The effect of group reflection   
on nurses’ knowledge, attitude, and performance in relation to ethical codes

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**Conflict of interest:** None declared

***Abstract****The aim of this study was to determine the effect of group reflection on the   
knowledge, attitude and performance of nurses in relation to ethical codes. A total of 86 nurses participated in this educational trial; the nurseswere randomly divided into an intervention group (n=44), who received four sessions of group reflection, and a control (n=42) group received a single lecture on ethical codes. Data were collected before and after the intervention using three a knowledge test, an attitude rating scale, and a performance questionnaire. Moreover, the two groups were significantly different in terms of the mean changes in the scores of performance in the two stages (P<0.001). Group reflection significantly improved the knowledge, attitude and performance of nurses in relation to ethical codes. Lectures also can help improve nurses’ knowledge and attitude in this area.*

**Key words:** group reflection, knowledge, attitude, performance, nurses, codes of ethics

**Introduction**

Ethical codes are ethical values in academic and clinical settings and a prominent aspect of the nursing profession (1). These codes have been systematically developed in different countries throughout the world, and the Iranian Nursing Codes of Ethics was developed in 2010 with 12 values and 71 professional ethical codes in five domains and was completed and revised in 2012 (2).

Although Iran has developed systematic ethical codes for nurses, adherence to them in clinical settings has reportedly varied in different studies. Some have reported nurses’ performance in this area as unfavorable or semifavorable (3, 4) and others as desirable (5-7). Since performance is affected by the individual's knowledge and attitude, especially in the area of ethics, which is influenced by the cultural and social context (8) and other factors such as spiritual health (9), one of the reasons for nurses’ poor performance in the area of ethical codes is reportedly their lack of knowledge and inadequate training (3, 10, 11). The notion that being a nurse enables the individual to have an ethical conduct without receiving any training is entirely unfounded (12). The most important measure that should be taken in order to have capable and ethically-competent nurses who provide quality care is to establish and comply with the principles of professional performance through an emphasis on teaching ethical principles (13) Studies have shown that ethical education has a significant positive effect on the promotion of nurses' ethical reasoning and performance (14-17).

Training nurses should actively develop their independence, critical thinking, open-mindedness and sensitivity to others (14, 18). One way for active learning is through reflection. Reflection has been defined as a process of reviewing an experience in order to describe, analyze, and evaluate the performance (19). This method is a reshaping of experience to improve learning and performance and is effective in increasing nurses' awareness about and skills for clinical care and aims to improve their professional performance (20). Reflection can also affect the individual's attitude (21) and is particularly important in relation to ethical performance, which is also related to social and cultural conditions (22). Group reflection is a method of reflection for purposes of education that refers to the participation of groups of people in offering different perspectives on a given problem for better and clearer learning (23). Thus, in addition to enabling the individual to focus more on and review his experiences, group reflection facilitates the use of different people's views and perspectives (14, 24). Studies have examined education through reflection and group reflection in different areas and have mostly demonstrated positive effects for these methods (21, 25-27).

Given that most studies conducted on the degree of compliance with ethical codes in nursing have been descriptive, and very few have been interventional (especially in the cultural and social context of Iran), more studies are required to examine the effect of different educational methods on the knowledge, attitude and performance of nurses in this area. The present study was therefore conducted to determine the effect of teaching nursing ethical codes using group reflection on the knowledge, attitude and performance of nurses.

**Materials and methods**

The present single-blind, before-after, educational trial was conducted in a hospital affiliated to Shiraz University of Medical Sciences in the south of Iran.

Based on a study conducted by Shadfard in 2014 (27) and taking into account α=0.05, β=0.2, test power =0.8 and potential withdrawal =10%, the sample size was determined as 45 per group. A total of 90 willing eligible nurses working at different wards of the described hospital were selected. The study inclusion criteria consisted of having a bachelor's degree or higher in nursing, a minimum of one month of work experience and not having attended courses on ethical codes in the past. The study exclusion criteria consisted of more than two sessions of absence from the reflection training, not participating in the pretest or posttest and withdrawal from the project. To avoid the unwanted exchange of information between the groups during the study, multistage random sampling was performed, such that the study subjects were randomly divided into an intervention and a control group based on their ward of service. Nurses were selected from each ward using quotas and a systematic random approach, and the willing candidates entered the study until the group sizes reached 45. In the course of the study, one subject from the intervention group (for absence from the reflection sessions) and three from the control group (for unwillingness to continue their cooperation) were excluded. Ultimately, the data of 86 nurses (44 in the intervention group and 42 in the control group) were analyzed (Figure 1).

