



Available Online through

www.ijptonline.com

ETHICAL CLIMATE FROM THE PERSPECTIVE OF SARI MEDICAL SCIENCES UNIVERSITY NURSING STUDENTS

Ali Reza Salar¹, HedayatJafari(Ph.D.)², Sadegh Zare^{3*}, Ehsan Salar³

¹Community Nursing Research Center, Zahedan University of Medical Sciences, Zahedan, Iran

²Traditional and Complementary Medicine Research Center, School of Nursing and Midwifery,
Mazandaran University of Medical Sciences, Sari, Iran

³Community Nursing Research Center, Student Scientific Research Center,
Zahedan University of Medical Sciences, Zahedan, Iran.

Email: zaresadegh93@yahoo.com

Received on 04-05-2016

Accepted on 30-05-2016

Abstract:

Introduction: nursing occupation serves numerous roles and it is of the greatest contact to the care-seekers. Due to the same reason it is always faced with abundant ethical problems in which case there is a need for making a decision based on ethical standards and such standards are subject to the ethical climate. The current study aims at the survey of the ethical climate from the perspective of Sari medical sciences university nursing students.

Implementation method: the current is an analytical-descriptive study which has been undertaken in 2016 in the nursing and obstetrics department of Sari University on 119 nursing students who had been selected based on a census statistical method. To collect the information, there was made use of a two-part questionnaire the first part of which was related to the demographic characteristics and the second part pertained to Olson's ethical climate standard questionnaire. The gathered data were analyzed by the use of SPSS, descriptive statistics, variance analysis test and t-test.

Findings: according to the results obtained in the current study it was found that the students had an average age of 21.56 ± 2.19, 72 students were women and it was shown that perceived ethical climate was higher in women. The relationship between gender and the perceived ethical climate was not statistically significant (p=0.594). 101 students had not passed the course on ethics in medicine and those who had passed this course showed a more positive perception in contrasts to those who had not, but the relationship between passing ethical course and perceptions of the ethical climate was not found to be significant (p=0.571). Generally, the students' perspective was evaluated as being positive regarding the ethical climate in the hospital.

Conclusion: the findings of the present study indicated that the majority of the nursing students had a favorable perspective of the ethical climate governing the training hospitals. It is evident that any effort in line with enhancing or improving the ethical climate can lead to offering high quality services, patients' satisfaction and also an increase in the students' motivation and their higher productivity in passing their apprenticeship courses.

Keywords: ethical climate, students, Sari

Introduction:

Nursing profession serves numerous and extensive roles and it has the highest connectivity and contact with the care-seekers and due to the same reason it is always challenged to deal with a lot of ethical problems and it is under such circumstances that it is required to make decisions corresponding to the ethical standards and norms and such standards are influenced by the ethical climate [1, 2]. Ethical climate is one of the most important subject matters in the studies on organizations, since the nurses relations and notions and those of the staff in any organization is subject to various factors including the ethical climate governing the work environment [3]. The staff members who perceive an optimum ethical climate in hospitals try to accompany their relations and interactions with fairness and decency and this makes their job satisfaction and commitment to be increased [4]. Organizational ethical climate has been realized as the staff common perceptions of what is known as ethical behavior and the way the individual reacts to the ethical problems and it is also recounted as part of the organizational personality. Ethical climate has been defined in two directions the first of which incorporates egoism, benevolence and principles and the second aspect encompasses the decision-making process and it is comprised of three standpoints: individual, local and global [5, 6]. According to the definition proposed by Olson "ethical climate is the individual's perception of the organization which is effective on his or her attitude and behavior and it acts as a reference to the individual's behavior. In his idea, ethical climate in health care organizations manifests itself in the relationships the professional individuals have with each other, with the managers and with the patients." Getting aware of the ethical climate, the nurses, physicians and the managers working in hospitals can determine and take advantage of solutions to improve their work environment ethical climate. Olson classifies ethical climate in five categories and points out that the perceptions nurses gain of their work environment is latent in their relationships with their peers, physicians, managers and patients and the hospital as a whole [7]. Undoubtedly, the university students are the most essential and the most effective and indeed the most determining group in the progress of the developing countries are the academic

