



Perceived ethical values by Iranian nurses

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Abstract

Nursing, a scientific and practical discipline, faces continuing challenges of finding new direction in order to decipher its core values and develop current ethical codes for nursing practice. In 2009–10, 28 nurses were purposely selected and interviewed using a semi-structured format in focus groups and individually. Thematic Content Analysis helped explore the perception of Iranian nurses on ethical values in patient care. Seven major themes emerged: respect for dignity, professional integrity, professional commitment, developing human relationships, justice, honesty, and promoting individuals and the nursing profession. Iranian nurses revealed a unique and culture-based set of ethical values. This study found that Iranian nurses place a greater emphasis on preserving the dignity of those accompanying the patient and in showing regard for patients' religious beliefs in a gender appropriate environment.

Keywords

ethical values, Iran, nursing ethics, nursing values, qualitative study

Introduction

Ethical values in healthcare and the nursing profession as a humanistic discipline have gained much interest in considering cultural differences in developed and developing countries.¹ Nursing science engaged in practice-based roles highlights the importance of ethical values in a profession founded on specific human values.²

Literature highlights the integral role that ethical values play in an individual's life. Values determine nurses' beliefs and actions and the entire nursing profession can be seen to be based on fundamental aspects of human life which direct priorities and shape our world.³ Values offer a framework for behavior assessment, and nursing values influence nurses' goals, strategies and actions. They can be considered as resources

to guide nurses when engaged and confronted with contemporary ethical challenges so that they can offer ethically competent care.⁴

With the continuing change in the status and role of nurses, the profession needs to question the direction in which it is heading, decipher its core values and reach some agreement about the moral nursing values in practice.^{3,5} Nurses' awareness of their own values and of how they influence their behaviors is an essential component of humanistic nursing care.⁶ However, because of the importance of cultural belief systems in determining and defining health, nurses working with patients from diverse cultures must attempt to adjust their practice to accommodate the various cultural beliefs and value systems of those they serve.^{7,8}

Values mainly stem from cultural environment, social groups, social systems, religion and past to present experiences. Naturally, nurses' life experiences, and the context in which they live and practice shapes their way of knowing, and nursing knowledge and practice must be culturally competent to be ethical.⁴ The indigenous population of any culture and society has significant religious and cultural values influenced by education and social policy systems which ultimately guide their health care models.⁹

In recent years, social values have undergone radical change, from a broader public interest to a narrower perspective with more focus on the individual. The nursing profession has followed trends set by society, searched for convenience, fought for economic stability, power and control, by waiving professional values such as altruism and equality.² It is interesting that countries such as Japan and the USA have shared nursing codes of ethics in an attempt to subscribe to the same values and, yet, Japanese nurses value continuity, homogeneity, harmony, self-sacrifice and hard work, whereas US nurses focus on control, diversity, patient treatment choice and self-protection.³

Recognizing that nurses around the world come from different social and cultural backgrounds, this study introduces Iran as a family-based country with specific ethical values compared to other countries.¹⁰ Ethical and religious knowledge and resources weave differently in cultural history and traditions to answer all questions.¹¹ As a result, determining dominant nursing ethical values has been of utmost importance in many countries.^{2,3,6,8,12-16}

Iran is an ancient country with over 2500 years of rich history, culture and civilization and a population of over 70 million people.¹⁷ The Ministry of Health and Medical Education in Iran, reports as many as 150,000 nurses work at various levels and specialties in active employment and are responsible for preserving and maintaining public health. The religious discipline and cultural beliefs of the Iranian people have entered the realm of the healthcare system, where moral and ethical issues dominate patient care protocols.

It is important to realize that Iran, under the Islamic Republic, does not recognize the 'separation of church and state' and it is governed by the clerics and orthodox leaders who serve as politicians. At the onset of revolution, the Iranian healthcare system was modified and healthcare providers, including nurses, were instructed to provide gender appropriate care according to the Islamic laws.¹⁸

As a developing country, Iran has faced unique challenges with limited resources to organize and manage its healthcare needs. Government policies have partially addressed professional concerns for nurses including nurse-patient ratio and workload issues. Thus, there is a palpable sense of urgency to find a solution to the declined quality of patient care and safety, and this lack of supervision and individual accountability in the healthcare system has negatively influenced ethical values among healthcare providers.¹⁸

Recognition and definition of nursing ethics in various societies has helped global understanding and consensus for nurses in meeting their professional obligations for culturally competent care. A deeper recognition of these values refers back to the understanding of those who live and experience them on a daily basis and, to date, no study has been done to explore nursing ethics in Iran. Therefore, we aim to explore the perception of Iranian nurses on ethical values when providing care to hospitalized patients.

