

1-1-2018

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Recommended Citation

A, Divia Paul Ms (2018) "Perceptions about ethical role responsibilities in realities of nursing practice," *Manipal Journal of Nursing and Health Sciences*: Vol. 4: Iss. 1, . Available at: <https://impressions.manipal.edu/mjnhs/vol4/iss1/6>

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Perceptions about ethical role responsibilities in realities of nursing practice

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Abstract

Introduction: Awareness about different dimensions of nursing ethics, its conceptual origins and relationship to practice is essential for good patient care that has to be reinforced among nursing staff. This present study was aimed to evaluate the effectiveness in rendering the perceptual clarity about the ethical concepts relevant to nursing practice and transparency in executing them on patient care among nursing faculty. **Objectives:** The objectives under study were to assess the understanding level of nursing students about general and special aspects of nursing ethics, to compare between understanding and execution of special phenomenas in ethics among nursing students, to find the possible association of knowledge levels regarding ethical concepts among nursing students. **Methods:** Post-test only method of experimental questionnaire study was conducted. In order to get the correct representation; a multi centre study was conducted by lottery method of randomization from Mangalore city. The collection of data in-turn depends upon sanction from ethical committee of the preselected nursing colleges or written permission from each concern nursing college in-charges. **Results:** Independent t-test was used to compare the mean score of knowledge in MSc nursing staff (faculty) and BSc nursing staff (faculty) in ethics. A significant difference was found with $p < .001$, which indicates statistical significance. **Conclusion:** The present study indicates lack of clarity in standard ethical concepts among nursing professionals and suggests a curriculum modification for nursing professionals.

Key words: Awareness and perceptions, ethical role responsibilities, transparency in executing ethical concepts

Introduction

Nursing professionals are required to decide on treatments and care that involve dilemmas. However, these situations are far from the most common issues that they face in daily practice. Awareness about different dimensions of nursing ethics, its conceptual origins, its relationship to practice and the importance of this understanding for good patient care has to be brushed again and reinforced among nursing staffs (Leuter et al., 2013). The present study can give valuable suggestions about the curriculum modification of nursing undergraduate and postgraduate education. This is achieved by giving more emphasis on evidence based practice and by increasing the allotted hours for

human ethics related aspects in the syllabus. The inability of nurses for applying their professional knowledge and skills to practice can be due to improper nursing education rendered, along with divergent organizational structure to bridge the gap between theory and practice (Hopia, Lottes, & Kanne, 2016). The present study foresees that more practical oriented teaching programs based on ethical concepts can help build up the gap between theory and practice. The present study was aimed to evaluate perceptions about ethical responsibilities in reality to practice among nursing professionals.

Objectives

The objectives under study were to assess the understanding level of nursing students about general and special aspects of medical ethics, to compare between understanding and execution of special phenomena in ethics among nursing students, to find

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How to cite this article: Paul, A.D. (2018). Perceptions about ethical role responsibilities in realities of nursing practice. *Manipal Journal of Nursing and Health Science*, 4(1), 30-35.

the possible association of knowledge levels regarding ethical concepts among nursing students.

Materials and methods

A systematic approach was used to plan the methodology of the study. A differential rating scale questionnaire study (Post-test only method of experimental study) was conducted. In order to get the correct representation; a multi centre study was conducted for data collection in which centres were selected by lottery method of randomization from the city identified for the study by authorized person in-charge in presence of author. A selected group of staff from each college of nursing were the study subjects. The estimated sample size was divided into two groups namely undergraduate and postgraduate teaching staff. It is assumed that the knowledge level of teaching staff on ethical concepts as 50% irrespective of postgraduation or undergraduation (from each college 64% MSc staff and 36% BSc staff were taken from the total number of staff population). Random number table method of selection technique was used for selection of samples from total population of staff in each college.

Nurses who have done course on ethical training but not willing to participate in the study were excluded from this study. Hundred samples were estimated statistically for conducting the study. From total census of staff of five colleges; the sample size calculation was done. The minimum sample size required was 94 samples. The sample size was taken as 100 because the samples can be up to 10% more than the estimated sample size. The sample size was estimated by consulting a statistician and using the statistical software G* Power 3.0.10.

