Barriers to Respect Professional Ethics Standards: Insights from Iranian Nurses

Abstract

Background: The influential role of professional ethics on service provision has been paid attention globally, especially in dealing with healthcare staff. The present study aimed to determine the barriers to respect to the Professional Ethics Standards (PES) in nurses working in educational hospitals of University of Medical Sciences in the province of Yazd, Iran, in 2022. **Materials and Methods:** This study was quantitative cross-sectional. The participants ($n = 170$) were selected based on a stratified sampling policy, and data were collected using a standard questionnaire comprised of three managerial, environmental, and individual caregiving areas. Data were analyzed using independent t-tests and ANOVA. **Results:** There was a significant relationship between the nurses' service department and respect to the PES. While there was no significant relationship between nurses' demographic characteristics and barriers to respect to the PES. Among the identified challenges, environmental factors (72.09%), individual caregiving issues (58.72%), and managerial obstacles (58.38%) ranked highest, respectively. The most important challenges were included in staff shortage under the management category 4.26 (0.96), body physiological changes due to having the night shifts 4.11 (0.98) as an environmental category, and expected basic needs like adequate pay or rest 4.16 (1.01) in the caregiving category. **Conclusions:** In conclusion, a balance between income and expenses, addressing shortages in personnel, and an efficient way to schedule shifts with minimal possible consequences from biological changes at work during the night shift would be the major implications that policymakers could take into consideration for optimizing the respect to the PES by nurses.

Keywords: *Ethics, hospitals, nurses, professional*

Fatemehalsadat Hosseini Baghdadabad¹, MohammadKazem Rahimi², Roohollah Askari², Hasan Jafari², Hossein Fallahzadeh³

¹Department of Health Management and Economics, School of Public Health, Shahid Sadoughi University of Medical Sciences, Yazd, Iran, ²Health Policy and Management Research Center, Department of Health Management and Economics, School of Public Health, Shahid Sadoughi University of Medical Sciences, Yazd, Iran, ³Department of Biostatistics and Epidemiology, School of Public Health, Shahid Sadoughi University of Medical Sciences, Yazd, Iran

Introduction

Ethical issues and their related challenges have been addressed by humanity for ages, across various historical periods and cultural contexts. These challenges, present in both everyday life and educational environments, have prompted diverse reactions throughout history.[1] The ethical issues are defined as making the right decision and distinguishing right from wrong,[2] including respect to people's rights, non-maleficence, fairness in providing services, conscientiousness, and loyalty.[3] It further defines the science of ethics focusing on determining and analyzing employees' and organizations' ethical duties and responsibilities in businesses as professional ethics.[4,5] In another word, professional ethics is the kind of moral commitment and work conscience towards any kind of work, duty, and responsibility, which comes out as a result of knowing, wanting, being able, and attitude that one has.[6] In a study, Pennio (2004) classified the factors affecting professional ethics into three aspects: (1) the individual aspect, which pertains to the characteristics, features, family, and so on; (2) the organizational aspect refers to leadership, management, organization culture, etc.; and (3) environmental aspect refers to economic factors, social and cultural factors, and so on. She gave priority to organizational factors because it had a greater scope of control on his part.[7]

On the other hand, while the patients keep receiving treatments for restoring their health as a major part of the medical science system, nurses are the ones who work hard to keep the patients healthy; thus, they must abide by PES. Generally, respect to the PES is one of the biggest problems in nursing ethics.[2] Based on the ethical codes approved in the field of nursing, relevant codes are known in five areas, which include nurse with society, professional commitment, providing clinical services, colleagues in the treatment team, and education and research.[8] Different studies