Methods

This qualitative study was conducted using the Thematic Content Analyses (TCA) method, deemed appropriate to assess nurses' ethical values related to hospital patient care. Qualitative study is the best approach in order to discover the beliefs and values among different social groups.^{19,20}

Setting and participant selection

Twenty-eight nurses from various settings were purposively selected from six different hospitals and one nursing college in Isfahan, Iran. Hospital nurses working in psychiatric and pediatric units were excluded to reduce ethical bias and enhance some degree of consistency.

The sampling continued to achieve saturation, i.e. the point where a sense of closure was attained without redundancy.²¹ Of the 28 participants, 20 nurses were working at four university general hospitals, five were from non-academic or veteran hospitals serving the government insured population, two nurses were from a private hospital and one nursing faculty-hospitalist was recruited. To achieve maximum diversity among the staff nurses, five were selected from the Intensive Care Unit (ICU) and the Cardiac Care Unit (CCU); two from the Emergency Department (ED); six from Surgical wards; five from Medical wards; nine from Administration; and one faculty member with 29 years of bedside care experience. Gender distribution included 21 female and seven male nurses with an age range of 28 to 52 (Mean age 37.8). Work experience ranged from four to 30 years (Mean 13.85) and educational levels showed 24 with Baccalaureate of Science (BS) and four who had Masters of Science (MSc) degrees in nursing.

Data collection

Data were collected using focus group discussion (FGD) and in-depth semi-structured interviews. Sessions were carried out by the researcher at the participants' workplace in a six-month period from December 2009 to June 2010. Of the 28 participants, 21 engaged in three FGDs and seven had individual interviews. Two of the FGDs included five to eight people and were held at two of the teaching hospitals, the third FGD was held at the government owned hospital. Homogeneity in the population of all groups was maintained to create a positive interactive environment during the discussions and promote free expression.⁸ The Principle Investigator (PI) and one research assistant directed the discussion and recorded the conversations. Interactive dialogues and exchanges in each group and within the groups were documented. Such an approach helped gather field notes by observing participants' interaction within the groups and obtaining perspectives derived from personal experiences which could be compared with other individual views.¹⁹

Prior to the beginning of each session, written informed consent and demographic surveys were obtained. The group discussion started with a series of questions such as: Have you ever faced a situation in which your professional judgment and ethical values were challenged when deciding the type of care to be provided for a patient? On what basis did you make your decision? On what basis did you evaluate your practice as good or bad? Are you working with nurses with an outstanding professional ethical trait? What were the outstanding traits you found in them? Please elaborate on these traits. The rest of the interview and discussion was based on the participants' personal experiences. The FGDs lasted 90 to 120 minutes. Individual interviews and FGDs were tape-recorded and immediately transcribed verbatim. After each session a summary of the non-verbal cues were documented.

In order to obtain honest and unbiased experiences and perspectives, researchers allowed those who had personal or organizational concerns for the public to express their views by holding private sessions to resolve vagueness or ambiguity and improve clarity on some aspects of the discussions. The same questions were used for FGDs and individuals so as to permit further elaboration on personal experiences and maintain some consistency. Individual interviews lasted 50 to 75 minutes according to the participants' desire to recall and share

perspectives. In two cases, interviews were repeated for further clarification. On field observation, there were challenges when interview topics were considered sensitive during hospital ward visits and nurses interactions with the patients. In these events, nurses showed concern for the protection of ethical values for patient care.

