

# Comparative study of Barriers against observance of ethical codes in clinical setting

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## ABSTRACT

**Background:** Clinical professors have a significant role in shaping the moral and professional personality of students, especially nursing students. The purpose of this study was to compare the viewpoints of faculty members with those of nursing students with respect to ethical observance by students. **methods:** This study was a cross-sectional descriptive-analytical and research population consisted of 80 nursing students and 20 nursing midwifery faculty members. Sampling was done using census method. Data collection tool was a researcher-made questionnaire. **Results:** According to the results of this research, students' lack of mastery over practical work, inability to perform practical tasks, and unawareness of patients about their rights were mentioned as the most important barriers against non-observance of ethical codes according to 90% of faculty members participated in this study. Whereas, nursing students referred to instructors inappropriate feedback on ethical practices by nursing students (60.3%) and emulation of experienced staff in the ward (70%) as the most important barriers against non-observance of ethical codes by nursing students. **Conclusion:** Considering the findings, it is suggested to improve the level of nursing students' knowledge and their performance. The professors of medical sciences are recommended to put more emphasis on observance of ethical codes and make students more sensitive to these issues by insisting on faculty members' compliance with ethical codes. In order to highlight the importance of this issue, holding workshops at the hospital level with the cooperation of supervisors and nursing students is also suggested.

**Keywords:** Observance of ethical codes, students' viewpoints, faculty members

## Introduction

Nursing is a moral activity, and every nurse's decision generally has a moral dimension. They make *life and death decisions* and their decisions can even affect all day-to-day affairs of patients<sup>[1]</sup>. Ethics in nursing means a set of rules or principles that guide

nursing decision-making and behaviors. According to these principles, the nurse has professional independence and can initiate decisions without a doctor's order<sup>[2]</sup>. Understanding ethical issues is one of the preconditions for the ethical performance of nurses. This precondition is a complex process during which the conditions of the patients are analyzed and, as a result, complexity and ambiguity are eliminated, paving the way for decision making. Therefore, nurses are required to develop reasoning skills, ethical sensitivity, and ethics understanding and analysis in order to apply ethics effectively. Identifying ethical barriers and making ethical decisions can lead to positive psychological responses such as satisfaction, motivation, and feeling of competence in nurses and patients<sup>[3]</sup>. To learn the standards of professional behaviors, nurses should be aware of ethical theories or the principles of professional ethics as well as practical standards and patient rights, and should pose with sufficient skills to use the appropriate model

### Access this article online

Website: [www.japer.in](http://www.japer.in)

E-ISSN: 2249-3379

**How to cite this article:** Maryam Askary Zadeh Mahani, Mansoor Arab, Neda Mohammadinia, Kazem Najafi, Aboutaleb Haghshenas, Mohammad Javad Akbarian Bafghi, Rahimeh Hosseini. Comparative study of Barriers against observance of ethical codes in clinical setting. *J Adv Pharm Edu Res* 2020;10(S2):131-137.  
Source of Support: Nil, Conflict of Interest: None declared.

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for making decisions about removal of ethical problems. All of these issues involve commitment and responsibility for developing individual abilities to have an ethical performance [4]. When associated with responsibility and accountability of nursing actions, nursing can have a professional autonomy [2]. Nurses act independently and autonomously in clinical decision-making and the nurse can independently make decisions without medical orders [5]. Nursing tutors have the opportunity and are committed to guide nursing students toward nursing ethics, ethical analysis, and ethical decision making for developing ethical practitioners [6]. Professional training of nursing on nursing values and ethics should not be restricted to academic institutions.

It is also essential to learn nursing ethics and values in clinical practical areas by resorting to role modeling and meriting the supervision of mentors and preceptors. Given that one of the important factors shaping the students' moral character and virtues is the personality of their clinical professors, it is necessary to pay special attention to this issue [7].

