The effect of implementing nursing ethics code as a combined plan, in the school of nursing and clinical setting, Bojnurd, North Khorasan Province (2013-2015)

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ABSTRACT

Background: It is very important when teaching ethics to nurse students to select an educational method and materials that are relevant to their future career as clinical nurses. The aim was to determine the effect of implementing nursing ethics codes as a combined plan in North Khorasan’s University of Medical Sciences. Methods: This research was an action research conducted in School of Nursing and Clinical setting at Bojnurd, North Khorasan Province, Iran, from September 2013 until September 2015. Data was collected through checklists and interviews with small groups and then analyzed. First, the researchers explored the difficulties in imposing nursing ethics codes. Then a combined plan was considered to solve the ethical codes’ problem. To perform this combined plan, a combination of interferences from three different levels of scope, which are students, college, and clinic, was considered. Permission from the Bojnourd’s Nursing and Midwifery College Educational Council was obtained for this study.

Results: The results of this study showed that 65.5% of students had given the right answers to ethical codes. More than half of the students remarked that respecting the rights of patients and nurses was the most important code. More than half believed that there was a system to supervise the implementation of ethical codes. The results from the ethical rounds with students showed that disobedience to ethical codes occurred in the three fields which are clinical staff, educator, and student administrators. This study offered a practical model for implementing professional ethics code based on Iran's sociocultural background. Along, this study was done to satisfy the need for ethical education and conduct according to these professional ethics code in the college and the clinical setting. Conclusion: It is recommended that a suitable evaluation system should be considered to get the feedback from the implementation of this combined plan of teaching professional ethics codes.

Keywords: Code of ethics, ethics codes, ethical content, nursing ethics, ethics education, professional ethics code


BACKGROUND

Every nurse is responsible for maintaining his or her professional values so that his/her conduct reflects the highest professional standards and protection of society. In every aspect of his or her professional conduct, including educational, research, clinical, executive, and administration, he or she should be supportive of principles, values, and behavioral standards.¹ Acquiring ethical competence now or in the future is a must in the nursing profession. Commitment and observance of ethical principles in giving medical care to patients take precedence over giving medical care. Any lack of observance of ethical values directly affects even the best and most scientific nursing care.² The American Nurses Association (ANA) named 2015 as the year of ethics, and because of the importance of ethics in the nursing profession, designated ‘Ethical Practice, Quality Care’ as the main slogan of this association for the American National Nurses Week on May 2015; and in June 2015, they published the new guidelines for nursing professional ethics code.³ Today, there are rising concerns about ethical behavior in the health and medical professions because there have been many complaints about the unacceptable ethical behavior of health and medical staffs in their clinical performance and legal cases related to this issue have increased.

Although the focus on clinical ethics goes back to Hippocrates, these codes of conduct and ethical laws have always been revised and updated from time to time. These codes are present in the medical curriculum in many countries. Despite this, lawsuits related to health and the medical profession are on the rise.⁴ Besides, advances in medicine and an increase in demand for health and medical facilities have created several complex ethical issues. Complex ethical issues are difficult situations to behave in. It means asking ourselves the following questions: What is the right or appropriate decision? Who is the decision-maker? How should I satisfy my conscience? If I don't do this, what would happen? People working in the medical profession or as medical educators would soon find out that answering these questions
is not easy. Of course, these people assert that we could educate the clinical staff and prepare them to consider ethical, legal, social and moral aspects so that they could give patients the best care according to ethical values. Achieving this goal led to the creation of ethical codes which was first mentioned by Florence Nightingale in 1893. Indeed, in 1953, the acceptable behavior in nursing profession was declared by the International Council of Nurses. This council codified international ethical codes for nurses. In these codes, professional responsibility of nurses was designated for five groups: patients, the nursing profession, co-workers, other professional staff in medical care teams, and society. Two other guidelines related to ethical codes are the ones by ANA and the Canadian Nurse Association (CNA). These are examples of national codes for nurses. Ethical codes are systematic guidelines for shaping ethical behavior and assert the ethically acceptable beliefs and values. These codes provide a framework for ethical decision-making. In the past three to four decades, medical ethics have been a part of the college’s curriculum, but a certain degree of differences could be seen in the content, hours assigned, and educational methods of these curriculums. The main concern of nursing educators in every country is to present a high-quality curriculum that is not only scientifically sound but also includes the safety of patients and professional obligations. Since nursing students’ success in scientific performance is quite dependant on solidarity between lessons on professional ethics and professional conduct, it is very important to choose educational contents and methods that are relevant to the future of nursing students in the clinic. Senior students who are in their last years in college generally have more professional understanding because of more exposure to various clinical scenarios and observations. A study by Mokhtari Lakeh on 193 nursing students in Gilan’s University of Medical Sciences showed that 79.8% of the students had no knowledge of nursing ethics code. Since senior students have enough background about professionalism in nursing and observing ethical codes, this study was conducted in the senior class of Khorasan’s University of Medical Sciences as a combined plan with the aim to investigate the effect of observing ethical codes.

