

# The Experiences of Patients, Patient Companions, and care Providers with Ethical and Unethical Behaviors Toward Patients: A Qualitative Study

## Abstract

**Background:** Despite the existence of ethical codes in the clinical environment, the rate of unethical behaviors in practice is alarmingly high today. An exploration of the experiences from multiple perspectives (patients, patients' companions, and different groups of care providers) can result in a more comprehensive and holistic understanding of the concept of ethical behaviors toward patients. The present study was conducted to investigate the experiences of patients, patient companions, and care providers with ethical and unethical behaviors toward patients using a qualitative study. **Materials and Methods:** This was a qualitative study with a conventional content analysis design. The setting of the study was different departments of teaching hospitals in Shiraz, Iran. The participants consisted of 25 individuals: nine patients, three patient companions, and 13 healthcare providers. The subjects were selected via the purposeful sampling method until data saturation was reached. Data were collected through face-to-face, in-depth, and semi-structured interviews and observation from March 2022 to April 2023. Data analysis was performed using MAXQDA. **Results:** Analysis of the data resulted in three main categories: respect for human dignity (seven subcategories), professional duty of care (five subcategories), and effective interaction (four subcategories). **Conclusions:** The findings of the present study stress the need for on-the-job training programs for healthcare providers to raise their awareness of the role of ethical behaviors in caregiving. Establishment of clinical ethics committees and arrangement of ethical rounds with doctors and nurses can promote ethical behaviors in clinical environments.

**Keywords:** Codes of ethics, ethics, health personnel, patients, qualitative research

## Introduction

In every step of a medical procedure, ethics are essential to respecting patients' ethical and legal rights, and in the current clinical environments, the subject of ethics is treated as important.<sup>[1]</sup> However, there is evidence of hospitals' and other educational and clinical centers' failure to meet the minimum requirements regarding compliance with principles of ethics and codes of behavior in clinical training.<sup>[2]</sup> Studies show that, despite healthcare teams' awareness of patients' rights, these rights are not appropriately respected in practice, and the incidence of unethical behaviors in clinical environments is on the rise.<sup>[3-5]</sup>

According to reports on ethical issues, unsatisfactory relationships between doctors, nurses, and patients can lead to negligence of patients' rights.<sup>[6]</sup> The results of several studies show disrespect for patient privacy,<sup>[7]</sup> violation of patient

dignity,<sup>[8-11]</sup> failure to provide information about diagnosis and treatment,<sup>[12]</sup> and discourtesy. In addition, some literature points to disregard for patients' words, disrespect for patient autonomy,<sup>[13]</sup> negligence of patients' basic needs, and undignified treatment of patients.<sup>[14]</sup> There is evidence of doctors' unethical acts in prescribing medication<sup>[15]</sup> and accepting gifts from pharmaceutical companies.<sup>[16]</sup> However, some of these studies refer to discrepancies between patients' views and care providers' views.<sup>[17-19]</sup> Therefore, further exploration of this area from different perspectives can help define ethical behaviors toward patients in clinical environments.

Violation of the rules and principles of ethics can damage patients' relationship with the personnel, undermine the quality of services, increase the possibility of aggression toward patients,<sup>[2]</sup> and result

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in patients' dissatisfaction with their care<sup>[12]</sup> On the other hand, ethical behaviors facilitate caregiving, raise the quality of services provided by healthcare providers,<sup>[20]</sup> enhance patients' satisfaction with the treatment team, and improve the atmosphere in hospitals.<sup>[21]</sup>

Available literature shows that only a few studies have addressed the nature of healthcare providers' ethical behavior as perceived by patients.<sup>[22]</sup> Furthermore, a review of literature showed that ethical behavior toward patients is a broad concept that can be interpreted differently in different contexts and by different individuals.<sup>[23-25]</sup> Thus, it is likely that patients' experiences of ethical or unethical behavior in different clinical environments differ from the experiences of nurses or other members of healthcare teams. In view of the lack of knowledge in this field and the need for in-depth investigations, qualitative approaches seem to be essential for understanding the meaning and the different dimensions of this concept. Qualitative approaches seek to gather rich new data and present cultural-contextual descriptions,<sup>[26]</sup> and allow individuals to freely express their experiences, beliefs, and values.<sup>[27]</sup> Moreover, research in this area can help healthcare managers, policymakers, and providers create an ethical environment for the patients. Accordingly, the present study was conducted to investigate the experiences of patients, patient companions, and care providers with ethical and unethical behaviors toward patients using a qualitative study.

## Materials and Methods

The present study uses a descriptive qualitative design, which is an effective method of meaning-making in human experiences.<sup>[28]</sup> The participants consisted of nine patients, three patient companions, and 13 healthcare providers, who were selected using purposeful sampling from different departments of teaching hospitals from March 2022 to April 2023. The participants were selected with maximum variation in terms of age, gender, work experience, and hospital department. Purposeful sampling was continued until data saturation was reached. The inclusion criteria for the patients were being hospitalized for at least 3 days, being mentally and physically fit to be interviewed, and having rich information about the concept under study. The inclusion criteria for the patient companions were being by their patient's side in the hospital for at least 3 consecutive days, and being physically and mentally fit for an interview. The inclusion criteria for the care providers were having at least 6 months' experience in clinical practice.