One of the main challenges in nursing education is the way of improving ethical behaviors of nurses, given that the cornerstone and the main aim in nursing care is educating nurses who have professional ethics [8]. At present, the concepts of nursing ethics and values are available in introductory courses or as a course of nursing curriculum that is not enough for managing the ethics principle of nursing profession. The principles and concepts of nursing ethics and values should not be considered as a single course, but should be applied to all courses of nursing curriculum [2]. Various aspects of nursing activity, especially ethical dimension have been considered in previous studies. Some of them defined and examined ethical performance as the relationship between nurse and the patient, giving medicine, respecting patient's rights, accountability and responsibility, moral reasoning, etc; however, the scope of nursing ethics is as broad as that of nursing duties [9]. Given that nurses face ethical dilemmas every day, they require experience, critical thinking, and the ability to assess the ethical principles of an existing problem to gain the best ethical decision for coping with the dilemma. Therefore, teaching nursing ethics and values should be practice-based in order to ensure the competency of their application. To educate and learn ethical behavior in interpersonal and relational skills, thoughtfulness, good curriculum, and pedagogical planning and development are required [2]. However, many clinical tutors, doctors, and nurses are not familiar with the new ethical rules/guidelines, leading to a knowledge gap between nurses and nurse educators about the existing values and ethics governing nursing, which can affect nursing care standards [6].

Lin *et al.* (2010) identified the importance of using a combination of case studies, simulations, and reflective experiences to develop analytical and critical thinking skills. They also examined the effect of discussion on nursing ethics education and found that discussion, as an educational method, contributed university students to develop critical thinking, which is an important component in learning nursing ethics and values [10].

Due to the lack of studies on barriers against observing ethical issues in clinical practice by university students based on faculty members and university students' viewpoints/perspectives, this study was conducted to fill this gap in the literature.

## Methodology

This cross-sectional descriptive study was conducted to determine the barriers against observance of the codes of professional ethics in clinical settings based on the viewpoints of faculty members and nursing students at School of Nursing and Midwifery, Bam, Iran. The research population consisted of 20 faculty members and 80 nursing students in the 3rd university semester or later. Sampling was done using census method. For data collection, a questionnaire including two sections of demographic information and barriers against observance of ethics codes in clinical was prepared. Demographic data included variables such as age, gender, and work experience (semester for students). The second section comprised of three domains, namely managerial (9 questions), environmental (4 questions), and individual care-giving domains (7 questions). Items were answered using a five-point Likert scale (i.e. fully agree", "agrees", "disagree", "fully disagree", and "no idea"). The options of " fully agree" or "agree" indicated that the question item was an obstacle to the observance of ethical codes at the clinical setting. The option of "disagree" or "fully disagree" suggested that the question item was not an obstacle against observance of ethical codes in the clinical setting from the point of view of nursing students and faculty members. The "no idea" option demonstrated the lack of awareness about the effect of the question item on non-observance of ethical codes in the clinical setting.

Having extracted the items from valid sources, they were arranged in the form of a questionnaire containing 20 items about the barriers to observance of ethical codes in the clinical setting. To assess the content validity, the questionnaire was evaluated by 10 experts in this field and it was revised based on their comments. In order to determine the reliability and internal consistency, the questionnaire was completed by 20 nursing students and tutors and the Cronbach's alpha coefficient was calculated ( $\alpha=0/89$ ). After being approved by the ethics committee of Bam University of Medical Sciences, the questionnaire was distributed by the researcher. It should be noted that the participants filled out questionnaires freely and without direct supervision of the researcher. The completed questionnaires were then collected by the researcher at the same time.

## Results

Out of 100 distributed questionnaires, 85 were thoroughly completed. Considering gender and marital status, 60% were female and 70.4% were single. The mean of participants' age distribution was 32.7 years old, its median was 32 years old, its mode was 32 years old. The oldest participant was 46 years old and the youngest one was 21 years old, and the standard

deviation was 6.081. In this study, we found no significant relationship between mean scores of ethical codes non-observance and age groups, sex, or marital status (Table 1).