Address for correspondence:
Dr. Hasan Jafari,
Shahid Sadoughi University of Medical Sciences, Alem Square, Yazd, Iran.
E-mail: jafary_h@yahoo.com

have emphasized the positive effects of behaviors based on ethical principles on the recovery of patients and improving their health.[3,9-14] In fact, adherence to the principles of ethics will necessarily affect the quality of service provided by nurses. Similarly, Khaki *et al.*[15] (2016), showed that there is a significant relationship between the level of compliance with the code of professional ethics and the quality of care provided in hospitals affiliated with Shahid Beheshti University of Medical Sciences. In addition, the better quality of providing nursing care to patients will be improved by the higher compliance with the code of professional ethics in carrying out nursing care. Even though adherence to the principles and ethical codes of patient care is of high importance, the results have shown a lack of adherence, indicating that nurses have insufficient compliance with professional ethics.[14,16-18] In student evaluations by clinical instructors and professors, student performance in relation to nursing processes, professional development, and ethical principles was generally reported as average to poor.[19]

Since barriers prevent nurses from acting properly according to ethical principles, it seems that these barriers should be highlighted carefully.[20] Ethical challenges related to professional ethics mainly arise from inadequate response to urgency demands of the situation and low sense of responsibility in nursing care.[21] While the environmental factors such as patient overcrowding in the hospitals affiliated to Jahrom University of Medical Sciences were identified by Dehghani *et al.*[22] (2013) as the most important barriers to compliance with professional ethical principles. Given the significance of professional ethics, especially in healthcare staff, and its important effects on service provision. Furthermore, since the ethical aspects are influenced by the culture of a region and also shaped by its educational system, it became essential to carry out this research in Yazd city, taking into account the unique cultural context that distinguishes it from other areas in the country. Therefore, this study was conducted to investigate the barriers to observing professional ethics principles in Shahid Sadoughi University of Medical Sciences educational hospitals from the perspective of nurses working in this center during 2022.

Materials and Methods

A total of 170 nurses were selected from 1,750 nursing staff at educational hospitals affiliated with Shahid Sadoughi University of Medical Sciences (including Shahid Rahnemoun, Shahid Sadoughi, Shohadaye Mehrab, and Afshar hospitals) for a cross-sectional study conducted in 2022, with a 95% confidence level and a 7% estimation error. Stratified random sampling method proportional to the quota of each hospital in the population was used, where each hospital was considered as a class.

The data collection tool was a self-administered questionnaire consisting of obstacles to the observance of PES from nurses' point of view, developed by Dehghani *et al.*[22] (2013), whose validity and reliability were previously confirmed (Cronbach's alpha of 0.89). The instrument had two sections of demographic characteristics questionnaire and barriers to compliance with PES in three managerial, environmental, and individual caregiving areas. The demographic characteristics included age, gender, nurses' service department, and work experiences. The second part included 33 items (14 managerial, five environmental, and 14 individual caregiving characteristics). The items were scored based on a five-point Likert scale from completely disagree to completely agree. Choosing completely agree (five scores) or agree (four scores) options showed that the item was considered a barrier to compliance with PES. On the other hand, choosing the disagree (two scores) or completely disagree (one score) options indicated that the item was not a barrier to compliance with PES from the nurses' perspective. The questionnaires were distributed among the participants in hospitals in different shifts after receiving permission from the ethics committee of the university.

Data analysis was conducted using IBM SPSS Version 26, employing descriptive statistics (frequency, percentage, mean, and standard deviation) alongside analytical methods, including t-tests, Pearson's correlation coefficient, and ANOVA.

Ethical considerations

Necessary explanations were given to the nurses before distributing the questionnaires, and the participation was made volunteer and oral informed consent was obtained. This study has an ethical permission from the Ethics Committee of Shahid Sadoughi University of Medical Sciences, Yazd (Code of ethics: IR.SSU.SPH.REC.1401.030).

Results

The results of this study showed that 167 out of 170 questionnaires were filled in and returned (response rate = 98.20%). The mean (SD) age of nurses and their work experience was reported at 33.80 (7.90) and 9.6 (7.60) years, respectively. Moreover, most of the participants were female (78.40%) and most of the nurses were working in ICUs (17.96%) [Table 1].