Data analysis

Systematic and thematic content analysis was applied as data were concurrently collected and analyzed using the constant comparative method. The following steps describe the employed process:

1. Listening to the recorded interviews and repeated reading of the recorded audio files and notes;
2. Interviews were transcribed verbatim and saved in Word 2003 and One Note application format;
3. Data from field notes were analyzed and integrated;
4. Semantic units or content areas were determined;
5. Data from interviews, FGD and field observations were collected and tabulated to obtain a general idea about the contents;
6. Data were coded by two independent reviewers;
7. Categorized data were coded based on similarities;
8. Major themes and sub-themes were identified.^{22,23}

Data trustworthiness

Several strategies were used to enhance the *rigor* of the findings, including individual interviews, focus group discussions and field notes. Choosing participants from various age ranges, nursing experiences and working at different hospitals offering various specialties at several settings, helped establish a strong database and obtain personal accounts and respectively enhance data *transferability* and *credibility*. In addition, the researcher attained a deeper understanding of the subject due to two years of professional involvement and familiarity with the ethical matters in similar settings. The analysis process consisted of: primary interpretation codes from participants' experiences; examples of how contents were deciphered; and selections of interview texts for each of the contents to ensure *dependability*. Through a descriptive process, the researcher evaluated the available data established with the possibility of data transferability. Raw data were reviewed by two experts in qualitative research and one expert in nursing ethics. Data were categorized for primary and secondary coding and the expert recommendations helped make necessary changes which satisfied the external review process to obtain *conformability*.

Ethical considerations

This research study was approved by the Ethics Committee of the Isfahan University of Medical Sciences. Written information about the purpose and the nature of the study was given to the participants. They were asked to sign an informed consent and made aware of their right to withdraw from the study at any time if they so desired. Participants were informed and agreed to be audio-recorded at each individual interview and FGD. Participants were assured that their personal information and recorded materials would be kept private and confidential. The informed consent stated that only the research team would have access to the identifiable information and that confidential files would later be stored in locked cabinets at the PI's office.

Study limitations

Using a qualitative approach and having access to a convenient sample of nurses from certain hospitals in the city of Isfahan permitted gathering information on an abstract topic such as ethics. Study limitations were

participants' unwillingness to openly engage in a group discussion which may have offered a different direction to the topic exploration. Researchers resorted to individual interviews to obtain further information and used probing questions best appropriate for qualitative events with full recognition that such an approach must be avoided as much as possible. Researchers made adjustments in order to gain more personal feelings and experiences.

Results

During the coding and conceptualization process, 716 primary codes and 23 sub-themes for seven themes emerged (see Table 1).

Preserving patient dignity

The following concepts were derived from the primary codes that highlighted the theme of preserving patient dignity: belief in human dignity; respect for privacy; compassion for the patient; accepting and observing patient's rights; fulfilling patient's spiritual and religious needs; and maintaining privacy for the patient, family and those associated with the patient in the hospital.

A humanistic attitude in nursing, which has been reflected in human dignity, is emphasized in the participants' responses. This attitude toward the patient is one of the crucial requirements a nurse must meet in order to provide ethical care. Considering that both nurse and patient are human, this principle holds true in all cases. Therefore, respecting the patient's dignity and valuing patients as human beings are among the most important ethical components of nursing, as stated below:

I think a faithful nurse knows herself/himself, is aware of the humanity of herself/himself and patients and knows that patients need her/his help and she's the one in charge of providing them with care.

... For example, when I want to catheterize, I consider religious matters, individual ethics, family ethics and patient's morale. Patient may be mentally hurt. We can't just go to the patient and say 'take off your pants I want to catheterize'.

Observing the privacy of the patient is also one of the important aspects composing respect for the patient. While a part of the patient's body is exposed, nurses try to shelter him/her. The experience of the participants was expressed as follows:

When our patient is a man, we observe his privacy. We can't just think he doesn't understand because I myself am there and I can see or when the patient is a woman and the nurse is a man or the doctor is a man, I as a woman stay with her.

Gender sensitivity and segregation in the Iranian healthcare system follows the Islamic principles and beliefs as male and female nurses are assigned to male and female patients respectively. In support of this cultural variation one participant pointed out that gender appropriate care creates a trusting relationship between nurse and patient:

I don't feel comfortable when I [a female nurse] go to record electrocardiogram on a man. I try to observe these things.