METHODS

Design
This research was conducted on nursing students in the college and clinical settings after obtaining permission from the Bojnourd’s Nursing and Obstetrics College Educational Council. The method used for this study was action research. Action research is a research method that provides both science and theory about the intended action and performs the action. In this method, the research was not performed on people, but rather conducted by the people using their powers and abilities, and the results would also benefit the people involved. Clinical educators use this powerful method as a tool for professional education. This kind of research has the following steps:

1. Determining the problem: In this step, an ‘undesirable situation’ in education and observance of professional ethical codes for students, was studied and the situation was described with the aid of some questions.
   - Why nursing students don’t know professional ethics code?
   - Why nursing students don’t pass a course on professional ethics in their curriculum?
   - Why aren’t the professional ethics codes observed in spite of being approved by Iran’s ministry of health and medical education?
   - What measures are considered to counteract unethical cases?

2. Gathering data: In this step, the different aspects of the problem were probed, and the current situation regarding professional ethics in education and in the clinic was studied in sessions with the Nursing and Obstetrics College Educational Council. In the past, the nursing curriculum was not regulated by the ministry, and the students didn’t pass any course related to professional ethics. Although educators in clinics and colleges stress the importance of professional ethics, there is no all-encompassing program to introduce students to professional ethics codes.

3. Selecting a suggestive and temporary way or designing a plan of action:
   To conduct this study, we used a combined method. This combined method was based on a study model by Holloway et al. The purpose of their study model was to change unprofessional behavior [Toxic Organization Change System Intervention (TOCS)] at the three levels, namely the person, the team, and the organization. So in the combined plan for executing ethics codes that were modified versions of unprofessional behaviors model, the execution of ethics codes in the nursing profession was considered regarding the three aspects of the students, clinics, and colleges. In this combined plan, the approach to the students’ level was considered equal to the approach to the personal level, the approach to the clinical level was considered equal to the team level, and the approach to the college level was considered equal to the organizational level.
4. Experiencing or executing the selected action:
Until the first semester of 2012-2013, the nursing curriculum had not been changed by Iran's ministry of health and medical education, and nursing students had no course on professional ethics before 2013. In 2013, professional ethics with the 1.5-course unit was added to the nursing curriculum. In 2014, the nursing deputy of Iran's ministry of health and medical education emphasized the provision of complementary courses in professional ethics and the execution of professional ethical codes. The method of this study according to a combined plan in five semesters and the three levels are as follows:

A. Approaches at the student level:
- The first semester of 2013-2014: Professional ethics was taught to two groups of obstetrics and nursing students for two hours in the first semester of 2013-2014, and then the students were given a pre-test and post-test on professional ethics and inter-profession behaviors.
- The second semester of 2013-2014: In the first step, 42 nursing students who had enrolled in 1990 and were about to graduate were targeted. They participated in a one-day workshop for nursing ethics code. In this workshop, professional ethics was defined, suitable and unsuitable behaviors were explained, and studies conducted in Iran and the world were reviewed, then nursing ethics codes bylaws were explained, and 12 ethical codes were described and discussed with the students.
In this workshop, pre-test, and post-test comprised of multiple choices of yes, no, and open-ended questions were conducted, and a certificate for attending the workshop was given to the students.

