INVESTIGATING THE PERSONNEL’S AND STUDENT’S PERSPECTIVES ABOUT THE ETHICAL CLIMATE IN HOSPITALS OF ZAHEDAN

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Received on 04-05-2016 Accepted on 30-05-2016

Abstract

Introduction: Nurses face to complicated situations in providing required cares of patients in which to make right and ethical decides in these situations need to positive Ethical climate in hospital. The aim of this study was to investigate the personnel’s and student’s perspectives about the ethical climate in educational hospitals of Zahedan.

Procedure: The study is descriptive-analytical which was conducted on 133 participants who had been selected by census. To collect the data, a two-part questionnaire was used that the first part was related to demographic features and second part was ethical climate questionnaire by Olson. The data was analyzed in SPSS 19 software by using statistical tests, variance analysis and t-test.

Findings: In this study, 62 students in the operating room and 71 personnel of operating rooms were participated. The relationship age and gender with perceived ethical climate was not significant (P>0.05). The average score of ethical climate in Ali-Ibn-Abitaleb hospital was 3.29, in Khatam hospital was 3.74 and in Alzahra hospital was 3.87. In general, ethical climate in operating rooms of hospitals of Zahedan was reported positive and differences between the ideas of students and personnel were very low.

Conclusion: The ethical climate in the operating rooms in educational hospitals of Zahedan is positive from the perspective of the students and personnel but some of the ethical aspects, especially the matters relating to doctors and their relationships with nurses, need to be promoted.
Key words: Ethical climate, Students of operating room, personnel of operating room, Zahedan

Introduction

Nurses to provide required cares for patients usually face to complex situations and different ethical problems such as failure to save patient privacy, personal hygiene, forced hospitalization, and euthanasia (4-1). To make right decisions and suitable ethical behaviors in these complex situations, positive ethical climate is needed in the hospital and positive ethical climate can be effective in improving nurses’ relationship with colleagues, patients, managers and doctors (5). Ethical climate indicates common recognition of individuals in an organization in the field of values and goals, required awareness about the ethical behavior and illegal behavior as well as how to resolve ethical problems (6). The ethical climate includes issues of power, trust and human interaction in an organization (7).

If there are a proper ethical climate and high support of management in an organization, employee’s performance will be good and organizational results will be better, but its absence may provide an opportunity for unethical behavior of employees in an organization (8).

A study by Huang indicated when nurses perceive favorable ethical climate in hospital medical errors are reduced (9). If proper ethical climate will be observed, job interestedness will increase and intention of job leaving will reduce that are two important factors in the hospitals (10).

While the shortage of nurses and job leaving by nurses is one of the major problems in the developed countries such as Iran. According to statistics in 2008, 90026 nurses working in Iran while 220000 nurses are needed and one of the today’s challenges in Healthcare organization is keeping committed nurses (11). In this regard, Shirey states that creating good and acceptable ethical climate leads to improve organizational commitment and training committed workforces (12).

Unethical behavior not only causes to organization’s harm, but also endangers that organization’s survival and researchers believe that a significant portion of unethical behavior is influenced by ethical climate in the organization (13). In a study by Nafi the results showed that there is a direct relationship between ethical climate and financial cycle of the nurses (14). Other evidence also confirms the impact of ethical climate on job interestedness and satisfaction (15-17), organizational commitment (18), job rotation (19), leadership styles, students’ educational attitudes, decision-making process and ethical judgment among students and personnel (20). During the clinical education which is a stressful period (21), students are required to respect and support from the educators and Hospital’s personnel (22) that the relationship among the
individuals is a stressor factor (23). So that inappropriate treatment by personnel with students in a clinical setting is recognized as one of the educational barriers (24). Therefore, to make a useful and appropriate education, a positive ethical climate is needed. According to the effects of ethical climate on personnel, organization and students (25), it was decided that it is conducted a study with the aim of investigating the personnel’s and student’s perspectives about the ethical climate in educational hospitals of medical science organization in Zahedan.

