**The barriers to observing professional ethics in the practice of nursing care from nurses' viewpoints**

**Short title: The barriers to observing professional ethics in the nursing care**

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**Abstract**

This study was carried out aimed to investigate barriers to observing professional ethics in clinical care from the viewpoint of nurses and examine the association between these barriers with nurses' demographic variables. A descriptive-analytic design was conducted on 207 nurses working in selected hospitals in an urbane area of Iran in 2019. The data collection tool was a standard questionnaire containing 33 questions. The most important barriers to observing professional ethics in the managerial dimension included the shortage of personnel, in the environmental dimension included the biological changes due to night shiftwork, and in the individual-care dimension included a lack of time. Also, the findings showed a significant inverse association between barriers to observing professional ethics and the male gender, participating in the ethics workshop and high work experiences. It is suggested that nursing managers in hospitals correct and remove obstacles with careful planning and emphasis on principles and standards of care including environmental and managerial factors.

***Keywords:*** Professional Ethics, Ethical Criteria, Nursing, Barriers

**Introduction**

Professional ethics is one of the most important issues in all human societies and professions (1). In nursing profession, nurses are responsible for providing high-quality care to their clients or patients. They certainly face different ethical challenges in their professional practice (2). Professional ethics is a familiar concept in nursing that provide ethical codes for nursing practice (3). However, little is known about how professional ethics has been defined and studied in nursing science (4). Ethics in nursing are very pivotal and have a direct relationship with the quality of clinical care and nursing competence (5). In general, the goal of ethics science in nursing is to improve nursing care and direct it to improve patients health (4).

So far less attention has been paid to nursing ethics and concern about nurses’ ethical competence is growing (6). Most nurses perceive that there are barriers in their work environment which compromising their ability to perform ethically practice in patients care (7, 8). This issue is of utmost importance so that today it is believed that the nature of nursing is such that more attention should be paid to care ethics compared to therapeutic considerations (8). Therefore, nurses need to pay attention to ethical issues related to their responsibilities at the patient's bedside. In addition, at the time of decisions making, nurses should be the defender of their client's rights and respect their decisions, and manage moral dilemmas in clinical problems effectively (9). Although meeting the requirements of professional ethics in patients’ care is essential and important, studies revealed that standards of professional ethics are not observed in nursing practices. Indeed, standards and criteria of professional ethics are not considered based on patients’ preferences and culture (10).

According to the results of studies, nurses have a poor ethical performance, so that a studies showed that many nurses had undesirable performance in the process of giving medication and did not observe professional ethics principles (11). Also, the findings of a study indicated that patients 'privacy and dignity are not well honored, and nursing staff has less awareness of the significance of patients' privacy and dignity (12). In addition, according to the available evidence, observance of patients' rights was not satisfactory from the nurses' viewpoint, and in order to observe patients' rights and identify moral problems, nurses should have been aware of ethics principles(13)***.*** Although many nurses consider ethical issues in performing their duties, they are facing problems in practice and can't perform a professional ethics (10).

The previous studies showed that observance of the professional ethics codes in nursing practice can be influenced by certain factors such as lack of knowledge, personality, values, indifferent to patient rights, dissatisfaction with working status and environmental and management factors (14-16). Furthermore, results of another study revealed that the level of awareness and application of ethical principles in patients care and clinical decisions in nurses was not at the optimum level and nurses didn't have the ability to apply ethical knowledge in the actual work environment (17).

Professional ethics topics in nursing has been provided as workshops both at the bachelor level and at the level of in-service training of nurses in hospitals for several years, but in most studies, observing the principles of professional ethics is reported at the weak level. Therefore, this study was carried out aimed to determine the barriers to observing professional ethics at the nursing care from nurses' viewpoints and examine the association between these barriers with nurses' demographic variables.

**Methods**

***Design and participants***

This descriptive cross-sectional study was conducted in 4 selected hospitals in an urbane area of Iran in 2019. The sample required for this research was determined according to similar studies

***Sampling***

A multi-stage sampling method was used. At first, a list of all educational and therapeutic hospitals in the desired city was prepared, then, out of 14 hospitals, 4 hospitals were selected randomly. First, the researcher extracted the list of all nurses who had the inclusion criteria in each of the selected hospitals. Then, based on the number of participants in each selected hospital that was allocated as a research area, and also according to the predestinate sample size, a stratified sampling method was applied to determine the required participants in each hospital. Next, a Simple random method using the random numbers table was used to select a required sample of the nurses. Finally, 207 nurses were recruited to the study.

