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Perceptions and Practices of Nursing Professionals towards Healthcare Ethics: A Pilot Study from Coastal South India.

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ABSTRACT

Ethical and legal expectations are associated with the standard practices of healthcare professionals. The present research was carried out to study the perceptions and practices of nursing professionals towards healthcare ethics in hospitals of a medical institution in coastal South India. The study participants were administered a semi-structured questionnaire about their perception and practices of healthcare ethics. The responses of the participants were collected on a five point Likert scale. The data was analysed using SPSS version 11.5. The median age and experience of the study participants was 29 years and 5.5 years respectively. Awareness levels were observed to be particularly higher for consent related issues and lower for the issues relating to confidentiality and treatment in emergency conditions. In the present research a large number of the participants felt that besides providing standard healthcare, ethical conduct is important to avoid legal as well as disciplinary actions.

Keywords: Nursing professionals; Healthcare ethics; South India

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INTRODUCTION

Healthcare environment is undergoing a constant change in response to the societal demands for an affordable and accessible healthcare. The end goal of modern day healthcare is to provide quality and effective patient care [1]. With increasing public awareness, the conduct of the healthcare professionals is increasingly under scrutiny. The healthcare professionals face a number of complex ethical issues in their day to day practice. The rise in number of complaints about poor ethical conduct and litigations against healthcare professionals is a true testament to an increasing public awareness and inappropriate practices by the healthcare professionals [2].

The rise in ethical dilemmas in patient care as experienced by healthcare providers has been linked to technological advancement and an increase in pharmacological interventions [3]. Hierarchical work system and lack of resources can also contribute to the rising ethical problems among healthcare professionals [4].

The code of conduct and regulations for the healthcare professionals are devised and updated periodically, and are incorporated in the training curriculum of healthcare professionals' in many countries [2]. 'A professional nursing ethics is a living, dynamic set of standards for nurses' professional moral behavior' [1]. It consist of the nurses' duties and responsibilities to the well-being of patients, their profession, colleagues, other health professionals, and the society [5]. The International Council of Nursing [ICN] Code of Ethics for Nurses serves as the standard for nurses worldwide and is being reviewed and revised in response to the ground realities of nursing and healthcare in the changing society [6]. Nurses consider values such as honesty, self-control, responsibility, tolerance, understanding, solidarity, and condescension when making decisions [7].

The knowledge and awareness of healthcare ethics among healthcare professionals is essential. A report on the perceptions of medical practitioners towards healthcare ethics in the region is published recently [8]. Though healthcare ethics forms an important component of basic nursing programs in many parts of the developed world, the issue is often neglected in the developing nations. There is a paucity of literature on the perceptions of nursing professionals regarding healthcare ethics, especially in relation to patient consent, confidentiality and conduct in India. The present study thus, attempts to elucidate the perception and practices of the nursing professionals towards healthcare ethics in the region.

MATERIALS AND METHODS

A cross sectional study was carried out among the nurses working in the associate hospitals of Kasturba Medical College (KMC), Mangalore. Before commencing the study, ethical approval was obtained from the Institutional Ethics Committee (IEC) of KMC, Mangalore. The nurses were detailed about the aims and objectives of the study and a written informed consent was obtained from those who were willing to participate in the study.

The study participants were administered a semi-structured questionnaire about their perception and practices of healthcare ethics. The questionnaire was in English and consisted of two sections. The first section of the questionnaire was regarding the socio-demographic information about the participants and the second section was about their responses to specific questions related to ethics in nursing practice. All the questions were explained in detail to the participants for better understanding as well as to avoid ambiguity in responses. The responses of the participants to the specific questions on healthcare ethics were collected on a five point Likert scale; 1-strongly disagree, 2-disagree, 3-not sure, 4-agree and 5-strongly agree. The data was analysed using SPSS (Statistical Package for Social Sciences) version 11.5 computer software (SPSS, Inc., Chicago, IL, USA). The results were expressed using descriptive statistics. For presentation of results in the tables scores of 1 and 2 were taken together as disagreement and 4 and 5 together as an agreement to the items in the questionnaire.

