems in nursing care from your point of view?

In this study, different strategies were used to improve credit scores. For example, handwritten text in the initial interviews with initial codes was taken to review or confirm some of the participants and was followed by the questions for completing and modifying the codes. In addition, in approving classes and sub-classes, a review of two Ph.D. nursing students was used and all participants and colleagues confirmed the correctness of coding and classification. Also, the use of complementary data collection methods, such as observing and recording the behavior and interactions of contributors during the interview, helped to improve the verifiability of the findings. The data collection continued until information gets saturated so that in the last interviews, no new code could be added to the previous code. There was the highest degree of homogeneity was evidenced within the classes and between the classes. Finally, the main themes were re-classified adapted to guidelines of the Islamic Republic of Iran Nursing Ethic codes.

Observation and Discussion:

Total 17 nurses and 10 patients who easily and freely exchanged their experiences and feelings were selected purposefully and with maximum diversity, which is listed in Tables-1 & 2 with some of their individual-social characteristics.

In this study, the experience of nurses and patients regarding moral issues in nursing care was tried to tabulate. From the analysis of qualitative content of the interviews of the participants (Table-3) from about 345 primary codes, 6 main themes were neglected from nursing care, ignoring the moral principles, lack of internal motivation of the nurse, the gap between the existing situation and the desirability of providing care Nursing, inadequate

education in the field of skills and professional ethics, the inappropriateness of the number of nurses-patients, the weakness in identifying and decisively addressing unethical functions. We, first of all, reviewed the main themes emerging from the interviews in this study, then compared our findings from other studies.

Table-1: Socio-demographic characteristics of nurses participated in the study

Variable	Classification	Nurses
Sex	Male / Female	1 / 16
Age group		23-49
Marital status	Single / Married	12 / 4
Education	Bachelor* / Master*	8 / 4
Hospital section	Internal / Surgery	9 / 8
Organisational position	Nurse / Head Nurse	14 / 13
Clinical work experience		1-20
Suede Complaint	yes / no	2 / 15

*nursing

Table 2: Socio-demographic characteristics of patients participating in the study

Variable	Classification	Patients
Sex	Male / Female	7 / 3
Age		22-41
Marital status	Single / Married	4 / 6
Education	Elementary / Academic	7 / 3
Hospital section	Internal / Surgery	4 / 6
Organizational position	Nurse / Head Nurse	8 / 2
Clinical work experience		2-7
Suede Complaint	yes / no	0 / 10

Table 3: Analysis of the contributors' interviews

Main themes (Mt)	Summary codes (Sc)	Meanings units (Mu)
Mt- Disregard for Nursing Care Negligence		
	Sc- Disregard for the personality and human dignity of individuals, inadequate interaction and communication with the patient and his family, lacking attention to the wishes and the rights of the patient, failure to meet the patient's basic needs when not in attendance, misinterpretation of the physical and emotional state and pain of the patient.	
	Mu- "... the patient is expecting a nurse to listen to his need, but the nurse failed to take up due to lack of time or because he did not follow the problem from the patient, and when the patient was unable to do his activity the staff of the collision misbehaved him and even rude ..."	
Mt- Failure to pay attention towards the moral principles and lack of self-motivation in nurse		
	Sc- Lack of attention to obtaining the required consent and justification of the patient in minor cases, overlooking the privacy of the patient, failure to satisfy the patient for training and practice of the students, lack of conscience, low self-confidence towards implementation of the instructions, low salaries, and benefits, not encouraging oral and written versus moral performance.	
	Mu- "... did not explain the patient, what he does. He told the patient when he said I'm having pain. What did she say to you, lady or gentleman? "...when replacing dressing or sucking, did not follow the principles of sterility,..."	

Mt- Gap between the present and the desired status of nursing care.

Sc- Disregard for the position of the nurses.

Sc- Disregard for the mental and physical capacity of the nurses for the sections, injustice in the division of tasks between nurses with respect to the background and profile, not worthy of nursing diagnosis and care, no doctor or nurse in emergency situations on the patient's bedside.

Mu- "...When you were not allowed to respond to the diagnosis and prognosis of cancer while the patient or his/her companion were constantly asking, we had to talk about it in this case with the doctor, which they consider to be open ...".

Sc- Disproportionate number of patient nurses.

Sc- Hurriedly respond to the patient due to fatigue, not explaining therapeutic interventions to the patient due to heavy workload, tension in some parts of the hospital due to inappropriate physical space, the high number of patients and the high workload in each section, work in various shifts and lack of hospital funding.

Mu- "...due to the stress and fatigue, I responded to the patient's request in a sharp tone, which caused my own illness and sickness ...".