In addition to the demographic questionnaire, a knowledge test, an attitude rating scale and a performance questionnaire were also used for data collection.

**The knowledge test**: This test was prepared by the researchers based on the available literature on ethical codes and Iranian Nursing Codes of Ethics (2) (. It contained seven true/false and 12 multiple choice items (Appendix table no.1). For each item, the correct answer was given one point and the other answers were scored zero, making the minimum score zero and the maximum 19. To evaluate the content validity of the test, a qualitative content validity assessment was carried out and the questionnaire was distributed among 12 nursing ethics experts and their comments on the content and quality of the designed items were taken. To examine the questionnaire’s reliability, the test-retest method was used. The questionnaire was completed by 21 nurses at the interval of two weeks. The Pearson correlation coefficient between the two tests was 0.9.

**The attitude rating scale**: This scale was developed by the researchers based on the relevant literature and contained 17 items scored based on a four-point Likert scale (Appendix table no.2). The items assessed nurses' attitude on the necessity, significance and practicality of observing codes of ethics in providing patient care. Each item was scored from zero to three (from ‘totally agree’ =3 to ‘totally disagree’ =0), and the minimum score was zero and the maximum 51. To determine the content validity of the scale, the Waltz and Bausell (1981) Content Validity Index (CVI) was used (28). The twelve nursing faculty members were asked to indicate their opinions regarding the items’ “relevance”, “simplicity”, and “clarity” based on a 4-point Likert scale ranging from 1 to 4. Then, CVI was calculated for each item by dividing the number of assessors who assigned 3 or 4 scores to the item by the total number of assessors (29). The questions with scores > 0.79 were appropriate and others were excluded (30). For the reliability assessment, the test-retest method was performed and the scale was completed twice by 21 nurses at an interval of two weeks, and the Pearson correlation coefficient between the two tests was calculated as 0.94. Also, the Cronbach alpha coefficient of 0.76 showed the favorable internal consistency of the tool (31).

**The performance questionnaire**: In the present study, ‘performance’ indicates nurses’ extent of observing ethical codes in providing clinical services. To this end, a questionnaire extracted from the Iranian Nursing Codes of Ethics (the section on Nurses and Practice with 23 codes) was used (Appendix table no.3). This 26-item questionnaire was developed by Momennsab et al. (7), and has a confirmed validity and reliability. Each item is scored from 0 for ‘never’ to 3 for ‘always’, and the minimum and maximum scores are zero and 78 (7). In the present study, the content validity of the tool was assessed with the views expressed by 12 nursing ethics experts. For the reliability assessment, the questionnaire was completed twice by 21 nurses at an interval of two weeks, and the Pearson correlation coefficient between the two tests was calculated as 0.98.

The nurses in both the intervention and control groups were first briefed on the study objectives and methods in a session and their written informed consents were obtained. They then completed the knowledge, attitude and performance questionnaires. For each nurse the performance questionnaire was also completed by the ward’s head-nurse. This questionnaire was same as that completed by nurses, but with appropriate verbs . The mean of the scores given by the nurses and the head-nurse was taken as the performance score of each subject. The intervention group was divided into five groups of nine, and four two-hour group reflection sessions were held for each group. In each session, two scenarios about observing ethical codes were discussed and reflected on. The scenarios were based on the researchers' experiences and the Nursing Codes of Ethics and used the available resources and were approved by 12 professors at the school of nursing. These scenarios included clinically-tangible issues with which the personnel were faced on a daily basis and included topics such as the importance of obtaining informed consent, respect for the privacy of the patients and their confidentiality, preserving their right to autonomy and decision-making, respect for the patients' personal beliefs, preserving their right to choose to continue the treatment and choose a nurse, the respectful treatment of the patients and other colleagues, and refraining from the commercial promotion of any particular products. Seven questions were posed at the end of each scenario that debated and assessed the subjects’ understandings, feelings, views and perspectives and potential decisions.