B. Approaches at the college level:
- Studying the current situation: The current situation regarding professional ethics in education and clinics was studied in sessions with the Nursing and Obstetrics College Educational Council. In the past, the nursing curriculum had not been regulated by the ministry, and the students did not pass any course on professional ethics. Although teachers in clinics and education emphasized professional ethics, there was no comprehensive plan to introduce students to professional ethics codes. Until the first semester of 1992-93, the nursing curriculum had not been regulated by the ministry of health, and nursing students had no course on professional ethics before 2013. In 2013, professional ethics in nursing with a course unit of 1.5 were added to the nursing curriculum. In 2014, the nursing deputy confirmed the teaching of complementary courses on professional ethics.
- The first semester of 1992-93: Due to the importance of inter-profession relations, first of all some professional ethics codes relating to inter-profession behaviours was considered and then suggestions were made to the education council, and a process was designed under the guidelines for inter-profession behaviours of doctors and nurses with the objective to combining education and medicine. This process was then debated at the seventh Festival of Shahid Motahari hosted by the university, and then permission was given to continue the process and to execute in clinics.

C. The second semester of 1992-93: Obtained permission from the Nursing and Obstetrics College Educational Council to teach nursing students professional ethics codes and inter-profession behaviors for two hours. Approaches at the clinical level:
- The first semester of 2013-2014: Having ethical rounds: For nursing students in the 7th semester, the rounds of professional ethics codes were observed. The students were divided into groups of eight and nine, and a day of discussion about professional ethics codes for each group was held from September to
December of 2015. In these discussions, the students mentioned different scenarios regarding their experiences about nursing professional ethics in the clinical field. The group discussions were held in small groups, and each discussion lasted one hour, and apart from focusing on ethical problems, some solutions were discussed as well. They then completed their discussions with a semi-structured questionnaire. In this questionnaire, which was designed according to the nursing ethics code, 12 different areas of nursing ethics code were discussed with the help of open-ended questions.

- Preparing the clinic: Along with educating the students, measures were taken for the smooth execution of professional ethics codes in the clinic. The joint sessions between the college and the clinic started in February 2014, and the neurosurgery ward of Imam Ali Hospital was selected as the pioneer for executing professional ethics codes. Some of the personnel were interviewed, and educational sessions on nursing professional ethics codes were held for the nurses and the nursing assistants.

Holding sessions with nursing group educators: In a session held on 31 December 2015, a letter from the nursing deputy for nursing group educators emphasized on complementary courses for nursing professional ethics, relations with the patients, and team behavior. And it was decided that nursing group educators should collectively hold some of the professional nursing codes in clinical sessions during morning rounds with students in the hospital or journal club.

### RESULTS

- a. Results from professional ethics codes workshops for nursing students (Table 1)
- b. Results from rounds of professional ethics in clinic with semi-structured questionnaire (Table 2)
- c. Results from joint sessions of college and clinic for the execution of professional ethics codes in the clinic (Table 3)