The results showed that the most important barriers to compliance with professional ethics standards were considered in three areas of environmental (72.09%), individual caregiving (58.20%), and managerial (58.38%) according to nurses' points of view. According to these results, the most important barriers in the managerial area were considered as staff shortage and insufficient moral and legal support of nursing personnel by senior managers, respectively. In the environmental field, biological changes of the body in the night shift and patient overcrowding, and in the field of individual caregiving, dissatisfaction with the basic needs of nursing staff, such as an adequate income or rest of nursing personnel, and inappropriate attitude towards nursing personnel, as mentioned by patients [Table 2].

The results showed that there was no significant relationship between the barriers to respecting PES and variables of

Table 1: Demographic characteristics related to nurses' gender and service department

Demographic characteristics	Items	Number (%)
Gender	Male	36 (21.60)
	Female	131 (78.40)
	Total	167 (100.0)
Service department	Nicu	7 (4.20)
	Cardiac	9 (5.39)
	Internal section	18 (10.77)
	ICU	30 (17.96)
	Emergency	19 (11.37)
	Dialysis	5 (3.00)
	Surgery	16 (9.58)
	Orthopedics	9 (5.38)
	Pediatrics	6 (3.60)
	CCU	20 (11.97)
	Burn	6 (3.60)
	Nervous	5 (3.00)
	Other cases*	17 (10.18)
	Total	167 (100.0)

*Maxillofacial, operating, maternity, dermatology, nursing station, infectious, ophthalmology, and ENT

gender, age, and work experience. However, a significant correlation was found between mean values of barriers to respect PES (managerial, environmental, and individual caregiving areas) and nurses' service departments [Table 3].

Discussion

The results of current study showed that the most important barriers to observance of PES in the managerial area were identified as staff shortage and inadequate moral and legal support of nursing personnel by senior managers. This result was in accordance with the results of Dehghani *et al.* (2013)[22] and Karimi Johani *et al.* (2021).[23] They showed that the most important barrier to observance of PES was staff shortage. Similarly, Asadi *et al.*[24] (2021) showed that the lack of working personnel was one of the most important barriers of PES caring. In another study, Mohammadi *et al.*[20] (2014) revealed that staff shortage was the most frequent barrier cited in compliance with PES in the managerial area. In the study conducted by Delshad *et al.*,[25] staff shortage was the most significant barrier to adherence to professional ethics in the managerial aspect, as perceived by nurses. These findings emphasize how basic sufficient staffing is to create an ethical and supportively sound healthcare environment.

These findings also showed that biological changes in the body during the night shift and patient overcrowding were most important environmental barriers. Looking at the environmental characteristics which are affecting the observance of PES, Dehghani and Shamsizadeh[26] (2014) reported that biological changes of body in night shift, were the most important barrier. This finding agreed with the result of this study. This factor along with the patient overcrowding was the most important environmental barrier

from the perspective of midwives working in the Obstetrics and Gynaecology Hospitals of North Khorasan Province.[27]

Mohammadi *et al.*[20] (2014) reported biological changes of the body during the night shift as the most important environmental barrier from the nursing teachers' perspective and patient crowding from the nurses' viewpoint. These findings are in agreement with the results of the current study only in terms of the perspective of nursing teachers. Nevertheless, patient crowding was the most important barrier to professional performance, as reported by Javadian Kutnai *et al.* (2015).[28] Their finding was in contrast with the result of this study. It is also reported that inappropriate expectation from nursing personnel by the patients and their companions along with the overcrowding were two of the most significant environmental barriers in observance of PES.[23] According to Hashmatifar *et al.*,[29] (2014) the most significant barriers to moral sensitivity were identified in terms of environmental factors, overcrowding and the lack of facilities and equipment. which is not in line with the findings of the present study.

Based on the individual caregiving characteristics, unmet basic needs such as sufficient income or rest of nursing personnel and inappropriate behavior of patients towards the nursing personnel were the most frequently mentioned barriers in observance of PES. In accordance with the result of this study, Dehghani *et al.* (2013)[22] and Asadi *et al.* (2019),[24] showed that the unmet basic needs and inappropriate patient's behaviors are the most important barriers. In contrast with the current results, Karimi Johani *et al.*[23] (2021) demonstrated that the most important barriers were not meeting the basic needs of nursing personnel and the distraction of nurses due to high workload because of insufficient income or rest. These findings are in accordance with the studies conducted by Ghamari Zare *et al.* (2018),[4] Rezaeean *et al.* (2018),[27] Dehghani and Shamsizadeh (2014),[26] and Dehghani *et al.* (2013).[22] While the lack of time has been reported to be the most important barrier in observance of PES.[20] It worth to mention that the reference population for the above-mentioned researches were nurses employed at the educational hospital plus the teachers of nursing studies, while, the reference population of the current study were nurses working in educational hospitals of Yazd district.

