



## The barriers of failure to meet the codes of professional ethics from viewpoints of nursing staff in Tehran University of Medical Sciences, Iran in 2011

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### Original Article

#### Abstract

**BACKGROUND:** Compliance with nursing ethics leads to improvement in nursing care. Therefore, this study carried out to determine the barriers of failure to meet the codes of nursing ethics from the viewpoint of nursing staff.

**METHODS:** This was a descriptive cross-sectional study conducted on 138 nursing staff in Tehran University of Medical Sciences (Tehran, Iran) by random sampling method using a demographic questionnaire.

**RESULTS:** 50% of the barriers of failure in meeting with codes of professional ethics were contributed to management, 25.4% to environmental aspect, and 24.6% to individual care. Results indicated that there was no statistically significant difference between the demographic variables and the barriers of failure to meet the codes of professional ethics.

**CONCLUSION:** Given the management, as the most important barrier, it is suggested to enhance the awareness and knowledge of nursing ethics in nurses.

**KEYWORDS:** Barriers, Nursing Staffs, Codes of Professional Ethics

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### Introduction

Nursing is an independent branch in medical sciences and its mission is to provide required healthcare services, and rehabilitation to provide the highest code and maintain and improve the community health.<sup>1</sup> Therefore, considering nursing ethics in nursing works is more delicate and important.<sup>2</sup> Mariner believes that care is a collection of three fundamental principles of ethics, clinical judgment, and care.<sup>3</sup> Vinson also believes that among the five elements in the basic terminology in nursing,

nursing ethics is defined as use of critical thinking, and logical reasoning.<sup>4</sup> Conducted studies indicate that nurses' level of observance in code of nursing ethics is low, which according to nurses is may be due to time shortage, large numbers of patients, increased workload, financial and institutional constraints and the limited number of nursing staff.<sup>5,6</sup>

Grundstein-Amado claimed that lack of education in the field of ethical issues is the principle obstacle in observing professional ethics.<sup>7</sup> A study by Ghavami et al. revealed that only 30.9% of the patient' rights have been observed.<sup>8</sup>

Despite the importance of research evidence and clinical practices in nursing, due to several

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reasons nurses still do not observe the codes of professional ethics in their clinical performances. This study conducted to determine the obstacles of non-compliance in nursing ethics from the viewpoint of nursing staff.

## Materials and Methods

This was a descriptive cross-sectional study investigating the barriers of non-compliance with codes of professional ethics from the viewpoint of nursing staff in 2011. The study conducted in Imam Khomeini Hospital, Imam Khomeini Clinic and Children Medical Center chosen by quota nonrandom from all the hospitals in Tehran, Iran. Initially using a quota sampling, the number of samples allocated to each center was determined, and then by simple random sampling method in each center, the sample numbers were selected. A total sample size of 138 individual chosen based on the sample size formula ( $P = 0.9$ ).

Two questionnaires (demographic information and obstacles assessment) were used in three fields of management, environment and personnel.

The questionnaire of barriers in failure of meeting with professional ethics had 32

questions of which 14 were managerial, 4 were environmental and 14 were related to the nursing care. The questionnaires included agree, disagree and no idea. Validity of the tool was confirmed after presenting it to 10 lecturers at the University of Tarbiat Modares. For reliability, Cronbach's alpha reliability coefficient was used with Likert scale ( $\alpha = 0.89$ ). Then the questionnaires were distributed.

## Results

In this study, 58% of the nurses were married, and 82% had less than 5 years of working experience (Table 1). The results showed that 50% of barriers were related to management aspect, 25.4% to environment, and 24.6% to personal care (Table 2). The results indicated that there was no statistically significant difference between age, gender, educational level, job position, work experience, shifts and barriers of failure to meet the codes of professional ethics.

## Discussion

Dealing with management, inadequate staff numbers and long working hours are major

**Table 1. Absolute and Relative frequency distribution of demographic subjects**

Demographic data		Frequency	Percent
Age	20-30	74	53.6
	30-40	52	37.7
	40-50	12	8.7
Sex	Female	126	91.0
	Male	12	9.0
Educational level	BSc	132	96.0
	MSc	6	4.0
Job position	Nurse	134	97.0
	Head nurse	4	3.0
Work experience	Less than 5 year	68	49.3
	5-10	39	28.3
	10-15	16	11.5
	Over 15	15	11.0
Shifts	Morning	12	9.0
	Morning and evening	10	7.0
	Evening	3	2.0
	Evening and night	25	18.0
	Rotatory Shift	88	64.0

