



The Effect of Educational Intervention on Nurses' Ethical Performance toward Observing with Professional Ethics Codes in Mofid's Tehran Subspecialty Hospital Pediatric in 2015

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DOI: 10.24896/jrmds.20186368

ABSTRACT

The present project is aimed at the effect of educational intervention on the ethical performance of nurses regarding the observance of professional ethics codes. This research is a clinical trial study. The statistical population of this study included all employed nursing experts (more than 6 months) in a Subspecialty hospital in Shahid Mofid Hospital of Tehran. The sample size consisted of 46 nurses of the pediatric Subspecialty hospital of Shahid Mofid who were randomly assigned to two experimental groups (23 individuals) and witness (23 individuals) and educational intervention of ethical codes was taught to the experimental group for 3 sessions per week (each session for 50 to 60 minutes). The data collection tool was including a moral code questionnaire. Data were analyzed using one-way variance test. The findings of this study showed that training of educational intervention increased the ethical performance of ethical codes ($P \leq 0.01$). Generally the results showed that educational intervention has been effective on the ethical performance of nurses regarding the observance of professional ethics codes. Managers can use the capacity available in the form of in-service training with the title of professional ethics codes in nursing to improve the level of knowledge, attitude and practice of nurses.

Key words: Ethical Performance, Ethical Code, Nurses

HOW TO CITE THIS ARTICLE: Bahareh Mahmoodbeyk, Mahboubeh Safavi, Mohammad Fesharaki, The Effect of Educational Intervention on Nurses' Ethical Performance toward Observing with Professional Ethics Codes in Mofid's Tehran Subspecialty Hospital Pediatric in 2015, J Res Med Dent Sci, 2018, 6(3):445-451, DOI: 10.24896/jrmds.20186368

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Received: 15/01/2018

Accepted: 10/04/2018

INTRODUCTION

Today morality is the center of many developments in the current world. Human beings, in the course of various periods, go to a rational and ethical approach to meet their material and spiritual needs. Hence, ethics can be considered the focal point of developments in the future world. This approach affects most of the disciplines that lead in providing services to humans. The profession of nursing is one of the sciences in the past, present and future with many moral aspects and examples. Nursing ethics is a

branch of medical ethics that has been influenced by developments in this field. The developments in the current world embrace the features that necessitate an ethical approach to medical-related professions [1]. Of course, one of the most important issues in the performance of nurses is ethical issues [2] that add to technological and organizational changes in the field of health care. Nurses are increasingly facing complex challenges and ethical riddles that should be protected and guided against them [3]. These situations require education and research in the field of ethics and the use of ethical codes [4 & 5]. Studies also show that the nature of nursing is such that, regardless of ethics, challenges and riddles of difficulty in patient care which facing the observance of care standards with difficulty [6]. In many countries,

ethical codes of nursing have been drafted and reviewed, and efforts have been made by the International Association of Nurses (ICN) [7] which despite some apparent differences in practice, their goal is to validate the profession Nursing is through quality care and well-being provided to clients [8]. ICN first developed the International Code of Ethics for Nurses in 1953. The codes of professional nurses' responsibility are in relation to the five groups: Patients, nursing profession, colleagues, other professionals in the health care and community team [9]. Ethical codes are systematic guidelines for shaping ethical behavior and representing what beliefs and values must be ethically accepted. These codes provide a framework for ethical decision-making. However, according to some studies, many nurses say that they are not aware of the existence of ethical codes, and if there are any such codes, they can be used only for nursing students [10]. Over the past few years, there has been widespread concern over the decline of professional ethics [11]. Most major nursing ethics studies in the last decade show that nurses can't afford the necessary training to provide proper care appropriate to the wide range of commonplace health care issues [12]. Acting as a professional nurse requires ethical decisions during daily work, and this ability can only be achieved through the provision of ethical training tailored to the conditions [13]. At present, with 145 nursing schools in Iran, more than eight thousand nursing students are enrolled and graduated each year, which indicates the importance of the need for basic and essential ethical education [14]. Medical ethics education is one of the most important educational needs in the field of medicine, which has undergone many changes in recent years. The need for ethical education for the health workforce is becoming increasingly widespread and it seems that the time has come for many of the countries to move into the medical education system for medical ethics. Traditional medical ethics will start from the preliminary debates of ethics philosophy and will become more scientifically debatable. The traditional teaching of medical ethics, which more closely trained the theory and increased the knowledge of individuals about some of the topics discussed in the medical ethics education, has now undergone a change, and education has been replaced by new methods in many medical science faculties. The emergence of new medical ethics, the difficulty of making ethical decisions in some cases, and paying more attention to such decisions have been focus of attention of the development of