In the current research, in line with the findings of Rezaeean *et al.*[27] (2021), the factors of age, gender, and work experience among nurses did not display a significant correlation with the barriers. However, regarding the service departments of nurses, our study revealed a significant relationship with barriers, which contrasts with the results of Rezaeean's investigation.

However, our study has some limitations. First, it was conducted in a specific geographical area, which may restrict the generalizability of the findings to other regions or healthcare settings. Second, the reliance on a self-administered questionnaire as the primary data collection tool, may introduce response bias, as participants

Table 2: The barriers to compliance with professional ethics standards in three managerial, environmental, and individual caregiving areas from the perspective of nurses (Mean (SD))

Dimension	Item	Mean (SD)
Managerial	Lack of attention to the ability and skill of personnel when dividing work	3.29 (1.28)
	Lack of effective control and supervision by nursing managers	3.30 (1.17)
	Lack of attention to the educational needs of personnel and planning to meet the needs	3.51 (1.11)
	Lack of ethical codes in nursing	3.37 (1.04)
	Ineffective crisis management in hospital wards	3.34 (1.17)
	Improper work shifts (not respecting the proportionality between the working hours of the personnel and the number of shifts)	3.71 (1.20)
	Staff shortage	4.26 (0.94)
	Long working hours	3.84 (1.17)
	Inappropriate communication between supervisors and personnel (distrust, etc.)	3.01 (1.28)
	Lack of retraining courses and training programs regarding professional ethics standards	3.31 (1.09)
	Lack of policy or written standard of rules related to nursing care	3.42 (1.00)
	Inadequate experience of instructors. Educational ethical and legal issues in a nursing expertise course	3.45 (1.03)
	Lack of necessary training in the field of ethical issues in the course of nursing education	3.62 (1.00)
	Inadequate moral and legal support of nursing personnel by senior managers	3.91 (1.05)
Environmental	Lack of suitable facilities and equipment in the ward (lack or breakdown of devices, etc.)	3.58 (1.15)
	Biological changes of the body during the night shift	4.11 (0.98)
	Patient overcrowding	4.05 (1.03)
	Rotating shift	3.46 (1.15)
	Patients and their companions' inappropriate expectations of nursing personnel	4.04 (1.05)
Individual caregiving	Lack of knowledge and awareness about professional ethics standards	3.68 (0.96)
	Lack of time	3.71 (1.01)
	Performing completely new tasks for the first time and without prior knowledge and skills	3.52 (1.10)
	Insufficient attention of personnel due to high workload and other matters	3.76 (1.03)
	Inappropriate behaviors of patients with nursing personnel (communication with patients who cooperate)	3.85 (0.99)
	Negative attitude toward professional ethics standards in the nursing	3.38 (1.02)
	Dealing with infectious patients and fear of contracting diseases such as AIDS and hepatitis	3.56 (1.17)
	Nursing personnel's lack of motivation and lack of interest in the profession	3.59 (1.21)
	Failure to meet nursing personnel's basic needs such as sufficient income, etc.	4.16 (1.01)
	Lack of satisfaction with the workplace	3.10 (1.18)
	Lack of technical skills of nurses	3.03 (1.18)
	Lack of critical thinking ability or moral decision-making ability of nurses	3.25 (1.14)
	Failure to establish effective and appropriate communication with the patient	3.17 (1.13)
	Weakness of belief regarding the observance of moral matters	3.18 (1.10)

Table 3: The relationship between areas of barriers to professional ethics with selected characteristics

