Research Article **ISSN: 2581-8015**

International Journal of Nursing and Healthcare Research

Journal home page: www.ijnhr.com

https://doi.org/10.36673/IJNHR.2021.v05.i02.A35

PERCEPTIONS OF ETHICAL ISSUES AMONG NURSES WHO WERE EXPOSED TO WORKPLACE VIOLENCE AND THOSE WHO WERE NOT

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ABSTRACT

Ethical values and standards are central to nursing profession, and they are considered as the basis of caring relationship between nurses and clients. Continuous exposure to ethical dilemmas had detrimental impact on nurse clinicians and might contribute to nurse-client conflict. This study aimed to explore the relationship between the Jordanian nurses' perceptions of ethical issues and exposure to the workplace violence from clients and/or relatives. A cross-sectional descriptive design was used in this study. Data were collected through electronic survey questionnaires from 181 nurse clinicians from eight Jordanian hospitals. Arabic version of Ethical Issues Scale (EIS) was used to collect data related to perceptions of ethical issues among study participants. The results showed that about 80.7% of participants were exposed to workplace violence. Nurses who were exposed to workplace violence scored significantly higher on EIS than nurses who were not. Exposure to workplace violence has been found to be associated with moral distress and indulgence in ethical situations and dilemmas.

KEYWORDS

Nursing, Ethical dilemma, Workplace Violence, Nursing ethics, Morals and Ethical issues.

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INTRODUCTION

Ethical values and standards are central to nursing profession, and they are considered as the basis of caring relationship between nurses and clients[1]. Due to the increased complexity of health care system and the use of advanced healthcare technology, nurses indulge daily in ethical decisions associated with nursing care for clients of different ages and with various health conditions[2]. However, lack of certainty surrounding ethical decisions, makes such decisions more challenging to nurses, and leads to

arising several ethical dilemmas[3]. According to Luz *et al*, (2015), ethical dilemmas might be categorised into three main types including: *Moral uncertainty*, in which the nurse suspects that a specific procedure or intervention is not appropriate, however, such situation is not perceived as ethical dilemma; the second category is called *moral dilemma*, in which the nurse has two beneficial options in care provision and the nurse has to choose one of them , but application of one option contradicts ethically with another one; the last category is called *moral suffering*, in which the nurse knows the appropriate action, but he/she can't follow this action due to specific social, political, cultural, or organisational factors[4].

Several previous studies were conducted to address ethical dilemmas experienced by nurses and found that ethical situations face nurses in different health care areas, particularly areas where end-of-life, palliative, acute, and psychiatric care were provided[1,3,5,6]. The most commonly reported ethical dilemmas were those related to clients' autonomy, privacy, beneficence[5-7], ineffective communication between nurses, clients[3,6,8] and human dignity and care management[2,9].

Contributing factors that increased the likelihood of exposure to ethical dilemma in health care settings was discussed extensively in the literature. A recent study was conducted by Devik, and colleagues (2020) found that inadequate medical and nursing staff had a big contribution in arising ethical dilemmas[10] and this was congruent with results of a study conducted by Hamid (2016) who found that predisposing organisational factors extends to the lack of adequate human and equipment resources[8]. Moreover, this was found to increase the nurses' workload and discourage them from provision of holistic and comprehensive care to clients[1]. Ineffective communication and collaboration between nurses and other health care providers was highlighted as another factor which made ethical issues more complicated[8,11]. Regarding nurses' characteristics, some prior studies found that nurses who had higher level of education and longer experience were more likely to experience ethical dilemmas, and this was attributed to the lesser sensitivity and awareness to ethical issues among newly employed nurses[5,12].