The reflection sessions were guided by the group leader (researcher) according to the Gibbs model. Gibbs’ reflective circle involves description, feeling, evaluation, analysis, conclusion and action plan (32). In line with this model, questions were asked about each scenario and put to debate. All the principles of group dynamics were fully observed. The control group also received a two-hour lecture by the researcher on issues related to nursing codes of ethics along with a Q&A and a slide show. The posttest was held in the intervention and control groups one month after the last session of group reflection. Moreover, the nurses’ performance was assessed by their ward head-nurse, and the mean score of their performance was determined. To blind the study, the distribution and collection of the questionnaires and the statistical analysis of their data were performed by research assisstants blinded to the grouping. By the end of the educational intervention and after the posttest, all the participants in both groups were given the discussed scenarios and an educational booklet and a book on nursing ethics.

**Ethical considerations**This study was approved by the research ethics committee of Shiraz University of Medical Sciences (No: IR.SUMS.REC.1395.19). It was also registered in the Iranian Registry of Clinical Trials (No: IRCT2016050217546N5). After receiving explanations about the study, all participants signed a written consent form in Persian. They were assured that rejecting participation in the study would have no effect on their professional status and their data would be kept confidential and anonymous.

**Statistical analysis**Data were analyzed by the software SPSS version 21.0 for Windows software package. Descriptive statistics were used to describe the characteristics of  
nurses and for comparisons between groups, chi-square, and independent-samples t-test were used. For all tests, results were considered statistically significant at p < 0.05.

**Results**

The majority of the participants (82.6%) was female, married (64%) and had a bachelor's degree in nursing (97.7%). The nurses were aged 23 to 47 with a mean (SD) of 30.55 (5.06) years. The mean (SD) of the nurses' work experience was 6.5 (8.74) years in the intervention group and 7 (8.74) years in the control group. There were no significant differences between the two groups of nurses in terms of age, gender, marital status, academic qualifications or work experience (Table 1).

**Table1- Demographic characteristics of subjects in the two intervention and control groups**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Characteristics** | **Intervention**  **(n=44)** | **Control (n=44)** | **All subjects** | **P-value** |
| **Age(years)** |  |  |  | 0.470 † |
| Mean(SD) | 30.15 (4.96) | 30.95 (5.17) | 30.55 (5.06) |
| **Years of work(years)** |  |  |  |  |
| Mean(SD) | 6.5 (8.74) | 7 (8.74) | 6.75 (8.74) | 0.623 † |
| **Sex n (%)** |  |  |  |  |
| male | 10 (22.7) | 5 (11.9) | 15 (17.5) | 0.183 ‡ |
| female | 34 (77.3) | 37 (88.1) | 71 (82.5) |
| **n (%) Marital status** |  |  |  |  |
| single | 19 (43.2) | 12 (28.6) | 31 (36.1) | 0.185 ‡ |
| married | 25 (56.8) | 30 (71.4) | 55 (63.9) |
| **Educational level n (%)** |  |  |  |  |
| baccalaureate | 43(97.7) | 41(97.6) | 84 (6.97) | 1.000 ‡ |
| postgraduate | 1(2.3) | 1(2.4) | 2 (2.4) |

† Chi-square test

‡ Independent t- test

There was no significant difference between the intervention and control groups in terms of the mean score of knowledge before the intervention. Although, after the intervention it increased significantly in both groups (P<0.001). The independent t-test showed no significant differences between the two groups in terms of the mean changes in the score of knowledge (P=0.83). In other words, teaching ethical codes using group reflection and lecture increased the nurses' ethical knowledge (Table 2).

The independent t-test showed no significant differences between the two groups in terms of the mean score of attitude before the intervention. , but this difference was significant after the intervention (P=0.014). Nevertheless, no significant differences were observed between the two groups in terms of the mean changes in the scores of attitude before and after the intervention (P=0.14; Table 2).