Data were collected through semi-structured interviews and observation. Overall, 27 interviews were conducted with nine patients, three patient companions, three nurses, one head nurse, three nurse instructors, two doctors, one radiologist, two physiotherapists, and one social worker. Two of the patients were interviewed twice. Sampling continued until the data were saturated. Data saturation is reached when no new categories can be extracted

from the collected data. The categories were developed in terms of characteristics and details. In this study, the researchers considered the data to be saturated by the end of the 23<sup>rd</sup> interview. However, two more interviews were conducted to verify that no new data could be obtained. The interviews were conducted and recorded by the first researcher in the patients' rooms, doctors' break rooms, or nurses' conference hall. The duration of the interviews varied from 40 to 70 minutes. During the interviews, the participants' nonverbal communication was also noted. In the present study, the researchers carried out pilot testing of the interview guide to revise the questions, determine the design of the interviews, and evaluate the first researcher's competence in conducting interviews. Accordingly, the three techniques of internal testing, expert assessment, and field testing were applied. For internal testing, all the researchers assessed the interview guide in terms of the relevance of the questions with the subject of the study, types of questions, wording, and order of the questions. As for expert assessment, the interview guide was assessed by qualitative research experts other than the members of the research team. This technique was used to reveal any preconceptions or bias on the part of the researchers. For field-testing, the first author interviewed a patient and a doctor in the presence of two of the other researchers. The results of these two interviews were used to refine some of the interview questions. The interviews started with a general question—"Based on your experience, what does the concept of care providers' ethical behaviors mean to you?"—to allow the participants to describe their experiences completely. Each participant was initially asked questions about the main theme of the study. In general, the purpose of the questions was to understand the interviewees' experiences of ethical and unethical behaviors toward patients, and the subject of the questions depended on who the question was addressed to (a patient, doctor, nurse, or family caregiver). Thus, the interviews were started with a general question: "What are your experiences regarding ethical (or unethical) behavior toward patients?" (Patient, healthcare provider, patient companion); "Explain your experiences regarding ethical (or unethical) behavior toward patients during a work shift." (healthcare provider); "Please explain your experiences of healthcare providers' ethical behavior, while you were hospitalized." (patient); "Describe your feelings when your patient experienced ethical (or unethical) behavior." (patient companion); and "Please mention one example of ethical behavior that your patient experienced?" (patient companion). Subsequently, follow-up questions were asked based on the participants' answers, such as: "How did you feel about that?", "Can you give an example?", and "Can you explain further?". The researchers also used the observation technique and recorded field notes to better understand the interactions between the patients and care providers with regard to their experience of ethical behaviors. Observing behaviors and recording them helped determine the discrepancy between

what the participants said and how they actually acted. These observations included descriptions of the physical environment, events, and the participants' behaviors and feelings. Accordingly, the researcher visited the hospital at different shifts and took field notes in 12 sessions of observation, each lasting 3 hours.

Data analysis was conducted according to the conventional content analysis method suggested by Graneheim and Lundman (2004).<sup>[29]</sup> At the end of each interview, the voices recorded on a voice recorder were carefully transcribed. All the authors participated in coding the data and reviewed each other's codes. To immerse in the data, the researchers read each transcript several times. The words, sentences, and paragraphs that were significant with regard to care providers' ethical and unethical behaviors were selected as meaning units. Based on their similarities and differences, the initial codes were classified into broader subcategories. Subsequently, the researchers carefully contemplated and compared the subcategories and extracted the categories. Data analysis was performed using MAXQDA (version 20; VERBI GmbH, Berlin, Germany).

To ensure credibility, the researchers applied prolonged engagement with the data (13 months), member checking (returning the interview transcripts and feedback on the findings to most of the participants), peer debriefing (the research team, three nurse instructors, and four nursing PhD students), subject triangulation (patient, patient companion, nurse, head nurse, nurse instructor, doctor, physiotherapist, radiologist, and social worker), time triangulation (collecting data at different work shifts), settings triangulation (different hospitals and departments), maximum variation in sampling (age, gender, education, work experience, and workplace) and negative case analysis. Dependability and confirmability were established via different methods of data collection (semi-structured, in-depth, and individual interviews, and field notes) and an audit trail. For the audit trail, the research process was documented, the processes of data collection and data analysis were recorded, and the accuracy of the data was double-checked throughout the study. To increase the transferability of the findings, the researchers provided detailed and thorough descriptions of the results, participants' characteristics, methods of data collection and analysis, and quotes from the participants.

### Ethical considerations

The present study was approved by an ethics committee (IR.SUMS.REC.1399.1318). Before being interviewed, all the participants were informed about the objectives of the study, voluntary basis of their participation, their right to withdraw, and confidentiality and anonymity of their information. Then, the participants were asked to fill out and sign an informed consent form if they were willing to participate. For the observations to be ethical, the researcher acted as an observer of the participants and observed the participants' behaviors with their knowledge

and in an overt manner. It seems that the frequent presence of the researcher in the clinical environment did not hinder the participants from acting naturally. The time and location of the interviews were selected through prior arrangements with the participants.