RESULTS

A total of thirty eight nursing professionals (Males=2, Females=36) participated in the study. The mean age of the study participants was 32.24 years (Table 1). The majority of the participants had completed their graduation in nursing (n=35, 92.1%), two participants were diploma holders and one had completed her post-graduation. The mean experience of the study participants was 8.05 years (Table 1), and the majority of

the participants had a work experience of 10 years and less (n=28, 73.8%). The participants had obtained information pertaining to healthcare ethics during their graduation (47.4%) followed by their experiences at work (44.7%) (Table2).

Table 1: Baseline characteristics of study participants (n=38)

	Mean (\pm SD)	Median (IQR)
Age (years)	32.24 (8.62)	29.0 (26-36)
Work experience (years)	08.05 (8.26)	05.5 (2-12)

SD – Standard Deviation; IQR – Inter Quartile Range

Table 2: Sources of information on healthcare ethics among the study participants

Information obtained during	N	%
Graduation	18	47.4
Experience at work	17	44.7
Lectures/Seminars/CME/Conferences	04	10.5
Self-reading/ Literature	03	07.9

*Participants were allowed to indicate more than one option, if required

Regarding the perceptions of the participants on issues relating to consent in medical practice, most of the participants held that consent should be taken for major and minor operations, routine investigations, and for treatment with adverse reactions. The majority of the participants said that consent should not be taken for general physical examination (Table 3). Awareness levels were low regarding the issue of consent of parent/ guardian in treatment of children in emergency and non-emergency situations. The participants were divided in their views on consent of parent/ guardian in treatment of children in emergency conditions. A proportionately larger number of participants agreed that consent of parents/ local guardians should be taken in non-emergency than emergency conditions (Table 3). For the issues related to confidentiality and disclosure in healthcare services, the majority of the participants opined that close relatives should be detailed about patient’s serious condition.

Table 3: Perceptions of participants on issues relating consent (n=38)

Item	Disagreement N (%)	Not sure N (%)	Agreement N (%)	Median Likert Score (IQR)
Consent should be taken for-				
a-Major operations	01 (2.6)	--	37 (97.4)	5.0 (4-5)
b-Minor operations/ Procedures	--	--	38 (100)	4.5 (4-5)
c-Routine investigations	04 (10.5)	02 (5.3)	32 (84.2)	4.0 (4-5)
d-Treatment with adverse reactions	--	04 (10.5)	34 (89.5)	4.0 (4-5)
e-General physical examinations	30 (78.9)	05 (13.2)	03 (7.9)	2.0 (1-2)
Children should not be treated without consent of parents/guardian in-				
a-Emergency	20 (52.7)	--	18 (47.3)	2.0 (1-4)
b-Non-emergency	09 (23.7)	03 (7.9)	26 (68.4)	4.0 (2.8-5)

IQR – Inter Quartile Range; Likert Score (1,2-Disagreement, 3-not sure, 4,5-Agreement)

Table 4: Perceptions and practices of participants on issues of confidentiality and disclosure (n=38)

Item	Disagreement N (%)	Not sure N (%)	Agreement N (%)	Median Likert Score (IQR)
Confidentiality is not important in-				
a-Legal issues	17 (44.8)	3 (7.9)	18 (47.3)	3.0 (2-4)
b-Social issues	15 (39.5)	3 (7.9)	20 (52.6)	4.0 (2-4)
c-Employment issues	16 (42.1)	3 (7.9)	19 (50.0)	3.5 (2-4)
Close relatives should be detailed-				
a-When patient condition is not serious	18 (47.3)	3 (7.9)	17 (44.8)	3.0 (2-4)
b-When patient condition is serious	02 (5.2)	3 (7.9)	33 (86.9)	4.0 (4-5)
Patient should be informed of a wrong	12 (31.6)	13 (34.2)	13 (34.2)	3.0 (2-4)

IQR – Inter Quartile Range; Likert Score (1,2-Disagreement, 3-not sure, 4,5-Agreement)

Mixed responses were obtained for other issues related to confidentiality and disclosure enquired about in the questionnaire (Table 4). The majority of the participants held that ethical conduct is important to avoid legal as well as disciplinary actions (Table 5).