Continuous exposure to ethical dilemmas has been found to have detrimental psychological and physical impact on nurse clinicians. Feelings of stress, anger, powerlessness, and guilt were commonly reported by nurses who were indulged in ethical situations and dilemmas and this was attributed to nurses' inability to demonstrate their roles as client's advocates[11] and their perceived inability to provide high quality care to their clients[8,9]. Furthermore, it has been found that some ethical dilemmas, particularly those related to veracity and informing the clients about their prognosis and treatment, led to arising inappropriate perceptions among public toward nurses as non-autonomous subordinates to physicians, and led to escalating conflicts between nurses and clients[8,9] and this might ignite the workplace violence against nurses.

Routine Activities Theory (RAT) is one of theories that has been used in explanation of violent acts. Routine activities theory identifies that three major factors should be present to raise violence events, which are motivated offender, suitable target, and absence of guardianship[13]. According to RAT, for workplace violence to take place, the contextual motives or reasons that motivate violence perpetrators to commit violence should exist. In this study, it might be suggested that nurses' indulgence in ethical situations and dilemmas might make them more susceptible workplace violence from patients or/and relatives.

Up to the researcher knowledge, no prior studies were conducted to identify experienced ethical issues as perceived by Jordanian nurses who were exposed to workplace violence and those who were not. This study might assist interested individuals and groups to convince policy makers to raise healthcare ethical issues and their relationship to workplace violence to the Jordanian policy agenda, in order to find appropriate remedial and preventive measures to make health care settings safer and more secure for both nurses and clients.

The purpose of this study was to investigate the relationship between the Jordanian nurses'

perceptions of ethical issues and exposure to the workplace violence from clients and/or relatives.

MATERIAL AND METHODS

Study Design

The researchers used a cross-sectional, descriptive comparative design. This design is appropriate because the intention was to explore the perceptions of Jordanian nurses who were exposed to workplace violence toward experienced ethical issues, in relation to those who were not[14].

Study Participants

Study participants were Jordanian nurse clinicians who were working in governmental and private hospitals. Inclusion criteria were Jordanian nurses who had at least one year of clinical experience in governmental and private hospitals. Exclusion criteria were nurses who were working in position where they do not deal directly with patients, such as administrative positions, at the time of data collection. Through convenience sampling method, the researcher selected eight Jordanian hospitals (five governmental and three private) to recruit the participants. The sample size was estimated using G*Power (version 3.1.9.4). The minimum sample size required for this study is 128, assuming a significance level of 0.05, an effect size of 0.50, and a power of 0.80. To overcome potential participation refusal rate, the researcher sent a total of 300 questionnaires via social media applications to eligible nurse clinicians. The response rate was 60.3% (181 nurse clinicians).

Instruments

The questionnaire which was distributed to the potential participants included two parts: the first part was developed by the researcher and guided by the reviewed literature, and included age, gender, marital status, educational level, religion, years of experience, hospital type, working pattern, working department, and whether they were exposed to any workplace violence. The second part of questionnaire was the Arabic version of Ethical Issues Scale (EIS). This scale was developed in collaboration with the Maryland Nurses Association in 1994 to measure the frequency of ethical issues nurse participants may face in their clinical practice. The scale consists of 32 items that are clustered into three subscales of: end-of-life treatment decisions (1-13 items), patient care (14-27 items), and human rights (28-32 items).

EIS is a likert scale, in which the participants were asked to indicate how often they experienced any of the ethical dilemmas during past 12 months from '1=never to 4=frequently'. The internal consistency for this EIS was tested in many previous studies including: Fry and Duffy (2001) and Ulrich *et al*, (2010) and resulted in high internal consistency with Cronbach's alphas of 0.91, 0.82, respectively[15,16].

After approval from the author has been obtained to use the EIS, the researcher followed the WHO (2020) guidelines for translating and adopting research instrument. To check the quality, adequacy, and appropriateness of the Arabic version of EIS, and demographic questionnaire, the researcher conducted a pilot study with a sample of 20 nurses. The respondents revealed that the questionnaire was easy-to-read, easy-to-comprehend and needed an average of 10 minutes to be answered. Reliability analysis of EIS was done which showed Cronbach alpha of 0.82, which indicated that the Arabic version of EIS has a good internal consistency[14].

