

A Study on the Ethical Components of Nursing Practice (Moral Distress, Ethical Sensitivity, Ethical Decision)

¹Soheyla Kalantari, ²Leila Mirshekari, ³Azam Kerami, ⁴Aziz Shahraki Vahed,
⁵Ashraf Salehi, ⁵Hamid Momeni, ⁵Abolfazl Seraji and ⁶Malihe Faraji

¹Deputy of Golestan University of Medical Sciences.

²Golestan University of Medical Sciences

³Arak University of Medical Sciences, unit of khomein

⁴Faculty Member of Zabol University Medical Sciences.

⁵Faculty Member of Arak University Medical Sciences.

⁶Tabriz University of Medical Sciences

Abstract: This paper is an applied research in terms of objective and a descriptive research in terms of method. Having prepared the research plan, a questionnaire was designed based on goals and hypotheses of the research and was sent to the statistical universe. Also this paper is a field research in terms of data collection. As regards theoretical bases of the research, library data collection method has been applied. So, the required data has been gathered by referring to the related references, books, libraries and so on. To design a questionnaire and gather the opinions of the statistical universe members, field study method and researcher-made questionnaire have been used. The statistical universe comprises nurses and head of ICU and head nurses of Najmieh Hospital in Tehran. The respondents were selected by random sampling method. Also to estimate sample size, Morgan table was applied. The statistical universe consists of 65 members and according to the table, 56 questionnaires were determined for the research. So 60 questionnaires were sent and 58 ones were returned. Face and content validity of the research tool were approved by experts. The test reliability was estimated 0.777 by calculating Cronbach's alpha coefficient. In this paper, factor analysis based on partial least squares structural equations method has been applied to analyze more important factors and coefficients, estimate independent variables coefficients and even determine effectiveness of each independent variable on each other and determine appropriateness of the questions and their coefficients in explaining the related index. The main result of this paper presents a proper model for the relation of effective variables on nurse performance by using regression model.

Key words: Moral distress in nursing • Ethical sensitivity in nursing • Ethical decision in nursing

INTRODUCTION

Knowledge and technology advancement in health care bring about major challenges for nurses. All nurses, regardless of their expertise, have encountered moral challenges in their activities and require personal knowledge and group consultation for making decision in their traditional and new roles [1]. Everyone agrees that enjoying moral sensitivities is among pre-requisites of

nurse performance. Moral responsibilities of nurses in practice and care involves being aware of their beliefs, also principles of moral analysis and decision making must be formulated coherently and be available. Codes of ethics are a systematic guidance for forming ethical behavior [2]. Challenges of nurses will vary from one culture to another. Code of ethics is directly focused on nurse performance in patient care. In fact, controversial ethical issues may be raised in any nursing task.

Corresponding Autor: Leila Mirshekari, Golestan University of Medical Sciences, Iran.

All humans enjoy dignity and must be respected in any state, yet a patient or a healthy person who has a need for his/her health deserves a particular attention and respect. Thus all patients, regardless of their social, economic and cultural state, are emotionally supported and respected by the nurses [3]. Protecting life of any human at any position is a duty of every Muslim; however nurses will be responsible for the patient life. So, the nurse moral duty is comforting the patient and making him ready to accept with peace of mind. Ethical Guidelines (1999), Specific guidelines on research ethics (2005) and Charter of Patients' Rights (2009) are some examples of ethical documents in Iran. This code has been formulated to complement codes of ethics related to health in the Islamic Republic of Iran. Those who are addressed in this code include all nurses in the education, research, management, health and clinical services areas at all levels. By defining proper models of nursing ethics, this paper seeks to present the relation of these models and impact coefficient of any of them in the form of a regression model.

Literature Review

Theoretical Bases: Nurses are bound to decide based on professional values. Values are concepts that are inherently valuable and determine accuracy and inaccuracy of the acts. In the nursing profession, the values have been specified by professional councils and organizations due to its high position. In our country, Islam teachings and Constitutional Law specify boundaries of an act. Ethical values are transnational and global while complying with religious principles. The most important values that must be considered in the nursing profession are namely:

- Respecting the patient and his/her human dignity.
- Altruism and empathy.
- Adherence to professional commitments.
- Responsiveness, responsibility and work ethics.
- Justice in providing services.
- Honesty and loyalty.
- Preserving patients privacy and commitment to secrecy.
- Improving scientific and practical competency continually.
- Improving awareness of professional rules and ethical guidelines and observing them.
- Mutual respect with other health care providers and establishing proper relations with them.
- Respect to the patient personal independence
- Compassion and kindness.

Nursing Code of Ethics is the source of these features in Islamic Republic of Iran [4]. With regard to the ranking of hospitals performance, it is evident that some private hospitals exert higher and stricter criteria.