Demographic characteristics/Areas	Gender*		Age**	Service departments***		Work experience**
	p	*t*	*p*	*p*	*F*	*p*
Management	0.971	0.037	0.718	0.003	2.682	0.509
Environmental	0.134	1.505	0.971	<0.001	4.441	0.569
Individual caregiving	0.558	-0.587	0.153	<0.001	3.889	0.114

*t-test, **Pearson correlation coefficient, ***One way ANOVA

might have provided socially desirable answers rather than their true perceptions of barriers to compliance with Professional Ethics Standards (PES). Additionally, a cross-sectional design only allowed us to refer to associations among variables, not to make causal inferences.

Conclusion

This study assessed different factors causing a lack of compliance with PES in the hospitals. According to these results, barriers such as staff shortage, biological changes of the body in the night shift, and unmet basic needs (such as sufficient income or rest of nursing personnel) were prioritized based on nurses' viewpoint. Therefore, the results of this study can be used by managers and decision-makers to apply practical solutions in cooperation, according to priorities of the most important barriers, by using working groups and meetings. The result of this study is suggesting that effective steps can be taken regarding promoting

professional ethics by anticipating recruiting the required human resources at the annual budget plan by the universities of medical sciences, proper planning of work shifts and strengthening the welfare committees within the hospitals.

Conflicts of interest

Nothing to declare.

