Factors Affecting Nursing Ethics in Nursing Practice at University Hospitals of Tigray, Ethiopia, 2019: A Qualitative Research Study

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Introduction

Giving high quality healthcare service and maintaining and improving community health is the assignment of nursing [1]. Nursing ethics strongly influences patients’ health improvement [2]. Nursing ethics comprise a standard that govern professional behavior of nursing [3]. Nursing ethics addresses duty of a nursing profession [4]. An intrinsic part of nursing is to respect human values, rights and dignity [5]. Nursing has three basic principles of caring, namely ethics, clinical judgment, and care [6]. Nursing ethics incorporates critical thinking and logical reasoning in clinical practice [7].

Ethical assurance to care is an vital part of nursing practice in nurse-patient relationship [8].

Rapid changing in health care settings puts nurses at risk of ethical dilemma [9]. Although professional ethics in patients’ care is essential, studies revealed that standards of nursing ethics are not observed in nursing practices [10]. A study showed that nurses had poor attachment to nursing ethics. Additionally, nurses were not interested in applying ethical principles and knowledge in their work [11]. Therefore, the aim this study was to discover and explain factors that affecting professional ethics in nursing practice in Tigray hospitals.

Methods

This qualitative study was conducted using content analysis approach. Participating nurses were selected by purposive sampling from Aksum University hospitals. A total of 25 nurses including 13 female and 12 male nurses with at least 2 years of experience participated in the study. Data were collected using individual face to face and semi-structured in-depth interviews. Interviews were conducted in the participant’s workplace in a quiet setting. Firstly, interviews were started with main questions in accordance with participants’ statements. Then, it was continued by probing questions. Interviews were initiated with this question: “as a nurse please tells me about the ethical issues you have faced in your workplace”. As the interview progress, these questions were asked: what factors affect professional ethics in your clinical care? All interviews were recorded and transcribed immediately.

Content analysis data analysis method was implemented and carried out over three phases. First, preparation phase, each interview was treated as a unit of analysis. The recorded interviews were transcribed precisely and read several times to gain general impression. Second organizing phase, unites of analysis. The recorded interviews were transcribed precisely and read several times to gain general impression. Second organizing phase, unites of analysis. The recorded interviews were transcribed precisely and read several times to gain general impression. Second organizing phase, unites of analysis. The recorded interviews were transcribed precisely and read several times to gain general impression. Second organizing phase, unites of analysis. The recorded interviews were transcribed precisely and read several times to gain general impression. Second organizing phase, unites of analysis. The recorded interviews were transcribed precisely and read several times to gain general impression. Second organizing phase, unites of analysis. The recorded interviews were transcribed precisely and read several times to gain general impression. Second organizing phase, unites of analysis. The recorded interviews were transcribed precisely and read several times to gain general impression. Second organizing phase, unites of analysis. The recorded interviews were transcribed precisely and read several times to gain general impression. The research findings expressed that there were two main factors: Internal factors and External factors (Figure 1).

Results

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Individual character and responsibility

Participants with 11 years of experience mentioned that “if we faithful to our work, then we provide appropriately medical care”. For example, a nurse might use his/her hand to see if the body temperature was normal instead of using a thermometer. Such inappropriate methods could put in danger patient’s health, because there was high possibility of making mistake. Another participant with 10 years of experience said: “I think a sense of right and wrong is a personal issue, and no one can be forced to accept it.” She continued “there are specific times when my shift at work is over, but I am still in the middle of the work. I take the responsibility of patients care and continue until I finish my duty, even if I have to stay more.” However, some nurses explain their shift is over and they have to wait for the next shift. Work conscience is another factor that is important in work discipline and generates sense of duty in the individual.

One nurse said: “in my opinion, a nurse should work in an environment in which marginal issues are excluded. Because patients admitted to hospital are often suffering from disruption in health condition, and this is uncomfortable for them and their families. Therefore, nurses should provide care with positive
energy for patients and their relatives, reinforce their spirit to recovery and create a sense of hope.

A participant expressed: “A professional nurse has to be able to be considerate in different situations. For example, I had a patient suffering from fractures. He was using bad words when he has severe pain. When I was giving his treatment, he even pushed me hard so that I felt down on the floor, but it did not make me upset. I did my best in spite of the patient's behavior until I finally could reduce his pain.

**Communication problems**

Nurse with 6 years of experience said: “a doctor found an error in a patient’s medical records insulted me verbally.” she added: “Unfortunately, reporting such cases is not beneficial, because authorities do not attend or respond to such instances in the healthcare system.”

A participant with 16 years of experience stated: “I had critical ill patient. Even though the medical team was disappointed to him, and his level of consciousness was not at full stage, whenever I went to take care of the patient, I talked to him without receiving any response. The patients' family told me that he opened his eyes when the nurse was giving medication and nursing care. I feel that the patient was waiting for someone who cared about him; the patient even in the absence of any communication could realize that someone had sympathy for him.”

A participant with 5 years of experience said: “I believe that good communication with patients has marvelous results. For example, I had a patient with cardiac and renal diseases. He had an excruciating pain that made him scream. While I was doing my job as a nurse, I talked to him in a soothing manner and kept telling that he would be alright. I thought, based on his behavior, talking to the patient was effective enough to somehow make him relaxed.”

**Organizational conditions**

Non-standard equipment and facilities can mislead medical staff judgment about patients' conditions. For example, a patient with shock, blood pressure measurement device showed his blood pressure status as a normal. This could increase the length of hospitalization and hospital costs.

