**Nurses’ perceptions of professional ethics in hospital settings: a qualitative content analysis**

**Short title: Professional ethics in hospital settings**

Hosein Habibzadeh1, Leyla Alilu\*2, Audrey Cund3, Gholamreza Esmhoseini4

1. Associate Professor, Department of Medical Surgical Nursing, Faculty of Nursing and Midwifery,

Urmia University of Medical Sciences, Urmia, Iran. [Habibz\_H@yahoo.co](mailto:Habibz-H@yahoo.com)m. <http://orcid.org/0000-0002-6297-6987>

2. \*Assistant Professor, Department of Medical Surgical Nursing, Faculty of Nursing and Midwifery, Urmia University of Medical Sciences, Urmia, Iran\*. [Aliluleyla@gmail.com](mailto:Aliluleyla@gmail.com). https://orcid.org/0000-0002-4952- 9461

3. School of Health and Life Sciences, University of the West of Scotland, Paisley, UK.

[Audrey.Cund@uws.ac.uk](mailto:Audrey.Cund@uws.ac.uk). <https://orcid.org/0000-0002-7816-8239>

4. Assistant Professor, Faculty of Medicine, Urmia University of Medical Sciences, Urmia, Iran. [gh.esmhoseini@gmail.com](mailto:gh.esmhoseini@gmail.com) https://orcid.org/0000-0002-7227-986X

\*Corresponding Author Tel: 098-914-140-9403; Fax: 098-443-275-4921; Aliluleyla@gmail.com

**Acknowledgment** We thank Urmia University of Medical Science for providing permission for this study and financial support. Hereby, we would like to appreciate all the participants who shared their valuable experiences.

**Author contribution** H.H designed the study; H.H and L.A analyzed data; H.H, L.A, AC and Gh.E reviewed manuscript critically; drafted the article; and finally approved the manuscript.

**Funding** This study was supported by Urmia University of Medical Sciences.

**Competing interests** None.

**Patient consent** Obtained.

**Ethics approval** Ethics approval was provided by The Research Center of Urmia University of Medical Sciences (ir.umsu.rec.1396.46).

**Abstract**

**Objectives:** Professional ethics are less understood in the literature and refer to the complex decision-making processes made by nurses as they deliver care. This study adds to the growing body of evidence around professional ethics and explores the perception of Iranian nurses in one hospital. **Method:** This qualitative study utilized semi structured interviews to capture the perspective of 28 nurses with various occupational backgrounds and positions in one hospital. Data was analyzed descriptively using qualitative content analysis. Ethical approval was granted by the Ethics Committee of Urmia University of Medical Science, Iran.

**Results:** Three categories and seven subcategories emerged during data analysis. The extracted categories and sub-categories consisted of (I) ethical identity (patient's rights, ethical care, humanitarian services), (II) spirituality and values(Spiritual interest, spiritual commitment) , and (III) professional behavior (individual moral development, promoting professional competencies). **Conclusion:** The study adds to the growing evidence around ethics in nursing and specifically provides a deeper understanding of nurses’ adoption of professional ethics. The study concludes that professional ethics is influenced by multiple factors and these ethical principles motivate nurses to provide safe care.

**Key Words:** [Ethics](http://www.ncbi.nlm.nih.gov/mesh/68004989); [Professional](http://www.ncbi.nlm.nih.gov/mesh/68011364); Nurses; Content analysis; Qualitative Research.

**Introduction**

Nurses play an important role in the delivery of care and their practice is guided by the legal and ethical principles of honesty, integrity and to do no harm(1). These principles are endorsed worldwide and expressed as values, and the moral philosophy of nursing. Several authors point out that nurses are also human, and they hold personal values, beliefs and assumptions that guide their morals and behavior(2). A range of inner qualities are promoted and sought as core characteristics of the nurse. These qualities are referred to as caring, compassion, trustworthiness and commitment. Yet despite proactively seeking out these characteristics in nurses’ several public concerns about negligence, patient safety and unprofessional conduct continue to be cited worldwide which calls into question nurses’ moral and professional behavior and the selection of people for the role.

Professional ethics refer to the nurse’s decision making, personal and workplace conduct and moral philosophy in terms of how they deal with ethical issues and dilemmas as a professional and within the work environment(1). Although it is essential to meet professional ethical requirements in patient care, studies have shown that professional ethics and standards are empirically less understood.