Data collection procedure and ethical considerations

The researchers prepared an electronic questionnaire form through specialised Internet website (Google Forms tool), which enabled the potential participants to answer the questionnaires anytime and anywhere they want during the period of data collection. Additionally, data collection through Internet has advantages of recruiting large number of potential participants within less time, easily pre-testing the research instrument, and tracking and viewing participants' responses[17]. The prepared electronic questionnaire was embedded in an electronic attachment link. Each electronic questionnaire started with the consent form that includes the description and purpose of the study, participants' rights to participate, refuse, and withdraw from the study, and confidentiality pledge. After reviewing the consent form, each participant is asked to click "Next" to start answering the questionnaire. After obtaining the approval of the Institutional Review

Boards (IRBs) from Jerash University and the targeted hospitals, the researchers contacted a number of head nurses and nurse managers in each participating hospital to assist in identifying potential participants and getting their electronic means of communication to send them questionnaire electronic link.

Statistics

The data were analysed using SPSS Statistics 25.0 (IBM Corp., Armonk, N.Y., USA). Means, standard deviations (SD), percentages and frequencies were computed to describe nurses' characteristics, their experience related to workplace violence, and their perceptions of ethical issues. To investigate if there are any differences in perceptions of ethical issues between Jordanian nurses who witnessed workplace violence and those who did not witness it, two-tailed independent t-test was used. The level of significance was determined to be 0.05.

RESULTS

Participants' characteristics and experiences

A total of 181 Jordanian nurses participated in this study. The majority of participants were female (59.7%). One hundred thirty-two participants (72.9%) were married, and one hundred twenty-six (69.6%) were holding a bachelor's degree in nursing. About 80% of the participants had a work experience of more than 5 years. About two thirds of the participants were working in governmental hospitals. One hundred forty-six participants (80.7%) were exposed to workplace violence. Other results related to sociodemographic characteristics were shown in Table No.1.

Findings of this study revealed that participants who were aged 31 to 40 years old scored significantly higher on EIS than those who were aged 18 to 30 years old. Regarding marital status, the results showed that married participants had significantly higher scores on EIS than divorced or widow participants. Furthermore, scores on EIS were significantly differed based on educational level, in which the participants who were holding bachelor's degree experienced more ethical situations than those who were holding diploma. Participants who had 5 to 10 years of experience scored significantly higher scores on EIS than participants with less than five years of experience.

Differences in perceptions of ethical issues between nurse victims of workplace violence and nonvictim nurses

To answer the study question whether there is a relationship between the nurses' perceptions of ethical issues according to their exposure to workplace violence, a two-tailed independent samples t-test indicated that nurses who were exposed to workplace violence scored significantly higher on EIS than nurses who were not (Table No.1).

Perceptions of nurse victims of workplace violence toward ethical issues

The results revealed that the average total score of nurses who were victims of workplace violence on EIS scale was approximately 52. The item of "Protecting patient rights and human dignity" was ranked first by nurse participants with a mean score of 3.44 out of 4. On the other hand, the nurse participants ranked the item "Procuring/distributing organs or tissues for transplantation" in the last place with a mean score of 1.04 out of 4. The top and least five ranked items as perceived by nurses who were exposed to workplace violence were shown in Table No.2.

Perceptions of nurses who were not exposed to victims of workplace violence toward ethical issues

The results revealed that the average total score of nurses who were victims of workplace violence on EIS scale was approximately 42. The item of "Protecting patient rights and human dignity" was ranked first by nurse participants with a mean score of 3.17 out of 4. On the other hand, the nurse participants ranked the item "Procuring/distributing organs or tissues for transplantation" in the last place with a mean score of 1.03 out of 4. The top and least five ranked items as perceived by nurses who were not exposed to workplace violence were shown in Table No.3.