### Results

The participants of the present study included 25 individuals. The demographic characteristics of the participants are presented in Table 1.

In the course of data analysis, the number of the initial codes extracted from the interviews and field notes came to 1286 codes (repeating and non-repeating). After the codes were reexamined and the repeating and similar codes were eliminated, 426 codes remained. The remaining codes fell into three categories and 16 subcategories. The main subcategories were respect for human dignity, professional duty of care, and effective interaction [Table 2].

#### Respect for human dignity

This category consists of seven subcategories: disregard for patient autonomy, dishonesty, invasion of patient privacy, discrimination, retaliatory acts, scolding, and aggressive behaviors.

According to the participants, autonomy is one of the basic needs and rights of patients. The prerequisite to maintaining patient autonomy is accepting their decisions. *“What kind of behavior is this? They do not even see us ... (The interviewee frowns). They do as they wish. He even said to me: “Are you a doctor? I am the doctor here, so let me do my job.” (41-year-old patient).*

The majority of the patients and care providers also referred to justice in communication with patients and their companions as an ethical behavior that shows respect for individuals' human dignity. The participants stated that treating patients with justice reduces emotional tension in the patients, facilitates the treatment process, and improves nurse-patient and doctor-patient relationships. Differentiating between patients based on their social class, financial status, education, type of sickness, religion, accent, age, gender, ethnicity, and cultural background in caregiving and patient education is an unethical behavior.<sup>[11]</sup> *“Many of the patients here come from very low social classes, both culturally and financially, but we care for all our patients the same, regardless of these differences.” (37-year-old head nurse).*

Another aspect of ethical behaviors in caregiving is honesty. According to the majority of the participants in the present study, being honest with patients and avoiding contradictory words and behaviors while interacting with them are examples of ethical behaviors in clinical environments. The participants defined honesty as refraining from lying to patients, providing patients and their companions with accurate information when necessary, and giving patients

**Table 1: Participants' demographic characteristics**

Participant	Gender	Marital status	Occupation	Work experience (years)	Educational level
Patient	Male	Married	Public servant	18	Master's
Patient	Male	Single	Self-employed	-	Bachelor's
Patient	Female	Married	Homemaker	-	Pre-diploma
Patient	Female	Married	Homemaker	-	High-school
Patient	Male	Married	Judge	28	Bachelor's
Patient	Female	Married	Public servant	20	Bachelor's
Patient	Female	Married	Homemaker	-	High-school
Patient	Female	Married	Public servant	22	Bachelor's
Patient	Male	Married	Self-employed	-	High-school
Companion	Female	Married	Homemaker	-	High-school
Companion	Female	Married	Homemaker	-	High-school
Companion	Male	Married	Public servant	7	Associate
Nurse	Female	Single	Nurse	20	Master's
Nurse instructor	Male	Married	Nurse instructor	17	PhD candidate
Nurse instructor	Female	Single	Nurse instructor	15	Master's
Head nurse	Female	Single	Head nurse	12	Bachelor's
Nurse	Male	Single	Nurse	9	Master's
Nurse	Male	Single	Nurse	8	Bachelor's
Doctor	Male	Married	Doctor	7	Infectious disease resident
Doctor	Female	Single	Doctor	9	General Physician
Nurse instructor	Female	Married	Nurse instructor	25	PhD
Doctor	Male	Single	Radiologist	2	Radiology resident
Physiotherapist	Male	Married	Physiotherapist	9	Bachelor's
Physiotherapist	Female	Married	Physiotherapist	8	Bachelor's
Social worker	Female	Single	Social worker	8	Bachelor's

**Table 2: Categories and subcategories extracted from the data**

Category	Subcategory
Respect for human dignity	Disregard for autonomy
	Dishonesty
	Invasion of privacy
	Discrimination
	Retaliatory acts
	Scolding
Professional duty of care	Aggressive behaviors
	Meeting patient's sanitary needs
	Emotional and psychological support
	Necessity of constant monitoring
	Quick and professional response
Effective interaction	Comprehensive and effective education
	Compassionate care
	Clear communication
	Introducing oneself to the patient
	Professional discipline

an honest explanation in case of medical errors. However, some of the care providers believed that withholding information from patients to protect them from certain psychological harms does not violate the principle of honesty. "The head nurse would not accept it was the nurse's fault and kept blaming it on the doctor. The nurse said it was the doctor's fault and that he had not put in a

pipe at all. The doctor said that he had, but the nurse had removed it. I saw the nurse take out the pipe and throw it away myself." (54-year-old patient).

The patients and healthcare providers in the present study stated that preservation of patient privacy is an ethical principle that is often neglected. They maintained that physical examinations, injections, wound bandaging, and obtaining private information from patients should be done in a private area, patients should be dressed properly, patients should be in a room with a same-sex companion, patients should not be touched unnecessarily during examinations, patients' confidentiality should be maintained, and patients' religious beliefs should be respected. When the workload in busy and stressful departments increases, and care providers are affected by fatigue, they are more likely to behave aggressively. "The nurse in the dialysis unit told me if I moaned about pain again, she would stop the dialysis machine and send me away. Then, she let me stay on the machine for only one hour, instead of the four-hour routine. This is one of my really bad memories." (55-year-old patient).