All 85 nurses responded to 20 Items. Thus, the number of responses was 1700, of which 765 (45%) ones related to managerial domain, 595 (35%) ones to individual care domain, and 340 (20%) ones to the environmental domain. Among the total responses related to managerial domain, 57% of the faculty members and 63.3% of the students selected the "agree" and "completely agree" options. That is, these numbers of participants agreed by factors related to the managerial domain as barriers against observance of ethical codes in the clinical setting by nursing students. In addition, the percentages of responses were 57.1% for faculty members and 50.4% for nursing students in the individual care-giving domain, and 44.7% for faculty members and 61.1% for nursing students in the environmental domain.

According to faculty members, lack of university students' access to proper education of ethical issues (70%) and ignorance of ethical issues in students' evaluation (69%) were among the most important managerial factors. However, nursing students referred to non-observance of ethics by professors (80.3%), insufficient experience of trained educators (78%), students' lack of access to appropriate education of ethical issues (60.3%), students' excessive workload (69%), and large number of admitted patients (68.4%).

Considering individual care-giving barriers against the observation of ethical codes by the nursing students, students' lack of mastery over practical work (80%), emulation of experienced staff in the ward (70%), and students' lack of motivation (55%) were mentioned as the most important factors from the viewpoint of the faculty members. Whereas, from the perspective of nursing students, the lack of nursing students' power in the clinical setting to implement ethics (76%) and their despair for the future of work (67%) were the most prominent barriers to observance of ethical codes

From the viewpoint of professors and students, the large number of patients (58%) and nursing students (80%) were stated as the most important environmental barriers against the observation of ethical codes in the clinical setting (Table 2).

## Discussion

In this study, the barriers against observance of ethical codes in the clinical setting were investigated from the viewpoint of faculty members and nursing students. Three domains were considered for exploring the barriers, including managerial, environmental, and individual care domains. In general, from the viewpoint of faculty members and nursing students, ignorance of ethical issues in nursing students' evaluation, non-observance of ethics by faculty members, insufficient experience of trained mentors, lack of university students' access to proper education, students' excessive workload, and unawareness of patients about their rights were the most important managerial barriers against observing ethical codes in the clinical setting. This result is in line with those reported by

the Dehghan (2012), Abusaleh *et al.*, (2018), Tal Hussein (2017), and Lin (2010). Dehghan *et al.*, (2012) introduced insufficient experience of trained mentors in ethical issues as one of the main barriers against observance of ethics by nurses. Abusaleh *et al.*, (2018) and Tal Hussein (2017) also demonstrated that the teaching method of lecture discussion were used to teach nursing ethics and values at nursing educational institutions. In addition, they found that lectures on ethics and nursing values were usually presented by invited guest lecturers from the Nursing and Midwifery Council and the content was usually covered in one or two lecture sessions. They also acknowledged that these invited lectures were not trained teachers and may not have the necessary skills to teach nursing ethics and values effectively. The translation of nursing ethics from theory to practice can be restricted by insufficient and theory-based teaching of nursing values and ethics, creating a gap between theory and practice in nursing education. It also can limit the attitudes and perceptions of nurses working in educational institutions and those who are working in the actual professional situations<sup>[5, 6, 9]</sup>. Accordingly, it is necessary to recruit lectures who are trained on the ethical principles of the nursing profession<sup>[11]</sup>. Another obstacle expressed by nursing teachers concerning the non-observance of ethical codes was the lack of proper ethical education provision to baccalaureate nursing students. Lin *et al.*, (2010) found that the concepts of ethics and nursing values were included only in the introductory courses of the nursing curriculum, which was not enough for students to learn professional ethics of nursing. In addition, many nurse educators and physicians are not familiar with nursing ethical codes. As a result, the teaching and implementation of ethical codes and core values in the nursing profession is inadequate, which can have a negative impact on the quality of nursing care and increase the risk of nursing-related crimes<sup>[10]</sup>. Another study examined the status of nursing ethics education in Turkey and found that 90% of the ethical content in the curriculum was taught by a group of nursing educators who did not have enough proficiency in this area. Participants in this study were not satisfied with the performance of clinical instructors in ethics education and stated that nursing students were trained in clinical settings by lectures who were not familiar with ethics and its teaching method<sup>[12]</sup>. Tefagh *et al.*, investigated the observance of professional ethics in the implementation of drug orders by nurses and found that a large number of nurses had undesirable performance during the process of drug delivery and did not comply with professional ethics<sup>[13]</sup>. Dehghani *et al.* (2012) pointed out that health organizations should provide nurses with proper and practical training in order to familiarize them with the principles and standards of care, the importance of observing ethical codes in improving patients' outcomes, and the disadvantages of non-compliance with ethical codes in therapeutic systems. Practice-based teaching, using concrete and tangible examples in this field, and teaching time management along with direct supervision of clinical interventions of nurses can help eliminate barriers<sup>[11]</sup>. Among the studied individual care-giving factors, students' lack of

