

Article

The ethical principles and caring behavior of Indonesian nurses

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Abstract

Introduction: The caring behavior of nurses affects their working performance and the health care quality received by patients. The adherence to ethical principles by nurses is also known to increase this factor. However, no previous studies have been conducted on how ethical principles affect the caring behaviors of nurses. Hence, this study aims to investigate the association between nursing ethics and other demographic characteristics and their caring behavior in Indonesian hospitals.

Design and Methods: A cross-sectional descriptive-analytical study was conducted with 389 nurses working in Indonesian hospitals. Furthermore, data were collected using questionnaires, which included demographic characteristics, ethical principles-based attitudes, and caring behavior. The analysis of the data was performed using descriptive (*M*, *SD*) and inferential statistics (*Chi-square*, *Spearman's rank correlation*, *Fisher's exact test*, and *multiple logistic regression*) with $\alpha=0.05$.

Results: According to this study, the caring behavior of nurses was associated with gender ($p=0.030$) and nursing ethical principles, such as veracity ($p=0.025$), non-maleficence ($p=0.007$), beneficence ($p<0.000$), and fidelity ($p<0.000$). Fidelity was also revealed as the most influential ethical principle on nurses' caring behavior, with a value of $Exp(B)=3.446$. This indicates that nurses, who had demonstrated good fidelity, cared three times more than those who lacked this quality.

Conclusions: Nurses with good ethical principles deliver suitable caring behavior. Hence, applying the right ethics to a patient would result in a great caring attitude, as the principle of ethical behavior is compassion and respectful conduct towards patients.

Introduction

A caring attitude is an essential function that nurses must perform, as this approach aids in their development into more professional individuals, who prioritize patients' interests and their families.^{1,2} However, limited studies have been conducted on caring behavior among Indonesian nurses, with some reports showing a lack of this quality.³⁻⁶ A previous study also revealed that having a caring nurse while implementing a treatment or therapy plan was

beneficial to patients. This approach helped patients adapt to their health problems, independently fulfilled their basic needs, prevented suffering from diseases, and improved their health, as well as body function.⁷

The caring attitude of nurses also increases their job satisfaction and quality of care.⁸ Although several nurses may have a compassionate nature from childhood, this behavior must be learned and developed through education.⁹ Caring is a nurse's attitude towards patients' needs, which is provided with sincerity and affection, either through communication, support, or direct care. The ethics of this approach is essential and involves caring for both humans and nurses. Furthermore, this quality is related to the ontological basis of humanity, where an individual's identity is defined by a set of relationships with other humans. This is also a universal attribute that is ethically fundamental to people. Therefore, it can be concluded that the application of ethical behavior by every human will result in the possession of a well-caring attitude.¹⁰ In Indonesia, limited studies have been conducted to examine the correlation between nurses' ethical and caring behavior. The majority of these studies only analyzed caring from a communication, personality, emotional intelligence, and organizational aspect.^{3,11} Also, previous studies using qualitative methods were typically focused on patients' perception towards nurses' caring,¹² and only a few examined nurses' perceptions of their caring behavior.^{13,14}

In addition to caring behavior, professional nurses must be able to apply ethical principles to all patients.¹⁵ Particularly, nurses who apply beneficence do the best for their patients by showing respect for their autonomy, which automatically confirms that a well-caring behavior has been demonstrated.¹⁶ Other studies discovered the attitude of nurses influences their ethical behavior while implementing care.¹⁷ In Watson's caring theory, there are 10 carative factors,⁹ of which are nearly identical to the seven ethical principles. Therefore, this study aimed at examining the association between nurses' ethical and their caring behavior.

Design and Methods

This study used a correlational with a cross-sectional descriptive-analytical design.¹⁸ Also, stratified random sampling was per-

Significance for public health

Nurses are required to have caring behavior, which is essential in the interaction with humans and other nurses. This attitude may also assist nurses in becoming more professional while providing patient care. In addition, professional nurses are obligated to apply ethical principles in delivering care to all patients. In Watson's caring theory, there are 10 carative factors, and the core of these characteristics is nearly identical to the seven ethical principles. Therefore, this study describes the association between the ethical behavior and other demographic characteristics of nurses and their caring behavior towards hospitalized patients in Indonesian hospitals.

formed by selecting patients from all inpatient units in the hospital, based on the inclusion criteria to maintain the representativeness of the sample. The respondents included 389 nurses, who had been working for at least 2 years, in the inpatient room, the maximum age is 55 years, not in the period of study assignment or study permit, and is willing to be a respondent and interviewed if something is lacking in filling out the questionnaire. An ethical, demographic, and Watson's 10 carative factors-based questionnaires were used.^{9,19} The latter instrument was developed based on the 2019 Code of Ethics Guidelines from the New Zealand Nurses Organization²⁰ and the ethical recommendations from the Indonesian National Nurses Association. In addition, the Cronbach alpha value on tests 1 and 2 were 0.89 and 0.91, and Pearson's correlation coefficient between the first and second surveys was =0.901 and 0.93. hence, the questionnaire was valid and reliable. Univariate analysis was presented in the form of a table containing frequency (*n*), percentage (%), Mean (*M*), and Standard Deviation

(*SD*). Statistical tests, such as Chi-square, Spearman's Rank Correlation, and Fisher's exact were used to investigate the association between the respondents' characteristics, ethical, and caring behavior. Bivariate analysis was also used as a multivariate test selection with a *p*-value<0.25. Multivariate logistic regression was selected to examine which independent variables (numeric or categorical) had the greater influence on the dependent (categorical).¹⁸ The ethical clearance of this study was obtained from the Ethics Committee of the Faculty of Nursing, Universitas Airlangga, Surabaya, Indonesia (Number 2063-KEPK).