Scolding patients is another example of unethical behavior. The participants stated that refusing to admit to one's mistakes and criticizing patients instead of taking responsibility undermines patients' dignity. "My doctor was not careful enough when he was changing my dressing, so

*I complained to him. Guess what he said to me? 'Are you a doctor? It is none of your business! This is a teaching hospital, and everything is done by students.' That behavior really offended me.*" (53-year-old patient).

The experience of the majority of the participants of care providers' intentional or unintentional aggression directed at patients and their companions makes for another instance of unethical behavior. Aggressive treatment of the patients included threatening to send their companions away, threatening to discontinue their therapy, refusing to provide care to or hospitalize them, and threatening to call in the security guards. A patient's companion who was upset about the personnel's treatment of a patient said: *"When a patient does not agree to a medical procedure, they give him a hard time. Some of them even hit him, when he refused to let them examine him (Shaking her head sadly). The curtains were drawn, but you could hear them. Many of the caregivers here know nothing about ethics."* (29-year-old patient companion).

### Professional duty of care

This category comprises the following subcategories: meeting the patient's sanitary needs, emotional and psychological support for the patient, necessity of constant monitoring, quick and professional response, and comprehensive and effective education.

Feeling responsible for patients is another aspect of ethical behavior in clinical environments, as stated by many of the participants. Responsibility equates to accepting one's duties and being accountable for how one performs them. The results of the interviews and observations showed that meeting patients' sanitary needs is regarded as an ethical principle. These needs include attending to patients' requests and taking timely measures to solve their problems and increase the quality of care. *"Whenever I have a problem, even if it is a minor issue, my nurse notifies the doctor and asks what medication she should give me and gives me what I need right away. As soon as I use the buzzer, she responds and takes care of the matter."* (55-year-old patient).

The majority of the participants regarded giving emotional and psychological support to patients and their companions in a peaceful atmosphere as an essential prerequisite to ethical behavior in a clinical environment. Reassuring words about the treatment process and outcomes can prove very comforting to patients and their companions.

The necessity of constant monitoring is another dimension of professional duty of care. From the participants' perspective, failure to check on patients on a regular basis, doctors' hasty rounds, and abandonment of patients in the course of a procedure are examples of unethical behaviors. *"The nurse did not come to me till the next morning. I had a splitting headache (sighing loudly) and suffered the whole night. She did not check on me once."* (54-year-old patient).

Making a quick and professional response to patients' needs is another aspect of professional duty of care in care providers. Patients and healthcare providers maintained that dealing with patients' needs and problems, handling the complaints of patients and their companions, and responding to patients' demands in a timely manner are important ethical behaviors. *"Every time I call a doctor and it concerns a patient, it takes them ages to show up (she raised her eyebrows) ... You should not have to beg them to do something for patients. Taking care of patients' needs is one of the basics of medical ethics."* (36-year-old nurse).

Another important responsibility of care providers is to give comprehensive and effective education to patients and their companions about their diagnosis, treatment, side effects of drugs and surgery, regimen, and follow-up care. *"They do not tell you anything. Nothing .... About the operation, drugs, and care; there is no education."* (57-year-old patient).

### Effective interaction

This category comprises the following subcategories: compassionate care, clear communication, introducing oneself to patients, and professional discipline.

All the participants in the present study maintained that establishing compassionate care is an essential part of care providers' compliance with principles of ethics. Compassionate care will win the patients' trust and make even the most difficult patients submissive in their interactions with their patients. Care providers should appear amiable, answer the patients' queries patiently and nicely, and use kind words in their speech. In the participants' experience, showing respect for patients' dignity and treating patients and their companions with courtesy are essential to ethical caregiving. *"When the nurse comes in and warmly asks me how I am or how I slept last night or smiles at me when she is talking to me, these are signs of an ethical attitude."* (38-year-old patient).

Treating patients with kindness and compassion is another aspect of care providers' ethical behavior, which can put patients at ease. The participants also stated that caregiving combined with kindness and understanding is more effective than giving care in a mechanical manner, and it underlies ethical behaviors. *"They call me 'father' or 'brother' when they want to inject a medicine or give me a pill; it means a lot to me, you know, it means a lot."* (54-year-old patient).

*"To understand my patients' problems, I spend time with them, I carefully listen to them, and I make eye contact with them (she smiled).... This is how I can understand their concerns and help them."* (30-year-old social worker).

In a few cases, this finding was contradicted by some patients who claimed that the healthcare personnel had ethical interactions with the patients. *"The doctors and*

*nurses are really kind; they greet you warmly ... their behaviors are very pleasant.*" (44-year-old patient).

Professional discipline is another prerequisite to ethical treatment of patients in clinical environments. The participants defined employee discipline as appearing at patients' bedside in a uniform, speaking quietly and not taking phone calls in the presence of patients, and refraining from discussing personal and private matters or arguing with other care providers around patients. Healthcare providers' failure to introduce themselves to patients and wear a name tag or the hospital uniform confuses patients and is regarded as an unethical behavior. "*A man came to me in everyday clothes. He did not have a tag on his jacket and did not say who he was. I had no idea he was a doctor.*" (38-year-old patient).