mastery over practical work, students' lack of motivation, and emulation of experienced staff in the ward were among the most important barriers from the viewpoint of faculty members. However, the lack of nursing students' power in the clinical setting to implement ethics and their despair for the future of work were expressed as barriers to observance of ethical codes from the perspective of nursing students. In relation to the lack of student mastery over practical work, Khodai (2017) stated that the transfer of knowledge from class to practical work was influenced by three factors of tutor, student, and curriculum, and disturbance in each of them could lead to a gap between theory and practice <sup>[14]</sup>. According to Daliri (2011), the motivation of students to choose a field of study was moderate and their intrinsic motivation decreased during their studying <sup>[15]</sup>. In addition, Asadzadeh (2012) stated that the moderate level of motivation for nursing and midwifery students who should provide significant healthcare services in their future work was not desirable, as research suggested that motivation is an important factor in creating an appropriate learning environment, doing the work, and creating creativity in learning <sup>[16]</sup>. According to Khodai (2017), students' interest in nursing was the most important way to reduce the gap between theoretical knowledge and clinical care <sup>[14]</sup>.

Piamani (2006) indicated that, from students' point of view, the main problems of university students in clinical education were the recruitment of departmental staff or less experienced instructors in apprenticeships, theory-oriented clinical education, assigning high and time consuming tasks to nursing students, using nursing students as workforce to do the current affairs of the wards, the lack of available facilities and equipment to provide scientific and proper care to the patient, and inappropriate job description of the nursing students in the clinical setting, which can be a valid reason for emulation of experienced departmental staff by nursing students <sup>[17]</sup>. Concerning the student's despair for job prospects the results of the present study are consistent with those revealed by Marzban (2017), indicating that the average scores of people's attitudes toward their field of study and job prospects were below the desirable level, which suggested that individuals did not have a positive attitude towards their academic field and job prospects. Therefore, given the prominence of nursing profession, university and national authorities are recommended to address these problems since the health of community is prior to any other matter <sup>[18]</sup>. Based on the results of this study, the large population of admitted patients was the next environmental barrier to observance of ethical codes from the viewpoint of professors and students. Similarly, Dehghan *et al.*, (2010) quoted from Bennett that the high number of patients was the most important barrier against nurses for the implementation of research-based evidence and observance of professional ethics during care provision <sup>[11]</sup>.

One of the limitations of this research was the negativity of all the items in the questionnaire based on the Likert scale. The other limitation pertained to this fact that our study population was restricted to faculty members and nursing students of Bam

University of Medical Sciences. Therefore, the generalization of the results should be done with cautious.

## Conclusion

Based on the results of this study, managerial factors were identified as one of the most important barriers against ethical codes observation in clinical settings from the viewpoint of faculty members and nursing students. Therefore, if the nursing system intends to make a major change in the structure of education with the goal of nurturing empowered and skilled nurses, it is suggested to seriously revise the pedagogical curriculum as well as thoughts and beliefs of nursing instructors and educators, enhance self-confidence of university students, establish interpersonal relation between educator and nursing students, and avoid strict regulations, which has been a crucial element in nursing education <sup>[17, 19]</sup>. It is also suggested that healthcare systems and managers provide an appropriate ethical and management atmosphere in the field of professional ethics. Further, better compliance with professional ethics standards is recommended in order to improve the managerial conditions in educational and medical institutions in line with ethical standards and to overcome the main obstacles against ethical behavior.

