

Maintaining professional integrity in Iranian nurses

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ABSTRACT

Aim To determine obstacles in maintaining professional integrity of nurses and their strategy to overcome them.

Methods A conventional content analysis was conducted by 16 interviews. The data collection instruments were semi-structured interviews, observation and field notes. The interviews were recorded and transcribed verbatim, then analysed by Grandhime and Landman approach. For the validity and reliability of the study Guba and Lincoln criteria were used.

Results Latent meanings were formulated into “passive management”, “inefficient organization”, and “solid spirituality” themes. Passive management consisted of “lack of support from managers”, “not understanding the nurses” and “improper supervision system”. Inefficient organization was composed of “nursing staff shortages”, “underestimation of nurses’ roles” and “high workload”. “Religious beliefs” and “personal beliefs” constituted the “solid spirituality” theme.

Conclusion There are factors that decline motivations in Iranian nurses; nevertheless, it is still possible to be a professionally integrated nurse. Among many factors contributing to internalization of professional integrity of nurses, spirituality is one of the most prominent factors.

Key words: Codes of Ethics, qualitative research, nurse, spirituality

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INTRODUCTION

Ethics is essential in all occupations, especially in the nursing profession, because ethical and responsible behaviour of the nurses with patients plays an effective role in improving and restoring their health, thus it can be said that the nursing profession is based on ethics (1). The nurse needs ethics in any educational setting, because the consequences of her practice depend on her ethical knowledge. Ethical knowledge is one of necessities of nursing education, because ethics in health care is recognized as an important component. However, some nurses are far from ethical realities of their work. There is a group of nursing researchers who see and express all the functions of this profession based on ethics and colour. Professional practice of nursing is so intertwined with ethics that it can be said that nursing is a philosophy of ethics (2). Professional ethics is the essence and the mission of the nursing profession. It aims at providing health care, medical and rehabilitation services at the highest standard for maintenance, preservation and promotion of community health (3).

The American Nursing Association has identified a set of ethical values and behaviours specific to the nurses. It is essential for nurses to internalize these values in order to maintain and develop their professional identity. These values include respect for human dignity, accountability, compassion, trust and professional integrity (4)

Professional integrity is a profound individual phenomenon and a part of professionalization (5). It is among professional values mentioned in the ethical code of the Professional Nursing Association (6). Professional integrity is defined as a commitment to five fundamental values of integrity, trust, equality, respect and accountability (4). It also refers to the acceptance of principles and ethical standards and practices based on ethical codes (7). The value systems of a person form the basis of professional integrity (8).

Ethical challenges cause problems such as irresponsibility, mistrust, feelings of helplessness, anger and frustration, burnout and job dissatisfaction among the nurses (7). Since nurses are the largest health care provider group, and have a significant effect on the quality of health care and ethics will be an effective factor in improving performance of the nurse in delivering quality care

(8). Research shows that many practicing nurses are not familiar with their professional codes and few nurses actually rely on these codes while making ethical decisions. Ethical distress with destructive effects on mental health is followed by anxiety and failure in nursing career. In case of noncompliance, negative effects of ethical distress will be expressed as worthlessness, anger, depression, shame, and discomfort in their professional life. (9). To overcome ethical challenges in the 21st century, nurses and other care providers need to tend to professional values guiding their performance, behaviours and professional decisions (10). It is imperative to acquire and internalize professional values for professional development and to provide a common framework in which it is possible to meet professional standards and expectations in addition to increasing ethical conflicts in the field of care (11).

The aim of this study was to determine obstacles in maintaining professional integrity of nurses and to investigate a strategy they adopted to overcome them.

PARTICIPANTS AND METHODS

Participants and study design

This study was conducted in 2018 using conventional content analysis at teaching hospitals affiliated to Golestan University of Medical Sciences (North of Iran). The main participants were clinical nurses who provide care according to the professional values; through the study, data led the researcher to interview head nurses, faculty members, patients, and patients' companions. Sampling was done purposively and with maximum variation in terms of variables such as age, job position, and working experience. Selection criteria included being approved regarding professional integrity from the point of view of colleagues, supervisors, matrons, and patients, being completely alert, and being able to communicate and share experiences verbally. Sampling and data collection continued until data saturation was met. After conducting 16 interviews, no more new information was obtained from the subjects and hence, the data saturation was achieved.