DISCUSSION

The results showed that workplace violence nurse victims were indulged more frequently in ethical

situations than nurses who were not exposed to workplace violence. This might be attributed to common predisposing contextual and organisational factors of both ethical dilemmas and workplace violence. Such contextual factors included understaffing, increased workload[2,7,18,19] and ineffective communication between nurses and physicians, on the one hand, and between nurses and clients, on the other[9,20,21]. Furthermore, many studies revealed that engaging in ethical situations was perceived as stressful event among nurses and leads to arising negative feeling of anxiety and ager [1]. Therefore, it might be said that continuous indulgent in stressful ethical decisions might lower nurses' threshold of tolerance to patients' provocations, and thus maximising the opportunity for ignition of workplace violence against nurses[22].

The results of this study revealed that older and experienced nurses were more frequently exposed to ethical situations than younger and less experienced nurses. This might be attributed to the lower sensitivity of younger and less experienced nurses to ethical issues, and this means that they might be less likely to detect ethical situations, and that more experienced nurses were more likely to recognise patients who were provided treatments and care interventions against their wishes[5,23]. Similar to some previous studies[5,24,25], the current study found nurses holding bachelor's degree reported higher exposure to ethical issues than those who held diploma degree. This might be due in part to the higher awareness of ethical issues among nurses holding bachelor's degree[26].

Findings of this study revealed that inadequate staffing was perceived by workplace violence nurse victims as one of the most reported frequent factors that might cause moral distress among nurses. This finding is congruent with results of Rainer *et al*, (2018) study[7]. It might be said that understaffing prevents nurses from providing high quality, holistic care to their clients, and to meet all ethical rights and standards, which, in turn, might arise conflicts and ignite violence against nurses.

Nurse-physician conflict was perceived by study participants who were exposed to workplace violence as one of the most reported phenomena that had ethical dimension. This conflict might be attributed to the lack of clarity about the roles of both nurses and physicians, in addition to ineffective communication between them[27]. This finding was congruent with the results of Santos *et al*, (2018) study who revealed that poor communication among health care team members has been found to complicate the ethical situations, maximise moral distress, and negatively affect patient safety and wellbeing[3].

Procuring and/or distributing organs or tissues for transplantation was perceived by nurse participants as the least frequently reported ethical situation. This might be attributed to that study participants were not directly involving in organ transplantation processes, and that organ procuring and distribution are the responsibility of the directorate of the Jordanian Center for organ transplantation which belongs to the Jordanian ministry of health.

Table No.1: *t* test and ANOVA results comparing EIS scores based on demographic characteristics and exposure to workplace violence (n=181)

S.No	Characteristic	N (%)	F/t	*p*	Mean	SD
1	Gender	-	-1.11	0.268	-	-
2	Female	108 (59.7)			48.9	12.64
3	Male	73 (40.3)			51.0	12.44
4	Age		10.22	< .001*		
5	18 – 30 years	50 (27.6)			44.08	11.43
6	31 – 40 years	109 (60.2)			52.98	12.00
7	> 40 years	22 (12.2)			46.86	12.97
8	Marital status		9.970	< .001**		
9	Single	33 (18.2)			44.7	10.72

10	Married	132 (72.9)			52.1	12.13
11	Divorced/widow	16 (8.9)			40.9	13.19
12	Educational level		7.40	< 0.05***		
13	Diploma	25 (13.8)			43.2	12.89
14	Bachelor	126 (69.6)			52.0	12.24
15	Master/ Doctorate	30 (16.6)			45.8	11.04
16	Years of experience		21.913	< .001****		
17	1 - 5 years	42 (23.2)			41.0	10.81
18	5 – 10 years	70 (38.7)			55.6	10.77
19	> 10 years	69 (38.1)			49.2	12.14
20	Type of hospital		1.454	0.148		
21	Governmental	119 (65.7)			50.8	12.86
22	Private	62 (34.3)			47.9	11.87
23	Working pattern		1.661	0.098		
24	8 – hours shift	129 (71.3)			50.8	12.70
25	12 – hours shift	52 (28.7)			47.4	12.01
26	Work department		2.146	0.062		
27	Emergency	69 (38.1)			49.4	12.07
28	Medical-Surgical	23 (12.7)			43.9	11.92
29	Critical Care Unit	56 (30.9)			53.4	12.89
30	Paediatric	9 (5.0)			51.0	11.78
31	Maternity and labour	8 (4.4)			48.5	9.41
32	Operation and recovery	16 (8.8)			47.4	13.87
33	Exposure to violence		4.216	< .001		
34	Yes	146 (80.7)			51.6	11.93
35	No	35 (19.3)			42.1	12.42