Studies have mainly focused on ethical behaviors for example, one qualitative study of 28 Iranian nurses revealed a unique culture based set of values amongst their nurses. Embedded within this culture nurses described the ethical values of respect for dignity, professional integrity and a commitment to developing a therapeutic relationship. Notably, Iranian nurses placed emphasis on preserving patient’s religious beliefs in a gender appropriate environment(3). In another study of ethical leadership in nursing performed in Iran, highlighted that ethical values lead to increased job satisfaction, patient satisfaction and inspire ethical behavior amongst nurses’ (4).

A literature review(5-6) hasshown that nurses displayed professional ethics in terms of observing the patient's basic rights such as accepting the patient as a unique person, observing his/her right for selection, respecting the patient’s privacy and providing the best services for him/her in nursing development. Further, the other study, believed that observation of the patent’s legal rights as the core of ethical performance in nursing and also pointed out the importance of observing these rights in professional nursing(7). Interestingly in the study found that patients’ rights were rarely respected(8). This is reiterated by other investigations who revealed that this occurred in just over 60% of the nurses’ interactions with patients(9-10). Also, nurses role in promoting patient independence was frequently disregarded(11) On the other hand, Chinese and Switzerland nurses experienced reduced communication with patients due to heavy workload(12-13). Central to these studies is the message that nurses should follow a code of ethics(14).

Increased pressure on nurses to do more with less financial and staff resources is leading to professional standards slipping. With these pressures facing nurses it is not surprising that this impact on the quality of care delivered(15). In the study on the moral habitability of the nursing work environment, found evidence that nursing work is highly stressful and has unclear, overwhelming role expectations. They also revealed that nurses working in these environments changed their behavior resulting in them being less collegiate and resistant to change. Recent research has shown that clinical areas with reduced resources impact on patient safety and lead to poorer job satisfaction, and poor retention and recruitment of staff(16). So, this study extends the discussion on professional ethics and presents the findings from a recent study involving a cohort of nurses working in Iran. The study explores how Iranian nurses perceive professional ethics in their clinical practice.

**Method**

The research was conducted in fore central educational hospitals in Urmia, the populous city of Iran located in the North West between Januarys to August 2017. Participants were selected purposively among female and male nurses from various medical and surgical wards. The inclusion criteria for participation in the study were at least a Bachelor's degree in nursing and with a minimum 5 years of work experience in clinical and educational environments.

Overall, 28 nurses were recruited and interviewed. The participants included, 11 male and 17 female aging 29-53 years old with the mean age of 40.4±4.3 years old and mean work experience of 17.66±7.8 years. Among the participants, there were 2 nursing managers, 3 matrons, 5 head nurses, 2 supervisors and the rest were clinical nurses. Six participants had Master's degree and 22 had Bachelor’s degree in nursing.

Data were collected via interviews. Each semi structured interview averaged one hour. At the beginning of the interview, questions were asked to get more familiar with the participants and to help the participant relax. All the interviews began with the question: "As a nurse, please tell me the ethical issues that you encountered in your work environment?" leading on from this all participants was asked how they experienced professional ethics?, ”Can you give an example to clarify it?’ All the interviews were recorded with the permission of the participants by a portable audio recorder and, then, transcribed verbatim.

To achieve the objectives of the study, the interviews were analyzed using a qualitative content analysis method as described by Graneheim and Lundman(17). Data analysis began simultaneously after the first interview and continued until data saturation. In the primary encoding, the transcription of each interview was read for several times and the sentences with special meanings were identified and underlined as the unit of analysis and then, they were coded using commonly identified words and phrases. On this basis, various codes were compared in terms of similarities and differences and then re-categorized into hierarchical categories. Leading on from this, the interview transcripts, codes and categories were studied several times to distinguish the relationships between the codes and categories and, accordingly, determine the main themes.

During the present study, various methods were used to ensure the rigor and trustworthiness of the data. In reporting the findings of qualitative studies, the concept of trustworthiness is widely used instead of validity and reliability(18). In this research, four techniques were used to support the trustworthiness of the work including conformability, dependability, credibility and transferability.

Credibility was confirmed using an appropriate method for collecting data from interviews and by the researcher who was performing the interviews and was familiar with context of the nursing performance. Moreover, in order to increase the data credibility, besides long-term involvement of the researcher, member check was also used. Further, in addition to encoding, the transcribed interviews were returned to the participants to ensure the accuracy of the codes and relevant interpretations.

Dependability was confirmed by describing the details of data analysis as well as direct reference to professional experiences of the individuals in order to reveal the base of the performed analysis. The references used in this study were translated from Farsi into English by a professional translator in order to maintain the accuracy and context as much as possible. Conformability and consistency of the analysis were confirmed by holding sessions for the authors to discuss the primary findings, and the emerging codes and themes were also discussed until reaching an agreement. To increase transferability of the findings, a description of context, selection and demographics of the participants, data collection, and analysis process was provided so that the reader can decide if the results can be transferred to another context(19).