#### Table 1  A workshop of professional ethics codes for nursing students (pre-test and post-test results)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
<th>Percentage of answers before education</th>
<th>Percentage of answers after education</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the meaning of professionalism in nursing?</td>
<td>1. Any suitable behavior supportive of the patient or improving the care given to the patient</td>
<td>65.5%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>2. Medical staff couldn't set a framework for suitable behavior</td>
<td>3.1%</td>
<td>9.4%</td>
</tr>
<tr>
<td></td>
<td>Valuing ethical conflicts in any profession</td>
<td>-</td>
<td>9.4%</td>
</tr>
<tr>
<td></td>
<td>1 and 2</td>
<td>31.3%</td>
<td>31.3%</td>
</tr>
<tr>
<td>What are the professional ethics codes or bylaws in nursing?</td>
<td>A strong person who prevents bad behaviors</td>
<td>6.3%</td>
<td>3.1%</td>
</tr>
<tr>
<td></td>
<td>Acceptable standards or criterion for behavior</td>
<td>50%</td>
<td>65.6%</td>
</tr>
<tr>
<td></td>
<td>A charter for respecting the patients’ rights</td>
<td>40.6%</td>
<td>28.1%</td>
</tr>
<tr>
<td></td>
<td>A report on the bad behavior of doctors and nurses</td>
<td>3.1%</td>
<td>3.1%</td>
</tr>
<tr>
<td>In your opinion, what are the obstacles preventing the observance of nursing ethics codes?</td>
<td>Lack of equipment</td>
<td>18.8%</td>
<td>9.4%</td>
</tr>
<tr>
<td></td>
<td>Lack of motivation</td>
<td>37.5%</td>
<td>15.6%</td>
</tr>
<tr>
<td></td>
<td>Unsuitable supervision</td>
<td>3.1%</td>
<td>15.6%</td>
</tr>
<tr>
<td></td>
<td>Work pressure of nurses</td>
<td>18.8%</td>
<td>40.6%</td>
</tr>
<tr>
<td></td>
<td>Discrimination</td>
<td>9.4%</td>
<td>9.4%</td>
</tr>
<tr>
<td></td>
<td>Lack of accountability by superiors</td>
<td>12.5%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Could you write a professional ethics code for nursing?</td>
<td>Respecting the rights of patients and nurses</td>
<td>21.9%</td>
<td>50.1%</td>
</tr>
<tr>
<td></td>
<td>Good relationship with every patient</td>
<td>18.7%</td>
<td>15.7%</td>
</tr>
<tr>
<td></td>
<td>Having work conscience</td>
<td>12.5%</td>
<td>6.3%</td>
</tr>
<tr>
<td></td>
<td>Patience</td>
<td>21.9%</td>
<td>9.4%</td>
</tr>
<tr>
<td></td>
<td>Explaining and informing the patient about his/her illness</td>
<td>25%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Table 1  Continued

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
<th>Percentage of answers before education</th>
<th>Percentage of answers after education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a supervisory system for execution of nursing ethics codes?</td>
<td>Very high</td>
<td>3.1%</td>
<td>6.3%</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>6.3%</td>
<td>6.3%</td>
</tr>
<tr>
<td></td>
<td>Medium</td>
<td>31.3%</td>
<td>53.1%</td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>46.9%</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Very low</td>
<td>12.5%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Are you reporting about the nonobservance of ethical codes to the authorities?</td>
<td>Yes</td>
<td>68.8%</td>
<td>84.4%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>31.3%</td>
<td>15.6%</td>
</tr>
<tr>
<td>If you answered no to the previous question, explain why.</td>
<td>Lack of attentiveness by the authorities</td>
<td>78.1%</td>
<td>40.6%</td>
</tr>
<tr>
<td></td>
<td>It may upset co-workers</td>
<td>6.3%</td>
<td>59.4%</td>
</tr>
<tr>
<td></td>
<td>We warn the person himself</td>
<td>15.6%</td>
<td>-</td>
</tr>
</tbody>
</table>

A scenario about professional ethics
A patient had a knee joint surgery and fell ill at 3 a.m. and had difficulty breathing. The nurse called the on-call surgeon, but couldn't describe the situation correctly. The surgeon got angry and ended the call.

What is the bad behavior in this scenario?
- The nurse’s unawareness of the patient’s situation: 21.9% before, 15.6% after
- Anger of the surgeon: 9.4% before, 12.5% after
- Not performing the intended role: 18.8% before, 9.4% after
- Surgeon’s bad attitude towards the nurse: 21.9% before, 53.1% after
- Both are guilty: 28.8% before, 9.4% after

What would you do if you were there instead of the nurse?
- Request help: 18.8% before, 21.9% after
- Expand my knowledge: 37.5% before, 31.3% after
- Inform the authorities: 15.6% before, 21.9% after
- Call again: 25% before, 21.9% after
- Keep calm: 3.1% before, 3.1% after

