

# Impact of Ethical Climate and Moral Courage among Nurses Caring for the Corona Patients in Public Tertiary Care Hospitals, Faisalabad, Pakistan

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## Abstract

**Background:** Major studies in this basis have addressed the ethical climate and ethical courage separately. Additionally in this pandemic era upto the best knowledge pf researcher there is no such study which is conducted on the moral courage and ethical climate present in the hospitals providing care to the corona patients. Hence, the purpose of this study is to assess the impact of ethical climate and moral courage among nurses caring for the corona patients in the public tertiary care hospitals in Faisalabad, Pakistan. **Methodology:** This is a cross-sectional study conducted in March to May 2021, on the nurses working in a public hospital and private tertiary care hospitals in Faisalabad. Sample size was 300 nurses. Written consent was taken from the participants. The data-collecting tool was a three-part questionnaire. The first part contains demographic information, second part consists of a questionnaire “Ethical climate of the hospital” by Olson in 1995, the third part included a moral courage questionnaire, which was designed by Sekerka et al. in 2009. All required permissions were taken from the authority and principle of confidentiality, beneficence, non- maleficence were observed. **Results:** Table 4 displayed the mean score of ethical climate and moral courage among nurses. The average score of the ethical climate among nurses was 2.3 which is between sometimes to often and moral courage mean score was 2.7 which mean that nurses got often chance to perform according to their moral value. Table 5 shows the ANOVA Test scores between the demographics and ethical climate and moral courage. Participants with higher educational levels and with more years of experience reported good ethical climate and shared more moral courage. The finding were insignificant with the marital status of the participant. Table 6 shared the correlation between ethical climate and moral courage. The relationship between ethical climate and moral courage is significant. This means that participants perceive that if there is more ethical climate in their practicing areas then they have more moral courage to practice good nursing values independently. **Discussion:** The results of this study also showed that the higher ethical climate score of the hospital lead to the more ethical virtue of courage in nurses. This will ultimately lead patients to better care and reduce the risk of physical, mental and mental harm to both patients and the health care provider. Therefore, nursing managers can use the operational features to improve ethical climate and ethical courage of nurses to get synergy between these two variables in order to achieve satisfaction, trust and confidence of patients in the nursing profession and health services organizations.

**Keywords:** Ethical climate, Moral courage, Nurses, COVID-19, Tertiary care hospitals, Faisalabad.

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## BACKGROUND

Psychological responses are related to vulnerabilities that affect the relevance of physical, psychological, and social resources to individual needs, and are effected by health conditions, motivation, the severity of stressors, various ages, coping strategies, and support systems (Holmes *et al.*, 2020). Nurses caring for patients with COVID-19 experience extreme

psychological reactions, and distressed moral values (Blake *et al.*, 2020). The preference of the patient's interests for individual interests and even their preferences to organizational interests requires the ethical virtue of courage (Buetow, 2016). One of the important responsibilities to protect the rights of patients is the duty of Advocacy (Davoodvand *et al.*, 2016). Moral courage is defined as continuous truth, defense of rights and commitment to moral principles in defending

patients' rights, even in potential danger to their job position (Abdeen & Atia, 2020). A nurse who has a moral courage, prefer commitment to patients in any case to their own interests (Escolar-Chua, 2018). Ethical virtue of courage is a stimulant, which support person in the tiredness condition of helping others, and worries about the consequences of correct moral performance, and makes the nurse work to reach the result (Ross, 2018). The experience of many nurses includes the apparent disadvantages due to correct moral performance. These nurses may lose their motivation for moral work or decreases their willingness to serve patients, without ethical courage (Steege *et al.*, 2017). The moral organization should seek ways to strengthen the ethical virtue of courage. In an environment where moral courage is reduced, the rights of patients will be violated and the benefits of the patient will be trampled (Nevhutalu, 2016). The ways of promoting dare and adherence to ethics can lead to the promotion of ethical virtue of courage (Rongsawat, 2018). Moral courage is essential, and organizations in practice must provide the conditions for their employees to enjoy the ethical virtue of courage (Numminen *et al.*, 2017). Knowing the importance of moral courage and factors that enhance moral courage can help health care activists to work well in dealing with ethical challenges whether at the bedside of patients or in research and education activities (Fantus *et al.*, 2017). The ethical climate of the organization seems to be effective on the employee's ethical courage (Yasir & Rasli, 2018). To mitigate moral problems, the organization can use the development of employee ethical courage (Comer *et al.*, 2018). Although personal and professional factors influence the ethical courage of nurses, but in organizational terms, it seems that the organization's ethical climate can affect the ethical courage of employees (Rathert *et al.*, 2016). With all the importance of the ethical courage and ethical climate of the hospital, there have not yet been done enough studies in each of these cases, especially in relation between these two concepts. Major studies in this basis have addressed the ethical climate and ethical courage separately. Additionally in this pandemic era upto the best knowledge pf researcher there is no such study which is conducted on the moral courage and ethical climate present in the hospitals providing care to the corona patients. Hence, the purpose of this study is to assess the impact of ethical climate and moral courage among nurses caring for the corona patients in the public tertiary care hospitals in Faisalabad, Pakistan.