The majority of the nurses in the intervention group (84%) believed, in the pretest stage, that observing ethical codes slowed them down, but in the posttest, only 21% of them still held this belief. In the pretest, 33% and 40% of the nurses totally agreed with the items "Observing ethical codes increases patient satisfaction" and "Observing ethical codes leads to professional improvement", which increased to 72% and 76% in the posttest.

No significant differences were observed between the two groups before the intervention in terms of the mean score of performance, but the paired t-test showed a significant difference in the intervention group before and after the intervention (P=0.001), while this difference was not significant in the control group (P=0.077). The two groups were also significantly different in terms of the mean changes in their performance scores before and after intervention (P=0.038; Table 2). No significant relationships were observed in the present study between the changes in the scores of knowledge, attitude and performance and any of the personal demographic characteristics.

**Table2- Comparison of the variable scores among two intervention and control groups**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Variables | Group | Pretest  mean | Post-test  mean | Mean change | P-value† |
| **Knowledge** | intervention | 10.50 (2.73) | 13.22 (3) | 2.73 (3.45) | 0.001 |
| control | 10.23 (2.22) | 12.80 (3.11) | 2.57 (3.36) | 0.001 |
| P-value‡ | 0.628 | 0.578 | 0.83 |  |
| **Attitude** | intervention | 29.63 (7.49) | 34.70 (8.44) | 5.06 (8.99) | 0.001 |
| control | 27.78 (5.49) | 29.95 (9.09) | 2.17 (9.15) | 0.133 |
| P-value‡ | 0.197 | 0.014 | 0.14 |  |
| **Performance** | intervention | 35.79 (9.49) | 45.46 (11.39) | 9.07 (16.84) | 0.001 |
| control | 35.20 (7.28) | 38.78 (11.31) | 0.67 (20.02) | 0.077 |
| P-value**‡** | 0.747 | 0.008 | 0.038 |  |

† paired t-test

‡ Independent t- test

**Discussion**

Nurses are expected to integrate ethics into their practice and make ethical decisions. Professional ethical codes can guide nurses in this way, but many of them do not received appropriate education about these codes and even about ethics generally. Effective ethic education prepares nurses for better perception and practice and makes them ethically competent. Appropriate teaching- learning strategies must be determine and considered for providing ethic education.

The present findings showed that teaching by group reflection had positive effects on the knowledge, attitude and performance of nurses in relation to the codes of ethics. Group reflection is a student-centered teaching method that has been found beneficial to the development of critical thinking and the improvement of ethical decision-making skills (14, 24). By enabling reflection on past experiences and performances, group reflection facilitates internal judgment. Furthermore, by observing other people's points of view, people can think about and reflect on problems from different angles. Using these innovative methods increases participants' thinking skills and allows them to convey and reflect their experiences and have a more in-depth learning beyond the existing cultural and preferential barriers (33). Kalaitzidis et al. (2012) reported that critical thinking and problem-solving skills are strengthened in students who learn ethical codes through discussions and debates about simulated scenarios and talking about other people's experiences (22). According to some other studies, teaching ethics in a group setting is more effective than the use of other methods (17, 24, 34, 35). Choe etal (2014) believed that student-centered group discussion is the most effective teaching method for bioethics education (36).

In the present study, lecture is also is an effective strategy for promoting nurses’ knowledge and attitude in this regard. The results of other studies also confirm the positive effects of education through different educational strategies on nurses' knowledge of and their attitude toward ethics. Zawati etal. Suggested that teaching ethical principles by different methods can increase health professionals’ knowledge of ethical issues (37). Moreover, The results obtained by McCrink (2011) revealed that teaching ethics to nursing students deepens their attitude toward ethical issues (38). The results of another study conducted in Iran showed that teaching ethical codes changes the attitude of nurses toward these codes and consequently strengthens their commitment to ethics in providing care (39). Knowledge and attitude are interrelated because Nurses with a poor attitude toward ethical issues often have a poor knowledge about the subject (40). So, lecturing may be consider as an easy, cost-effective, and common teaching method for improving nurses’ knowledge and attitude in relation to ethical codes, but for promoting nurses’ ethical performance and adherence to ethical codes it is not enough. Since the goal of teaching is to improve awareness, change attitude and thereby behavior, active teaching methods with group participation that enable a longer-lasting learning are essential. It can be concluded that teaching ethical codes by group reflection is an efficient and economical method for teaching ethics to nurses that can improve their knowledge, attitude and performance.