Rights of the participants, aim of the study, and confidentiality of their identity were explained to them by the researcher, and a written consent

was obtained from all the participants. The study was approved by the Research Deputy and Research Ethics Committee of Golestan University of Medical Sciences.

Methods

Data collection instruments were semi-structured interviews, observation, and field notes. Regarding determining the time and place of the interview, researcher and educational supervisor referred to nursing ward and visited the participants, and the time and place of the interview were determined according to participant's preference. The interviews lasted 25 - 90 minutes depending on the participants. All interviews were conducted by one researcher and were recorded by a tape recorder. Interviews were held in a quiet room according to participant's preference. Two interviews were held at the Faculty of Nursing and Midwifery and the rest of them were conducted in their wards. The contrary cases were interviewed using written questions.

After warming up in the beginning of the interviews, questions such as "Please describe an experience of your routine work?" and "based on your experiences, which challenges have you faced which affected your professional integrity?" were asked. Exploratory questions for instance, "Please give an example to help better understanding of your experience?" "Please explain more" were asked to deepen the interview. Each interview was transcribed verbatim in the first 24 hours, and then was coded. In addition to the interviews, the researcher wrote 20 pieces of field notes from her observations in teaching hospitals. After each quotation we used [Pn] mark, which refers to the participant number.

Statistical analysis

OneNote software was used for sorting the data. Data were analysed through the content analysis methodology proposed by Graneheim and Lundman (12). The interviews were read several times with respect to emergence theory, then all interviews were considered as a single text supposed to be analysed and coded. Paragraphs, sentences, or words were taken as a meaning unit; they were coded according to their latent concepts. These codes were compared based on their similarities and differences, and specific labels were assigned

to them. After categorization and a deep reflection on their content, the latest content of these categories was merged into themes.

Guba and Lincoln criteria were used to assess validity and reliability of the study (13). The researchers tried to fulfil the credibility by involving themselves with the participants and the process of data collection for a long period of time, and checking the transcripts with the participants. Data validation was achieved by doing step-wise as well as auditing reviews by supervisors and consultants and other experts. Confirmation was improved by the comments and approval of the study supervisors. To ensure the transferability of this study, the researchers tried to provide an accurate report of participants' statements to be used in other contexts.

RESULTS

A total of 16 participants were interviewed, among whom four were male and the rest were female. Regarding job position, three participants were head nurses, two of them were faculty members, two were a patient and his companion, and the rest were nurse practitioners. Age range of the participants was between 23 - 57 years of age, and their working experience ranged between 6 months to 30 years (Table 1).

Table1. Overview of general characteristics of 16 participants

Number	Age (year)	Gender	Year of experience	Job position
1	38	Female	16	Nurse
2	29	Female	7	Nurse
3	41	Female	19	Head nurse
4	44	Female	22	Head nurse
5	45	Male	21	Head nurse
6	57	Male	30	Faculty member
7	27	Female	5	Nurse
8	39	Female	17	Nurse
9	44	Female	22	Head nurse
10	23	Female	1	Nurse
11	25	Female	3	Nurse
12	30	Female	8	Nurse
13	36	Female	12	Faculty member
14	24	Female	2	Nurse
15	52	Male	-	Patient
16	35	Male	-	Patient accompany

After deep reflection on the transcripts of data, a total of 1963 initial codes were extracted. After omission of similar codes, 706 primary codes remained. These codes were categorized into 135 sub-categories, and were consequently merged to 8 categories according to their similarities and

differences. Latent meanings were formulated into “passive management”, “inefficient organization”, and “solid spirituality” themes. Passive management consisted of “lack of support from managers”, “not understanding the nurses” and “improper supervision system”. Inefficient organization was composed of “nursing staff shortages”, “underestimation of nurses’ roles” and “high work load”. “Religious beliefs” and “personal beliefs” constituted the “solid spirituality” theme (Table 2).

Table 2. Themes and categories derived from data analysis

Theme	Description
Inefficient organization	Nursing staff shortages, underestimating nurse roles, high work load
Passive management	Lack of support from managers, Not understanding nurses, improper supervision system
Solid spirituality	Religious beliefs, Personal beliefs

Passive management

Sub- categories of passive management were labelled as “lack of support from managers”, “not understanding the nurses”, and “improper supervision system”. Some of the participants, especially negative cases stated that they were not supported and understood by their head nurse or supervisors. For example, participant number 7 said, “When we suggest shift plan to the head nurse, she discriminates between the nurses. When I was working in emergency ward, sometimes I had to attend 13 night-shifts in a month. It made me really tired” [P7].