Acceptance and observance of the rights of the care receiver was one of the properties of maintaining the privacy of the patient. Interaction between two people makes rights. These rights must be accepted and recognized by nurses in relation to patient care. A nurse must accept that a patient needs care and is worried about their condition and has the right to ask for care or even choose it. Receiving good and careful care, when care is issued as the most important responsibility of a nurse, is the patient's natural right:

Table I. Themes and sub-themes in nursing ethical values related to patient care

Themes	Sub-themes
Preserving patient dignity	Belief in human dignity Respect for patient privacy Compassion for the patient Accepting and observing the patient's rights Fulfilling the spiritual and religious needs of the patient Maintaining privacy for the patient's family and those present in the hospital
Practice integrity	Careful care Appropriate decision making Using tact in performing obligations Patient advocacy Informing and training the patient
Professional commitment	Responsibility Having a conscience Accountability
Forming human relationship	Kind behavior Trust building and gaining trust
Justice	Justice and fairness
Honesty and integrity	Honesty and integrity
Attempt to promote professional and individual competence	Promoting personal moral traits Professional dynamic and continuous effort Preserving nursing reputation Spiritual empowerment Preserving and improving relationship with other colleagues

What we do for the patient is his legal right and we do it. When I start working I must know that I'm doing my obligations. Patients are not indebted. The patient and the people accompanying them have the right to know about his/her state.

Considering and meeting the spiritual and religious needs of patients is essential in preserving their privacy. In view of the fact that Iranian's have strong religious backgrounds and view the orders of Islam as relating to humanity in all areas, the participants found that consideration for this religious attitude towards patients is equal to respect for humanity and the privacy of patients:

Another problem, which is different from foreign countries, is that in respect of Islamic and religious matters, some are culturally so religious . . . when it is so, I talk to them or behave differently.

As patients consider their family and the people that accompany them at hospital as a part of their privacy, they expect nurses to respect them too. Therefore, preserving the privacy of those in attendance with the patient constitutes another ethical value:

When I see those [accompanying] the patient I understand how worried they are. They don't know in what state the patient is. In fact, there is no need to explain an operation. They just need to hear a brief explanation of the state of the patient and what we are going to do for him/her. This way we can provide them with the sense of security and ease they need and, in turn, they will cooperate with us because their cooperation's also necessary.

Practice integrity

Careful attention to patient care, appropriate decision making, using tact in performing obligations, patient advocacy, informing and educating the patient are derived concepts from the primary codes and highlight the content of practice integrity. According to the participant's views, nursing focus on the scientific standards of care in performing technical skills is one of the main definitions of ethical practice and one of the most important ethical obligations of a nurse.

Participants identified nursing responsibility and professional competence as part of ethical duty and obligation:

I handle my obligations carefully. I put myself in the patients' shoes and try to do my job according to the standards in order not to be worried about what I do.

The expectations of those who come to hospital is to receive favorable services to maintain their health and also to receive support. Within hospitals, patients have more connection with nurses than other health-care staff; therefore, there are more expectations towards nurses in this regard:

I feel we are their only hope because doctors just spend 5 minutes visiting them. You know, some doctors because of time limits or their personality spend no time looking at patients and just visit them and leave. We are the only ones around them to help and they rely on us.

The participants pointed out that nurses are often confronted with patients who have lots of unanswered questions. Through offering information pertinent to the patient's understanding, nurses direct the patients and their families and fulfill this need in the best way. Playing this part in various aspects, such as patient training, directing and counseling, can be helpful in supporting the care receiver:

The first important thing to me is to describe the benefit of what I want to do. The patient will be terribly hurt if I have to take his blood sample hourly or inject him with insulin. He/she must know why I do so.

Professional commitment

Themes on professional commitment were one of the contents most emphasized by the participants. Sub-themes that emerged were: responsibility; having a conscience; and accountability. Work ethics and listening to the conscience can direct a person to practice in an ethically competent way. Nursing work ethics have various aspects including: whole-hearted attention to work; careful assessment of the patients' needs; meaning what is said and done; and conscious efforts to practice with an internal compass for ethical and moral values regarding life and death issues:

... Just professional conscience matters. If I want I can reject [the] patient just not to see him/her. We can just register patients and let them go. We can't just think a patient will make troubles and refer him/her somewhere else which we don't know if is good for him/her or not. We don't do so.

In this respect, a field note is significant:

In one of the group discussions, a nurse was continuously looking at her watch. It seemed that he/she was worried about something but was reticent about it. Suddenly he/she said: 'Excuse me I have to go. My work shift is about to begin'. This showed responsibility and professional commitment of this nurse for her work and her patient. Thinking of being watched, accountability and revising practices direct nurses toward care providing.

The above field note reflects an incident from one of the group discussions when a participant continuously looked at her watch and seemed worried about something, but was reticent and finally stated that her

work shift was about to begin, which is in line with the value of work ethics, professional responsibility and commitment.