In the present study, no significant relationships were observed between participants' personal demographic and professional characteristics and the changes in their scores of knowledge, attitude and performance, which means that participants' characteristics did not affect the study findings. Other studies have reported different results regarding the relationship between participants' demographic variables and their ethical knowledge and attitude (39, 41, 42). These differences may be related to socio-cultural and educational background in the different research settings.

One of the limitations of this study was that the study setting was confined to only one health center, which undermines the generalizability of the results. Future studies are therefore recommended to be conducted on larger groups of nurses from a greater diversity of health centers. Although attempts were made to select the intervention and control groups from different wards, and although the participants were asked not to exchange information with each other, such exchange may have happened in some cases, and this limitation was beyond the researcher's control.

(16, 43, 44)(45)(46)(47)

(35, 48, 49)(50)(48)(17, 24, 34, 35, 49, 51)(36)so is lecturing; what’s the remarkable difference, if any? If there is none, that’s okay and legitimate too, but then it should be directly addressed and not presented as an apologetic finding. If lecturing and imparting ethics training yield the same results, that’s a finding in itself, but then, that has to be presented accoprdingly.

**Conclusion**

The present study showed that group reflection and lecture are effective teaching- learning strategies for improving nurses’ knowledge and attitude in relation to nursing code of ethics but, nurses’ performance in this area was improved only in that group who were tough by group reflection. Group reflection is an active student-centered teaching method, which can be implemented with minimal equipment, and can be used to promote nurses’ commitment to nursing codes of ethics. Nonetheless, lecture as a traditional method can also be effective to a degree, since these methods also expose nurses to ethical issues.

**Acknowledgments**This manuscript was derived from the thesis written by Mrs. Marjan Ghanbari for Master’s degree in medical-surgical Nursing at Fatemeh (P.B.U.H) nursing and midwifery school (2017- 2018). This study was financially supported by the Vice-Chancellor for Research Affairs, Shiraz University of Medical Sciences, Iran (NO:72535). Hereby, the authors would like to thank the Ghaem hospital managers and nurses who kindly took part in this investigation.

90 eligible participant

Excluded (n=0 )

 Declined to participate (n=0 )

Absence (n=0 )

Analysed (n=44 )  
 Excluded from analysis (n=1 )

Absence in reflection session (n=1) 

)

Allocated to intervention (n=45 )

 participating in group reflection sessions

Lack of interest ( n=3 )



Allocated to control (n=45 )

 participating in lecturing session

Analysed (n=42 )  
 Excluded from analysis (n=3)