Results and Discussions

Table 1 shows that there is no relationship between gender and caring behavior (*p* > 0.135). A majority (59.7%) of the male nurses have good caring behavior, while the (51.2%) females were less

Table 1. The characteristic of respondents in three hospitals in Indonesia.

No	Variable	Caring behavior				Total (n=389)		p-value
		Less (n=192)		Good (n=197)		n	%	
		n	%	n	%	n	%	
1	Gender							0.135 ^{a*}
	Male	27	40.3	40	59.7	67	100	
	Female	165	51.2	157	48.8	322	100	
2	Marital status							0.372 ^a
	Single	60	45.8	71	54.2	131	100	
	Married	132	51.2	126	48.8	258	100	
3	Education							0.053 ^{b*}
	Diploma nurses	76	49.7	77	50.3	153	100	
	Undergraduate nurses	116	50.4	114	49.6	230	100	
	Post-graduate nurses	0	0	6	100	6	100	
4	Role in the wards							0.501 ^a
	Associate nurse	160	48.5	170	51.5	330	100	
	Primary nurse	32	54.2	27	45.8	59	100	
5	Career level							0.63 ^b
	Pre-clinical nurse	9	37.5	15	62.5	24	100	
	Clinical nurse I	107	49.1	111	50.9	218	100	
	Clinical nurse II	63	52.1	58	47.9	121	100	
	Clinical nurse III	12	48	13	52	25	100	
	Clinical nurse IV	1	100	0	0	1	100	
6	Autonomy							0.000 ^{a*}
	Less	116	68.6	53	31.4	169	100	
	Good	76	34.5	144	65.5	220	100	
7	Non-maleficence							0.000 ^{a*}
	Less	132	68.4	61	31.6	193	100	
	Good	60	30.6	136	69.4	196	100	
8	Beneficence							0.000 ^{a*}
	Less	126	72.4	48	27.6	174	100	
	Good	66	30.7	149	69.3	215	100	
9	Justice							0.000 ^{a*}
	Less	115	75.2	38	24.8	153	100	
	Good	77	32.6	159	67.4	236	100	
10	Veracity							0.000 ^{a*}
	Less	117	76.5	36	23.5	153	100	
	Good	75	31.8	161	68.2	236	100	
11	Fidelity							0.000 ^{a*}
	Less	125	77.6	36	22.4	161	100	
	Good	67	29.4	161	70.6	228	100	
12	Age (Mean ± SD)	31.57 ± 5.74	31.17 ± 5.71	389	100	0.240 ^{c*}		
13	Length of work (Mean ± SD)	7.35 ± 5.71	6.79 ± 5.33	389	100	0.252 ^c		

a) Chi-Square test. a*) Chi-Square test and candidate MLR (*p*<0,25). b) Fisher's Exact test. c) Spearman test . c*) Spearman test and candidate MLR (*p*<0,25).

compassionate. No relationship was observed with marital status ($p > 0.372$), with most (54.2%) unmarried nurses depicting this attitude, while their (51.2%) married counterparts were less caring. However, there was no relationship with education ($p > 0.053$). The majority of (100%) nurses with post-graduate degrees had better caring behavior than those (50.4%) with undergraduate, and (50.3%) diploma degrees. This study also shows that Diploma nurses cared 0.7% better than the undergraduates, due to their lengthier period of stay in the hospital. Several other studies illustrated that length of work experience has a positive impact on nurse's caring behavior and quality of care.^{21,22}

There is no relationship between nurses' role in the wards and their caring behavior ($p > 0.501$). A majority of (51.5%) associate nurses were seen to care more than most of their counterparts in the primary level ($p > 0.636$). The entire (100%) clinical nurses IV were less compassionate than most (62.5%) of those in the pre-clinical stage. According to previous studies, managers had lower scores than clinical nurse 1 in "assurance of human presence" and "respectful difference of others". Additionally, they had lower scores on four dimensions of caring behavior than clinical nurses 2 and 3 in "respectful difference of others".²³ The workload of nurses also increased with their career levels, with managers taking on more assignments. This phenomenon was stated as the cause of stress, which affects their interactions with other people. Humanistic behavior has been established to fade over time, affecting the nursing practice. Consequently, patients are faced with poor caring attitudes and behaviors.²⁴

There was also no relationship with age ($p > 0.240$). However, nurses aged 32 years and above were reported to have less caring behavior while those who were less than 31 years displayed more of this character. No relationship was observed between the length of work and the caring behavior of nurses, where those with an average working experience of 7.4 years cared less while individuals with 6.8 years were more compassionate.