A patient companion said: "*The personnel speak so loudly or use their phones for personal matters near the patients, and they think nothing of it. In my view, this behavior is very unethical.*" (40-year-old patient companion).

## Discussion

This qualitative study explored the experiences of patients, patient companions, and care providers with ethical and unethical behaviors toward patients in clinical settings. In conclusion, in the present study, respect for human dignity, professional duty of care, and effective interaction were found to constitute the primary aspects of care providers' ethical treatment of patients. An exploration of experiences from multiple perspectives, patients, patients' companions, and different groups of care providers can result in a more comprehensive and holistic understanding of this concept.

Showing respect for patients' human dignity is a major ethical concern in medical care and a basic patient right, which care providers must consider in practice.<sup>[30]</sup> The findings of the present study indicated the importance of preserving patients' human dignity by care providers. Although most of the participants described situations that made patients feel undignified, they believed that the main causes were unnecessary paperwork, lack of nurses, overcrowded wards, and emergencies. These factors can affect the quality of services, prevent caregivers from giving appropriate attention to patients' needs, and undermine their dignity as a result. Studies in China, Germany, Denmark, and Australia have shown that work overload and lack of administrative support are the primary causes of unethical behaviors in clinical environments.<sup>[31-34]</sup>

Many of the participants pointed out that patients' autonomy is one of the important aspects of human dignity. A study in France found that patient autonomy is not maintained and patients are not allowed to participate in making decisions that concern them.<sup>[28]</sup> In the present study, healthcare providers only cared about completing routine tasks, did not do much about enhancing their patients' independence, and ignored patients' right to know

about their health condition. Studies report that, in some cultures, prioritizing doctors' instructions over patients' wishes is common practice, though it can undermine patient autonomy.<sup>[13,35,36]</sup> According to Stephen Ekpenyong *et al.*,<sup>[11]</sup> patients are entitled to know about their illness, and this is one of their most fundamental rights. In a study of nurses' experiences, allowing patients to participate in the treatment process and taking their views into account are at the core of providing patient-centered care and preserving patients' human dignity.<sup>[37]</sup> Similarly, studies by Torabizadeh *et al.*<sup>[9]</sup> and Hosseini *et al.*<sup>[38]</sup> named preservation of patient autonomy as a prerequisite to maintaining patients' dignity.

Another instance of unethical behaviors by care providers in clinical environments is discrimination against patients, differentiation between patients in speech and behaviors, and giving special privileges to certain patients. The participants maintained that fair treatment of patients would reduce patients' mental tension, facilitate the treatment process, and improve the relationship between the personnel and patients. Discrimination is a complex and often controversial concept that occurs in the generally unconscious beliefs of different ethnic, cultural, or religious groups.<sup>[39]</sup> Differences in cultures, dialects, and social classes between patients and healthcare providers can cause feelings of discriminatory behaviors in patients.<sup>[40]</sup> Nurses must observe equality in their interactions with patients and their families and treat all patients equally, regardless of their illness, gender, age, religion, language, race, and social and political beliefs.<sup>[41]</sup> In a study, the participants mentioned that the nurses differentiated between the patients.<sup>[42]</sup> Discriminatory behaviors disrupted the process of providing professional care and are a major obstacle to providing ethical care.<sup>[8]</sup> However, it is important that the factors associated with patient discrimination, including language differences, cultural misunderstandings, and lack of training in cultural competency for the personnel, should be highlighted.<sup>[43]</sup>

Another aspect of care providers' ethical behaviors in clinical environments is honesty, which is defined as care providers' giving honest explanations to patients about their diagnosis and treatment. Honesty in care providers' words and behaviors can develop trust between patients and the treatment team. According to a study, care providers' honesty about their patients' health conditions and respect for the unique characters of the patients and their companions can create and increase trust in patients and their companions.<sup>[25]</sup> Based on the findings of a study, patients expect to be fully and honestly informed of their medical condition by their care providers.<sup>[44]</sup>

Protection of privacy is a basic value and right of all humans, and it is closely associated with social norms and ethics.<sup>[9,10]</sup> The North American Nursing Diagnosis Association (NANDA) stresses that care providers must respect patients' religious values and beliefs as part of

showing respect for their human values.<sup>[45]</sup> From the participants' perspective, respecting patients' beliefs about covering their bodies and maintaining patient confidentiality are signs of care providers' compliance with ethics. Several studies have reported that neglect of patients' dignity is closely associated with violation of their privacy, and that the two are not separable.<sup>[9,30]</sup> In some studies, patients referred to preservation of their confidentiality and privacy as integral to maintaining their dignity.<sup>[9,11,30,46]</sup> In another study, most of the cancer patients complained that their privacy was not maintained. They listed the following as unethical behaviors on the part of the hospital personnel which threatened their privacy: lack of dividers next to the beds, lack of appropriate covers for patients, mixed-gender departments, and presence of patients or patient companions of the opposite sex in their rooms.<sup>[30]</sup>