## METHODOLOGY

This is a cross-sectional study conducted in March to May 2021, on the nurses working in a public hospital and private tertiary care hospitals in Faisalabad. Inclusion criteria of the study was staff nurses with the having license, at least 1 year work experience in the present unit and the main exclusion criteria was not willing to participate in the study, were on leave for more than 6 months and having any cognitive impairment or physical limitations. Sample size was calculated through

PASS. Through convenient sampling strategy 300 nurses were recruited in this study. Written consent was taken from the participants.

The data-collecting tool was a three-part questionnaire. The first part contains demographic information that examines the characteristics of age, sex, type of service area, service life, and type of employment. The second part consists of a questionnaire "Ethical climate of the hospital." Olson in 1995 designed and validated this questionnaire to measure the ethical climate (Joolae *et al.*, 2013). This questionnaire contains 26 questions in five areas of communication with colleagues, doctors, patients, hospital and managers. In addition, the range of scores for each question is based on likert scale between one (almost never) and five (usually). Thus, the minimum total score for each person is 26 and the maximum is 130, and a higher score represents a more positive ethical climate of the environment.

The third part included a moral courage questionnaire, which was designed by Sekerka *et al.* in 2009 (Moosavi *et al.*, 2017). This questionnaire contains 15 questions in five areas of ethics, multiple values, threat tolerance, moral sensitivity, and ethical goals. Each question based on Likert scale is scored from one (never) to five (always).

The questionnaire was given to the participants after obtaining the necessary permissions. Participants pointed out that the information would be confidential and unnamed, and that all participants had complete freedom to enter and leave the study. Descriptive statistics were used to evaluate the frequency, mean and standard deviation of the studied variables and inferential statistics to investigate the correlation between ethical climate and ethical courage. In the following, using Kolmogorov-Smirnov test, were evaluated normality of variables. Regarding the normal distribution of variables, parametric tests such as Pearson correlation and independent t-test and ANOVA test were performed using SPSS version 21 software.

## RESULTS

The results of the participants (n=300) are displayed in the tables. In table 1 demographics of the participants were displayed. The gender of the participants is 100% female. The average age of the participants was 33.8 years. 53 % of the participants were married. Table 2 display the frequencies of perception of the ethical climate of the hospital among nurse. Majority of the nurses responded that they got sometime chances to 'use the information necessary to solve a patient care issue/problem'. Many of the nurses shared that 'When my peers are unable to decide what's right or wrong in a particular patient care situation, I have observed that my manager helps them'. A lot of nurses says that it is rare that they get rare chance to 'practice nursing on my unit as they believe it should be practiced'. Table 3 shared the

frequencies of moral courage among nurses. Many of the nurses shared that they sometimes ‘engage in principled action is an ongoing pursuit for me’. Additionally, participants shared that they rarely have ‘chance to do what is right is the same as avoiding what is wrong. I act morally even if it puts me in an uncomfortable position with my superiors’. Participants reported that they rarely ‘act morally, and being praised and recognized for it. Table 4 displayed the mean score of ethical climate and moral courage among nurses. The average score of the ethical climate among nurses was 2.3 which is between sometimes to often and moral courage mean score was 2.7 which mean that nurses got often chance to perform

according to their moral value. Table 5 shows the ANOVA Test scores between the demographics and ethical climate and moral courage. Participants with higher educational levels and with more years of experience reported good ethical climate and shared more moral courage. The finding were insignificant with the marital status of the participant. Table 6 shared the correlation between ethical climate and moral courage. The relationship between ethical climate and moral courage is significant. This means that participants perceive that if there is more ethical climate in their practicing areas then they have more moral courage to practice good nursing values independently.