Research Background: Kelly describes a malaria research project in The Gambia to provoke thinking on the social value of transnational research. The Larval Control Project (LCP) investigated the efficacy of a microbial insecticide to reduce vector density and, ultimately, clinical malaria in Gambian children [1]. The LCP's protocol delineated a clinical surveillance scheme that involved Village Health Workers (VHWs) supported by project nurses. Combining insights from ethnographic fieldwork conducted at the Medical Research Council (MRC) Laboratories in Farafenni from 2005 to 2009, open-ended interviews with project nurses and eight focus group discussions held with participant mothers in October 2007, they consider the social impact of the LCP's investigative method against the backdrop of several years of research activity. They found that while participants associated the LCP with the clinical care it provided, they also regarded the collaboration between the nurses and VHWs added additional benefits. Organized around the operational functions of the trial, small-scale collaborations provided the platform from which to build local capacity. While ethical guidelines emphasize the considerations that must be added to experimental endeavor in southern countries (e.g. elaborating processes of informed consent, developing strategies of community engagement or providing therapeutic access to participants after the trial concludes), these findings suggest that shifting attention from supplementing ethical protocols to the everyday work of research - embedding ethics through scientific activity - may provide a sounder basis to reinforce the relationship between scientific rigor and social value [2], objectives To describe how Dutch healthcare institutions develop and disseminate institutional practice guidelines on medical end-of-life decisions and policy statements on euthanasia and physician-assisted suicide (EAS) to relevant parties and to describe supportiveness of EAS guidelines experienced by Dutch physicians. Methods Questionnaires to all Dutch health care institutions in 200 and also questionnaire to sample of Dutch clinical specialists and nursing home physicians. Results in most health care institutions, physicians (79%), ethics committees (79%), board of directors (64%) and nurses (61%) were involved in the development of guidelines. The Euthanasia Act and national guidelines were the most

frequently reported sources for the development (73% and 71%, respectively). Not all institutions disseminated their written EAS policy statements and practice guidelines on medical end-of-life decisions to all relevant parties. Dutch physicians who reported the presence of a written guideline for EAS in their institution, felt supported by it in their decision-making after a patient's request for EAS. Conclusions It is recommended that more health care institutions pay attention to the dissemination of their policy statements and practice guidelines to relevant parties. This will only lead to improvement in medical practice if this is accompanied by efforts to also stimulate the use of guidelines in practice. [3], the relationship between clinical research and clinical care is often perceived as unclear, particularly in highly technological subspecialties. This ambiguity is illustrated in cancer genetics where research protocols are frequently used to provide access to procedures that may be offered as a clinical service in other specialties. The project on which this paper is based investigated lay and expert perceptions of the activities which take place within the cancer genetics clinic. Semi-structured interviews were conducted with 40 individuals who are involved in cancer genetics research in the UK, the majority (18 clinical geneticists, 10 genetic counselors/nurse specialists) of whom also provide a clinical service. Interviewees emphasized the need to differentiate research from clinical care for service users and provided regulatory, ethical, economic and translational justifications for distinguishing these activities. A number of strategies for differentiating research from clinical care were described by those who work as healthcare professionals, which involved deliberately displacing these activities in time and space. It is argued that by distinguishing research from clinical care clinical researchers are engaging in a form of boundary work which enables them to manage what they experience as a conflict of interest generated by the different roles they occupy within the cancer genetics clinic. Finally, they discuss the implications of these findings for the process of informed consent. [5], the aim of this study was to determine the prevalence, development, position and communication of written ethics policies on euthanasia in Flemish nursing homes. Data were obtained through a cross-sectional mail survey of general directors of all Catholic nursing homes in Flanders, Belgium. Of the 737 nursing homes invited to participate, 612 (83%) completed the questionnaire. Of these, only 15% had a written ethics policy on euthanasia. Presence of an ethics committee and

membership of an umbrella organization were independent predictors of whether a nursing home had such a written ethics policy. The Act on Euthanasia and euthanasia guidelines advanced by professional organizations were the most frequent reasons (76% and 56%, respectively) and reference sources (92% and 64%, respectively) for developing ethics policies on euthanasia. Development of ethics policies occurred within a multidisciplinary context. In general, Flemish nursing homes applied the Act on Euthanasia restrictively by introducing palliative procedures in addition to legal due care criteria. The policy was communicated to the consulting general practitioner and nurses in 74% and 89% of nursing homes, respectively. Although the overall prevalence of ethics policies on euthanasia was low in Flemish nursing homes, institution administrators displayed growing awareness of bearing responsibility for stimulating dialogue and reflection about how to deal with euthanasia requests within their institution.