## Allocation

## Analysis

## Follow-Up

Randomized 90

Figure 1: Flow of participants







Appendix table no.1: Test for evaluating nurses’ knowledge about ethical codes

|  |  |
| --- | --- |
| **Question** | **Answer** |
| 1- Code of ethics is a contract document contains a set of ethical rules or established expectations that guide professional practice.  a) True b) false | a |
| 2- Nursing ethics is only useful for nursing professional development.  a) True b) false | b |
| 3- However, the international ethics code for nursing has been developed, but it's better to develop these codes in any country.  a) True b) false | a |
| **Identify the correct or incorrect items based on the Iranian National Code of Ethics for Nurses:**  4- The nurse should provide the care for injured or patients in emergency situations, even outside the workplace.  a) True b) false | a |
| 5- In all cases, informed consent must be obtained exclusively from the patient.  a) True b) false | b |
| 6- The nurse should avoid any action that requires ethical, legal or religious violation, except in patient’s request.  a) True b) false | b |
| 7- Nurses should use their professional positions to convince the client / patient to participate in the research projects.  a) True b) false | b |
| 8- The first international code of ethics for nurses was adopted by ……….. .  a) International Council of Nurses b) American Nurses Association  b) Canadian Nurse Association d) Australian Nurse association | a |
| 9- When and by which organizations Iranian National Code of Ethics for Nurses was approved?  a) 2011, Iranian Nursing Organization  b) 2011, High Council for Medical Ethics of MOHME  c) 2009, Medical Council of Islamic Republic of Iran,  d) 2009, Nursing Board of MOHME | b |
| 10- Iranian National Code of Ethics for Nurses includes … values, … main parts, and … codes.  a) 5, 12,71 b) 5, 5, 12 c) 12, 5, 71 d) 5, 7, 12 | c |
| 11- Iranian National Code of Ethics for Nurses includes all following parts, except:  a) “Nurses and People” b) “Nurses and the Profession”  c) “Nurses and Practice” d) “Nurses and Family” | d |
| 12- All of the items below are the purposes of developing nursing code of ethics, except:  a) Creating integrity and uniformity in nursing practice  b) Challenging the ethical performance of the health team  c) Highlighting the ethical aspects of nursing care  d) Helping for professional promotion | b |
| 13- The followings are the implications of observing ethical codes of care, except:  a) Increasing the quality of care  b) Improving nurse and patient communication  c) Increasing revenues from care  d) The development of service satisfaction | c |
| 14- The following code is related to which part of Iranian National Code of Ethics for Nurses:  “Maintain the safety of the client / patient by: being on time, efficient performance of the professional duties, and accurate and complete recording of the performed care.”  a) “Nurses and People” b) “Nurses and the Profession”  c) “Nurses and Practice” d) “Nurses and co-workers” | b |
| 15- The following code is related to which part of Iranian National Code of Ethics for Nurses:  “In order to empower the client / patient, educate him/her and their family; in frame of care plan and discharge program.”  a) “Nurses and People” b) “Nurses and the Profession”  c) “Nurses and Practice” d) “Nurses and co-workers” | **c** |
| 16- The following code is related to which part of Iranian National Code of Ethics for Nurses: “Clinical nurses should make effort to enhance the expertise and clinical capacities of nursing and midwifery students.”  a)“Nursing, Education and Research” b) “Nurses and the Profession”  c) “Nurses and Practice” d) “Nurses and co-workers” | **a** |
| 17- The following code is related to which part of Iranian National Code of Ethics for Nurses: “Pay special attention to vulnerable groups and individuals such as children, elderly, people with physical disability, mental illness, and so on.”  a)“Nursing, Education and Research” b) “Nurses and the Profession”  c) “Nurses and Practice” d) “Nurses and People” | **d** |
| 18- The following code is related to which part of Iranian National Code of Ethics for Nurses: “In case of any conflict of interest in the care of the client / patient, discuss it with senior colleagues and the principals, while giving the priority to preserving the clients / patients’ rights.”  a)“Nursing, Education and Research” b) “Nurses and the Profession”  c) “Nurses and Practice” d) “Nurses and co-workers” | **d** |
| 19- Which part of Iranian National Code of Ethics for Nurses including codes related to duties and performance of nursing managers?  a)“Nursing, Education and Research” b) “Nurses and the Profession”  c) “Nurses and Practice” d) “Nurses and co-workers” | d |

Appendix table no.2: Rating scale for evaluating nurses’ attitude toward ethical codes

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Item | Strongly agree | Agree | Disagree | Strongly disagree |
| 1 | There is a need for nursing ethics codes for any country. |  |  |  |  |
| 2 | Code of ethics provides the basis for the ethical nursing performance. |  |  |  |  |
| 3 | The existence of ethical codes makes it easier to make ethical decisions. |  |  |  |  |
| 4 | Observing ethical codes will waste time for nurses. |  |  |  |  |
| 5 | Ethical codes are a suitable guide to dealing with ethical challenges. |  |  |  |  |
| 6 | Compliance with ethical codes will improve the quality of nursing care |  |  |  |  |
| 7 | Observing ethical codes prevents the occurrence of legal problems. |  |  |  |  |
| 8 | Compliance with ethical codes increases the professional satisfaction of nurses. |  |  |  |  |
| 9 | Observing the codes of ethics limit the speed of nuring interventions. |  |  |  |  |
| 10 | Compliance with ethical codes increases patient satisfaction. |  |  |  |  |
| 11 | Compliance with ethical codes is essential for nurses. |  |  |  |  |
| 12 | Compliance with ethical codes improves communication between patient and nurse. |  |  |  |  |
| 13 | Compliance with ethical codes increases the patient's trust in the nurse. |  |  |  |  |
| 14 | Compliance with nursing ethics codes will lead to professional promotion. |  |  |  |  |
| 15 | Ethical codes do not have the ability to execute. |  |  |  |  |
| 16 | Ethical codes make patients and the community aware of their rights. |  |  |  |  |
| 17 | The existence of nursing ethics codes increases the expectations of patients from nurses. |  |  |  |  |