Participant number 15 said, “One of the things that bothers and discourages me is that there is no difference between serious and reluctant nurses for the head nurse. Not only would I be discouraged, but also I feel being disrespected and not supported. The patient’s companion insulted me because of lack of facilities but my nurse did not support me. When I see nobody in the ward giving me support, so why should I sacrifice myself for the patients?” [14].

Another one emphasized, “It happened for me that I did not feel well in my working time, I was really sick. I asked the head nurse to substitute me with another nurse and let me go home and rest. But he did not agree. He did not even call the supervisor to see if anyone could come instead of me” [P11].

One of the issues mentioned by the participants was lack of proper supervision system of nurses’ performance in the clinical setting. For example, participant number 13 said, “We do not have a proper nursing evaluation and monitoring system. This has made nurses’ performance drop to the lowest level. Most nurses do not adhere to scientific principles and standards because no one controls them. Since nurses got used to routine and non-standard performance, so it seems weird to the nurses when I do a standard procedure with my students in the ward” [13].

Inefficient organization

Inefficient organization was assumed as an appropriate title for “nursing staff shortages”, “underestimation of nurses’ roles”, and “high workload” are subcategories. Some participants complained of nursing staff shortages, for example, participant number 8 disclosed that “Sometimes, there is no sufficient number of nurses in the shift causing burdens for the rest of staff. I can say that most of mistakes have happened due to shortage in the number of nurses, if these shortages become resolved, the mistakes will also be declined” [P5]. Another one said “since we have a nurse shortage in the evening shift, especially male personnel, sometimes I have to wait for one and half hour more than my working time to take care of the patient returned from an operating room, for example, male patients who have undergone the surgery spinal analgesia may encounter urinary retention. So I should wait to resolve their retention with Nellaton’s catheter” [P8].

Some participants were really affected by nursing staff shortage. For instance, participant number 12 said, “Everyone knows, even the authorities know, that there were shifts in which I had to take care of 10 patients; sometimes it has been so crowded that we hospitalized patients in the ward aisle. The nurse-patient standard is never met, making us really tired. I do not know when this problem will be solved” [12].

Some participants declared that their emotions are influenced by nursing image among people due to inefficient management in the nursing system. For example, one of them said, “You also know, we are involved with patients as much as a physician. But doctors have more control over the management. They show that their profession

is more significant in the society. Our authorities are under physicians' control. Because of that, our efforts are not reflected well in the society. In my opinion, the only thing that pleases me is that God is enough, as the divine part of my job" [11].

Solid spirituality

Solid spirituality was labelled with "religious beliefs "and" personal beliefs "subcategories. Along all the interviews, participants talked about their religious beliefs, for example, participant number 5 said: "Some people forget the God. But I tried to remind the God while taking care of the patients. He knows everything. Sometimes, there is a situation where you are alone with your patient. Maybe the patient does not realize, for example, he/she is unconscious or a child. But, the God oversees all our actions" [P4].

One of the participants disclosed that, "One of the things that matters to me is that we have been taught based on our beliefs and should adhere to them, thus we have to earn Halal money for our family. I have to do my best for patients because I am getting paid for it, and it needs to be Halal" [P5].

Almost all the participants tried to put themselves or a member of their family into patients' shoes to understand them well. For instance, participant number 8 said, "Whenever I do something for my patient, I mentally substitute myself with him/her. I ask myself whether the quality of my care is appropriate if the quality is satisfactory for me as a patient, it means that my care is right" [8].

All the participants strongly believed that humans were valuable and they loved helping the others. They do their best to help people. For example, participant number 10 said, "I really love my job. I have loved nursing since childhood. It helps me feel good when I help a person. We have to help each other. Sometimes my working time is over and I should go home, but I am still busy taking care of the patients" [10].

Although nurses have many difficulties such as low income, high workload, and nurse staff shortage, but they believed that these issues do not influence their professional integrity. They believed that the God returns the result of their care in their life. One of them said: "Our parents were responsible for taking care of us. It affected me. I like my profession. Financial challenges do not have any effect on me. Some nurses state that our

income is nothing. But I have not accepted this thought and tried to never give up on my job. I am sure that the God is the one who is aware of our hearts and will give good results" [P9].

Ethical consciousness is a factor, which helps maintaining integrity of the nurses. Most participants pointed it out. For example, participant number 3 said, "It may have happened to me that I was tired and tired of the thought that I would not check the temperature of the patient, for example, because he did not have fever, but something inside me told me that it was wrong. I cannot cope with my conscience if I want to ignore the honesty" [3].