**Methodology**

The current study is descriptive-analytical which was conducted on 133 participants in 2015 (71 participants were personnel of operating room and 62 participants were students of operating room that was educating in terms 4 and 8) and selected by census.

The required feature for personnel to enter the study was employing at least for one year and for students was the students who they started to educate one year ago and were not transferred and guest student. To collect the data, a two-part questionnaire was used that first part was related to demographic features (age, gender, hospital of personnel’s workplace, Students’ educational terms) and second part was ethical climate questionnaire by Olson was developed in 1998 and contained 26 items in five areas of relationships with colleagues, doctors, patients and managers. Participants’ perceptions of ethical environment in operating room in five levels (Almost never=1/ rarely=2/ sometimes=3/ usually=4/ almost always=5) were evaluated by Likert scale. Therefore, the minimum possible total score for each individual was 26 and the maximum score was 130.

Thus, to better comparing the score of each area and total score divided by the number of items, the range of number was from 1 to 5. Based on the classification by McDaniel, score higher than 3.5 was the favorable comment of personnel about the ethical climate of hospital and indicated positive climate (favorable).

The questionnaire was translated to Persian by Mobasher and colleagues in 2004 and its reliability was 0.92 (23). To collect data the researcher went to three hospitals in three shifts (night, evening and morning) and coordinated with department manager, after explaining the aim of the study and obtaining consent of personnel, the questionnaires were distributed and after completing the questionnaires by personnel, researcher collected the questionnaires on the same day.

To collect the students’ questionnaires, researcher referred to the relevant university and after explaining the aim of the
study and obtaining students’ consent, the questionnaires were distributed and after completing the questionnaire, they were collected. Data were analyzed in SPSS 19 software by using statistical tests, variance analysis and t-test.

Findings

In the current study 62 university students of operating room participated of which 36 participants (58.1 percent) were female and 26 participants (41.9 percent) were male. The average age of participants was 21.65 ± 1.6 and 34 participants (54.8 percent) who were studying in term 4 and 28 participants (45.2 percent) who were studying in term 8. The relationship between demographic characteristics (age, semester and gender) and perceived ethical climate was not significant (P>0.05). The relationship between semester and patients safety (P=0.04) and colleagues (P=0.008) was significant and between females and students who were studying in term 8, ethical climate was perceived better.

71 personnel of operating room also participated in this study which were employing in three educational hospitals, 30 participants in Ali-Ibn-Abitaleb hospital (42.2 percent), 25 participants in Khatam hospital (35.2 percent) and 16 participants in ophthalmology hospital named Alzahra (22.2 percent). The average age of participants was 28.34 ± 5.05 and 59 personnel (83.1 percent) were female and 12 participants (16.9 percent) were male. The average score of ethical climate in Ali-Ibn-Abitaleb hospital was 3.29, in Khatam hospital was 3.74 and in Alzahra hospital was 3.87. Between age and gender of personnel with perceived ethical climate and each of areas significant relationship was not observed (P>0.05) and females’ perception of ethical climate was better than males, but there were significant relationships between the types of hospital with perceived ethical climate and colleagues safety (P=0.001), doctors’ safety (P=0.001), hospital (P=0.03) and managers (P=0.04).

Frequency distribution of obtained score from the questionnaire of ethical climate by personnel and students in general ethical climate and each of ethical climate areas is illustrated in table 1.

Table 1: Frequency distribution in ethical climate and ethical climate areas among the personnel and students.

<table>
<thead>
<tr>
<th>Student’s score in each area</th>
<th>mean</th>
<th>Standard Deviation</th>
<th>Personnel’s score in each area</th>
<th>mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>colleagues</td>
<td>4.00</td>
<td>0.63</td>
<td>colleagues</td>
<td>4.23</td>
<td>0.51</td>
</tr>
<tr>
<td>patients</td>
<td>3.70</td>
<td>0.69</td>
<td>patients</td>
<td>3.88</td>
<td>0.55</td>
</tr>
</tbody>
</table>
According to table 1, the highest score in the area of ethical climate among the students and personnel is for colleagues, but the lowest score among the personnel and the students is for the hospital.