Thinking of being watched, accountability and revising practices direct nurses toward care providing. The participants expressed their attitude as follows:

I do my job in the same way as I do it when I'm being watched by the supervisor.

Responsibility and professional commitment are most emphasized when religious beliefs are issued. According to the Islamic beliefs, The Almighty God watches all our deeds, we are accountable for them and influenced by their consequences. Therefore, even if a nurse does not like his/her profession and works just to earn a living, he/she must be aware that he/she will be held responsible for the consequences of his/her actions and that one day will be questioned by God (religious conscience):

We believe that we are being watched by God. God won't ease us from our responsibilities just because we didn't like our job. He won't say not positioning a patient or not giving the medications is OK just because you didn't like your discipline. In the Last Day this things don't matter. When I do my work, I have to take its responsibility and accountability. And I always realize this point in my mind.

Forming human relationships

Kind behavior, trust building and gaining trust were sub-themes derived from forming human relationships. One of the important values related to patient care is the human relationship between patient and nurse. This relationship is developed when a patient needs help and the nurse is able to offer humanistic care with affection:

When you tell a patient I have to get your vein without considering his/her humanity (the participant was talking emotionally), you can be sure that you did nothing to improve his/her health. I talk to patient, make physical contact with him/her and provide him/her with the affection he/she needs as far as possible.

Of human needs are receiving affection and gaining attention. Building an affectionate relationship with a patient who is suffering from his/her illness without knowing what is going to happen to him/her and on the other hand is suffering from many privations such as being away from family and his/her interests is very important. This affection derives from understanding of the emotions of the patient, having respectful behavior, expressing affection and being kind to the patient:

I ask. ... at first when he is hospitalized, I ask him/her 'How do you feel? Do you have any pain? We will take care of you and do these things for you. So if you have any problem, let us know'.

Gaining trust is essential to an appropriate relationship. As patients are not in their normal status, nurses must provide them with the care they need to make a better relationship with them. In fact, gaining the trust of patients facilitates providing optimal services through making an appropriate relationship with patients:

... When I am working for patient and he/she feels how I care about him/her and I care about something more than treatment, he/she will trust me.

Justice

For participants in this study, justice was a theme which highlighted ethical values for nursing care. Important ethical traits related to justice and patient care were: equal treatment and care without prejudice; regard for

the patient's cultural beliefs; socioeconomic status; and nondiscriminatory care services despite age, gender, or national origin:

I believe all people are valued and saving their life is very important. No matter if she/he's a professor or a laborer. He/she might be father or child of a family, or brother of someone. Based on his/her role, he/she is important to those people and his life is a source of happiness to others.

The participants believed that care facilities and circumstances must facilitate service providing and, regardless of the records of the patients, nurses must provide them with equal services:

Among the 20 to 30 patients in the ward, you can find folks of rural population as well as urban ones, the poor and the rich, but we provide them with equal services.

Honesty and integrity

Honesty and integrity was one of the dominant themes and recognized as the avoidance of cheating and telling lies to patient, family members, colleagues and other healthcare providers and even in public:

My attempt is to be frank and honest with patients. I don't cheat them. I don't behave [toward] them like [a] hypocrite. My words and deeds are the same. I try not to pretend. (Nurse)

Overwhelmed with emotions, an experienced nurse stated that:

Sometimes patients are damaged. Sometimes this damage is irreparable because we are dealing with human life. I think we must be honest even if it is not to our benefit. I think honesty is essential to nursing.

Due to the broad range of nursing experiences and roles among the participants, the possibility of committing error existed when honesty was discussed in the form of 'white lies' and when does a nurse tell the truth to protect the patient by considering risk-benefits:

I had patients who needed regular blood sampling or injection and I was questioned if I had done it according to schedule and if I'd forgotten, although too hard, I'd have said 'no, I forgot'. I would do so even if I had to work overtime and even if I missed the bus.

Attempt to promote professional and individual competence

Promoting one's moral traits, professional dynamic with continuous effort, preserving nursing reputation, enhancing spiritual motivation, and improving co-worker relationships were identified sub-themes. Participants believed nursing requires qualities and traits such as self-sacrifice, modesty, patience, commitment, having faith and good intent in order to provide competent patient care. Gaining such personality traits would need mental conditioning:

In such mental conditions, patients may say something and irritate you. Unless you are modest and patient, you can't stand that situation. We have been thought to be modest; I mean knowing how vulnerable [a] human is makes us modest.