institutions and particularly the university institutes and their operators and actors, to wit their students. Hospitals are stressful environments for the staff and the students who are busy working in such environments [8]. This is while one of the most important factors effective on the clinical training and education in the students is a peaceful climate free from tension in the clinical environment and the improper treatment styles regarding the students' clinical training have been cited as barriers to the proper clinical training [9]. A clinical environment can be said to have an appropriate climate for the students when they are accepted as young peers and members of a larger group and they are continuously appreciated and supported by the group [10] and such a condition is actualized when there is an optimum ethical climate governing the hospital. Therefore, the necessity for the existence of an ethical climate in the hospital is unavoidable. The creation and the preservation of the ethical climate in the hospitals' staff performance and the students' performance, as well, is not only an indicator of how to properly conduct but it is also encouraging the good performances and paying attention to the ethics will be followed by the requirement to learn constantly and perform well [6]. It has to be pointed out that responsibility for developing a positive professional climate has to be shouldered by the nursing managers and the executive officials in the health care organizations. In line with this, it is necessary that the nursing managers and the nurses to be aware of and familiar with the organizational ethical climate to be able to create and promote an ideal ethical climate [11]. Thus, the present study has been conducted with the objective of surveying the ethical climate from the perspective of the nursing students in Sari Medical Sciences University.

Implementation method:

The current analytical-descriptive study was carried out in 2016 in nursing and obstetrics department of Sari University on 119 nursing students who had been selected based on a census statistical method. The study entrance superiority was given to the students who had passed at least one year of education in nursing and they also had not to be transfer or guest students. That was because the students had to spend some time in the hospital to be able to conceive enough of the ethical climate. Also, the junior students in their last year were excluded of the research plan due to the problems and difficulties reaching them for the administration of the questionnaires. To collect the information there was made use of a two-part questionnaire the first part of which pertained to the demographic characteristics (age, gender and curriculum semester) and the second part was connected to Olson's standard and 26-item ethical climate questionnaire (designed by Olson in 1988). The individuals' perceptions of the ethical climate governing and prevalent in the hospital was evaluated

in five levels (1=almost never, 2=rarely, 3=sometimes, 4=often, 5=almost always) through making use of Likert's scale.

In this way, the lowest total score possible for every individual was 26 and the maximum total score obtained by the individual could reach as high as 130 and the scores 78 and higher were considered as indicative of a positive ethical climate and the scores lower than 78 were taken to reflect negative ethical climate. To make the scores to lend themselves better to comparison the scores obtained in each field and the total scores produced a numerical domain ranging from 1 to 5 through being divided by number of the items. Based on McDaniel's division method the score 2.5 and higher reflects the personnel's auspicious ideas respective to the ethical climate and it is indicative of a positive (favorable) ethical climate. The questionnaire was translated by Mobasher et al into Persian in 2004 and it has been shown to have an optimum reliability of equal to 0.92 [12]. To gather the data, the researcher attended the nursing and obstetrics department and after making the necessary coordination with the faculty education vice chancellorship firstly the study plan objectives were explained to the students and after an oral consent was acquired from the individuals the questionnaires were administered to the students in sufficient number in each curriculum semester. At the beginning of the questionnaires there was inserted a text to inform the participants of their voluntary cooperation with the research plan and it read "your cooperation means that you are consciously aware of your participation with the study project. Also know that the information you provide in the questionnaires in the format of answering to the items remain confidential and you are not exposed to any risk by any means". The data gathered were analyzed by the use of SPSS 19 and by taking advantage of descriptive statistics, variance analysis test and t-test.

Result:

According to the results obtained in the present study it was shown that the students' average age is 21.56 ± 2.19 . The relationship between age and ethical climate was not significant ($p=0.535$). 79 individuals (62.2%) were women and the perceived ethical climate was shown to be higher among women. The relationship between gender and the perceived ethical climate was not significant ($p=0.594$). 101 individuals (79.5%) had not passed a course on ethics and those who had passed courses on ethics showed a more positive perception respective to those who had not but the relationship between having passed a course on ethics and perceptions of the ethical climate was not significant ($p=0.571$). generally speaking, the students' perspectives in regard of the hospital's ethical climate was evaluated as being positive.

The relationship between ethical climate and curriculum terms and semesters has been illustrated in table 91).

Table 1: The relationship between ethical climate and the students' curriculum term.