References

1. Mahmoodian F, Seyed Jafari SM, Keshmiri M, Azimi A, Vosoughi MH. Nurses' experiences about the challenges of nurse-physician professional relationships, in 1390. Sadra Med J 2013;2:31-42.
2. Omidi N, Asgari H, Omidi M R. The relationship between professional ethics and the efficiency of the nurses employed in Imam Hospital and Mostafa Khomeini Hospital in Ilam. IJMEHM 2016;9:65-73.
3. Blackwood S, Chiarella M. Barriers to uptake and use of codes of ethics by nurses. Collegian 2020;27:443-9.
4. Ghamari Zare Z, Alizadeh Barmi Z, Sadegholvaad VS, Esmaeili M, Romouzi M. Study of barriers professional ethics in the practice of nurse care from nurse manager's viewpoints in year 2013. Educ Ethics Nurs 2018;3:57-63.
5. Kaabomeir N, Mosavi M, Mosavi S, Naami A. Assessing relationship between intra organizational factors that affect on nurses' professional ethics behaviors. Quarterly Journal of Nursing Management 2018;7:9-17.
6. Torkashvand S, Moradiyan Mohammadieh V, Keshavarz S. Philosophical Analysis of Educational Upheaval Documents Based on the Components of Teachers' Professional Ethics and its Educational Implications. Quarterly Scientific Journal of Applied Ethics Studies 2021;17:97-126. doi: 10.22081/jare.2022.61970.1678.
7. Pennino CM. Managers and professional ethics. J Bus Ethics 2004;41:337-47.
8. Sanjari M, Zahedi F, Aalaa M, Peimani M, Parsapoor A, Aramesh K, *et al*. Code of ethics for Iranian nurses. IJMEHM 2011;5:17-28.
9. Abbasi M, Momenyan S. Barriers to observance of the codes of professional ethics in clinical care: Perspectives of nurses and Midwifery of hospitals affiliated with Qom University of Medical Sciences in 2016. Health Spiritual Med Ethics 2018;5:33-9.
10. Alizadeh Barmi Z, Sadat Sadegholvaad H, Esmaeili M, Romouzi M. Study of barriers professional ethics in the practice of nurse care from nurse managers' viewpoints in year 2013. Educ Ethic Nurs 2014;3:57-63.
11. Azadian M, Rahimi A, Mohebbi M, Iloonkashkooli R, Maleki M, Mardani A. The barriers to observing professional ethics in the practice of nursing care from nurses' viewpoints. Clin Ethics 2021;16:114-21.
12. Bullock ML. Not playing fair: Deviant Emotional Intelligence, Dark Traits, and Unethical Behavior in the Nursing Profession [PhD Thesis]. Northcentral University; 2019.
13. Barkhordari-Sharifabad M, Ashktorab T, Atashzadeh-Shoorideh F. Ethical leadership outcomes in nursing: A qualitative study. Nursing Ethics 2018;25:1051-63.
14. Fagbenro DA. Role ambiguity and organizational justice as the predictors of unethical behavior among nurses. J Client-Centered Nurs Care 2019;5:81-6.
15. Khaki S, Ismail Porzanjani S, Mashouf S. The relationship between compliance with professional ethics and the quality of providing care from nurses' vantage point a correlation_ Descriptive study in 2014. J Edus Ethics Nurs 2016;5:24-32.
16. Haahr A, Norlyk A, Martinsen B, Dreyer P. Nurses experiences of ethical dilemmas: A review. Nurs Ethics 2020;27:258-72.
17. Heydari A, Ahrari S, Toghian Chaharsoughi N. Moral distress in nursing and its contributors in the context of Iran. Health Spiritual Med Ethics 2018;5:44-50.
18. Jafari H, Khatony A, Abdi A, Jafari F. Nursing and midwifery students' attitudes towards principles of medical ethics in Kermanshah, Iran. BMC Med Ethics 2019;20:1-6.
19. Esmaeili M, Toloie Eshlaghy A, Afshar Kazemi MA, Motadel MR. Performance evaluation of nursing students in the clinical area based on ethical principles. Bioethics J 2021;11:e10.
20. Mohammadi MM, Parandin SH, BahreMand P. Barriers to apply the principles of professional ethics in the practice from viewpoints of nurses and nursing instructors of medical sciences at Kermanshah University (2015). J Ethics Cult Nurs Midwifery 2014;1:1-8.
21. Jia Y, Chen O, Xiao Z, Xiao J, Bian J, Jia H. Nurses' ethical challenges caring for people with COVID-19: A qualitative study. Nurs Ethics 2021;28:33-45.
22. Dehghani A, Dastpak M, Gharib A. Barriers to respect professional ethics standards in clinical care viewpoints of nurses. Iran J Med Educ 2013;13:421-30.
23. Karimi Johani R, Karimi Johani F, Hamdollahi Miandoab M, Abbasi N. Investigating the barriers to professional ethics in nursing practice from the perspective of hospital nurses in 2018, Imam Khomeini Sarab city. J Educ Ethics Nurs 2021;10:20-5.
24. Asadi F, Donyaei M, Karimzadeh M, Heydari M. Survey of nurses' awareness about the principles of professional ethics and barriers to its observance in public hospitals in South Khorasan province in 2019. Iran J Med Ethics History Med 2021;14:14-26.
25. Delshad A, Mohammadian B, Nazemi SH, Shahpasand M. Barriers to adherence to professional ethics standards in clinical care from the perspective of nurses and nursing students at Gonabad University of Medical Sciences in 2016. Proceedings of the 12th Annual Research Congress of Medical Students in Eastern Iran, Gonabad, 2017. Available from: https://civilica.com/doc/687372.
26. Dehghani A, Shamsizadeh M. Effective strategies to improve the professional ethics compliance: The presentation the best of practical strategy. J Ethics Educ 2014;2:13-9.
27. Rezaeean SM, Kazemi Gelian Z, Kazemi Gelian G, Abbasi Z, Salari E, Tabatabaeichehr M. Study of barriers to professional ethics in midwifery clinical care from midwives' viewpoints in hospitals specializing in obstetrics and gynecology in North Khorasan province in 2018. IJMEHM 2021;14:1-13.
28. Javadian Kutnai H, Jafari H, Javadian Kutnai P. The relationshipbetween professional ethics and factors related to it from the point of view of nurses in teaching hospitals affiliated to Mazandaran University of Medical Sciences 2015. Conference on Health Promotion Strategies and Challenges, Sari, 2015. https://elmnet.ir/doc/20783917-83921.
29. Hashmatifar N, Mohsenpour M, Rakhshani M. Barriers to moral sensitivity: Viewpoints of the nurses of educational hospitals of Sabzevar. IJMEHM 2014;7:34-42.