Sc- Weakness in identifying & decisively handling the functions.

Sc- The weakness in the use of fair executives in the evaluation process, the presence of the nursing office in the complaints committee, lack of legal and judicial support from nurses, a humiliating and blatant attitude in lieu of small errors, discrimination and inappropriate atmosphere governing the environment of the hospital.

Mu- "...supervisors of the departments were in rotation in every shift, and due to having personal problems that were constantly communicating with the department and personnel, the person remains in shift reports to the metronome and reduce their own workload..."

Mt- Inadequate training in professional skills and ethics.

Sc- Lack of skill and experience, not using scientific means in nursing practice, lack of proper attention to continuing education and nursing service.

Mu- "...For experienced personnel having management skills and low-experienced staff who were still not habituated for critical situations, usually, send clinical protocols that do not really have a problem in decision making, do not follow protocols based on scientific principles and act only in routine..."

Table 4: Adaptation of the codes summarized with the guidelines of the Islamic Republic of Iran Nursing Ethics

Nursing Ethics Code Guides (Nc)

Coded summaries from interviews (Si)

Nc- Nurse and community

Si- Misunderstanding the physical and emotional state and pain of the patient. Disregard for the personality and human dignity of individuals. Inadequate interaction and communication with the patient and his family.

Nc- Nurse and professional commitment.

Si- Less self-confidence while implementation of the instructions. Failure to meet the patient's basic needs in

absentia. Neglecting the privacy of the patient and their caretakers. Disregard towards the promotion of scientific and professional knowledge. Disregard towards professional ethics, for example, revealing the secrets of the patient.

Nc- Nurse and clinical situation.

Si- The absence of a doctor or nurse in emergency situations on the patient's bedside. Disregard for the personality and human dignity of individuals. Lack of attention while obtaining consent and pay justification to the patient in minor cases. The lack of use of scientific means along with nursing care measures. No respect for the sick person. Lack of skill and experience.

Nc- Role of nurses and colleagues in the Therapeutic Team.

Si- Fewer salaries and fewer benefits.

Not encouraging oral and written versus moral performance. The weakness in the use of fair executives in the evaluation process. The involvement of the nursing office in the complaints committee. The tension in some parts of the hospital due to inappropriate physical space. Lack of legal and judicial support from nurses. Discrimination and inappropriate atmosphere governing the environment of the hospital..

Nc- Nurse, education and research.

Si- Lack of attention to continuing education and nursing services. Not worthy of nursing diagnosis and care.

Analysis of main themes:

Negligent attitude towards nursing care: one of the most important needs of the patient and his family is moral support. This is a basic requirement in the nursing ethics code, as a result of the ethical duties of the nurse, the special attention must be given to the vulnerable groups and individuals to promote the health of the community and reduce pain and suffering. It could not be achieved unless understanding the patients' needs and problems. In this study, the participants had a meaningful presence and paying attention to the patient's comprehensive care, listening to the patient's words and respecting his wishes, was a way of nursing care in a comprehensive and holistic way of expressing the patient. Banner quotes from Rayman wrote that the physical presence of the nurse on the patient's bedside alone does not meet the care needs, the satisfaction of emotional needs is as important as physiological needs for patients (Benner, 1994). Joolaei *et al.* (2004) believed that care is the heart of nursing activities and is in fact what the patient is expecting to receive. If this patient's need would fulfil he get relieve from many aspects, because actual care without communication, respect, information provision, and encouragement of patient participation would not be possible.

Lack of attention toward the principles of ethics and internal motivation of the nurses: the themes extracted in this category include lack of conscientiousness, neglect of the personality, privacy and privacy of the patient, non-control or reporting of unrealistic symptoms, negligence in observing sterile principles, implementation of drug orders

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and therapeutic procedures, low self-esteem in Implementation of instructions, low salaries and benefits, lack of oral and written encouragement against ethical performance and reverence for the client, which has been shown in many interviews in some way. Following the Nursing Ethics Code, in addition to being considered accountable and conscientious, as a nurse and professional commitment, the nurse must maintain and enhance his physical, mental, social, and spiritual abilities, and to provide a safe and healthy environment for the patient. Therefore, promotion of motivation as the main stimulus of nursing professional activities is one of the most important moral indicators.