**Table 1: Demographics of the Participants**

S. No	Variable	Characteristics	n
1	Gender	Female	300
2	Age		33.8 years (mean)
3	Marital Status	Married	160
		Unmarried	140
4	Educational status	Diploma in Nursing	178
		Bachelors of Science in Nursing	120
		Masters of Science in Nursing	2
5	Years of Experience	1-5 years	101
		6-10 years	32
		11-15 years	47
		16-20 years	63
		21-25 years	57

**Table 2: Frequencies of Perception of the Ethical climate of the hospital among nurses**

S. No	Question	Never 0	Rarely 1	Sometimes 2	Often 3	Always true 4
1	My peers listen to my concerns about patient care.	50	49	64	94	43
2	Patients know what to expect from their care.	37	67	98	68	30
3	When I’m unable to decide what’s right or wrong in a patient care situation, my manager helps me.	43	58	94	76	29
4	Hospital policies help me with difficult patient care issues/problems.	56	73	81	46	44
5	Nurses and physicians trust one another.	25	89	85	59	42
6	Nurses have access to the information necessary to solve a patient care issue/problem.	42	64	75	85	34
7	My manager supports me in my decisions about patient care.	53	68	94	56	29
8	A clear sense of the hospital’s mission is shared with nurses.	38	59	76	93	34
9	Physicians ask nurses for their opinions about treatment decisions.	50	49	64	94	43
10	My peers help me with difficult patient care issues/problems.	37	67	98	68	30
11	Nurses use the information necessary to solve a patient care issue/problem.	43	58	94	76	29
12	My manager listens to me talk about patient care issues/problems.	56	73	81	46	44
13	The feelings and values of all parties involved in a patient care issue/problem are taken into account when choosing a course of action.	25	89	85	59	42
14	I participate in treatment decisions for my patients.	42	64	75	85	34
15	My manager is someone I can trust.	53	68	94	56	29
16	Conflict is openly dealt with, not avoided	38	59	76	93	34
17	Nurses and physicians here respect each other’s opinions even when they disagree about what is best for the patient	50	49	64	94	43
18	I work with competent colleagues.	37	67	98	68	30

19	Patients' wishes are respected.	43	58	94	76	29
20	When my peers are unable to decide what's right or wrong in a particular patient care situation, I have observed that my manager helps them.	56	73	81	46	44
21	There is a sense of questioning, learning, and seeking creative responses to patient care problems.	25	89	85	59	42
22	Nurses and physicians respect each other.	42	64	75	85	34
23	Safe patient care is given on my unit.	53	68	94	56	29
24	My manager is someone I respect.	38	59	76	93	34
25	I am able to practice nursing on my unit as I believe it should be practiced.	50	49	64	94	43
26	Nurses are supported and respected in this hospital.	37	67	98	68	30

**Table 3: Frequencies of Moral Courage among Nurses**

Questions	Never Correct 0	Rarely Correct 1	Sometimes Correct 2	Often Correct 3	Always Correct 4
<b>Moral Agency</b>					
I am determined to do the right thing.	37	67	98	68	30
Others can rely on me to exemplify moral behavior.	43	58	94	76	29
Engaging in principled action is an ongoing pursuit for me.	56	73	81	46	44
<b>Multiple Values</b>					
I draw on my personal values to help determine what is right.	42	64	75	85	34
I draw on the values of those around me to help determine what is right.	53	68	94	56	29
I draw on my professional values to help determine what is right.	38	59	76	93	34
<b>Endurance of Threats</b>					
I hold my ground on moral matters, even if there are opposing social pressures.	37	67	98	68	30
I act morally even if it puts me in an uncomfortable position with my superiors.	43	58	94	76	29
I am swayed from acting morally by fear and other negative feelings.*	56	73	81	46	44
<b>Going Beyond Compliance</b>					
I consider more than rules and regulations in deciding what is right.	42	64	75	85	34
I proactively aspire to behave morally	53	68	94	56	29
For me, doing what is right is the same as avoiding what is wrong.	38	59	76	93	34
<b>Moral Goals</b>					
When I act morally, my motives are virtuous.	37	67	98	68	30
I act morally because it is the right thing to do.	43	58	94	76	29
When I act morally, I like being praised and recognized for it.	56	73	81	46	44