BSc: Bachelor of Science; MSc: Master of Science

**Table 2. Absolute and Relative frequency distribution of barriers from the viewpoint of nursing staff**

Aspect	Item	Barriers to non-compliance with codes of professional ethics	Agree		No idea		Disagree	
			Number	Percentage	Number	Percentage	Number	Percentage
Management	1	Inappropriate sharing of responsibly	100	72.5	21	15.2	17	12.3
	2	Inappropriate nursing supervision	82	59.4	34	24.6	22	15.9
	3	Inappropriate training needs	109	79.0	11	8.0	18	13.0
	4	Inappropriate codes of nursing ethics	79	57.2	43	31.2	16	11.5
	5	Ineffective crisis management	93	67.4	29	21.0	16	11.6
	6	poor working hours	122	88.4	6	4.4	10	7.2
	7	Lack of personnel	134	97.1	2	1.4	2	1.4
	8	Long working hours	128	92.8	4	2.9	6	4.4
	9	Inappropriate relationship between head and staff nurses	83	60.1	29	21.0	26	18.8
	10	Inappropriate training programs	106	76.8	17	12.3	15	10.8
	11	Inappropriate written nursing care policies	108	78.3	21	15.2	9	6.5
	12	Inappropriate educators	99	71.7	21	15.2	18	13.0
	13	Inappropriate training on nursing ethics in nursing education	104	75.4	24	17.4	10	7.2
	14	Inappropriate managers support	121	87.7	15	10.9	2	1.4
Environment	15	Inappropriate wards facilities	112	81.2	20	14.5	6	4.3
	16	Night shifts and lack of sleep	125	90.6	10	7.2	3	2.2
	17	Crowded wards	106	76.8	18	13.0	14	10.2
	18	Shift work	115	83.3	15	10.8	8	5.9
Personal-care	19	Inappropriate awareness of professional ethics codes	76	55.1	43	31.2	19	13.8
	20	Lack of time	112	81.2	21	15.2	5	3.6
	21	Inexperience of the new nurses	97	70.3	29	21.0	12	8.6
	22	High workload and exhaustion	120	87.0	7	5.1	11	7.9
	23	Uncooperative patients	111	80.4	17	12.3	10	7.2
	24	Negative attitude towards nursing ethics	102	73.9	25	18.1	11	8.0
	25	Fear of diseases (AIDS and hepatitis)	87	63.0	25	18.1	26	18.8
	26	Lack of motivation	97	70.3	21	15.2	20	14.5
	27	Failure to satisfy basic needs such as adequate income	125	90.6	8	5.8	5	3.6
	28	Dissatisfaction	80	58.0	42	30.4	16	11.6
	29	Lack of nursing skills	72	52.2	43	31.2	23	16.6
	30	Lack of critical thinking and ethical decision-making	78	56.5	35	25.4	25	18.1
	31	Failure to communicate effectively and appropriately with patients	76	55.1	24	17.4	38	27.5
	32	Disbelief in nursing ethics	65	47.1	36	26.1	37	26.8

obstacles. Bennett et al. reported that lack of time and insufficient staff, are the top barriers for the application of evidence-based research and professional ethics.<sup>9</sup> In a study, Grundstein-Amado showed inability of physicians and nurses in appropriate ethical decision-making and failure to comply with

coherent patterns due to the lack of necessary training on ethical issues.<sup>7</sup>

In the present study, 75.4% of the nurses reported that lack of necessary education in ethical issues during the undergraduate nursing education is one of barriers to compliance with codes of professional ethics.

Moreover, Mohammadi mentioned providing patients' rights requires standard facilities and working environment,<sup>10</sup> which was in consistent with the above findings. Merakou et al. believe that nurses are in close contact and in a better position to protect patients, but until now they have not undertaken such a role in Greece due to staff shortages, lack of time and lack of proper education about this subject.<sup>11</sup> The results also showed that circadian rhythm disturbance due to shift are the main barriers to non-compliance with professional ethics in nursing practice. Sometimes lack of facilities and equipments in the workplace affect ethical and professional functions. Although patient care is of high priority for the nurses, substandard environment have negative effect on the performance of the nurses.<sup>12,13</sup>

Poor economic conditions resulting in extra working hours, fatigue and professional disappointment and dissatisfaction, poor working environment, inadequate facilities and shortage of staff and large numbers of patients and high working pressure, all indicate that nurses' rights are not respected which is resulted in lack of professional ethics in nursing practice. In this study, 70.3% of nurses have mentioned unwillingness and decreased motivation to nursing staff as a barrier to individual care in compliance with ethical codes of professional nursing practice. A qualitative research on factors affecting the nursing ethics showed that personal factors such as motivation and job interest have an important role in observing professional ethics.<sup>14</sup>

### Conclusion

Based on the study results, it is determined that the main barrier was related to managerial aspect. Therefore, it is recommended to establish ethics committees in the nursing councils and hospitals.

### Conflict of Interests

Authors have no conflict of interests.

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