Approval of the Institutional ethics committee of parent University, as well as permission from ethical committee of each concerned nursing college, identified for the study was obtained before commencement of data collection. A 'whomsoever it may concern' granting permission to conduct the study were obtained from each concerned nursing college in-charges, identified for the study after data collection as a proof for sample collection. All eligible cases which fall under the inclusion criteria during the definite time period of the study were selected as samples from preselected colleges.

Informed consent was taken from the participants and confidentiality of the information was maintained. The researcher developed demographic proforma and ethical responsibilities scale based on key variables. The demographic proforma had five items including age, gender, professional qualification, education on ethical concepts and source of information on the concepts of ethics. The ethical responsibilities scale based on key variables included major orientations: Namely, principle, nursing responsibilities, ethical phenomenon, virtue, care, and conflicting interest based on different health conditions.

Principle-based ethics orientation included rules, principles, fundamental, and basic issue of what one ought to do. This included autonomy, justice, beneficence, and non-maleficence. The area of nursing responsibilities includes questions in relation to hospital practices and professional roles. Knowledge on ethics was assessed using the phenomenon of utilitarianism, deontology, and vulnerability. Active and passive qualities of character were included for virtue based variable. Care based ethical questions were implemented to context sensitive issues and focused on qualities-of-life concerns. Feelings, intuitions, or cognitive perceptions to moral conflict condition were included for conflicting interest based on different health condition.

The tool consisted of 20 items on multiple choice questions type scale with a single correct option and bearing equal weightage score for all questions. There were no negative statements. Data was collected by distributing the questionnaires among the participants of the selected colleges during their free hours after clearly explaining about the purpose of the study. All the 100 participants returned back the answered questionnaire forms. The tools were pretested among 10 participants of a selected institution. The reliability of the tool was measured by using Cronbach alpha formula. The calculated ' r ' value is $0.8 > \alpha \geq 0.7$ and tool was found reliable and acceptable for assessment. Analysis of the data was done using the Statistical Package for the Social Sciences (SPSS) software package for Windows version 22.0 (SPSS Inc., Chicago, IL). This is to assess the feasibility and predictability of the tool by interpretation of data.

Results

Frequency and percent distributions were used to present the demographic characteristics of the subjects. Characteristics of the hundred (100) samples were assessed. The sample consisted of ninety-seven (97) women and three (3) men. Most of the participants fifty-one (51) were 25 – 29 years old. A total of seventy-six (76) had master’s degree in nursing and twenty-four (24) had a bachelor’s degree in nursing. Two (2) had education in ethics other than routine curriculum classes on ethical concepts. Source of information on the concepts of ethics was workshop and seminars for two (2) participants and five (5) had awareness from mass media or from journals.

There were no correlations or associations between the demographic variables or that the key variables were found to be statistically significant when compared by various tests of correlation and association in the present study.

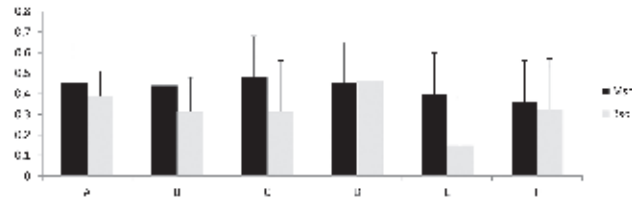
Table 1:
Mean Score Comparison Between Study Groups among Key Variable Section

N=100					
Study Group	n	Mean ± SD	Mean Difference	t	p-value
Group 1	24	0.34±0.045	-0.10011	-8.440	< .001*
Group 2	76	0.44±.052			

p < .001 indicates significant difference between the sample groups, SD – Standard Deviation, t – independent sample t test, Group 1: BSc nursing staff, Group 2: MSc nursing staff*

Average of individual averages of each key variable section is calculated along with its standard deviation. For example: A (Mean score) = average of $a_1/6+a_2/6+a_3/6+.....a_{100}/6$

Where $a_1, a_2, a_3,.....a_{100}$ are individual scores out of six (6) questions among key variable questionnaire section A. This was assessed for both groups i.e., undergraduates staff and post graduate staff. Similarly, key variable mean score of each section from A to F is assessed along with its standard deviation for two groups (BSc and MSc staff) under the present study. Mean scores of knowledge of MSc nursing staffs and BSc nursing staff were compared. Independent –t-test was used to compare the mean score of both groups. Results indicated that there was significant difference in mean score between MSc and BSc nursing staff with $p < .001*$. (Table 1, Graph 1)



Graph 1: Mean score comparison between study groups in key variable section.