Research Bases

Research Method: This paper is an applied research in terms of objective and a descriptive research in terms of method. Having prepared the research plan, a questionnaire was designed based on goals and hypotheses of the research and was sent to the statistical universe.

Statistical Universe, Sample and Sampling Method:

The statistical universe comprises nurses and head of ICU and head nurses of Najmieh Hospital in Tehran. The respondents were selected by random sampling method. Also to estimate sample size, Morgan table was applied. The statistical universe consists of 65 members and according to the table, 56 questionnaires were determined for research. So 60 questionnaires were sent and 58 ones was returned

Validity and Reliability: To determine validity of the questionnaire, content validity method was applied. Content validity of a test is usually determined by the experts. So, content validity depends upon judgment of referees. To determine validity of the questionnaires of this paper, opinions of hospital managers, head nurses and a shift nurses have been used.

To determine reliability of the questionnaire, Cronbach's alpha coefficient was used. Cronbach's alpha coefficient was estimated 0.777. Therefore, reliability of this questionnaire was approved.

Table 1: Frequency and frequency percentage of sample members based on gender

Gender	Frequency	Percentage
Woman	42	72.41
Man	16	27.59
Sum	58	100

Table 2: Frequency and frequency percentage of sample members based on education

Education	Frequency	Percentage	Cumulative Frequency Percentage
Diploma	16	27.59	27.59
Associate Degree	22	37.93	65.52
Bachelor of Science	14	24.14	89.66
Master of Science	6	10.34	100
Sum	58	100	

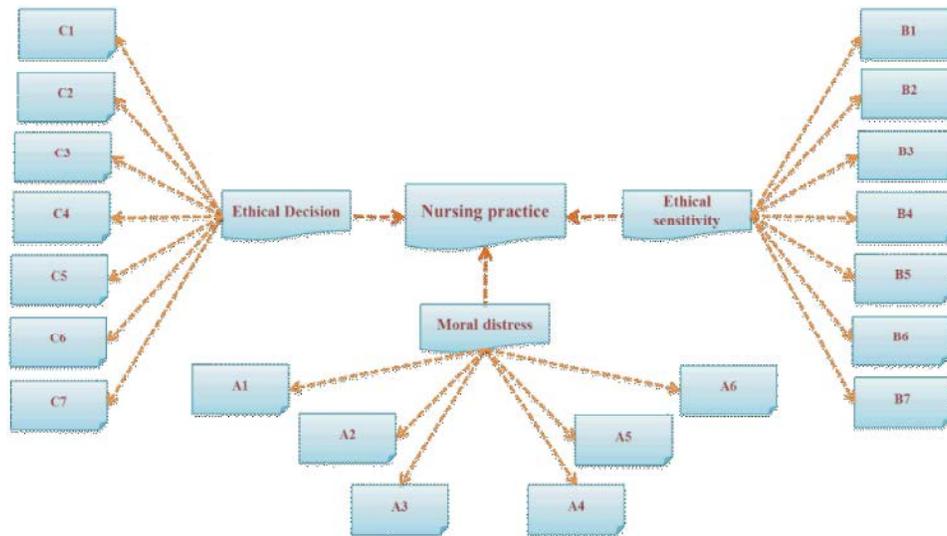


Fig. 1: The research conceptual model

Descriptive Statistics of Sample Demographic Data

Gender of Respondents: Descriptive information of the respondents in terms of gender, age, education and work experience is presented in Table 1.

Education of Respondents: Descriptive information of the respondents in terms of education is presented in Table 2.

Research Hypotheses:

- There is a significant relation between moral distress and nursing performance.
- There is a significant relation between ethical sensitivity and nursing performance.
- There is a significant relation between ethical decision and nursing performance.

Research Conceptual Model: In this paper, moral distress, ethical sensitivity and ethical decision are independent

variables and nursing performance is regarded as the dependent variable. Table 1 provides latent variables of independent variables and Figure 1 depicts the research conceptual model. Latent variables of ethics in nursing have been presented in the theoretical bases section.

Research Findings

The Research Hypotheses Correlation Coefficients: Table 2 presents the results of testing the research hypotheses.

The value of sig. has been estimated less than 0.05 in the two-sided test and all independent variables have direct significant relation with nursing practice.

Factor Analysis Method Based on VPLS Software: To analyze impact coefficients and factors of independent variables on nursing practice, factor analysis method by using VPLS software is applied. Figure 2 depicts the results.