According to score classification of Olson questionnaire, in general ethical climate in operating rooms of hospitals of Zahedan was positive and disagreement between students and personnel was very low.

**Discussion**

The results of the current study showed that the personnel’s and students’ perception of ethical climate was positive which was more desirable than Fazljoo and colleagues study (26), Jalali and colleagues study (27), but was lower than Khezni and colleagues study (28), Sauerland and colleagues (29). These differences indicate that the managers can work to further improvement of the ethical climate. But in a study by Abdollahzadeh and colleagues which was conducted in Tabriz (30), students had negative perspective of the ethical climate in the hospital. The study also by Jolayi and colleagues (31) in which 210 nurses of the hospitals of Tehran participated in the study had negative perspective of the ethical climate which was inconsistent with the results of this study. It should be noted that the ethical environment is the individuals’ public perception of relevant functions and organizational methods that have ethical content and by existed differences in individual’s situations, work groups and perceiving ethical climate in an organization can be different and can be the justifier of result’s differences of the current study with other studies. The lowest average score was related to the doctors’ area which was consistent with the studies by Khezni and colleagues (28), Abdollahzadeh and colleagues (30) and Huang (32). Perhaps one of the reasons is physician’s governorship systems in the medical centers that causes to ethical tensions greatly (31).

Lack of effective relation between the nurses and doctors can cause loss of nurse’s self-esteem and his/her depression and medical errors may increase that will be the most harm to the patient (33). In addition, the lack of mutual respect and trust between the doctors and nurses cause to undermine the dignity of the parties from the perspective of medical and nursing students that this may be a negative factor of the students’ attitude of the medical profession (34). When the relation...
between the nurses and the doctors improves and the nurses’ duty is clear, participatory decision-making and finally their work value will be perceived well and the nurses will have more staying in their job (35). Therefore, it is expected that the managers make constructive and certain decisions to improve these relations. In this research the most average score among five areas of the ethical climate is related to the colleagues’ area that was consistent with the study by Abdollahzadeh and colleagues (30) and was inconsistency with Jalali and colleagues (27). The managers should apply every effort to maintain this position, because the teamwork and support from colleagues in the nursing profession is an important principle and it can be a cause of lasting job and ignoring other symptoms (36-38).

In this study a significant relationship was not observed between perceived ethical climate and the gender which was consistent with a study by Pugh conducted in 2015 (39) and among the students females and among the personnel males had the better perception of ethical climate. In the study by Fazljoo and colleagues (26) that 370 nurses from the hospital of Yazd participated, the significant relationship between the gender and the perceived ethical environment was reported which was inconsistent with the results of this study but as the results of this study, there was a better perception of ethical climate among the females of personnel. A significant relationship also was not observed between age and the ethical climate perceived by personnel that this result was inconsistent with the results of studies by Mobasher and colleagues (40) and Koivunen (41). According to the results in table 1, from the perspective of the personnel and students relations with managers in the educational hospitals of Zahedan was average that in according to the studies by McDaniel and Pauly (42-44) which was found one of the main concerns of nurses is lack of management support, it is necessary for improving these relations authorities find and use adequate solutions.

**Conclusion**

The results showed that from the perspective of personnel and students the ethical climate in operating room of educational hospitals of Zahedan is positive and managers and managers should do their utmost to maintain this situation. Some ethical aspects, particularly those relating to doctors and their relations with nurses, need to be promoted. Managers and authorities by improving the ethical climate governing in hospital can take an important step to improve the quality of care of patients and to increase the nurses’ satisfaction from their careers. For future studies, it is recommended that other factors such as employees’ salaries and the numbers of individuals’ shifts and other effective factors will be considered.
Acknowledgement

This study was the result of a student research project approved at Zahedan University of Medical Sciences. Hereby, we express our deep gratitude to those people who participated and collaborated in this study and Research authorities of Zahedan University of Medical Sciences who helped us in the process of data collection and financial support.

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