Table 5: Perceptions of participants on importance of ethical conduct (n=38)

Item	Disagreement N (%)	Not sure N (%)	Agreement N (%)	Median Likert Score (IQR)
Ethical conduct is important to avoid-				
a-Legal action	--	02 (5.3)	36 (94.7)	4.0 (4-5)
b-Disciplinary action	01 (2.6)	03 (7.9)	34 (89.5)	4.0 (4-5)

IQR – Inter Quartile Range; Likert Score (1,2-Disagreement, 3-not sure, 4,5-Agreement)

DISCUSSION

Nursing care is a physically and mentally demanding practice that is delivered in increasingly complex conditions dealing with ethical issues and dilemmas. Work stress and overload for nurses have been associated with ethical demands and poor patient outcomes [3]. Ethical dilemmas arises usually in situations that involve two alternatives regarding the treatment or conduction of a case, or non-disclosing of a report to the family members which even though technically justified, can give rise to moral and social questionings [7].

The healthcare professionals with a basic knowledge of ethics and law can gain a better perspective in various areas of healthcare including ethical and legal issues in patient care and have an impact on the rising costs of medical litigations [9]. In the present research, the information on healthcare ethics was obtained by the participants’ mostly during their graduation and based on experience at work. In a study conducted at Barbados, 20% of senior nursing staff had little knowledge of the law pertinent to their work, 25% of the nurses did not know about the Nurses Code and 37% of the nurses had no knowledge of an existing hospital ethics committee [2].

An ethical issue refers to situations with uncertain responses, and in such cases, previous experience and education of nurses can help them in the decision making process [10]. The nursing ethics primarily deal with the ethics of ‘caring’ rather than ‘curing’ based on the nature of nursing practices and nurses’ association with the person in care [11]. Ethical dilemmas for nurses can arise in situations when decisions are to be made in emergency conditions, on life-sustaining treatment and in circumstances relating to the patient’s best interest.

Similar situations may in turn lead to ethical problems concerning informed consent and confidentiality [12]. In a study conducted in Malaysia, more than 90% of the nurse managers experienced ethical issues. Nurse managers were of the opinion that probably the best and the immediate reliable measure for dealing with the complex ethical issues regarding ‘patient care’ was to ‘discuss with doctors’ [13].

Informed consent and confidentiality forms the basis of good healthcare services. The issue of informed consent is based on the principles such as rights of the patient, beneficence and respect for autonomy. An informed consent is considered to be valid only if it is obtained from a competent person after complete disclosures and without any coercion of any sort. The nurses have a distinct role in ensuring the validity of consent by enhancing patients' opportunities for becoming informed and by observing for signs of incompetence and coercion [14]. Confidentiality on the other hand is a part of professional practice that protects human rights. The issue of confidentiality arises when one person discloses information to another [15]. Regarding the perceptions of the participants on issues relating to consent in medical practice, most of the participants were in agreement that consent should be taken for all operative procedures, routine investigations, and for treatment with adverse reactions. On the issues related to confidentiality and disclosure in healthcare services, the participants were divided in their opinion. Most of the participants were in agreement that close relatives should be detailed about the patient’s serious condition. The present research thus, observed a particularly higher levels of awareness for consent related issues and lower levels of awareness for the issues relating to confidentiality and treatment in emergency conditions.

Work stress and overload have been associated with the increasing ethical strains and poor patient outcomes among nursing professionals [3]. Ethical problems are thus, associated with busy schedule and time constraints, lack of detailed information, and impaired cognitive abilities in the patients [10]. The approach of nurses to ethical issues depends on their perception of hospital ethical environment. A study done in Jentashapir among nurse managers found that the hospital ethical environment plays an important role in job performance and also effects the quality of patient care [4]. In the present research a large number of the participants felt that besides providing standard healthcare, ethical conduct is important to avoid legal as well as disciplinary actions.

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