Another participant with 8 years of nursing experience worried about nurses’ rights to choose working places at hospitals. According to this person, this opportunity could affect the application of the nursing ethics. He said: “I was supposed to work for 2 years as an obligatory practice after graduation. I worked in the medical ward, in spite of my will.”

**Support systems**

A participant with 6 years of experience said: “I believe that an effective support system should encourage us to perform nursing ethics. Whenever I face a problem, supervisors should support me. Also, a proper system of reward and punishment could help enhance experience of the nursing ethics.”

Another participant said: “nursing practice requires even if a patient is too much demanding or he has had challenges with us; we should never deprive him from our services”.

He said “It would be helpful for nurses to get feedback based on their professional behavior. If the monitoring system rewarded me when I did my duties efficiently, I would be encouraged to do additional work more than I supposed to; otherwise, I lose my motivation. Just try it for few months and see the results.”

**Continuous professional and cultural development**

A participant with 7 years of experience stated that nursing instructors should be aware of the effects of training methods on trainees. He added “our instructor once forced male students to empty patients’ urine bags and change the bed sheets in the presence of patients' family and cleaning staff of the hospital. Meanwhile, he put the nurse under more pressure by repeating his order again and again. Such behaviors make negative impacts on our views of the job as a nurse.”

A participant with 10 years of experience commented “I had a patient with ventricular fibrillation. As physicians were not available at that time, I started resuscitation. It was successfully performed, and the patient is still alive. As I reflect on my deeds, I found it very important.” The nurse continued, “In another instance, I found an error in a physician's prescription and since I was sure about the exact medication dosage, I made the correction.”

A participant with 16 years of experience stated: “I had a critically ill patient who were supposed to be transferred to another hospital. I stayed with him until 4 pm, after my shift was over at noon; I had lunch after arriving home.”
Such commitment to a profession can be strengthened by means of cultural development.*

One participant said “training nurses in services expected from them is necessary. Every year, different training is needed for us in accordance with new protocols to keep us updated.” However, another participant’s talk was focused more on educating nurses in nursing ethics. He mentioned, “Such a course should be taught on location to make nursing students familiar with accepted patterns of morality in their interactions with patients.”

Discussion

In this study factors affecting nursing ethics in nursing practice was identified.

The first factor was individual character and responsibility that emphasized on increasing a sense of responsibility in nurses that influences professional behavior, nursing ethics compliance and moral development.

The second factor is communication problem: Ineffective relationship can affect adversely to patient care. This study showed that patient’s assessment is one of the important measures in establishing relationship between nurse and patient [13]. As a nurse working alone did not increase patients’ quality of care [14]. Ignoring and poor interpersonal relationship can decrease ethical sensitivity and it may cause a barrier in achieving nursing ethics and raised ethical problems, which could lead to the violation of patients’ rights [15].

The third factor that affects nursing ethics is organizational conditions. Inappropriate organizational structures can lead inappropriate use of professional knowledge. This study showed that the effects facilities and equipment on professional ethics have not been widely reported in the literature. Time and staff shortages are major barriers that challenge nurses in performing nursing ethics and reduce the quality of care in health care. They also stressed that even if the nurses wish to do so, it is not possible to provide adequate ethical nursing care.

The fourth factor is support system. Such system enhances team work, accepting sense of personal identity, freedom to ask questions, and having a suitable working relationship. These factors can enhance professionalism and autonomy in nursing. Our study and different other studies showed that inappropriate feedback and insufficient support were factors that decreased job satisfaction, and ethical sensitivity and increased moral distress.

The fifth factor was educational and cultural development. Experts explained that establishing relationship depends on cultural and enhances nursing ethics in clinical practices [13]. In doing so, the need for cultural understanding and establishing effective relationships with patients is widely expected to be incorporated in the curriculums designed for nursing. Also such programs should be modified according to the changes and advancements in the medical care.

The role of instructors in creation of student’s ethical behavior is important; student’s philosophical readiness and knowledge development in ethical field are the responsibilities of nursing instructors. Many studies are emphasized the effects education on increasing compliance and ethical sensitivity. Education and training methods could affect on ethical sensitivity. Doctors and nurses were not able to properly make an ethical decision and follow a consistent pattern, mainly due to their lack of education in ethical issues. In addition, ethical education improves student’s awareness from ethical issues and their application in the workplace is effective.

Curriculum is an effective factor to solve the ethical dilemmas and improved ethical judgment. Students attending ethics courses were more able in decision making for ethical issues compare to those who did not attend such courses.

Conclusion

Nursing ethics is influenced by internal and external factors. Good communication, improvement of organizational conditions, appropriate supportive supervision system, and continuous professional development and culture could influence nursing ethics in clinical practice.

Limitation

This study did not use focus group discussion.

Declarations

Ethics approval

Ethical clearance was obtained from Institutional Review Board (IRB) of College of Health Sciences, Aksum University. A written consent was obtained from the participants. Confidentiality was assured for all the information provided, no personal identifiers was used on the questionnaire. To maintain confidentiality, data collector was recruited from the study unit.

Conflicts of Interests

The authors declare that they have no competing interests.

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Consent for Publication

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Availability of Data and Materials

The datasets used and/or analyzed during the current study are presented within the manuscript and available from the corresponding author on reasonable request.

Author’s Contributions

DB was made substantial contributions to the conception, design of the work, methodology, analysis, data interpretation and wrote the final manuscript.

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References

10. Saharkhiz, H. "Effect Group Discussions about Professional Ethics with Nursing Student on Promoting of them Professional Ethics." Tarbiat Modares University, Faculty of Medical Sciences Dissertion (2008).

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