Improvement of professional and individual capabilities and competences means that nurses can provide competent care through promotion of knowledge, judgment, skill, effort, experience and getting motivated to meet professional obligations. Also nurses promote their scientific and experimental capabilities through attending regular training courses to modify or complete new care techniques or learn about them:

Both retraining courses and updating nursing knowledge are important. Yes, nurses must promote their knowledge through reading. We must update our knowledge and use such chances to promote our services. So, I try to attend such courses as far as I can.

The participants emphasized that nurses must empower their spiritual and divine motivations in order to continue working as true nurses. They stated that considering that God is present in all areas and viewing the fact that God loves his servants and those who provide them with whole-hearted services and rewards them can be the best motivations to provide care, therefore nurses must empower such motivations:

Besides earning a living, working for the sake of God has the benefit of gaining divine reward. I am thankful to God for choosing this discipline and I try to maintain this morale.

Today, focus is on team work among the employees of medical centers. Good and ethical care is provided through teamwork and collaboration of nurses with other healthcare teammates. Therefore, as an ethical obligation, nurses must maintain and improve relationships with their colleagues:

I keep calm working with my colleagues. I have worked with different people but I've never lost my control or shout. I have never ordered them what to do just because of their obligations. When I was free I tried to help them. But they weren't so. I did whatever I could to help [the] patient.

Discussion

This study showed some similarities and unique differences with other studies in this field. Iranian nurses recognized the observance of ethical values essential to patient care and named a few, such as maintaining patient privacy, practice integrity, professional commitment, human relationships, justice, honesty and the promotion of professional competence.²⁴ In comparison to the Canadian code of ethics for nurses, this study identified seven ethical values differently stated but similar in nature, including: providing safe, compassionate and competent ethical care; promoting health and well being; promoting and respecting informed decision making; preserving dignity; maintaining privacy and confidentiality; promoting justice; and being accountable. With slight variations almost all of the aforesaid values have been mentioned in this study with an addition of honesty and integrity, professional commitment, fulfilling patient's spiritual and religious needs and an attempt to gain professional competence.

Eight common ethical values listed by the European Federation of Nursing Regulators are: 1) confidentiality; 2) participation in continuous professional development; 3) independence and impartiality; 4) honesty and integrity; 5) supervision of support staff; 6) compliance with codes of conduct and practice; 7) professional indemnity insurance; and 8) conflict with moral or religious beliefs.²⁵ What surfaced in this study was a focus on such values as justice in relation to service providing, practice integrity and professional conscience, which are values not listed in the European studies. Since ethical values in relation to patient care influence general beliefs and social values and the policies governing the healthcare services, we expected to find some differences.

In China, values such as altruism, care, reliability, dignity, responsibility toward professional development, autonomy and justice determine nursing ethical values.²⁶ Considering geographical proximity and ancient history, similarities between ethical values in Iran and China demonstrate common socio-cultural aspects in the region. Ethical values in Iran are influenced by Islam while ethics in China is based on Buddhist concepts and principles.

Content analysis in some cases revealed that patient autonomy in Iran lacks focus on individual decision making with an expectation for the healthcare provider to decide what is best for the patient. This is dissimilar to the Chinese view that a nurse must honor the patient's right to choose and make decisions about their

health care.²⁶ In Japan, nurses consider family as the primary sources rather than the patient, and in the USA nurses must honor the patient's bill of right with the primary focus on patient care and family support.²⁷

Jormsri⁴ views professional ethics as conceptualized and fundamental to providing direction for nursing practice. These are listed as respect for the value of life, faith in living, respect for human dignity and respect for aesthetics. Ethical values provide guidelines for nursing practice including faithfulness, politeness, kindness and respect for human dignity, discipline, unity, responsibility and devotion. Such values as respect for human dignity, kindness, responsibility, professional commitment, honesty, justice and individual and professional competences exist, with slight differences, among the countries around the world. However, such values have different meanings in the global community. The values related to respect for others, accepting advice and believing in others' views, and respect for the patient's companion are dominant in Iran and other countries in the region. According to the infrastructures of the healthcare system and socio-economic and cultural influences, this study stands alone when gendered care is considered.^{18,28} Other ethical values such as divine reward, and spiritual and moral traits among the Iranian nurses offer a unique perspective on ethics.