***Data collection***

A two-part questionnaire was used as a tool for data collection. The first part included demographic information such as age, gender, degree of education, marital status, work experience, the name of the ward where the nurses worked in, and history of participation in the ethics workshop, and the second part included the barriers to observance to observing professional ethics standards from the nurses' view of point in the study of Peasant and colleagues in three aspects: managerial, environmental and individual-care field, which included 33 questions ,14 questions related to the managerial field, 5 questions were related to the field of environmental and 14 questions were related to the individual-care), which each question was answered with the 5-point scale, so that the option "strongly disagree (score 1) and disagree (score 2)" indicates that the question posed is not an obstacle to the observance of professional ethics standards from the viewpoint of nurses, and the choice of the option "Strongly agree (sore 5) or agree (score 4)" indicates that the option is an obstacle to professional standards, and the choice of the option "no opinion (score 3)" indicates the lack of awareness of the variable's impact on the question of non-observation of professional ethics (19). The internal consistency of this questionnaire have been confirmed in this with Cronbach’s alpha coefficient = 0.89.

The questionnaire was distributed by the researcher and by frequent visits in wards at the right time so that the samples were completed the questionnaires freely and without direct supervision of the researcher and then the researcher collected the completed questionnaires simultaneously.

***Ethical considerations***

Approval for this study was obtained by the Islamic Azad University of Firoozabad, Fars, Iran. All willing participants signed the Informed consent form after receiving information about study aims and processes. Also, data confidentiality was assured by researchers.

***Data analysis***

SPSS software version 21 was used to analyze the data, which data was evaluated by two descriptive and inferential levels. At the descriptive level, the frequency table was used for qualitative variables. Also, the mean and standard deviation was applied for the quantitative variables. In addition, the STATA software (Version 15, Stata Corporation, and College Station, TX, USA) was applied to carry out multivariable linear regression and evaluate the association between demographic variables and barriers to observing professional ethics in the practice of nursing care. P-value ≤ 0.05 was determined as a significant level.

**Results**

As shown in table 1, the majority of nurses participating in this study were in the 20-30 age range (61.3%) and 77.3% of them were female. Also, most of them had bachelor's degrees (94.2%) and married (57.5%), with a work experience of 5 years or less (47.3%). In addition, 24.6% of nurses participating were working in the internal ward, 15% in the emergency ward, 16.4% in the surgical ward and 44% in other wards. Only 17.9% of nurses had a history of participation in the ethics workshop.  
The most important barriers to observing professional ethical standards in clinical care from nurses 'viewpoints are presented in Table 2. In the managerial field, the most important barrier in implementing the principles of professional ethics was related to the shortage of personnel with mean and standard deviation (4.07 ± 1.34), the long working hours (3.94 ± 1.40), and the scheduling shiftwork inappropriately (3.85 ± 1.41), respectively. Moreover, the most important environmental barrier was biological changes due to night shiftwork (4.09 ± 1.31), the ward congestion (4. ± 1.31), and excessive expectations of patients and their patient companion of the nursing staff (3.93 ± 1.45), respectively. Also, the most important individual-care barrier was the lack of time (3.87 ± 1.46), dealing with infectious disease patients and fear of acquiring certain diseases such as AIDS and hepatitis (3.81 ± 1.45), and patients’ inappropriate treating with staff (3.70 ± 1.40).

The results of the multivariable linear regression analysis shown in table 3. An inverse significant association was shown between the environmental domain of barriers to observing professional ethics in the practice of nursing care and the male gender (b = -0.53, 95% CI = -0.89, -0.16). Also, there is a direct relationship between environmental domains of barriers to observing professional ethics in the practice of nursing care and working in the emergency ward (b = 0.64, 95% CI = 0.14, 1.15). Moreover, an inverse association was found between Individual care-related domain of barriers to observing professional ethics in the practice of nursing care and participation in ethics workshop (b = -0.36, 95% CI = -0.05, -0.67), 10-15 years of work experiences (b = -0.52, 95% CI = -0.004, -1.05), and > 15 years of work experiences (b = -0.53, 95% CI = -0.02, -1.08).