The gap between the present and the desired status in nursing care:

i) Neglecting the position of the nurses: as per a participant referred by in the Joolae *et al.* (2004), departmental personnel does not feel any responsibility for the needs and aspirations of the patients as per them consider it is not under their power and facilities. This is up to some extent a reflection of management policies. In fact, there are no standard format for providing services to the patients and the protection of their rights, or in practice, there is no security. Proportional distribution of personnel is another aspect of prioritization. Distribution of individuals in terms of quantity (numbers), experience and skill in all shifts is worth mentioning that, if not observed, it causes unequal accumulation of forces in a shift and will naturally affect the quality of care (Mahmoodishan *et al.*, 2009). In the management with regards to the conflicts of interest, a professional nurse must preserve the patient's interests and avoid participating in activities for the purpose of obtaining material, emotional, sexual, research or educational benefits that overwhelms the benefits of the patient (Joolae *et al.*, 2010). Must be qualified in various nursing grades. The assignment as per the positions to individuals and the selection of departments should be subject to their capabilities so that the patients and their colleagues should not be insecure (Mahmoodishan *et al.*, 2004).

ii) The inappropriateness in the number of patients-nurses: Joolae *et al.* (2004) reported that the nurses under severe working pressure not only find the opportunity to avail their leaves but also had to work extra and in unconventional shifts. In spite of a large number of graduate nurses, the lack of nursing staff in the sectors was a major occupation of nurses and a lack of time felt that their rights had been lost in the first place. Limitation of facilities, shortage of time and inadequate structure of the hospital and the hospital could also be a barrier to observing patients' rights. Nurses become physically and mentally tired of their hard work and shifts. In fact, fatigue is in conflict with the desired work, and here the nurse experiences a moral contradiction. Fatigue and desirable work cannot be overcome (Mahmoodishan *et al.*, 2009).

iii) Weakness in identifying and addressing ethical practices: failing to monitor, diagnose and deal with ethical problems could increase the moral stress of the clinical environment. Some hospitals endorse and operate internal regulations to reduce their direct responsibility for providing patient care and in lieu of that encounter serious problems while implementation of safety and ethical interventions. Mahmoodishan *et al.* (2009) reported that encouragement, punishment, guidance, and accountability must ethically be taken under consideration otherwise, it would result in insensibility and indifference and even harm to the patient, community, and their respective family members. Silén *et al.* (2008) stated that the ethical problems which the nurse experiences are a reflection of the organizational issues in which they work. With a general overview of other similar qualitative studies, these are found more or less in the other clinical departments too (Benner, 1994; Mahmoodishan *et al.*, 2009), and there is a great deal of distance between science and practice in patient-centered nursing care.

Inadequate training in professional skills and ethics: ethics in nursing care is deeply rooted in the value system and beliefs, and the nurses have to adhere to ethics in addressing the needs of patients. But sometimes experiences financial and psychological damage or duplication in both the patient and nurse and as per the patients' report it comes under the violation of their rights. The study by Gallagher & Tschudin (2010) also emphasized the fact that nursing staff in hospitals are considered to be the ethical leaders in health systems, and this has to be maintained and strengthened for their moral identity. The results of the Taylor & Carr (2009) study showed that nurses' religious beliefs affect job motivation and their attitude towards the patient and their services, so that people with bleak religious beliefs should expect more from immoral behavior, which somehow strengthening our study. Numminen *et al.* (2009) believe that the definition and teaching of ethical codes should be seen as one of the most basic contents of the nursing curriculum, but unfortunately, neglected in the nursing education process.

Conclusion:

The findings of our study advocate the necessity of the following points:

- the acquisition of professional knowledge and skills,
- the accuracy and sense of responsibility in performing tasks in the best way,
- attention to emotions,
- care towards the feelings and personality of the patient,
- respect for their religious and belief,
- patient secrecy, good relationship with staff and colleagues,
- adherence to the rules of the nursing profession, including ways to reduce moral problems in nursing care.

In addition, continuous activities for the Quality Improvement Unit, the Governance of Clinical Services,

Accreditation, and Patient Safety in public and private hospitals minimize the existing conflict in order to standardize care guidelines and to assimilate the manner in which clinical care is provided. Moreover, adherence to ethics can play a significant role in tolerating the difficulties of nursing professions and enable nurses to maintain honesty and for more effective communication with patients. In such a work environment, the nurse could feel of being well and do their best. As a result, to improve the ethics of workplaces must pay the attention to job security and the establishment of welfare facilities for nurses, explaining and educating patients about the care process and treatment method. In order to provide safe and ethical care for patients, consideration should be given to facilitators and inhibitors in observing the principles of nursing ethics. Therefore, it is recommended that nursing management, educational and clinical activities must be designed and implemented in such a way so as to provide the necessary conditions for the implementation of ethical and moral care. So it needs to pay more attention to codes and guidelines, and nurses should be responsible for their decision making based on professional values. Codes of ethics are systematic guides for shaping ethical behavior; they focus directly on the nurse's performance in patient care based on the foundations of Islamic culture.

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