X-axis representing the key variables from A-F and Y-axis representing the mean score of both MSc and BSc nursing staff in key variable section

Table 2:
Grading to the Scores in Key Variable Section for the Study Samples

N=100					
Study group	Grade				Total (n %)
	A	B	C	D	
Group 1	0	0	22	2	24
Group 2	0	8	68	0	76
Total	0	8	90	2	100

Group 1: BSc nursing staff, Group 2: MSc nursing staff

Study participants were given grades from A-D according to the points scored by them in the key variable section. Candidates who scored from 16-20 points were given grade A, while candidate who scored from 11-15 points were given grade B. If the maximum scorings are from 6-10, participants were given Grade C. Grade D were given to the study subjects who scored points between 0-5. None of the participants scored grade A and eight (8/100-8%) of the participants scored grade B. Majority of the participants, ninety (90/100-90%) were having grade C and two (2/100-2%) candidates scored grade D. (Table 2, Graph 2)

Table 3:
Association between study samples and qualification

Association test	Value	df	p-value
Chi-Square	8.869 ^a	2	.012

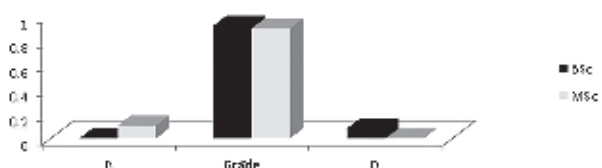
p < .005 indicates significant difference between study samples and qualification*

df- degrees of freedom, Statistical test used: Chi-square test for association

A cross-tabulation was done among MSc nursing staff and BSc nursing staff based on their score grades. Among MSc nursing staff 10.5% scored grade B, 89.5%

scored grade C and none of them had grade A or grade D. None of the BSc staff scored grade A or Grade B. Majority among BSc nursing staff scored grade C (91.7%) and 8.3% of them were having D grade.

When chi-square test was done to find the association, a result of $\chi^2=8.869$, $df=2$, $p=.012$ ($p<.05$) were obtained. Since $p<.05$, there is an association between qualification of nursing faculty and knowledge in level of ethics. In the present study, even though there is association between qualification of nursing staff and knowledge in level of ethics, their knowledge in ethics is not reaching up to the expected standard levels (Table 3).



Graph 2: Grading to the scores in key variable section for the study samples (n=100)

X-axis representing the grades and Y-axis representing the qualification of nursing staff

The mean and standard deviation of key variables showed virtue based concepts and principle based ethical concepts to be good among undergraduates and postgraduates in the present study. Though the level of understanding of phenomenon based and nursing responsibilities based ethical concepts were good among postgraduate staff, undergraduate staff were having same level understanding and comparatively low scores in both fields.

Undergraduate staff scored least in care based ethics, while postgraduates level of knowledge about care ethics were almost equal to other scorings of key variable section. However, both groups scored minimum scores on issues relating to conflicting interest based on different health conditions.

Even though there was statistically significant difference between scorings of MSc and BSc staff in their effective evaluation, perceptions, and execution of ethical role responsibilities relevant to nursing practice was not up to the expected standard levels. This indicates that there is necessity of modification of their syllabus by giving more emphasis to the ethical concepts. The present

study strongly supports the opinion that appropriate ethical training methods and good role models can help nursing professionals to acquire attributes and can add up credentials to their existing professional excellence.

Discussion

The present study correlates with the studies mentioned below, as there was a lack of clarity in standard ethical concepts among nursing professionals. Marianna, (2011) concluded that there was a lack of clarity in ethical standard concepts among nursing professionals and suggested for developing awareness on ethical issues. Severinsson & Sand, (2010) evaluated professional development of undergraduate students of the nursing entity based clinical supervision model. The results demonstrated a correlation between frequency of sessions and the supervision model employed. Er RA et al., (2015) revealed that appropriate ethical training methods and good role models rendered from preliminary level to interns could help acquire attributes and add up credentials to existing professional excellence. Ethical image of nursing was identified to justify and explain about an ethical nurse by de Araujo Sartorio et al., (2010) with semi-structured interviews. The results pointed to a new sense of ethical image with professional identity which was also secular, pro-active, and scientific. Park, Kjervik, Crandell, and Oermann, (2012) who promoted nursing education in South Korea reported that planned ethics content in nursing curricula has an impact on developing moral sensitivity of nursing students. Hsu, (2011) concluded that through active learning and social exchange of ideas, development of critical analysis and problem-solving skills were observed.