medical ethics education. Medical ethics and law are among the topics that have been put into the new era. Ethical training courses are designed to facilitate the professional development of nurses in terms of practical and theoretical and the development of the necessary clinical skills [15]. Considering the theoretical knowledge of ethical principles and criteria which leads to proper decision making in dealing with ethical problems by nurses [8] and nursing education will help in identifying ethical problems, adopting ethical decisions and observing ethical principles. The nursing profession has contributed greatly to the applying of professional ethical concepts, and each nurse must maintain and promote his or her behavior according to professional and ethical standards, and it is expected that nurses will make appropriate moral decisions in defense of their patients' rights [16]. Hashemi and Pasyar In a study concluded that the good performance of professional ethics among nursing students could indicate proper education and lead to behavioral change based on professional ethics and on the contrary, undesirable work ethics requires a change in the content of the curriculum and the method of professional ethics training which is presented in the B.A in nursing [17]. The results of the research showed that (70.8%) of the research samples felt and that they needed to be educated on ethical issues, of which ethical issues (33.3%), professional issues (47.8%), salary Patients (32.9%) and religious orders (26%) which all required training. Awareness of ethical issues was classified into three weak groups: 5.6%, average: 35.8%, good: 57.7% [18]. Regarding the importance of ethical compliance in the quality and position of nursing care, the researcher intends to use a lecture method and question and answer about professional ethics on the ethical performance of nurses as one of the main strategies and grounds for developing professional ethics and small step in the scope Ethics and clinical care in nursing as a priority. Therefore, this research seeks to determine how much is the impact of lectures and questions and answers of nurses on professional ethics and how to improve their professional ethics?

MATERIALS AND METHODS

This research is a clinical trial study that has been done to determine the effect of educational intervention on the performance of nurses regarding the observance of professional ethics codes in Mofid Subspecialty hospital Pediatric in

Tehran. The statistical population of this study included all employed nursing experts (more than six months) in Shahid Mofid Subspecialty hospital in Tehran. In general, considering the entry criteria and also the type of the present research (semi-experimental), 50 nursing experts working in Shahid Mofid Subspecialty hospital were selected by simple random sampling and randomly divided into two experimental groups (25 individuals) and witness (25 individuals). The criteria for entering the sample in this study included: having a higher degree in nursing, having no experience in passing a nursing ethics workshop, and willing to participate in the research. Given that 4 data were detected from the Perth sample, the final sample size was 23 individuals per group. Then the training sessions for the experimental group were held for two weeks and consisted of three sessions of 50 to 60 minutes. These meetings were held in coordination with the hospital's class education unit which are physically appropriate and includes adequate space, light, temperature and sound. During the sessions, the nurses were provided with a brief introduction and preliminary of the following resources:

- The pamphlet contains a charter of patient rights, a description of the duties of nurses and familiarity with the codes of professional ethics in nursing
- Discussions of the book "Law and Nurse and the Rights and Responsibilities of Nurses" to study before attending the sessions.

In addition, useful books such as ethics in life, nursing ethics, Taylor nursing principles, physicians, and ethical considerations for the study of each session have already been introduced. At the end of the intervention, the ethical codes questionnaire was completed by the experimental and witness groups. The obtained data were analyzed using SPSS-23 software based on the post-test scores of moral performance and its subscales. Average indicators deviation for descriptive information. Also, for comparing the average scores of the experimental and witness groups, one-variable and multivariate analysis of variance analysis was used in research.