Table 1: Latent variables of independent variables

Independent Variable	Latent Variable	Index
Moral Distress	- Fear of retaliation	A1
	- Lack of independence	A2
	- Interpretation of professional competency	A3
	- Institutional structures of the hospital	A4
	- Working environment	A5
	- Immoral acts	A6
Ethical sensitivity		B1
	- Studying and expressing feelings	B2
	- Attention to others viewpoints	B3
	- Care through communications with others	B4
	- Working in spite of personal and group differences	B5
	- Refraining from social prejudices	B6
	- Identifying consequence of performance and right of selection	B7
Ethical decision		C1
	- Intelligence	C2
	- Divergent thought	C3
	- Narcissism	C4
	- Agreeableness	C5
	- Extroversion	C6
	- Openness	C7

Table 2: The results of Pearson correlation coefficient test of subordinate hypotheses

Subordinate Variable	Correlation Coefficient	Sig.	Test Result
Moral distress → Nursing practice	0.983	0.000	Direct significant relation
Ethical sensitivity → Nursing practice	0.989	0.000	Direct significant relation
Ethical decision → Nursing practice	0.962	0.000	Direct significant relation

Table 3: Model coefficients estimation

Structural Model (JackKnife)				
	Standard error	T-Statistic	Mean of Subsamples	Entire Sample estimate
Mdis @ Ac.Nurs	0.1730	2.096	0.7330	0.2750
Asens @ Ac.Nurs	0.7620	1.967	2.7823	0.3743
Edec @ Ac.Nurs	0.0570	3.408	0.6100	0.2119

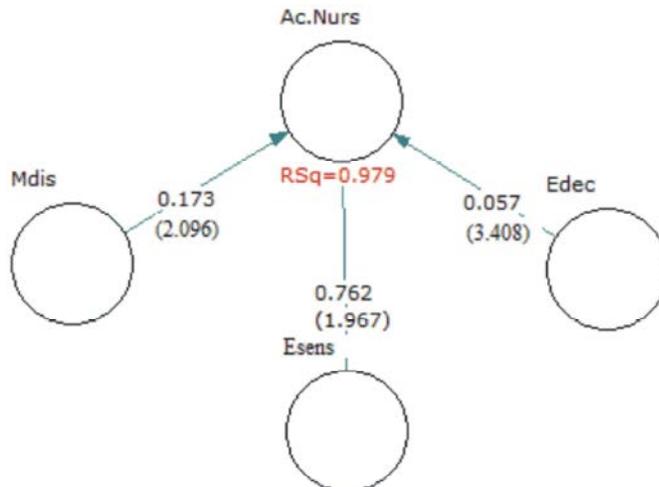


Fig. 2: The relation of independent and dependent variables (VPLS)

As shown in the above diagram, the value of determination coefficient (RSq= 0.979) indicates that the model dimensions (moral distress, ethical sensitivity, ethical decision) explain approximately 98% of changes required in dependent variable (nursing practice). Table 3 presents the comparative results of calculations.

The value of t-student of each model coefficient is more than a 95% confidence level or (1.96). So, one can conclude that subordinate hypotheses are approved.

- By one unit increase in moral distress, nurse performance is increased by 0.173 units.
- By one unit increase in ethical sensitivity, nurse performance is increased by 0.762 units.
- By one unit increase in ethical decision, nurse performance is increased by 0.057 units.

CONCLUSIONS

The results of this paper are consistent with the results of studies including [5, 6, 7, 8]. The main result of this paper presents a proper model for the relation of effective factors on nurse performance. With regard to the Table 3, the proper model of this paper is depicted in the form of below function.

$$\theta = C + \beta_1 \text{Mdis.} + \beta_2 \text{Esens.} + \beta_3 \text{Edec.} + \varepsilon_i$$

where,

- θ denotes the proper model of this paper,
- C denotes constant coefficient (distance of regression axis starting point from the source),
- Mdis. is moral distress,
- Esens. is ethical sensitivity,
- Edec. is ethical decision,
- ε_i is error sentence,
- β_1 to β_3 are coefficients of independent variables (0.173, 0.762 and 0.057 respectively).

The regression model presented in this paper is applicable in hospitals, organizations related to nurses training, support and legislation authorities of nurses' performance. This model can be properly used in extending the model coefficients for allocating resources and budgeting in the organizations advocating nurses. The above coefficients are in fact the value of importance of each factor in establishment and application of executive plans.

Suggestions:

- Designing and holding in-service courses for familiarity with nursing skills bases.
- Evaluating nurses' performance periodically and ranking them based on application of pre-employment and in-service trainings and using the ranking results for nurses' promotion.
- Developing effective plans on understanding the nursing profession and respecting this major in the form of social services and encouraging selection of this profession considering social norms.

Suggestions for Future Research:

- Carrying out a comparative study on the effect of these paper variables in the larger universe like provincial and country hospitals.
- Searching for other effective variables on nursing practice with regard to the method of this paper.
- Carrying out a comparative study on the relation of pre-test and post-test of the related in-service trainings with the nursing profession.

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