## Acknowledgments

This article is part of a research project approved by the Student Research Committee, of Bam University of Medical Sciences. We appreciate all the faculty members and nursing students who kindly contributed us to conduct this study.

## References

1. Kim Y, Park J. Sensitivity to ethical issues confronted by Korean hospital staff nurses. *Nursing ethics*. 2014; 12(6): 566-571
2. Tunkara Bah H, Sey-Sawo J. Teaching and practicing nursing code of ethics and values in the Gambia. *International Journal of Africa Nursing Sciences*.2018;9:68-72
3. Doane G, Pauly B. "Exploring the heart of ethical nursing practice: implications for ethics education". *Nurs Ethic*. 2010: 240-247.
4. Akabayashi A. The development of a brief and objective method for evaluating moral sensitivity and reasoning in medical students. *BMC medical ethics*. 2014; 5(1): 1-7.
5. Abu Salah A, Aljerjawy M, Salama A. Gap between theory and practice in the nursing education: The Role of Clinical Setting. *JOJ Nurse Health Care*. 2018; 7 (2) Article 555707, 10.19080/JOJNHC.2018.07.555707
6. Tel Hussein M, Osuji J. Bridging the theory-practice dichotomy in nursing: The role of nurse

- educators. *Journal of Nursing Education and Practice*. 2017; 7 (3): 20-25
7. Badieh peymay gahromi Z, Perandavar N, Ahmadi vasmajani A, Eslami akbar R, Dulatkhah HR, et al. The Jahrom Postgraduate Student's Certificate in Professional Ethics In Clinical field. *Journal of Education and Ethics in Nursing*. 2014; 3(2):55-59[Persian]
  8. Jafari manesh H1, Ranjbaran M, Vakilian K, Tajik R, Almasi-Hashiani A. Nursing's code of ethics: a survey of respecting the code among nursing students. *IJME*. 2014; 6(6):45-55[Persian]
  9. Estrada MG, Socorro Ma, GuanHing S, Susan NM. Thomasian nursing education and clinical practice: A gap analysis. *American Research Journal of Nursing*. 2015; 1(2)
  10. Lin CF, Lu MS, Chang CC, Yang CM. A comparison of problem-based learning and conventional teaching in nursing ethics education. *Nursing Ethics*. 2010; 17 (3): 373-382
  11. Dehghani A, Dastpak M, Gharib A. Barriers to Respect Professional Ethics Standards in Clinical Care; Viewpoints of Nurses. *Iranian Journal of Medical Education* 2013; 13(5): 430-437[Persian]
  12. Borhani F, Alhani F, Mohammadi E, Abbaszade A. [Nursing students' perceived of barriers to professional ethics obtaining: a qualitative study]. *Strides in Development of Medical Education*. 2011; 8(1): 67 – 80.
  13. Tefagh MR, Nikbakht Nasrabadi A, Mehran A, Din Mohammadi N. The effect of the professional ethics compliance in medical orders applying by nurses. *Hayat*. 2004; 10(4): 77 – 85[Persian]
  14. Khodaei A, Mansourian M, Ganjei S, Asgari H. strategies for decreasing gap Between Theory & Clinical Performance from the Viewpoints of Nursing Students in Tabriz University of Medical Sciences. *Journal of Research in medical science education*. 2017; 8(2):49-59
  15. dalir Z, shojaeen Z, khodabandehloo Z. Survey on the Motivation of Nursing and Midwifery Students toward Their Field of Study Selection- Nursing and Midwifery School. *IJNR*. 2011; 6 (20):44-51[Persian]
  16. Asadzadeh F, Mostafazadeh F, Sadeghi S. A Survey of the Motivation of Nursing Students toward Their Field of Study Selection. *Health and care magazine*. 2012; 12(1):9-15[Persian]
  17. Payamani SH, Payamani Z, Amini F, Tolabi T. Nursing clinical education defects in nursing students' viewpoints. *Journal of Research in medical science education* 2006; 5(14) [Persian]
  18. Marzban A, Marzban H. Attitudes of Nurse Students Toward Their Discipline and Future Career in Hormozgan University of Medical Sciences. *Journal of Developmental Strategies in Medical Education*. 2018; 5(2):14-24[Persian]
  19. Askaryzadeh mahani M, Soleimani L, Zafarnia N, Miri S. The Relationship between Self-Efficacy beliefs and Mental Health and Academic achievement in Bam Nursing Students. *Journal of Research Development in Nursing & Midwifery*. 2015-2016; 12 (2):29-36.