Rasoal, Kihlgren, James, and Svantesson, (2015) examined different kinds of ethical alert situation in health care during moral case deliberation pointed out by inter-professional teams. This can be useful in understanding the connection between ethical issues and emotions from a team perspective. The present study suggests blended learning to promote meaningful learning based on relational-oriented ethics to understand the connection between ethical issues and its principles.

Cheraghi, Salsali, and Safari, (2010) pointed out that the cause of inability of the nurses in applying their

professional knowledge and skills to practice can be due to improper nursing education rendered. A divergent organizational structure to bridge the gap between theory and practice can help overcome this situation. Leuter et al., (2013) suggests the importance of promoting ethics by including ethical consultation and training for nursing staff. Thematic content analysis to explore the perception of Iranian nurses on ethical values in patient care was done using group and individual interviews by Shahriari, Mohammadi, Abbaszadeh, Bahrami, and Fooladi. (2012). The effect of professional self-concept teaching on information and beliefs about their roles, values, and behaviour applied on nursing students in final semesters suggested an improvement in clinical performance and helped nursing students to have positive attitudes towards their competencies (Jahanbin, Badiyepeyma, Sharif, Ghodsbin, & Keshavarzi, 2012).

Jiménez-López, Roales-Nieto, Seco, and Preciado, (2016) identified an intergenerational difference in personal values among nursing professionals and nursing students. Young generation nurses and students gave minimal importance for ethical and professional nursing core values. In this context, Ulusoy, Güler, Yıldırım and Demir (2016) assessed the reliability and validity by Salford-Scott Nursing Values Questionnaire, which was found to be reliable. Lin et al., (2016) examined the professional values of nursing students in Taiwan and China by revised nursing professional value scale. Weak perceptions about professional values supported the need for development strategies and methods to improve the values related to the profession. Hopia et al., (2016) assessed ethical dilemmas and concerns at work of Finnish and Dutch healthcare professionals at their master's level education. The assessment scores about the perspectives were not up to the standard expected levels. The author suggested that informative discussions with descriptions of ethical dilemmas and concerns could improve the situation.

Fida, et al., (2016) validated a nursing moral disengagement scale developed by Bandura. The approach was by cross-validation and a structural equation model developed by combing qualitative and quantitative study. The author suggested the scale could be used for designing interventions concentrated on increased acquiescence for ethical codes after

assuring good work atmosphere to nurses. Manookian, Cheraghi, and Nasrabadi, (2014) studied the factors that influence, promote or compromise patient dignity, by individual in-depth semi-structured interviews among nursing staff. The study supported the need for more practical measures for the preservation of patient's dignity and for providing more dignified care at bedside. Ravari, Bazargan-Hejazi, Ebadi, Mirzaei, and Oshvandi, (2013) proved that by highlighting the potential role of nursing, work-related values centred on altruism and spiritual values could reduce dissatisfaction with one's profession and related anticipations of job instability. Leuter, Petrucci, Mattei, Tabassi, and Lancia (2013) underlines the need and expectations of nurses to have proper ethical consultation guidance and support for facing different ethical dilemmas during routine patient care.

The present study joins with the opinion of Pang et al., (2003) that nurses' perceptions of ethical responsibilities in the realities of nursing practice can help foster partnerships in international nursing ethics. It also highlights the potential role of nursing work-related values based on introduction of methods to develop ethical argumentation into nursing ethics syllabus. It supports the need for nursing teaching staff to identify students' perceptions about professional values and support the development strategies to improve weaknesses in the values related to the profession. It supports the opinion of the other authors who reached a conclusion based on their related works to explore the perception on ethical values in patient care. The cause of the inability of nurses in applying their professional knowledge and skill to practice can be due to improper nursing education rendered, along with lack of divergent organizational structure. Statistics in the present study indicates the lack of clarity in standard ethical concepts among nursing professionals and strongly supports the opinion that appropriate ethical training methods could add up credentials to their existing professional excellence. The present study highlights a poor exposure to ethics and its related concepts and suggest a curriculum modification for nursing professionals.

Abbreviation used for study

MSc (Master of Science)/Post Graduate staff and BSc (Bachelor of Science) undergraduate nursing staff

Sources of support: None

Conflict of interest: None declared

Source of support in form of grants: None

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