Tools of research

Ethical code questionnaire

In this study, after studying various books and related papers Self-made questionnaire was compiled. The questionnaire consisted of two

sections, the first part containing demographic characteristics, and the second part consisting of five areas of nursing ethics codes. The ethical codes questionnaire consists of 42 items and consists of 5 sub-scales: nurses and community, nurses and professional commitment, nurses and clinical services providers, nurses and colleagues, and nurses and educators. A five-choice questionnaire is essentially a Likert-type gauge of attitude. The questionnaire for each of the five options is "I do not know", "never", "rarely", "sometimes" and "often," for which they get a score of 1 to 5. The reliability of the questionnaire was measured by the open test method. First, 15 of the eligible subjects, which were not included in the main samples, were asked to complete the questionnaire, and then asked them again 7 to 10 days later, then they completed the questionnaire. Then the correlation coefficient was determined. The correlation coefficient of two steps of the implementation of the questionnaire was 0.82. Usually, when the correlation coefficient is more than 0.8, the reliability of measuring device will be confirmed [19]. In the present study, the content validity index (CVR) and content validity index (CVI) for the ethical code questionnaire (42 questions) were calculated. CVR results indicated that all CVR questions had a greater score than 0.66 Lawshe tables. This was an indication of all the essential and important questions that were used in this tool. CVI results also indicated that all CVI score questions were above 0.79 and therefore were appropriately recognized. In this study, the results of Cronbach's alpha for total score of ethical performance were 0.93 and for nurses and community subscales 0.76 and nurses and professional commitment 0.82 nurses, and clinical services provision 0.87, nurses and colleagues 0.76 and nurse and education were 0.65.

The ethical performance training program

The ethical performance training program of the ethical Educational Exercise Program consisted of 3 sessions of 50 to 60 minutes, which was held in coordination with the Hospital Education Unit of the Hospital Nursing School, which is physically appropriate, including adequate space, light, temperature and sound. During the sessions, the nurses were provided with a brief introduction and preliminary of the following resources:

- The pamphlet includes a charter of patient rights, a description of the duties of nurses and familiarity with professional ethics codes in nursing.

- Discussions of the book "Law and Nurse and the Rights and Responsibilities of Nurses" to study before attending the sessions. Ethical performance training sessions are presented in Table 1.

Table 1: Ethical performance training sessions

Training sessions	Session title
First session	Definition of morality, Terms of moral responsibility, Universal Declaration on Ethics, The three primary moral principles, Truth, Patient's right to the process of the treatment, The right to individual freedom of the patient, The right to choose a doctor, The right to medical records access, The right to privacy, The right to receive advice, The right to health education, The confidentiality of the patient's secrets
Second session	Patient rights statement in Iran, Patients' rights regarding drug therapy, Ethical issues related to death, definition of death, Stages of death, caring measures, Caring for a corpse after death, Support for patients and their families, The stages of an ethical analysis
Third session	Professional ethics code, Nurse and community, Nurse and professional commitment, Nurse and the provision of clinical services, Nurse and colleagues in the Therapeutic Team, Nurse and education.

RESULTS

The age range of the sample size was 22 years to 46 years. Of the 46 participants in the present study, 82.6% of them had a B.A degree. 58.7% of the people were married and 41.3% of them were single. Table 2 explains the descriptive statistics of the variables of the research.

Table 2: average and standard deviation of ethical performance and its components in the experimental and witness group

	Experiment		Witness	
	Average	Standard deviation	Average	Standard deviation
Ethical performance	207.52	4.35	189.91	6.05
Nurse and community	34.43	0.78	30.78	2.31
Nurse and professional commitment	54.13	2.01	48.43	2.19
Nurse and the provision of clinical services	64.31	1.49	56.65	2.63
Nurse and the colleagues	24.83	0.58	24.56	0.84
Nurse and education	29.83	0.58	29.48	0.84