Appendix table no.3: Questionnaire for evaluating nurses’ performance about ethical codes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Codes** | **Never** | **Sometimes** | **Usually** | **Always** |
| As a nurse I:  1. Introduce myself with name, title, and my professional role to the patient. |  |  |  |  |
| 2. Provide all the nursing interventions with respect to the patient and preserving his/her dignity. |  |  |  |  |
| 3. Considers the patient’s demands regardless of their age, sex, race, economic status, lifestyle, culture, religion, political beliefs, and physical abilities. |  |  |  |  |
| 4. Performs the nursing care based on the current knowledge and common sense. |  |  |  |  |
| 5. Produces a gentle behavioral and verbal communication; in a way that with attracting the patient’s trust, his/her needs and concerns could be understood. |  |  |  |  |
| 6. Before performing any nursing interventions, obtain the patient’s or his/her legal guardian’s informed consent. |  |  |  |  |
| 7. Provide sufficient information about nursing interventions to the patient. |  |  |  |  |
| 8. When presenting or applying a new product in clinical practice, have a complete knowledge of its risks. |  |  |  |  |
| 9. When presenting or applying a new product in clinical practice, provide the patient with the necessary information about benefits and disadvantages of the product, hence they could have the possibility of informed choice. |  |  |  |  |
| 10. am aware that no one has the right to consent in place of a competent adult. In case of children, giving the consent is one of the legal guardian’s responsibilities. |  |  |  |  |
| 11. In order to empower the patient, educate him/her and his/her family based on the care plan and discharge program. |  |  |  |  |
| 12. As an exception, in case of an emergency, when the immediate therapeutic action is mandatory for saving the client / patient’s life, start the necessary intervention with-out patient’s consent. |  |  |  |  |
| 13. Perform the appropriate intervention based on existing standards and patient’s higher interests; when obtaining the in-formed consent or realizing the patient’s wishes is not possible. |  |  |  |  |
| 14. Apply the safety measures to be sure that nursing interventions are harmless, and when is necessary, consult this matter with other health team members. |  |  |  |  |
| 15. Consider all the information given or obtained during the care process as the professional secrets, and does not reveal them without patient’s permission except in legally permissible cases. |  |  |  |  |
| 16. Employ the medical information of patient only for health related purposes (treatment, research) and in patient’s interest. |  |  |  |  |
| 17. Inform the patients that part of his/ her medical record might be disclosed to other team members for medical consultation. |  |  |  |  |
| 18. Use the medical information of the patients in research or education with their permission. Presentation of the results is done without mentioning the name, address, or any other information that could lead to identification of the patient. |  |  |  |  |
| 19. Respects the patient’s privacy when performing any nursing intervention. |  |  |  |  |
| 20. When performing the ideal service is unfeasible, continue the health care, in best of my ability, until establishment of a new health care program. |  |  |  |  |
| 21. Provide the care for injured or patients in emergency situations, even outside the workplace. |  |  |  |  |
| 22. In case of patient dissatisfaction or other problems, respect their right to change the charged nurse or other healthcare providers, and to the extent possible, try to satisfy the patient. |  |  |  |  |
| 23. In case of noticing a violation of standards of care, inform the authorities who have sufficient power for improvement of condition. |  |  |  |  |
| 24. Report any objection or problem to the ward supervisor. |  |  |  |  |
| 25. Avoids any action, even in patient’s request, that requires ethical, legal, or religious violation. |  |  |  |  |
| 26. Assist the patients who spend the last days of their life for accepting the reality and to appropriately planning of their demands, including performing the religious practices or recording their wills. |  |  |  |  |

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