Table 2  Results from holding rounds of professional ethics for nursing students

<table>
<thead>
<tr>
<th>Questions based on scenarios about professional ethics relevant to the clinic</th>
<th>Reasons related to the educator</th>
<th>Lack of information or skills in clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>In your opinion, what are the reasons for the occurrence of these scenarios?</td>
<td>Weakness in the management of students and clinical personnel</td>
<td>Lack of information or skills in clinic</td>
</tr>
<tr>
<td></td>
<td>Educator’s lack of programs for clinic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Educator not paying attention to practical skills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reasons related to the clinic</td>
<td>Gap between theory and practice</td>
</tr>
<tr>
<td></td>
<td>Problems in internship programs</td>
<td>Problems in internship programs</td>
</tr>
<tr>
<td></td>
<td>Discrimination between different students</td>
<td>Discrimination between different students</td>
</tr>
<tr>
<td></td>
<td>Load of work in the clinic</td>
<td>Load of work in the clinic</td>
</tr>
<tr>
<td></td>
<td>Weak relations between the personnel and the students</td>
<td>Weak relations between the personnel and the students</td>
</tr>
</tbody>
</table>
In this research, we tested a combined plan for execution of professional ethics codes, and begin interventions in college and students’ courses. The results revealed that only 31% of the students knew about professionalism in nursing, and more than half knew about professional ethics codes. In line with the current research, studies by Mohajjel-Aghdam et al., Shahriari et al., Jahanpour et al., and Janine White et al., showed that attention should be given to the teaching of professional ethics codes in nursing curriculum and this teaching should be continued for the nursing staff. The global attention to nursing ethical codes is on a framework for evaluating a nurse’s values and behaviors. And the promotion of principles of professional conduct by teaching professional ethics codes is a good measure.

Table 2  Continued

| Questions based on scenarios about professional ethics relevant to the clinic | A decrease in the value of nursing profession |
| | Weakness in observing nursing ethics |
| | Lack of solidarity in the nursing community |
| | Shortage of nursing personnel |

- Reasons related to the University
  - Authorities inattentive to the nursing profession
  - Discrimination between students in different fields of study
  - Weakness in management and planning
  - Not pursuing and paying attention to ethical problems
  - Weakness in synchronizing clinic and college
  - The authorities lack confidence in the students
  - Defect in facilities of college or clinic

- Reasons related to the students
  - Disorientation of students in the clinic
  - The rights and duties of students are not clear
  - Wasting of students’ time in the clinic
  - Not respecting the students
  - Unsuitable view of students’ place
  - Weakness in students’ scientific abilities

According to the designed scenarios, what are the most important ethical codes (12 ethical codes of Iran’s nursing organization) to you?

| Selecting all 12 values | 21.6% |
| Selecting 5-7 ethical values | 40.5% |
| Selecting 3-4 ethical values | 32.4% |

Table 3  Joint sessions of college and clinic for professional ethics codes

- In these sessions, it was decided to take actions to motivate nurses
- Notifications should be extensive
- Posters of ethical codes to be installed in the hospital
- SMS services to be used for informing about professional ethics codes
- Games to be planned to motivate people to observe ethical codes
- Booklets of ethical codes to be presented in the hospital
- Nurses should be encouraged to observe ethical codes
- Nurses’ participation in gatherings related to professional ethics should be facilitated
- Competition in different sections about ethical codes to be created
- Fundamental open workshops to be conducted
- Performance of each section should be evaluated according to the ministry of health and medical training’s guidelines or criterions of credibility
- An office to be established at the hospital to guide programs and send laws and bylaws to different wards
- Doctors to cooperate in these programs. These programs should be parallel to doctors’ programs