**Table 1: Relationship between the average score of non-observance of clinical ethics with demographic characteristics**

Scores of barriers to observing professional ethics.	characteristics
P=0.14	
F=1.99	age
P=0.39	
T=-0.87	sex
P=0.19	
T=1.32	Marriage status

**Table 2. The absolute frequency on the items, in management, environmental and individual care-giving domains, regarding barriers to observing professional ethics.**

perspective	fully disagree and disagree	no idea	fully agree and agree	Barriers to observing the codes of professional ethics (Items)	domain
Faculty members	%26/3	%21/1	%52/6	1. non-observance of ethics by professors	management
students	%11/8	%7/9	%80/3		
Faculty members			%70	2. students' lack of access to appropriate education of ethical issues	
students	%17	%22/7	%60/3		
Faculty members <sup>1</sup>	%16/4	%28/3	%55/3	Lack of patient awareness of their rights	
students	%26/3	%25/7	%48		
Faculty members	%28/4	%19/7	%51/9	3. Insufficient experience of trained educators	
students	%6/9	%15/1	%78		
Faculty members	%25/7	%18/4	%55/9	4. students' excessive workload	
students	%19	%12	%69		
Faculty members	%26	%5	%69	5. ignorance of ethical issues in students' evaluation	
students	%24/3	%25/7	%50		
Faculty members	%11/8	%36/8	%51/4	6. large number of admitted patients	
students	%19/1	%12/5	%68/4		
Faculty members	%28/4	%19/7	51/69	Inappropriate staff feedback against student's moral practice	
students	%18/4	%25/7	%55/9		
Faculty members	%27/6	%9/9	%62/5	7. lack of university students' access to proper education of ethical issues	
students	%21/2	%19	%59/8		
Faculty members	%41/6	%8/4	%50	Student's lack of mastery in nursing science	Individual-caring
students	%55/7	%3	%41/3		
Faculty members	%21/1	8/9	%70	emulation of experienced staff in the ward	
students	%55/2	%3	%41/8		
Faculty members	%28/4	%26/6	%55	students' lack of motivation	
students	%13/2	%40/1	%46/7		
Faculty members	%26/3	%21/1	%52/6	their despair for the future of work	
students	%17/8	%15/2	%67		
Faculty members	%43	%15	%42	Student's lack of attention to ethics due to a large workload	
students	%28	%9	%63		
Faculty members	%18	%2	%80	students' lack of mastery over practical work	
students	%73/7	%3/12	%15		
Faculty members	%43/7	%8/3	%48	lack of nursing students' power in the clinical setting to implement ethics	
students	%12/9	%11/1	%76		
Faculty members	%49/6	%21/1	%29/3	Lack of facilities for ethics	enviromental
students	%42/5	%8/9	%48/6		
Faculty members	%22/3	19/7	%58	large number of nursing students	

<i>students</i>	%17/5	%2/5	%80	
Faculty members	%49/1	%9/1	%41/8	Extraneous Expectations of the Students by patients'
<i>students</i>	%31/1	%16/3	%52/6	
Faculty members	%49/2	%1/8	%49	Factors related to job shifts
<i>students</i>	%24/7	%12/3	%63	