**Discussion**

In this study, the barriers to observing the principles of professional ethics in clinical care were studied in three fields of managerial, environmental and individual-care from nurses' viewpoints. In the current study, the role of environmental factors is more effective, so that the most important environmental barrier to observing professional ethics from nurses' point of view was biological changes in the body in night shiftwork. consistent with our results Mohammadi et al. during a study concluded that biological changes in the body in the night shiftwork was the most environmental barrier from the perspective of the nurses (20). In this regard, according to the results of Tayebi et al. nurses working in rotational shiftworks had worse general health than the constant shiftwork nurses (19). Also, in another study, a positive correlation was observed between nurses' shiftwork and the quality of professional ethics, to the extent that nurses working morning shiftwork have better morals than nurses in other shiftworks, and nurses with night and evening shiftwork did observe less ethical standards (21). Wilson-Barnett during a study concluded that body changes caused by frequent body changes during shiftwork (rotational shiftwork) have a significant impact on nursing care standards (22). Moreover, Canadian researchers also believe that nurses' long working hours are one of the effective factors on the occurrence of work errors and non-observing the professional ethics standards by them (13). Therefore, it is suggested that solutions be made for nursing staff to have fewer night shiftworks, because better observing the care standards is a direct result of better observing the professional ethics standards at the patient's bedside.

The results of this study showed that in the environmental field, factors such as ward congestion and the excessive expectations of the patients and their companions from personnel are considered as barriers to observing the professional ethics standards. In this line, findings of a study showed that the excessive expectations were partly due to the lack of information and awareness of patients and their relatives in this field (10).

In this study, nurses believed that in the managerial field, shortage of personnel and long working hours are considered as the most important barriers to observing the professional ethics standards in nursing practice, which the result of this study is consistent with the findings of Alizadeh Barmi et al.’s study (23). Also, a study in Australia found that the shortage of personnel in front of a large number of patients was considered as the most important barrier to using research evidence and observing professional ethics in nursing care (24). The shortage of personnel problem can be considered a serious challenge in the health system (25). In addition, American Nurses Association concluded that the shortage of nursing staff, high workload, inadequate time, and financial and organizational constraints are important barriers to observing professional ethics (26), which is consistent with the results of the present study. Generally, the shortage of nursing personnel can be considered a challenge for the world, so that this shortage is estimated to be 340,000 by 2020 (27). Therefore, it can be suggested that the authorities of health organizations can solve the shortage of nursing staff problem with planning accurately.

The most important individual-care barrier from the nurses' point of view was the lack of time, which is consistent with the recent study (20). Also, results of another study indicated that spending time by nurses to provide indirect care is more than direct care (28), and since providing direct care is the main responsibility of the nurses, the observance of the patient's rights to provide direct care measures become more important. In the present study, another individual-care barrier is to deal with infectious patients, and fears of AIDS and hepatitis, in this regard, Davison et al. also showed that more than half of the nurses were at the moderate level in terms of the fear of the risk of AIDS through occupational exposure (29). Care is the basis of the work of the nurses and all patients have the right to enjoy the same, high quality and non-discriminatory care. In this line, findings of a study reported that health workers who had little knowledge about care and observing professional ethics in the treatment of AIDS patients were refusing to perform treatments for patients with AIDS (30). It seems that increasing the knowledge level of nurses of patients 'rights and professional ethics standards will play an important role in increasing nurses' willingness to take care of infectious patients and reducing discrimination in their care.

The results of our study showed an inverse association between work experiences of nurses and the history of participating in ethical workshops with barriers to observing professional ethics in clinical practice. A recent study suggested that people with more work experience understand ethical codes better than others and they are more inclined to adhere to ethics in practice. Also, they can better address the barriers of ethics and better manage the situation with ethic distress (31). Another study results indicated nurses with 10 year experiences or more had the highest orientation toward professional nursing values (13). Furthermore, nurses to overcome complex barriers and challenges of ethical issues in clinical practice require education in the field of nursing ethics and the use of ethical codes (32). The finding of a research showed that the educational intervention considering the adherence of professional ethics codes has been beneficial on the nurses' ethical performance (33). Ethics education plays a pivotal role in achieving skills to deal with ethical problems and play an effective role in the decision making and process of professional identity (34).