The degree of importance in placing greater emphasis on the individual patient with professional commitment to improve human relations has changed over the years. Social values have undergone radical changes, from a broader public interest perspective to a narrower perspective to bring the focus on the individual. Russin² showed that nursing professionals, following trends set by society, search for convenience, economic stability, power and control by waiving professional values such as altruism and equality. Pang²⁶ reported that nurses should accept people are worthy of respect and reverence. In addition, nurses should take measures to protect patients' dignity when offering intimate nursing care by avoiding public exposure.

The issue of modesty among the participants reached consensus to respectfully protect the patient's privacy and confidentiality. In the past, neither the patient's dignity nor identity was a major concern when they were merely known as a room number.²⁶ A study by Horton³ revealed that Japanese and American nurses hold common values that are 'woven into the fabric of their patient care'. Japan and the USA may share some common values, but, they differ in cultural perspectives on ethics. In Japan, nursing practice considers respect for personhood when protecting the patient's dignity, while in the USA nursing practice has moved toward holistic practice when considering the patient's dignity.²⁷

This study showed that the gender adaptation plan post Islamic revolution in Iran was essential for preserving human dignity and maintaining the patient's privacy. The participants believed that if the necessary requirements were met, the possibility of further interaction between patient and nurse and providing better nursing services would be enhanced. This value was not referred to in other studies and could be influenced by the religious beliefs among the Iranian patients as well as the policies of administrators in the healthcare system.^{18,28}

The results of this study suggest that Iranian nurses welcome the gender adaptation plan, recognize it as useful for trust building and making relationships with patients, and define it as an ethical value related to care. Although this ethical value can be specific to the study environment, it can also be investigated in other countries according to its innate and human nature. Lenzi, on the Sky TV News Network, reported a new plan to divide all Britain public hospitals by gender and separate male and female patients at different units.²⁹ This report highlights the interest of European states in the principle of gender sensitivity.

Among the most emphasized values perceived by the participants in this study compared with other studies was maintaining the privacy of those who have accompanied the patient. The International Council of Nursing (ICN) and nurses in Britain have issued the codes of ethics with an emphasis on respect for patients and their families.^{30,31} Cultures with a family-oriented structure have strong emotional ties within the family and often with their long-time friends, both of whom may be present at the hospital to offer moral support.^{32,33}

In this study, similar to others, the main challenge for nurses was compliance with the standard of care and regard for the patient's individuality, customized care plans, appropriate ethical training, the offer of

pertinent information and holistic patient protection.^{6,14,24,27,34,35} Having a professional commitment and conscience, which are among the important ethical values related to patient care were emphasized by the participants with some indicators: having a professional conscience; professional commitment to take on responsibilities; doing their best; responsibility; listening to their consciences; reviewing one's own deeds and controlling them; and also avoiding mistakes while meeting obligations.

The codes of ethics set by the American Nurses Association (ANA), holds nurses responsible and accountable for the quality of standard patient care. Acting upon and articulating professional values with accountability is essential for the nursing discipline in order to fortify and enhance its integrity and maintain trust within global communities.^{3,4,36} Application of ethical codes to the standard care assures professional credibility, patient confidence in nursing for honest and legitimate efforts to fulfill an obligation to offer impartial care for the patient. Ethical practice carries the legal responsibility to be accountable to report an error rather than keeping silent.^{6,14,27}

The therapeutic nature of the nurse-patient relationship is central to nursing practice. Within this bond, issues such as truth-telling, compassion and communication gain more importance.³⁷ In line with other studies, the nurse-patient relationship should be an ethical obligation for better care.^{2,3,26,38-40} Human relationship in this study is based on affectionate understanding, developing trust, professional behavior, kindness and confidentiality, which in turn results in the development of a mutual relationship and interaction between the care giver and receiver.

Common traits such as kindness, patience, and tolerance contribute to high quality nursing care, while compassionate care is recognized as morally and ethically good care. Kindness and honesty are important for the development of a therapeutic nurse-patient relationship.⁴¹ Meanwhile, Japanese nurses practice non-verbal communication, being present, confidentiality and sharing of pain experiences. In the USA nurses manage death as an emotionless task and avoid a sense of relationship. Long-term relationships with a patient and family members is valued in terms of advocacy.^{4,27} Friendly nurse-patient relationships in Thailand are a way of caring through loving kindness and compassion and are highly valued.⁴

Justice was another ethical value emphasized in this study. Justice has been defined as equality among persons with human values, equal treatment of patients, regard for patient's culture, disregard for social and economical status, providing care indiscriminately and offering equal care to all patients including: male or female, old or young, poor or rich and familiar or stranger.