This study was approved by Ethics Committee of Urmia University of Medical Science (ir.umsu.rec.1396.46), Iran. All the participants were briefed about the research objective and informed that participation in the study was optional and they can leave the study whenever they wanted. Further, they were ensured that the interview transcripts would remain anonymous and confidential. Prior to the study, written informed consent was gathered for participation in the study, recoding the interviews and publishing their statements

**Results**

Data analysis yielded 346 primary codes, which were categorized into 7 sub-categories and 3 main categories. The three main categories included “ethical identity”, “spirituality and values”, and “professional behaviors”.

***I: Ethical identity*.** In this study, the participants emphasized the ethical role of nurses in respecting patient’s dignity and expressed this as one of the most important ethical principles in nursing and should not be faded or forgotten. One nurse participant explains: *I know many people who are expert in the nursing cares, but don’t observe the ethical considerations in dealing with patients. For example, they don’t care about patient’s opinion, or even they disrespect them. I’ve frequently seen that a patient is not satisfied with the nurses at the time of discharge. This shows that a nurse must take into account the ethical consideration along with the technical skills*. (P17)

The nurses pointed out that violation of an individual’s privacy can spread a heavy shadow on all the good deeds and ethical actions of the nurses in a team.

The participants believed that patients should be treated with the same respect as they would their own family members. This highlighted an interrelationship with personal values and professional ethics. This is expressed by one participant who says: *I assume the patient as a member of my family or as one of my close relatives, so I try to do my duty as accurately and carefully as possible. Now, I’m happy that I’ve never failed in performance of my duties.* (P22)

Taking care of a person in need is not limited to what is written in the patient’s records and care plan. A large part of the nurses’ actions are hidden from the sight of the treatment staff and even the patients. The ethical value of caring and compassion were identified by the participants as some of those professional behaviors that are hidden but inherently motivate good practice. One nurse participant (P4) reflects this key issue well: *I am working in the emergency department, and we face various cases every day. In one of my cases, a patient said at the time of discharge, ‘I got so much better when you talked to me like a brother and considered my calmness. These ampoules are effective when they are used by someone like you.*

The importance of essential role of care and compassion in the formation of the ethical identity of Iranian nurses was often mentioned by participants, and its unconscious effect on the professional performance of nurses.

***II: Spirituality and values.*** Analysis of the data related to spirituality and nursing revealed a two-dimensional “Spiritual interest “and “spiritual commitment”. Many study participants acknowledged that they felt comfortable and indescribable because of serving patients and providing nursing care. The nurse says: *I love being sick at all. So, I do my nursing job well. It even happened that the elevator was broken. We would take the stretcher and take it up the stairs. I don't work with annoyance, boredom, or coercion.* (P14)

Many respondents in this study emphasized the effect of spiritual beliefs on the nurses’ motivation and commitment to deliver high quality care against the pressures of working in a highly stressful environment with limited resources. In this regard, a nurse (P24) said: *Under the pressure of working conditions, my beliefs give me the power to bear difficulties and try to do my best despite all the difficulties.*

In fact, performing any action by a nurse entails establishing an appropriate and ethical relationship with the patient. Another nurse commented: *Occasionally, because of the bad condition of the patient, I may stay in the ward until 3 pm (The shift ends at 2pm according to the law). Sometimes even evening shift colleagues would come, but because I felt needed me,   
I would not leave the shift. It's true that my family is upset about my delay, but I stayed until I felt it was necessary to be in the ward and bedside of the patient* (P28)

Many participants believed that nursing is something more than a mere responsibility and professional commitment, since the nurses work at a level higher than their professional responsibility, which indicated their dedication and sacrifice versus their professional duties and commitments.

***III. Professional Behavior.*** The performance of the nurses is rooted in communication and interaction with others; thus, the nurse’s ethical duty in terms of professional practice is to maintain and develop relationships with other co-workers. *My colleagues say ‘when that guy is with us during the working shift, the conditions are worsened, but when you are with us, everything is OK. I ask them what is the difference, and they say that she confuses the atmosphere and causes stress, so we get anxious. But when the supervisor is calm, it causes the other ones to be calm, and thus the patient will be calm as well*. (P25)

Participants reported the necessity of preserving the boundaries between patients and their companions, since any kind of non-professional relationship would deviate the professional duties. *Some of the colleagues, when sitting in the nursing station, focus on marginal discussions instead of talking about the patients’ problems. Unfortunately, such discussions are changed into friendly gabs, and I seriously avoid such gabs and try to create professional limits.* (P3)

**Discussion**

The findings of the study show that the professional ethics of nurses can be classified into three categories, namely “ethical identity”, “spirituality and values”, and “professional behavior”. This finding is consistent with the findings of other researchers who revealed that the acquisition of professional ethics is facilitated by factors that could lead to legitimate standards and norms that govern professional behavior of nurses in their relationships with patients(20).