		Number	mean	Standard deviation	total	p-value
Peers	Year 2	77	3.53	0.66	3.57 ± 0.63	0.078
	Year 3	42	3.55	0.51		
	Year 4	8	4.06	0.81		
Ethical climate	Year 2	77	3.32	0.54	3.39 ± 0.54	0.039
	Year 3	42	3.39	0.41		
	Year 4	8	4.00	0.74		
Physicians	Year 2	77	3.24	0.69	3.26 ± 0.68	0.039
	Year 3	42	3.19	0.53		
	Year 4	8	3.85	1.05		
Hospital	Year 2	77	3.12	0.59	3.24 ± 0.60	0.001
	Year 3	42	3.35	0.53		
	Year 4	8	3.85	0.63		
Patients	Year 2	77	3.29	0.66	3.35 ± 0.64	0.005
	Year 3	42	3.32	0.50		
	Year 4	8	4.06	0.83		
Managers	Year 2	77	3.49	0.66	3.56 ± 0.65	0.009
	Year 3	42	3.57	0.56		
	Year 4	8	4.22	0.72		

Discussions:

In the current study the results indicated that the ethical climate has been assessed as favorable by the students. In the study performed by Jahantigh et al the ethical climate has also been evaluated as optimum from the perspective of the nurses [4]. Vanaki et al cite the nature and the premise of the hospital activities as being laid upon the foundations of ethics [13].

Since ethics deals with the underlying motivations of the behaviors and discusses the right and wrong behaviors of the human beings [14] it has a fundamental niche and standpoint in the physicians and nurses' performances [15] in such a manner that observing ethics in the technical performances by the nurses is more sensitive and more significant than the health care general issues [16]. It has been determined that the nurses are capable of utilizing and applying professional

ethics and principles in confrontation with the patients [17]. Therefore it is suggested that the current situation needs to be preserved and in case there is a possibility it has to be improved.

In the current study the highest scores were obtained in the area of managers and peers. The researchers in the US and in Finland in their studies found out that one of the main concerns for the nurses is the lack of support from the managers' side [18, 19]. Such a difference in the results can be stemming from the fact that the managers are dependent on the individual policies and every individual selects to practice different management styles according to the personality characteristics s/he possesses. Since in every organization various individuals do the management task the discrepancy in the results should not come as a surprise. Also, in the field related to the peers we are faced with different individuals with different relations and connections in the organizations, therefore it can be asserted that different organizations can enjoy identical ethical climates. Also, according to the high scores in the field of the managers and ethical climate the results signify the importance of the role played by the managers in creating, developing and preserving the ethical climate [7]. In the current study the fields related to the physicians and the hospital obtained the lowest mean score, in other words, the lowest mean was obtained in the perceptions of the nurses of the ethical climate which is corresponding to the results obtained in the other studies [6].

Mutual relations and cooperation between the physicians and the nurses are among the constructive elements of the health care environment ethical climate which has been stated to be in its lowest level from the perspectives of the nurses studied in the current research and it can exert negative effects on the ethical climate. According to the ethical climate stance in offering safe and high quality health care services there is a need for applying strategies which improve the relations between the nurses and physicians. In educational environments other than the bad consequences resulting from the discrepancies and conflicts between the physicians and nurses which is finally going to take a firm grip of the poor patients it is the lack of mutual trust and respect which can cause the two parties damage of the reputation from the perspective of the students and this can lead the students to consider the nursing and medicine professions as their opponent rivals not a peer pursuing a common and shared objective.

One of the most significant limitations in the present study was the students' psychological status while completing the questionnaire which could exert an effect on their responding style, but it was attempted to complete the questionnaires on the right time and after the completion of the explanations regarding the study objectives and acquiring conscious consent

of the studied individuals. Our suggestion for future researches is the survey of the solutions for enhancing the ethical climate in the training hospitals.

Conclusion:

The findings of the present study indicated that the majority of the nursing students had a favorable and pleasant perspective regarding the ethical climate prevalent in the training hospitals. This is while, according to the undertaken studies, the ethical climate in the work environment is one of the important factors in enhancing job satisfaction, organizational commitment and consequently efficiency improvement. It is clear that any measures taken in line with the improvement of the work environment ethical climate will lead to offering high quality services, patients' satisfaction and also the increase in the students' motivation and productivity in their apprenticeship courses. Therefore, it is necessary for the managers to take expedient steps to preserve the status quo and to provide more appropriate climate in the hospital and satisfying and eliminating the weak points regarding the issue.