As shown in Table 2, the average post-test scores of moral performance in the experimental group

are 208.52 and in the witness group is 189.91. average score of the nurses and community in the experimental group was 34.43 and 30.78 in the witness group, the average nursing scores and professional commitment in the experimental group was 54.13 and in the control group 43.48, the average nursing scores and the clinical presentation of the group The average score of nurse and associates in the experimental group was 24.83 and 24.56 in the witness group and the mean score of nurse and education in the experimental group was 29.83 and in the control group was 29.48. To evaluate whether educational intervention is effective on ethical performance and its components or not, one-variable and multivariate analysis of variance analysis was being used. Before carrying out the analysis, Kolmogorov-Smirnov and Lyon tests to observe the presumptions to examine the normal distribution of the sample and homogeneity of the variances. Table 3 presents the results of Kolmogorov-Smirnov and Loon tests:

Table 3: Levin and Kalymogrov-Smirnov test results for the homogeneity assumption of variances and normal distribution of samples

Variables	Kalomogrov-Smirnov test	Levine test		
	The statistics amount	P	F	P
Ethical performance	0.55	0.92	3.43	0.07
Nurse and community	0.75	0.63	3.79	0.08
Nurse and professional commitment	0.85	0.46	2.51	0.13
Nurse and the provision of clinical services	1.02	0.25	3.3	0.09
Nurse and the colleagues	0.85	0.88	0.75	0.39
Nurse and education	0.85	0.88	0.75	0.39

As shown in Table 3, the significant levels of Kalomogrov-Smirnov L evine test and Loon test were more than 0.05. Therefore, in all variables of this research, the normal distribution of samples and homogeneity of variances were confirmed. In Table 4, the results of a single-variable variance test related to the total score of moral performance between the experimental and witness groups were presented.

Table 4: A summary of the results of single variable variance analysis on ethical performance in the experimental and witness group

Indicators	Sum of squares	Degrees of freedom	Averages of squares	F	P	ETA Coefficient	Statistical power
Group	3565.76	1	65321.35	128.23	0.0001	0.75	1
Fault	1223.56	44	27.81	-	-	-	-
Total	1821265	66	-	-	-	-	-

Table 5: The results of multivariate analysis of variance on the mean of post-test scores of moral performance components in the experimental and witness group

Name of the test	amount	F	Theory of DF	Fault of DF	Significance level	ETA Coefficient	Statistical power
Piley effect	0.81	33.73	5	40	0.0001	0.81	1
Lambdae Wilcox	0.192	33.73	5	40	0.0001	0.81	1
Hutchling effect	4.22	33.73	5	40	0.0001	0.81	1
The Greatest	4.22	33.73	5	40	0.0001	0.81	1

Table 6: A summary of the results of one-way variance analysis in Mouna text on the components of ethical performance in the experimental and witness group

Indicators	Sum of squares	Degrees of freedom	averages of squares	F	P	ETA Coefficient	Statistical power
Nurse and community	153.39	1	153.39	51.30	0.0001	0.54	1
professional commitment	373.06	1	373.06	84.49	0.0001	0.66	1
provision of clinical services	673.39	1	673.39	146.62	0.0001	0.77	1
Nurse and the colleagues	0.783	1	0.783	1.5	0.23	0.03	0.22
Education	1.39	1	1.39	2.65	0.11	0.06	0.36

As shown in Table 4, with the results obtained for moral performance scores ($P \leq 0.01$, $F = 128.23$), it can be concluded that the difference in scores after the ethical performance test between the two test and witness groups is statistically significant at level $P \leq 0.01$. This means that educational intervention on ethical performance has led to an increase in the ethical performance of nurses. Also, the effect or difference in ethical performance is 0.77 and power is also 1. To test the hypothesis that "educational intervention affects the ethical performance subscales in relation to professional ethics," multivariate analysis of variance was used, the results of which are presented in Tables 5 and 6.

Based on the results of Table 5, there is a significant difference between the experimental and control groups in the level of moral performance subscales at level $P \leq 0.01$. Also, the impact or difference of 4 Mouna tests is 0.81 and the power rating is 1. Accordingly, it can be stated that there is a significant difference between the studied groups in at least one of the variables. One of the variations in the Mouna text is used to determine which variables are different, the results of which will be shown in Table 6.