The results of the investigation advocate that Iranian nurses' attention to human dignity (including the values of humanism, friendship and non-discrimination) and states that they respect the value and integrity of the individual, values and beliefs of the patient(3). Interest in working with people is also the basis for the emergence of nursing professions. In another study performed in Iran, has shown that Iranian nurses demonstrate value concepts such as compassion for caring, responsible care, commitment to patient's health and self-esteem in care(21). This study also found that nurses display care and compassion to their patients and these values motivate staff to delivery safe effective care. This closely relates to their identity as a nurse and also professional ethical behaviors.

The present study also demonstrated a strong relationship between nursing and spirituality that affects the professional ethics of the nurses. Nurses’ describe their spirituality as giving them the strength to face any clinical challenge(22). This shows the role of spiritual beliefs in nursing as a factor in the development and progress of ethics in nursing(23).A literature review revealed that spirituality is not a new dimension of care but is a new challenge for healthcare to recognize that the individuals they are working for are not just patients but human beings with a precious interior life(24).This study highlights that the spiritual needs of staff guide professional behavior and should be considered in the development of codes of ethics.

Many of the participants’ statements revolved around the third theme, ‘'professional behavior. Commitment to the role was identified as a professional ethical behavior. Further to this, participants spoke of effective team work and the importance of establishing relationships with co-workers as well as patients. Professional boundaries with patients and companions were viewed as important professional ethics as these boundaries served to protect both the nurses and the organization. The findings of the study show that professional ethics are difficult to separate out and this may be one of the reasons why it is less understood in the empirical literature. This study shows that there is a close relationship between nurses’ ethical identity, their values, spirituality and professional behaviors’.

**Conclusion**

The study has shown that Iranian nurses are dealing with complex clinical and ethical issues every day and ethical decisions have become routine aspects of clinical activity. The study concludes that, on the basis of nurses’ views, professional ethics are multi-dimensional affected by personal, spiritual and social factors. The nurses also view moral and spiritual ethics as part of their identity as they implement ethical sensitivity in all the nurse-patient communications and interventions. In addition, the use of professional ethics in relation to the performance of nurses emerged in this study can help managers and instructors in the recruitment and ongoing supervision of nurses with the aim of improving their professional performance.

Therefore, further studies of different cultures and contexts are required as well as increasing the knowledge of various aspects of professional ethics in the performance of nurses.

**References**

1. Maarefi F, Ashktorab T, Abaszadeh A, Alavi Majd M, Eslami Akbar R. Compliance of nursing codes of professional ethics in domain of clinical services in Patients Perspective. Journal of Education and Ethics in Nursing. 2014;3(1):27-33. URL: http://ethic.jums.ac.ir/article-1-140-en.html

2. Mokhtari Lakeh N, Nafar M, Ghanbari Khanghah A, Kazemnezhad Leili E. Nursing students’ views on code of ethics, commitment to the ethic of, academic dishonesty and neutralization behaviors. Journal of Holistic Nursing And Midwifery. 2014 Oct 15;24(3):64-71. URL: http://hnmj.gums.ac.ir/article-1-321-en.html

3. Shahriari M, Mohammadi E, Abbaszadeh A, Bahrami M, Fooladi MM. Perceived ethical values by Iranian nurses. Nursing ethics. 2012 Jan;19(1):30-44. https://doi.org/10.1177/0969733011408169

4. Barkhordari-Sharifabad M, Ashktorab T, Atashzadeh-Shoorideh F. Ethical leadership outcomes in nursing: A qualitative study. Nursing ethics. 2018 Dec;25(8):1051-63. [https://doi.org/10.1177/0969733016687157](https://doi.org/10.1177%2F0969733016687157)

5. Dehghani A, Dastpak M, Gharib A. Barriers to Respect Professional Ethics Standards in Clinical Care Viewpoints of Nurses. Iranian Journal of Medical Education. 2013 Aug 15;13(5):421-30. URL: <http://ijme.mui.ac.ir/article-1-2491-en.html>

6. Carnevale FA, Vissandjée B, Nyland A, Vinet-Bonin A. Ethical considerations in cross-linguistic nursing. Nursing ethics. 2009 Nov;16(6):813-26. [https://doi.org/10.1177/0969733009343622](https://doi.org/10.1177%2F0969733009343622)