In the present study, intentional and unintentional acts of aggression toward patients constituted another aspect of unethical behaviors by the care providers. The participants regarded aggressive treatment of patients, especially those who are in an unstable physical or emotional state, as unacceptable and unethical behavior. In a study in Africa, the participants stated that care providers must avoid any form of aggression toward patients and their companions in order to preserve their human dignity.<sup>[47]</sup>

The participants' experiences also showed that treating patients and their companions with courtesy in the course of treatment and care is a fundamental healthcare ethic. Making rude responses to the questions of patients and their companions and treating them with contempt are examples of aggressive behaviors on the part of care providers. The results of a study showed that many healthcare provider did not dedicate enough time to communicating with their patients and did not make sufficient eye contact when they were speaking to them.<sup>[48]</sup>

Other instances of unethical behaviors toward patients and their companions are scolding, despising, and stigmatizing the patients, criticizing them for using the buzzer, and dismissing or responding unkindly to the patients' requests. According to a study in Iran, unethical behaviors in operating rooms often occur unintentionally. These behaviors include verbal and non-verbal aggression, e.g., striking or putting too much pressure on a part of the patient's body, and slapping, mocking, threatening, ignoring, insulting, or scolding the patient.<sup>[25]</sup> In a study by Pavithra *et al.*,<sup>[49]</sup> the nurses named the following as examples of disrespectful behaviors in the workplace: being humiliated, verbal and non-verbal aggression, being threatened, being scolded, disregarding their capabilities, being left out, and being blamed.

Professional duty of care is a process that requires constant commitment. Being responsible depends on accepting one's duties and feeling accountable for the manner of doing them. A study in the USA showed that acting responsibly results in high-quality care by increasing care providers'

commitment and dedication to their profession.<sup>[20]</sup> According to a study, doctors' and nurses' soothing and reassuring words can reduce fear and anxiety in patients and enhance their psychological security.<sup>[50]</sup>

In the present study, providing patients with the necessary education and adequate information about their condition was another aspect of care providers' ethical behaviors. Patients' right to receive information is one of the five planks of the charter of patients' rights, and professional ethics demands that care providers interact with patients and their companions and give them the information they need.<sup>[41]</sup> The findings of a review study showed that the nurses were not competent in answering the patients' questions and dealing with their fears and misunderstandings.<sup>[51]</sup> Based on the findings of the present study, educating and informing patients and their companions can help create a positive public image of care providers as understanding, wise, and scrupulous professionals. Such an image of the healthcare personnel can improve the professional status of these professionals in society.

Many of the participants maintained that effective interactions between nurses, doctors, and other care providers and patients and expressing kindness and sympathy for patients are integral to care providers' compliance with ethics of care. Establishing a friendly relationship with patients and conveying the impression that their health and feelings matter are ethical behaviors that can contribute to patients' sense of security. In a study in Iran, the participants regarded engagement in verbal and nonverbal communications, e.g., saying: "Good morning," making eye contact, smiling, speaking with patients, and informing them about their treatment plan, as essential.<sup>[9]</sup> A study in Malawi showed that the patients experienced satisfaction when the nurses and midwives treated them with warmth, empathy, and respect. In contrast, a poor relationship and verbal abuse had an adverse effect on the patients' impression of the services.<sup>[48]</sup> Defects in communication can diminish patient autonomy and even directly cause injury to patients.<sup>[9,52]</sup> Alternatively, clear communication contributes to patients' well-being. However, studies report that unprofessional communication and faults in giving information about medical errors or bad news to patients are prevalent in clinical environments.<sup>[53]</sup>

The participants noted care providers' respect for professional discipline as one of the indexes of their compliance with the ethics of care. The findings of a study in Sweden and Norway showed that most of the nurses spoke loudly near their patients, which undermined the patients' dignity.<sup>[54]</sup> In addition, care providers' failure to introduce themselves to patients leads to confusion for the latter. One study reports that the care providers who feel obliged to observe employee discipline in their workplace improve commitment to their profession and promote ethical behavior.<sup>[25]</sup>

Considering the inherent nature of qualitative research, the main limitation of the present study is that the participants comprised care providers and patients in only one city, which can restrict the transferability of the results. It is suggested that future studies apply other research designs, including the background theory, to investigate care providers' ethical behaviors.

## Conclusion

In the present study, care providers' behaviors toward patients were found to fall into three categories, namely respect for human dignity, professional duty of care, and effective interaction, each of which had several dimensions. Systematic planning for promoting ethical behaviors toward patients and adherence to professional ethical codes can help improve care providers' perception of ethical behaviors toward patients. Moreover, stressing the importance of an effective relationship with patients and their companions in healthcare can contribute to internalizing ethical behaviors. It is suggested that, in addition to continuing workshops and retraining programs centered on ethical treatment of patients, the evaluation criteria for assessing care providers' compliance with principles of ethics should be updated.

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## Conflicts of interest

Nothing to declare.