DISCUSSION

In this research, we tested a combined plan for execution of professional ethics codes, and begin interventions in college and students’ courses. The results revealed that only 31% of the students knew about professionalism in nursing, and more than half knew about professional ethics codes. In line with the current research, studies by Mohajjel-Aghdam et al., Shahriari et al., Jahanpour et al., and Janine White et al., showed that attention should be given to the teaching of professional ethics codes in nursing curriculum and this teaching should be continued for the nursing staff. The global attention to nursing ethical codes is on a framework for evaluating a nurse’s values and behaviors. And the promotion of principles of professional conduct by teaching professional ethics codes is a good measure.
to protect the rights of patients and gain their satisfaction. The continuing education of professional ethics and the reporting of ethical failings improve the decision making of the nurses in the clinic. In their researches, Holloway et al.\textsuperscript{17} and Clarke\textsuperscript{18} looked for guidelines to reduce incivilities done by nurses, which challenge both nursing students and colleges, and in turn, maintain appropriate behavioral codes. Based on their research, Shanta et al.\textsuperscript{19} argued that uncivil behavior was present in health and medical establishments and so it was necessary to have empowerment plans based on research findings to help colleges maintain and improve good behavioral codes. Nasrabadi indicated that educators should present relevant situations when teaching ethical codes to nurse students, and find practical solutions for these situations with the help of the students. For example, teaching in small groups enables students to face real-life situations.\textsuperscript{20}

According to our study, the second most important factor in the execution of professional ethical codes was holding small ethical discussion rounds. These ethical rounds were aimed at promoting active participation of students in small group discussions and focus on the nature of the relationships between the patients, nurses, doctors, and educators. In these group discussions, the students highlighted important points in the educational and clinical fields. They challenged professional ethics scenarios and stated how impediments in the educational and clinical fields could affect the observance of professional standards. Parallel to these studies, research by Ramos et al.\textsuperscript{21} showed that to increase the students' clinical competence, it was necessary to improve their cognitive skills through discussions on ethical problems. Numminen also showed that social aspects were neglected in nursing education programs. Integrated teaching could be an answer to this problem. Educators teach ethical codes according to what they have learned by themselves, and they haven’t had formal education in this field. We should motivate educators to voluntarily upgrade their knowledge of professional ethics codes so that they could teach more and more codes to the students.\textsuperscript{22} Interaction with medical managers and personnel was the third most supportive factor in this study. Such interactions and relationships could lead to better harmony and integration between college and medical personnel and could improve behavioral norms. These interactions have a professional approach and could help to plan goals and expectations in clinics. Milesky suggested the promotion of acceptable behavioral culture among nursing students, and show them models of ethical norms by professional personnel in clinics.\textsuperscript{23} Since neurosurgery wards are very crowded and nurses in these sections tend to be overworked as well as have a high rate of burnout, they seem to be an ideal place to execute professional ethics codes. According to Montgomery, the execution of professional ethics codes in high-stress wards like neurosurgery ICUs could help to retain nurses to work in these sections.\textsuperscript{24} In this study, the execution of professional ethics codes encountered some difficulties. Although this model had desirable effects, the execution of ethical codes is a process of extensive intervention, and it should be pursued in colleges as well as clinics. We expect more discussions at the clinical level, but this would require the continuation of these programs for several years. We also need to study and find out how much of these effects will remain in the long run. And we need to know which social factors are effective in the success or failure of these professional ethics code programs. So we need tools to measure the quality and quantity of ethical codes at the clinical and college levels.

**CONCLUSION**

This study presented a practical model for the execution of professional ethics codes based on sociocultural backgrounds. It was done to satisfy the need for education and practice regarding professional ethics codes in colleges and clinics. This three-level combined model could be designed according to each country’s culture and principles of professional ethics. The formulation and execution of professional ethics codes to protect the health and medical personnel as well as patients is an international issue. So it is advisable that a suitable evaluation system to get getting feedback from the execution of professional ethics code programs should be considered.

**ACKNOWLEDGMENTS**

This study was done after obtaining permission from Bojnourd’s Nursing and Obstetrics College Educational Council, and was acclaimed as a superior academic research at the 9th festival of Shahid Motahari, and was presented at the 17th convention of Iran’s Medical Training in 2016. The authors would like to thank the nursing college council members, educators, nursing students, nursing personnel of Imam Ali Hospital and every other person who helped us to conduct this research.

**CONFLICT OF INTEREST**

The authors declare that there is no conflict of interest.
REFERENCES

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