In addition according to the results of this study there is a significant direct association between working in emergency ward and barriers to observing professional ethics in clinical practice. In the emergency department, there are many factors that have an impact on nurses' ethical performance. Such as of these including assisting a physician who believes the nurse is ineligible to provide health care, taking therapeutic measures to delay patient death, conducting unnecessary treatments and tests, ignoring errors made by other health care providers, working with inexperienced health care providers (35), and obtaining informed consent (36). In the recent study was indicated that environmental barriers to observing professional ethics in the emergency department are high, which consistent with the results of the current study (19).

**Limitations**

One of the main limitations of the current study was a shortage of time from the nurses to complete the questionnaire. Researchers have tried to reduce this limitation by the distribution of the questionnaire at the appropriate time so that the samples were completed the questionnaires freely and without direct supervision of the researcher. Next, sample size of this study was small, therefore, other studies with a larger sample are required to replicate this study results. Also, this study was conducted in the Iranian context which reduces the generalizability of the results to other contexts.

**Conclusion**

The results of the present study showed that the most important barriers to observing professional ethics in the managerial dimension included the shortage of personnel, in the environmental dimension included the biological changes due to night shiftwork, and in the individual-care dimension included a lack of time. Also, the findings showed a significant association between barriers to observing professional ethics with the male gender, participating in the ethics workshop, high work experiences and working in the emergency ward. Therefore, it is suggested that nursing managers in hospitals correct and remove obstacles with careful planning and emphasis on principles and standards of care including environmental and managerial factors and training professional ethics to nurses.

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**Table 1: Demographic characteristics of the units studied**

|  |  |  |
| --- | --- | --- |
| Variable | | Number (percent ) |
| Age | 20-30 years | 127 (61.3%) |
| 31-40 years | 61 (29.4%) |
| > 40 years | 19 (9.3%) |
| Gender | Female | 160 (77.3%) |
| male | 47 (22.7%) |
| Education level | Bachelor | 195 (94.2%) |
| Master | 12 (5.8%) |
| Marital status | Married | 119 (57.5%) |
| Single | 88 (42.5%) |
| Work  experience | < 5 years | 98 (47.3%) |
| 5-10 years | 43 (20.8%) |
| 10-15 years | 15 (7.2%) |
| > 15 years | 17 (8.2%) |
| Unanswered items | 34 (16.4%) |
| Ward | Internal | 51 (24.6%) |
| Emergency | 31 (15%) |
| Surgery | 34 (16.4%) |
| Others | 91 (44 %) |
| History of participation in  the Ethics Workshop | No | 170 (82.1%) |
| Yes | 37 (17.9%) |

**Table 2.** Barriers to observing professional ethics standards in nursing care practice

|  |  |  |  |
| --- | --- | --- | --- |
| Domain | Barriers to observing the codes of professional ethics (Items) | Mean | SD |
| Management | Shortage of personnel | 4.07 | 1.34 |
| Long working hours | 3.94 | 1.40 |
| Scheduling shift works inappropriately (disproportion between staff’s working hours and working numerous shifts) | 3.85 | 1.41 |
| Inadequate moral and legal support of staff by senior managers | 3.81 | 1.38 |
| Lack of written policies or standards of nursing care legislation | 3.51 | 1.35 |
| Lack of necessary education on ethical issues during education | 3.50 | 1.35 |
| Lack of adequate experience of educators of ethical and legal issues during education | 3.47 | 1.37 |
| Lack of in-service training and educational programs on professional ethics | 3.37 | 1.42 |
| Inefficient management of crisis in ward | 3.29 | 1.45 |
| Lack of ethical codes | 3.28 | 1.43 |
| Lack of paying attention to staff’s educational needs and planning for meeting these needs | 3.19 | 1.45 |
| Inappropriate head nurse-staff communication (distrust, etc.) | 3.16 | 1.47 |
| Lack of paying attention to staff’s abilities and skills at division of duties | 2.74 | 1.51 |
| Lack of efficient control and supervision by managers | 2.62 | 1.40 |
| Environmental | Biological changes due to night shiftwork | 4.09 | 1.31 |
| Ward congestion | 4.00 | 1.39 |
| Excessive expectations of patients and their patient companion of the nursing staff | 3.93 | 1.45 |
| Lack of suitable equipment in ward | 3.88 | 1.33 |
| Rotational shiftworks | 3.88 | 1.46 |
| Individual care-related | Lack of time | 3.87 | 1.46 |
| Dealing with infectious disease patients and fear of acquiring certain diseases such as AIDS and hepatitis | 3.81 | 1.45 |
| Patients’ inappropriate treating with staff (Communication with the patients who do not cooperate) | 3.70 | 1.40 |
| Lack of knowledge about or awareness of the codes of professional ethics | 3.67 | 1.47 |
| Lack of staff’s paying adequate attention and sufficient diligence due to high workload, etc. | 3.60 | 1.43 |
| Lack of staff’s meeting basic needs such as sufficient income or rest | 3.58 | 1.50 |
| Performing entirely new tasks that one does for the first time while he/she does not have knowledge and skills about them | 3.51 | 1.54 |
| Negative attitudes toward the codes of professional ethics | 3.50 | 1.35 |
| Lack of ability of critical thinking or to make moral decisions | 3.31 | 1.37 |
| Weakness of belief regarding the observance of ethical issues | 3.17 | 1.42 |
| Lack of motivation and interest in profession | 3.17 | 1.51 |
| Dissatisfaction with ward | 3.15 | 1.51 |
| Defective establishment of effective and appropriate communication with patient | 3.08 | 1.47 |
| Lack of technical skills | 3.00 | 1.44 |