## References

- Ebrahimi H, Nikravesht M, Oskouie F, Ahmadi F. Ethical behavior of nurses in decision-making in Iran. *Iran J Nurs Midwifery Res* 2015;20:147-55.
- Varkey B. Principles of clinical ethics and their application to practice. *Med Princ Pract* 2021;30:17-28.
- Sanagoo A, Akrami F, Mokhtari F, Jouybari L. The ethical fading: An unconscious and challenging phenomenon. *Q J Med Ethics*. 2023;17:e19.
- Soleimani A, Kashaninia Z, Haghani S. The observance of patient rights in the emergency departments of hospitals in Golestan Province, Iran. *Iran J Nurs* 2024;37:146-59.
- Hakimi H, Joolae S, Ashghali Farahani M, Rodney P, Ranjbar HJBME. Moral neutralization: Nurses' evolution in unethical climate workplaces. *BMC Med Ethics* 2020;21:1-10.
- Longpoe WW, Otor EI. Doctor-patient relationship: A basis for liability and burden of proof. *A J Contemp Res* 2020;17:85-104.
- Dutra PEP, Quagliato LA, Nardi AE. Improving the perception of respect for and the dignity of inpatients: A systematic review. *BMJ Open* 2022;12:e059129.
- Tehrani-shat B, Rakhshan M, Torabizadeh C, Fararouei M. Patient dignity in Iranian clinical care settings as perceived by physicians, caregivers, and patients. *J Multidiscip Healthc* 2020;13:923-33.
- Torabizadeh C, Jafari S, Momennasab M. Patient's dignity: Viewpoints of patients and nurses in hospitals. *J Hosp Top* 2021;99:187-97.
- Khademi M, Mohammadi E, Vanaki Z. On the violation of hospitalized patients' rights: A qualitative study. *J Nurs Ethics* 2019;26:576-86.
- Stephen Ekpenyong M, Nyashanu M, Ossey-Nweze C, Serrant L. Exploring the perceptions of dignity among patients and nurses in hospital and community settings: An integrative review. *J Res Nurs* 2021;26:517-37.
- Liang M, Xie X, Pan Y, Cheng ASK, Ye Z. A qualitative meta-synthesis of patient dignity from the perspective of caregivers. *BMC Geriatr* 2023;23:351.
- Pennings S, Symons X. First among equals? Adaptive preferences and the limits of autonomy in medical ethics. *J Med Ethics* 2024;50:212-8.
- Kolawole O. 'She Told Me to Stop Making a Fuss': Undignified treatment, medical negligence claims, and desires for apology. In: Judge M, Smythe D, editors. *Unsettling Apologies*. Bristol University Press; 2022. p. 201-20.
- Malik F, Junaid M, Sharif I. Exploring the role of pharmaceutical marketing on physician ethical behaviors: A grounded theory study. *City Univ Res J* 2020;9:245-63.
- Ranasinghe A, Fernando B, Sumathipala A, Gunathunga W. Medical ethics: Knowledge, attitude and practice among doctors in three teaching hospitals in Sri Lanka. *BMC Med Ethics* 2020;21:1-10.
- Abedini E, Moosazadeh M, Abedi G, Rostami F, Shojae J. Health service providers, viewpoint about awareness and observation of patients' rights in Iran: A systematic review. *J Clin Excell* 2016;5:35-49.
- Torabizadeh C, Ebrahimi H, Mohammadi E, Valizadeh S. Incongruent perceptions among nurses and patients: A qualitative study of patient's dignity in Iran. *Ethics Behav* 2013;23:489-500.
- Fuseini AG, Ley L, Rawson H, Redley B, Kerr D. A systematic review of patient-reported dignity and dignified care during acute hospital admission. *J Adv Nurs* 2022;78:3540-58.
- Wakefield M, Williams DR, Le MS. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. National Academy of Sciences; 2021.
- Will KK, Johnson ML, Lamb G. Team-based care and patient satisfaction in the hospital setting: A systematic review. *J Patient Cent Res Rev* 2019;6:158-71.
- Paralta R, Simões E, Duarte AP. Subjective well-being in organizations: Effects of internal ethical context and ethical leadership. *Int J Environ Res Public Health* 2023;20:4451.
- Schürmann J, Reiter-Theil S. What factors contribute to ethical problems in patient care? A scoping review and case series of clinical ethics consultations. *J Clin Ethics* 2024;35:119-35.
- Childress JF, Beauchamp TL. Common morality principles in biomedical ethics: Responses to critics. *Camb Q Health Ethics* 2022;31:164-76.
- Bakhtiari S, Rakhshan M, Shahriari M, Sharif F. Perspective and experience of operating room personnel on ethical behaviors. *Electron J Gen Med* 2020;17:em198.
- Vaismoradi M, Snelgrove S. Theme in qualitative content analysis and thematic analysis. *Forum: Qualitative Social Research* 2019;20:Art 23. Available from: <http://dx.doi.org/10.17169/fqs-20.3.3376>.
- Lim WM. What is qualitative research? An overview and guidelines. *Australas Mark J* 2024;33:14413582241264619.