DISCUSSION

In this study, some issues with which nurses are involving in clinical setting regarding providing care for the patients were discussed. The issues such as inefficient organization originating from some challenges such as nursing staff shortages, underestimation of nurses' roles, high workload, and passive management originating from lack of support from managers, not understanding the nurses, and lack of proper supervision system. These findings are in line with the study conducted by Farsi et al, who investigated challenges of the Iranian nurses and disclosed them as important items declining nurses' satisfaction. Nursing staff shortage results from financial constraints and under-employment policies of government agencies, as many restrictions have been imposed on the recruitment of new health workers, especially from 2002 to 2005. In those years, hospitals could employ only two nurses, while the number of nursing graduates is not low in Iran. Instead, there is a shortage in the number of job opportunities for new graduates. Some graduates do not pursue a job and some immigrate to other countries (14).

Another issue disclosed by the participants was lack of proper supervision systems. A systematic supervision structure enables the nurses to reflect, analyse, solve problems, plan their actions, and learn from their experiences. Advantages of this system would improve quality of care of the patient, reduce the stress, and enhance skills and job satisfaction (15). Findings of this study showed that lack of supervision system in some cases can cause nurse dissatisfaction and discourage them to work based on professional principles.

In the literature of nursing, spirituality is defined as a search for the meaning of life. Religious beliefs are recognized as a tangible expression of spirituality and affirmation of higher power. Religious beliefs affect one's ethical decision-making. In an interview, dr. Clive emphasized that religious beliefs influenced performance of the nurses (16).

This suggestion is confirmed by a study conducted in England showing that spiritual beliefs of the nurses contribute to the attitude of nurses towards suicide (17). Experiences of the participants indicate that spiritual beliefs developed from religious and personal beliefs influenced their care affairs and helped them to overcome clinical issues. Thoughts about God presence and Halal income, human values, and the interest in the profession were found to strongly influence their actions and help maintaining professional integrity in the challenging context for Iranian nurses.

Integrity involves conscience and can be in conflict with decisions, when there are different belief systems (18). Nurses face situations that require ethical attention and judgment in everyday affairs. When they are able to meet their expectations under certain conditions of care and their ethical decisions are in line with their conscience, they are at a lower risk of suffering from guilt or mental disorder (19). Almost all participants talked about the effect of conscious and internalized ethical obsession on their caring role. When nurses are unable to make a balance between their ethical integration and ethical issues, this may result in ethical distress. Ethical distress is associated with feelings of anger, anxiety, guilt, sadness, frustration, and helplessness (20). Participants of the current study disclosed feelings such as "a doom of conscience", "guilt", and "sorrow" after incompatibility due to ignoring professional integrity.

The idea of caritas, love, and affection is the core of the nursing care. According to Eriksson, the power of love is real humanity, which is nurtured in a compassionate way. Caring for love indicates self-esteem as well as altruism, "Altruism is referred to a concern for autonomy regarding the well-being of others" (Jeffrey, 1998) (21). Loving the profession was among prominent factors expressed by almost all study participants. They emphasized that they really want to help others.

They have dedicated themselves despite the problems in the nursing profession in their country as mentioned above. Participants expressed less influence on their professional integrity compared to issues such as financial constraints, high workload, etc. Some participants of this study stated that, they even spend part of their wages to help the patients, and some of them take care of the poor at home freely, indicating their religious beliefs and humanitarian sense.

In conclusion, there are some difficulties ahead in terms of keeping the integrity for Iranian nurses, nevertheless, nurses try to keep their integrity in the field of caring. Among many factors contributing to internalization of professional integrity in the nurses, spirituality is one of the most prominent factors, which has a great role in performance according to the principles, and in many cases their performance beyond their responsibilities (called self-devotion). Although this study was carried out in Iran, spirituality has no boundaries. It can be generalized to all the nurses all over the world. Authorities, managers and faculty members are required to pay special attention to internalization of values such as altruism, conscience, empathy, and the presence of God in life and actions in order to decline the mistakes and promote quality of care.

It is expected that the findings of this study may provide all the authorities, educators, faculty members, and nurses working within the health-care sector a deeper understanding of the factors influencing professional integrity in clinical settings.

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TRANSPARENCY DECLARATION

Conflict of interest: None to declare.

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