**Table 4: Mean Score of Ethical climate and Moral Courage among nurses**

S. No	Variables	Mean Scores
1	Ethical Climate	2.3
2	Moral Courage	2.7

**Table 5: ANOVA Test between the Demographics and Ethical climate and Moral Courage**

S. No	Variable	Ethical climate	Moral Courage
1	Marital Status	0.4	0.7
2	Educational status	0.01	0.03
3	Years of Experience	0.03	0.04

\*0.05 is the significance

**Table 6: Correlation between Ethical Climate and Moral Courage**

S. No	Variable	Moral Courage	r	p
1	Ethical Climate		0.8	0.04

\*0.05 is the significance

## DISCUSSION

The purpose of this study was to assess the impact of ethical climate and moral courage among nurses caring for the corona patients in the public tertiary care hospitals in Faisalabad, Pakistan. The results of this study showed that average scores of ethical climates reported by nurses were low. In a study conducted by in Corley (2005), this average was 3.33 out of 5. Perhaps the reason for this difference in working conditions and organizational culture in Pakistani hospitals with other countries. Additionally, the working conditions in the hospitals get lower because of the scarcity of the resources, availability and myth associated to the vaccine and the severity of the corona disease as well (Lai *et al.*, 2020).

This research findings pointed to the coordination and collaboration within the group. There is a need for nurse co-operation to provide high quality care, which will increase the synergy of the forces and prevent potential harm to patients. The findings of this study showed that the cooperation between nurses and doctors (physician agents) is at the lowest level from the viewpoint of the examined nurses. Considering the importance of professional communication in providing high quality care, this issue should be further developed and the fact that the services provided in the health system require interdisciplinary collaboration, this finding is alarming and it seems that nursing and medical services are provided in separate packages. The results of in Iran suggest the appropriateness of the relationship between doctors and nurses is important for better care to the patient (Allah Bakhshian *et al.*, 2017). In such situation, not only the quality of care affected, the probability of complications such as the moral distress increases in doctors and nurses.

The average score of moral courage of nurses in this study was 2.7 out of five with a standard deviation. This means that nurses consider their moral courage at a relatively low level. Whereas, the other study conducted by Mousavi *et al.*, (2020) showed that nurses have more moral courage to perform better in the clinical areas. The reason for poor moral courage can be the poor working conditions in the hospitals in the pandemic.

The study showed that there was positive and direct relationship between ethical climate and moral courage. The ethical factor, which is the first dimension of moral courage, reflects a person's willingness to work for the right conduct and moral behavior in response to interactions with moral courage (Mansur *et al.*, 2020). The low scores of the ethical climate in the hospital setting and moral courage and their direct and positive relationship refers to that nurses felt courage in their own virtues (Comer *et al.*, 2017). The essence of nursing is care and requires nurses who are adorned with ethical virtues alongside with technical aspects for quality care (Johnson & Bagatell, 2017).

The research has few limitations. This study was conducted in the public hospitals only. Additionally, the participants in this study were totally females which may have changed the actual working situation of the nurses. Moreover, convenient sampling strategy was opted. In the strengths, the sample size was fairly enough to generalize the concept on the general nursing population. Additionally, the sample size of the research was fairly enough to generalize the concept on the general nursing population.

Based on the findings of the study there are few of the recommendations. Educating nurses, it is necessary to strengthen the morale of nurses. The results of a study in showed that as nurses consider themselves as an ethical factor, they are more sensitive to providing care of patients as, the increased nurses' moral sensitivity increases the quality of care and communication between nurses and patients.

This finding suggests that nurses do not have the ability to make ethical decisions and do not have the power to cope with organizational constraints and insistence on moral principles in which the higher management has to intervene to provide better care to the patients. The inability of nurses in the right moral choices or the inability to emphasize ethical choices and ethics, they may be exposed to moral distress, and the quality of nursing care may be affected over time hence, it is necessary that the nurses must be provided with the good ethical climate the tendency to leave the profession by nurses will fall. In the pandemic crisis for improve provision of care it is also necessary to encourage the nurses to apply their moral values.

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