Table 3. Association between demographic variables and barriers to observing professional ethics in the practice of nursing care

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| variable | management | | | environmental | | | Individual care-related | | |
| b\* | 95%CI | p | b | 95%CI | p | b | 95%CI | p |
| Age (years)  20-30  30-40  ≥ 40 | ref  0.12  -0.26 | ref  -0.25, 0.49  -0.85, 0.32 | ref  0.53  0.37 | ref  -0.04  -0.20 | ref  -0.50, 0.42  -0.90, 0.48 | ref  0.85  0.55 | ref  -0. 07 -0.31 | ref  -0.42, 0.28  -0.85, 0.21 | ref  0.69  0.24 |
| Sex  Female  Male | ref  0.11 | ref  -0.18, 0.42 | ref  0.45 | ref  -0.53 | ref  -0.89, -0.16 | ref  **0.004** | ref  -0.03 | ref  -0.31, 0.24 | ref  0.81 |
| Education  Bachelor  Master | ref  -0.14 | ref  -0.64, 0.36 | ref  0.58 | ref  -0.51 | ref  -1.13, 0.11 | ref  0.10 | ref  -0.25 | ref  -0.73, 0.22 | ref  0.29 |
| Marital  Married  Single | ref  -0.01 | ref  -0.27, 0.23 | ref  0.88 | ref  0.28 | ref  -0.02, 0.59 | ref  0.07 | ref  -0.001 | ref  -0.24, 0.23 | ref  0.99 |
| Ethics Workshop  No  Yes | ref  0.12 | ref  -0.21, 0.47 | ref  0.47 | ref  0.28 | ref  -0.10, 0.68 | ref  0.15 | ref  -0.36 | ref  -0.05, -0.67 | ref  **0.01** |
| Ward  Internal  Emergency  Surgery  Others | ref  -0.09  0.06  0.02 | ref  -0.54, 0.34  -0.34, 0.46  -0.30, 0.35 | ref  0.65  0.76  0.88 | ref  0.64  0.37  0.13 | ref  0.14, 1.15  -0.11, 0.86  -0.26, 0.52 | ref  **0.01**  0.13  0.50 | ref  -0.09  0.08  -0.09 | ref  -0.47, 0.29  -0.29, 0.45  -0.40, 0.20 | ref  0.64  0.67  0.54 |
| Work experience  < 5  5-10  10-15  > 15 | ref  -0.15  0.01  0.15 | ref  -0.50, 0.20  -0.55, 0.58  -0.47, 0.77 | ref  0.40  0.96  0.63 | ref  0.11  0.56  0.38 | ref  -0.32, 0.55  -0.12, 1.25  -0.33, 1.10 | ref  0.60  0.10  0.29 | ref  -0.13  -0.52  -0.53 | ref  -0.20, 0.47  -0.004, -1.05  -0.02, -1.08 | ref  0.43  **0.03**  **0.02** |
| \* b coefficient was obtained according to the multivariable linear regression | | | | | | | | | |