According to the ICN declaration of ethical codes nurses should uphold moral and legal principles for individuals and groups by offering equal and impartial treatment regardless of diagnosis, disease, severity of health condition, age, gender, race, religion, and social or economic status.^{24,26,42} Equanimity in nursing practice is translated into fairness (fair prioritization), qualification and job preparedness, and income and benefits.^{4,43}

Through honesty in words and deeds, nurses can build a trusting relationship with the patient and provide relief. Truth is a key element in bioethics and investigated from philosophical, ethical and professional perspectives.^{2,3,24,37,40,43} Although nursing ethics is based on honesty, Japanese nurses believe lying is not always bad when patient relation should take precedence. At times, truth may not be a caring act with consideration that non-disclosure may interfere with the nursing care. In the USA, nursing practice is highly valued and often in conflict with physicians when an overly optimistic or pessimistic prognosis is stated.²⁷

Distinguishing wrongdoings and morally acceptable deeds in an obligation-based ethics depends on intrinsic ethical acts. Deontologically-oriented ethics suggest that telling lies is always wrong but a theologically-oriented attitude focuses on the result of actions and recognizes that a white lie is preferable to troublesome honesty. A virtue-oriented nursing attitude considers that such honesty should be promoted.³⁵ Iranian nurses believe that lying to a patient unacceptable. Other studies do not reflect our findings regarding ethical aspects of professional promotion and individual competence in relation to patient care.^{2,4,13,14} Also, promoting individual ethical traits, professional dynamics and continuous efforts to preserve nursing

reputation, spiritual empowerment and a collegial relationship with co-workers is deemed ethical among Iranian nurses.

Promoting religious beliefs and spirituality among nurses is emphasized by Parsa⁴⁴ because caring is a religious obligation and a form of prayer. Initially, human caring was based on a religious theatrical and some nurses look at nursing as a divine gift which brings them closer to God. Therefore, they believe in divine reward rather than financial gains in their chosen profession.

Theory and practice under the Islamic system are not perceived as a paradox and do not create a problem for Muslim nurses, since Islamic principles and beliefs do not carry the same weight. The highest importance, in Islam, is placed on the protection of human life. If abiding by one principle versus the other results in a threat to life, nurses are required and expected to choose the one with the highest importance, regardless of gender appropriateness.¹⁸

Conclusion

This study revealed how nursing ethics and patient care in Iran is influenced by socio-cultural, economical and religious beliefs. Common ethical values are generally shared within the global community. However, in several areas, human reflection on religion and spirituality differs. Religion-based ethical values among Iranian nurses provide a refreshing perspective on the nurse-patient relationship and the concepts of justice, honesty and gender sensitivity. This has not been highlighted in other studies. In an Islamic system almost every aspect of life is touched by religion and spirituality. When caring is viewed in the same way as a prayer one can conclude that ethical concepts are embedded in morality. Most ethical codes shy away from moral components while Iranian nursing ethics blend both. These results, on the other hand, can be used to compile ethical codes, which are a common, understandable, more practical and clearer language for Iranian nurses in relation to patient care. Moreover, compiling these codes will set a common language for the interaction between Iranian nurses and those of other countries and facilitate better understanding.

Recommendations

Recognizing that ethical codes appropriately serve a valuable purpose in nursing practice, in recent years, most of the developed countries and some of the developing nations are focusing on healthcare ethics and finding it necessary to identify and define certain ethical values. Therefore, this study reports some of the ethical issues to nursing in Iran, builds a foundation to form ethical codes for Iranian nurses following the Islamic codes, and increases global understanding among nurses at international level.

In a global community nurses are increasingly faced with healthcare needs of patients from diverse cultural health beliefs. The findings of this study highlight gender sensitivity and awareness when providing care for Iranian and/or Muslim patients. Therefore, we recommend a closer look at the ethical values cherished by the Muslim community who desire a gender appropriate healthcare approach.

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Conflict of interest statement

The authors declare that there is no conflict of interest.

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