7. Doane G, Pauly B, Brown H, McPherson G. Exploring The Heart Ofethical Nursing Practice: implications for ethics education. Nursing Ethics. 2004 May;11(3):240-53. [https://doi.org/10.1191/0969733004ne692oa](https://doi.org/10.1191%2F0969733004ne692oa)

8. Babamahmoodi F, Meftahi M, Khademloo M, Hesamzadeh A. Observation of patient's right charter in Mazandaran teaching hospitals: patients view. Iranian Journal of Medical Ethics and History of Medicine. 2011 Jul 15;4(4):37-44. URL: http://ijme.tums.ac.ir/article-1-165-en.html

9. Vahedian Azimi A, Ghasem Kashani S, Avazeh A, Sepehri Nia M, Rohani M. Awareness of nurses about patients’ rights and the extent they respect It. Preventive Care in Nursing & Midwifery Journal. 2011 Sep 15;1(1):55-63. URL: <http://zums.ac.ir/nmcjournal/article-1-29-en.html>

10. Dadashi M, Andarz habibi R, habibi moghaddam A, Jeylani M. Patients’ satisfaction of observing patients' right charter in private clinics. Iranian Journal of Medical Ethics and History of Medicine. 2010; 3 (5 and 1) :61-68. URL: http://ijme.tums.ac.ir/article-1-216-en.html

11. McKinstry B. Do patients wish to be involved in decision making in the consultation? A cross sectional survey with video vignettes. Bmj. 2000 Oct 7;321(7265):867-71.doi: <https://doi.org/10.1136/bmj.321.7265.867>

12. Price R. An ethical reflection.Whitireia Nurse J. 2008;15:50–3.

13. Silén M, Tang PF, Ahlström G. Swedish and Chinese nurses’ conceptions of ethical problems: a comparative study. Journal of clinical nursing. 2009 May;18(10):1470-9. https://doi.org/10.1111/j.1365-2702.2008.02422.x

14. Numminen OH, Leino‐Kilpi H, Van der Arend A, Katajisto J. Nursing students and teaching of codes of ethics: an empirical research study. International nursing review. 2009 Dec;56(4):483-90. https://doi.org/10.1111/j.1466-7657.2009.00748.x

15. Vryonides S, Papastavrou E, Charalambous A, Andreou P, Merkouris A. The ethical dimension of nursing care rationing: A thematic synthesis of qualitative studies. Nursing ethics. 2015 Dec;22(8):881-900. doi: 10.1177/0969733014551377

16. Peter EH, Macfarlane AV, O'Brien‐Pallas LL. Analysis of the moral habitability of the nursing work environment. Journal of Advanced Nursing. 2004 Aug;47(4):356-64. https://doi.org/10.1111/j.1365-2648.2004.03113\_1.x

17. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse education today. 2004 Feb 1;24(2):105-12. https://doi.org/10.1016/j.nedt.2003.10.001

18. Elo S, Kyngäs H. The qualitative content analysis process. Journal of advanced nursing. 2008 Apr;62(1):107-15. https://doi.org/10.1111/j.1365-2648.2007.04569.x

19. Yilmaz K. Comparison of quantitative and qualitative research traditions: Epistemological, theoretical, and methodological differences. European Journal of Education. 2013 Jun;48(2):311-25. https://doi.org/10.1111/ejed.12014

20. Dehghani A, Mosalanejad L, Dehghan-Nayeri N. Factors affecting professional ethics in nursing practice in Iran: a qualitative study. BMC medical ethics. 2015 Dec;16(1):61. https://doi.org/10.1186/s12910-015-0048-2

21. Ravari A, Vanaki Z, Mirzaei T, Kazamnezhad A. A spiritual approach to job satisfaction in nursing staff: a qualitative study. Payesh. 2011; 10 (2):231-241. URL: http://payeshjournal.ir/article-1-527-en.html

22. Johnston Taylor E, Carr MF. Nursing ethics in the seventh-day adventist religious tradition. Nursing ethics. 2009 Nov;16(6):707-18. [https://doi.org/10.1177/0969733009343135](https://doi.org/10.1177%2F0969733009343135)

23. Georges JJ, Grypdonck M. Moral problems experienced by nurses when caring for terminally ill people: a literature review. Nursing ethics. 2002 Mar;9(2):155-78. https://doi.org/10.1191/0969733002ne495oa

24. Pujol N, Jobin G, Beloucif S. ‘Spiritual care is not the hospital's business’: a qualitative study on the perspectives of patients about the integration of spirituality in healthcare settings. Journal of medical ethics. 2016 Aug 24:medethics-2016. <http://dx.doi.org/10.1136/medethics-2016-103565>