28. Gray JR, Grove SK, Sutherland S. Burns and Grove's The Practice of Nursing Research: Appraisal, Synthesis, and Generation of Evidence. Elsevier Health Sciences; 2016.
29. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today* 2004;24:105-12.
30. Bagherian S, Sharif F, Zarshenas L, Torabizadeh C, Abbaszadeh A, Izadpanahi P. Cancer patients' perspectives on dignity in care. *Nurs Ethics* 2020;27:127-40.
31. Haahr A, Norlyk A, Martinsen B, Dreyer P. Nurses experiences of ethical dilemmas: A review. *Nurs Ethics* 2020;27:258-72.
32. Seidlein AH, Nowak A, Gründling M, Salloch S. Ethical aspects of time in intensive care decision making. *J Med Ethics* 2021;47:e24.
33. Westbrook J, Sunderland N, Li L, Koyama A, McMullan R, Urwin R, *et al.* The prevalence and impact of unprofessional behaviour among hospital workers: A survey in seven Australian hospitals. *Med J Aust* 2021;214:31-7.
34. Qi L, Cai D, Liu B, Feng T. Effect of workplace ostracism on emotional exhaustion and unethical behaviour among Chinese nurses: A time-lagged three-wave survey. *J Adv Nurs* 2020;76:2094-103.
35. Gilbar R, Miola J. One size fits all? On patient autonomy, medical decision-making, and the impact of culture. *Med Law Rev* 2015;23:375-99.
36. Liang Z, Xu M, Liu G, Zhou Y, Howard P. Patient-centred care and patient autonomy: Doctors' views in Chinese hospitals. *BMC Med Ethics* 2022;23:38.
37. Manookian A, Cheraghi MA, Nikbakht Nasrabadi A, Peiravi H, Shali M. Nurses' lived experiences of preservation of patients' dignity. *J Med Ethics Hist Med* 2014;7:22-33.
38. Hosseini FA, Momennasab M, Yektatalab S, Zareiyan A. Patients' perception of dignity in Iranian general hospital settings. *Nurs Ethics* 2019;26:1777-90.
39. ZareKhafri F, Torabizadeh C, Jaberi A. Nurses' perception of workplace discrimination. *Nurs Ethics* 2022;29:675-84.
40. Li S, Miles K, George RE, Ertubey C, Pype P, Liu J. A critical review of cultural competence frameworks and models in medical and health professional education: A meta-ethnographic synthesis: BEME Guide No. 79. *Med Teach* 2023;45:1085-107.
41. Douglas MK, Rosenkoetter M, Pacquiao DF, Callister LC, Hattar-Pollara M, Lauderdale J, *et al.* Guidelines for implementing culturally competent nursing care. *J Transcult Nurs* 2014;25:109-21.
42. Hosseinabadi-Farahani M, Arsalani N, Hosseini M, Mohammadi E, Fallahi-Khoshnab M. Nurses' experiences of discrimination in health care: A qualitative study in Iran. *J Educ Health Promot* 2023;12:100.
43. Pérez-Stable EJ, El-Toukhy S. Communicating with diverse patients: How patient and clinician factors affect disparities. *J Patient Educ Couns* 2018;101:2186-94.
44. Nick N, Torabizadeh C, Ghahartars M, Janghorban R. Adaptation of patients diagnosed with human papillomavirus: A grounded theory study. *J Reprod Health* 2021;18:1-16.
45. NANDA International. *Spiritual Distress (00066)*. Nursing diagnoses: Definitions and classification, 2021–2023 edition.
46. Olorunfemi O, Oyegoke EO, Abiodun OO, Kunle-Abioye FB, Ayeni BA. Achieving a balance between ethical and legal obligations with regard to confidentiality and patient privacy. *Amrita J Med* 2024;20:90-3.
47. Ngarmbatedjimal A, Abdelaziz M, Allambademel VdP, Diarra A, Djerambete V, Kodjimadje T, *et al.* Refugee women's and providers' perceptions of person-centered maternity care: A qualitative study in two refugee camps in Chad. *BMC Pregnancy Childbirth* 2024;24:225.
48. Madula P, Kalembo FW, Yu H, Kaminga AC. Healthcare provider-patient communication: A qualitative study of women's perceptions during childbirth. *J Reprod Health* 2018;15:1-10.
49. Pavithra A, Sunderland N, Callen J, Westbrook J. Unprofessional behaviours experienced by hospital staff: Qualitative analysis of narrative comments in a longitudinal survey across seven hospitals in Australia. *BMC Health Serv Res* 2022;22:410.
50. Tehranineshat B, Rakhshan M, Torabizadeh C, Fararouei M, Gillespie M. The dignity of burn patients: A qualitative descriptive study of nurses, family caregivers, and patients. *J BMC Nurs* 2021;20:1-13.
51. Adams A, Mannix T, Harrington A. Nurses' communication with families in the intensive care unit—A literature review. *Nurs Crit Care* 2017;22:70-80.
52. Bell SK, White AA, Jean CY, Joyce P, Gallagher TH. Transparency when things go wrong: Physician attitudes about reporting medical errors to patients, peers, and institutions. *J Patient Saf* 2017;13:243-8.
53. Nasrabadi AN, Joolae S, Navab E, Esmaceli M, Shali M. White lie during patient care: A qualitative study of nurses' perspectives. *J BMC Med Ethics* 2020;21:86.
54. Willassen E, Blomberg A-C, von Post I, Lindwall L. Student nurses' experiences of undignified caring in perioperative practice—Part II. *J Nurs Ethics* 2015;22:688-99.