**Participants who were from 30 - 40 years old had significantly higher scores than who were 18-30 years old.*
***Married participants had significantly higher scores than divorced or widow participants.*
****Participants with bachelor's degree had significantly higher scores than who with diploma.*
****Participants with master/doctorate degree had significantly higher scores than who with bachelor.*
*****Participants with more than 5 years of experience had significantly higher scores than who with 1-5 years.*

Table No.2: Mean and standard deviation of the top and the least five ranked ethical issues as perceived by Jordanian nurses who were exposed to workplace violence (n=146)

S.No	The Top Five Ranked Items			The Least Five Ranked Items		
	Item	Mean	SD	Item	Mean	SD
1	Protecting patient rights and human dignity	3.44	.838	Procuring/distributing organs or tissues for transplantation.	1.04	.259
2	Staffing patterns that limit patient access to nursing care	2.55	1.192	Not respecting patient confidentiality/privacy (e.g., HIV status, etc.)	1.15	.530
3	Conflicts in nurse-physician (or other professional) relationship.	2.50	.833	Discriminatory treatment of patients	1.20	.546
4	Respecting/not respecting informed consent to treatment	2.49	1.152	Implementing managed care policies that threaten quality of care	1.23	.630
5	Not considering the quality of a patient's life	2.25	1.302	Acting against patient's personal/religious values	1.39	.614

Table No.3: Mean and standard deviation of the top and the least five ranked ethical issues as perceived by Jordanian nurses who were not exposed to workplace violence (n=35)

S.No	The Top Five Ranked Items			The Least Five Ranked Items		
	Item	Mean	SD	Item	Mean	SD
1	Protecting patient rights and human dignity	3.17	1.339	Procuring/distributing organs or tissues for transplantation.	1.03	.169
2	Respecting/not respecting informed consent to treatment	2.14	1.240	Prolonging the living /dying process with inappropriate measure	1.17	.568
3	Ordering too many or too few procedures or tests	1.91	.853	Not respecting patient confidentiality/privacy (e.g., HIV status, etc.)	1.20	.473
4	Not considering the quality of a patient's life	1.89	1.183	Implementing managed care policies that threaten quality of care	1.23	.490
5	Staffing patterns that limit patient access to nursing care	1.80	.933	Discriminatory treatment of patients	1.23	.490

RECOMMENDATION

Indulging in ethical situations and dilemmas was shown to have a significant contributor to workplace violence against nurses. Therefore, it is recommended for health care organisations to regularly disseminate policies, procedures, and standards addressing ethical issues, in order to improve their ethical sensitivity and moral courage that might enable them to control their fear and to defend the ethical principles and values in which they believe as in the best interest of the patient. Furthermore, qualitative research needs to be conducted to study the experiences of nurses who faced ethical issue during their practice, focusing on the short and long-term impact of this experience on them.

CONCLUSION

Exposure to workplace violence has been found to be associated with moral distress and indulgence in ethical situations and dilemma. Ethical standards and policies should be clearly disseminated to health care providers to enhance the moral courage, and thus mitigate the potential for nurse-patient conflicts.

ACKNOWLEDGMENT

The authors would like to appreciate all participants who volunteered in this study, and head nurses who assisted in recruiting participants.

CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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