Acknowledgement:

The current study is a result obtained by a research plan in BA degree in nursing and obstetrics department in the University of Zahedan. We are hereby thankful to all of the participants in the study and also the officials and authorities of Zahedan medical sciences university and Sari medical sciences university whose generous and sincere helps greatly assisted us in data collection stages.

Reference

1. Miandoab NY, Arbabisarjou A, Zare S, Shahrakipour M. Surgical technology students' attitude toward their field of study. *Der Pharmacia Lettre*. 2015;7(12): 25–29.
2. Jahantigh M, Zare S, Shahrakipour M. The survey of the relationship between ethical climate and ethical behavior in nurses. *Der Pharma Chemica. Scholars Research Library*; 2016;8(3): 189–193.
3. Miandoab NY, Arbabisarjou A, Zare S, Shahrakipour M, Bradang N. Operating room staff attitude toward the ethical climate of educational hospitals. *Der Pharmacia Lettre*. 2015;7(12): 122–125.
4. Jahantigh M, Arbabisarjou A, Zare S, Shahrakipour M, Ghoreishinia G. Hospital's ethical climate and nurse's desired ethical climate in Ali-ebn-Abitaleb and Khatam-al-Anbia hospital of Zahedan (2015). *Der Pharmacia Lettre. Scholars Research Library*; 2015;7(12): 427–431.

5. Miandoab NY, Shahrakipour M, Zare S. The study of relationship between the ethical climate and job interestedness. *Der Pharma Chemica. Scholars Research Library*; 2016;8(3): 86–90.
6. Rahimi A, Ahmadi F. The obstacles and improving strategies of clinical education from the viewpoints of clinical instructors in Tehran's Nursing Schools. *Iranian Journal of Medical Education. Iranian Journal of Medical Education*; 2005;5(2): 73–80.
7. Khazani S, Shayestehfard M, Saeed-al-Zakererin M, Cheraghian B. Nurses' perception of actual and ideal organizational ethical climate in hospitals of Ahwaz Jondishapour University of Medical Sciences in 1390-91. *Iranian Journal of Medical Ethics and History of Medicine. Iranian Journal of Medical Ethics and History of Medicine*; 2013;6(2): 99–110.
8. Olson LL. Hospital nurses' perceptions of the ethical climate of their work setting. *Journal of Nursing Scholarship. Blackwell Publishing Ltd.*; 1998;30(4): 345.
9. Salar AR, Zare S. The survey of Zahedan medical sciences university students' psychological health status. *Der Pharmacia Lettre. Scholars Research Library*; 2016;8(3): 110–115.
10. Papp I, Markkanen M, von Bonsdorff M. Clinical environment as a learning environment: student nurses' perceptions concerning clinical learning experiences. *Nurse education today. Elsevier*; 2003;23(4): 262–268.
11. Huerta SR. Mission and hospital ethical climate as perceived by nurses. *ProQuest*; 2008.
12. Mobasher M, Nkhaee N, Garoosi S. Assessing the ethical climate of Kerman teaching hospitals. *Iranian Journal of Medical Ethics and History of Medicine. Iranian Journal of Medical Ethics and History of Medicine*; 2008;1(1): 45–52.
13. Vanaki Z. Explain the relationship between law and ethics in nursing. *First Congress of Medical Ethics. Tehran. 2001. p. 91–92.*
14. Tappen RM, Weiss SA, Whitehead DK. *Essentials of nursing leadership and management. FA Davis Company*; 1998.
15. Din Mohammadi N. Evaluation of nursing ethics compliance by nurses in hospitals Drfraynd dope Tehran University of Medical Sciences, 1382. MS Thesis. *Tehran University of Medical Sciences. Nursing*; 2004.
16. Malmsten K. *Reflective Assent in Basic Care (Uppsala. Uppsala University Press*; 1999.
17. Zerwekh J, Garneau AZ. *Nursing today: Transition and trends. Elsevier Health Sciences*; 2014.

18. Pauly B, Varcoe C, Storch J, Newton L. Registered nurses' perceptions of moral distress and ethical climate. *Nursing ethics*. SAGE Publications; 2009;16(5): 561–573.
19. McDaniel C. Development and psychometric properties of the Ethics Environment Questionnaire. *Medical Care*. 1997;35(9): 901–914.

Corresponding Author:

SadeghZare,

Email: zaresadegh93@yahoo.com