As shown in Table 6, the results for Nurses and Society ($P \leq 0.01$, $F = 51.31$), Professional commitment ($P \leq 0.01$, $F = 84.49$), Clinical services

delivery ($P \leq 0.01$, $F = 146.62$), Nurses and colleagues ($P \geq 0.05$, $F = 1.5$) and Education ($P \geq 0.05$, $F = 2.65$) were obtained. It can be concluded that the average scores of nurses and community components, professional commitment, and clinical presentation at Level $P \leq 0.01$ between the two experimental and witness groups are statistically significant. This means that educational intervention has led to an increase in these components in the ethical performance of nurses. However, there was no significant difference between the scores of the studied groups in the scores of nursing and college components and education. The extent of the effect or the difference and the test power is presented in Table 6.

DISCUSSION AND CONCLUSION

The purpose of this study was to investigate the effectiveness of professional ethics code training on nurses' ethical performance. The findings of the study showed that the intervention of professional ethics codes on the total score of nurses' moral performance was significantly effective. The findings also showed that educational intervention had an impact on ethical performance components such as nurse and community, professional commitment, and clinical presentation, but not effective on nurses and

colleagues. As with the results of this project, Hashemi and Past has shown that the desirable performance of professional ethics among nursing students may indicate proper education and lead to behavioral change based on professional ethics and In contrast, the undesirable practice of professional ethics requires a change in the content of the curriculum and the method of teaching professional ethics in a nursing B.A degree [17]. Many studies have supported this theory that ethics education in the student's period and continuing as education plays an important role in acquiring skills to cope with ethical problems and playing an active role in the decision making process and gaining professional identity [20]. Dunkur's studies also showed that the reaction of nurses with problems are not always consistent with the code of the International Nursing Council, and even with the completion of the code of the International Council of Nurses and with considering concepts of universal morality and some cultural values, the peers faces conflicting ethical issues. In fact, the nurses worked in their own environment with their native and ethical approaches and practices, and the knowledge of the codes and the use of the codes by them were incomplete, which was similar to the results. Dornukur quotes Gold and Miller et al., Says the concerns about ethics for nurses are on the rise. Research on the use of nurses 'access codes has shown that nurses' knowledge of both ethical codes and their use is not enough [21]. Lawson et al stated that there is an inappropriate connection between physicians, nurses and patients in most of the ethical issues raises which could lead to the neglect of patients' rights. Previous studies reported similar results in order to communicate inappropriately [22]. In explaining the findings of this study, the content of educational intervention and its role on nurses' ethical performance can be mentioned. The educational intervention of the present study included the provision of items that were directly related to the ethical performance of nurses, including the definition of ethics, the statement of moral principles, truth-telling, right of the patient to be informed of the treatment process and the secrets of the patient which can be considered.

Also, the third session of the training package was about providing an overview of the subscales of moral codes that undoubtedly did not affect the ethical performance of nurses. In explaining the effect of teaching ethical codes on the ethical performance of nurses may be attributed to the

role of the implementation of the training group. With a group discussion, people can share their ideas and experiences. Self-confidence is strengthened in people and morale of criticism is created in them. The method of group discussion is very helpful in strengthening the argument and the power of regular thought. People learn that they have to change a series of badly learned patterns. Focusing views and determining the contributing factors involves determining the priorities of the participants, providing solutions and suggestions appropriate to the existing conditions and determining the weaknesses of the systems. It should be noted that the difference in looking at ethical issues in professional performance has led to different definitions and different solutions. It is hoped that the findings of the present study may lead health system policy makers to designing extensions, monitoring and management plans to improve the observance of nursing ethics principles in order to promote the rights of patients. The interest and satisfaction of nurses in participating in professional ethics code training courses showed that the Iranian nursing community is ready to apply professional codes of ethics in Iranian nursing and using the ethical implications that affect clinical performance will make your career path even more vibrant and more energetic. Observing professional ethics creates a good working environment and consequently leads to conscientiousness. In such a work environment, job satisfaction increases which will be an investment for managers and will cope with problems like absenteeism and tension. Managers can use the existing capacities in the form of in-service training with the title of professional ethics codes in nursing to enhance the level of knowledge, attitude and practice of nurses.

Acknowledgments

In this way, we would like to thank the directors of Mofid Subspecialty hospital Pediatric and also the nurses of this hospital to participate in this study.

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