The demographics of nurses had no effect on caring behavior, hence, this variable is unique. Personality, emotional and organizational factors in nurse's workplace can affect this behavior.^{11,25} This study shows that a caring nature may be acquired from birth or learned in school. Furthermore, length of work does not affect caring, indicating that the study of this behavior prior to employment is essential. Respect and care for others can be formed in the family.^{26,27} Some people are easy to empathize with and care for others because their personalities easily empathize with others.²⁸ Especially during the study period, students need to educate regarding caring behavior to become nurses who behave caring.²⁹ Caring for students is also a topic that is discussed frequently because early education is very effective in creating nurses who are ready to work in the field and have good behavior.^{30,31}

The respondent's characteristics may not affect caring behavior because nurses with inadequate knowledge on this matter do not understand how to behave in compassionate situations.

Therefore, education and training on caring should begin at an early age, through its implementation in nursing schools and workplaces.^{30,32} When taking a degree as a nurse, caring for nurses must be given a separate and more specific topic and teachers have to know student personally.^{29,33}

These educational institutions may also assist in the development of caring abilities, skills, social involvement, and emotional intelligence.³⁴

According to the multiple logistic regression (MLR) analysis in Table 2, there is a correlation between gender and caring behavior ($p=0.030$). Consequently, a majority of male nurses were seen to be more compassionate than females. This was reinforced by another study, where male nurses were more caring in terms of knowledge, skills, and assurance of human presence. Also, the presence of male nurses results in a greater diversity as concerns this behavior.²³ In Indonesia, despite experiencing several obstacles, this set of nurses had higher self-efficacy levels and were usually just as caring as their female counterparts or even better.^{21,35} An imbalanced number was observed between the male and female respondents, with the females being higher. Due to the high level of studies in an East Java district and the culture of respect for patients and families, men were seen to be just as caring as women. Furthermore, culture is known to greatly influence the nursing practice, not only the customs of the patient but also that of the nurse.³⁶

Based on the MLR test in Table 2, veracity ($p=0.025$), non-maleficence ($p=0.007$), beneficence ($p=0.000$), and fidelity ($p=0.000$) were discovered to be significant. Nurses with good non-maleficence and veracity principles were two times more caring compared to the less ethical individuals. Meanwhile, good beneficence was nearly three times more. The most influential principle was fidelity with a value of $\text{Exp}(B) = 3.446$, hence, nurses who have this character were three times more caring than those lacking. Furthermore, fidelity creates an environment for achieving goals of care and services.³⁷ The principle of fidelity that many nurses do in this study is keeping promises when educating patients, providing information about the patient's condition to other health workers, and involving patients in developing nursing plans. This principle requires nurses to treat all patients with respect, which is not always easy, specifically when patients are disagreeable, uncooperative, or rude.³⁸ The notion of non-maleficence was performed to prevent physical and psychological harm or injury to patients. Therefore, nurses must always provide services with the intent of helping their patients overcome health problems. A caring behavior, specifically humanistic altruistic-value and providing a supportive and protective environment prevents physical, psychological, or social harm to patients.⁹

The presence of beneficence and fidelity is more likely to facilitate a caring behavior. The principle of beneficence that many nurses do in this study is to provide nursing interventions that make patients comfortable, assist patients' basic needs, and always

Table 2. Analysis multivariate logistic regression (n=389).

No	Variable	B	Sig.	Exp(B)	95% CI	
					Lower	Upper
1	Gender (1)	-0.732	0.030	0.481	0.248	0.933
2	Non-maleficence (1)	0.726	0.007	2.067	1.225	3.486
3	Beneficence (1)	1.035	0.000	2.816	1.648	4.812
4	Veracity (1)	0.682	0.025	1.978	1.090	3.588
5	Fidelity (1)	1.237	0.000	3.446	1.989	5.969
6	Constant	-1.476	0.000	0.229		

re-assessments to identify nursing diagnoses that can arise. Beneficence is nurse's obligation to defend the rights of others, prevent harm that may be experienced by patients,³⁹ and provide beneficial care. This behavior also protects patients from anything that threatens their health or life. Nurse's job is to provide education concerning the care offered to patients, assist in the decision-making process, and provide freedom for patients' decisions.⁴⁰ Fidelity is defined as the obligation to remain faithful to one's commitments, particularly when information is given in confidence. Honoring commitments and providing a rationale for decisions also promotes this principle.²⁰ Moreover, nurses and other health providers who make agreements with patients must respect and be committed to others,³⁴ as these principles are part of caring behavior.⁹ Caring is also directly related to moral sensitivity and emotional intelligence.²⁵ Hence, nurses who apply moral and ethi-

cal principles will automatically behave in a caring manner. Applying these variables in all matters is also essential, specifically in providing care to patients in order to improve the quality of nursing services.^{8,39,41} Because of the COVID-19 epidemic, interviews for the questionnaire were completed over the phone. Further research should look into the barriers to nurses' strengths in implementing ethical concepts to patients.

Conclusions

The essence of nursing is caring behavior. This is an inherent characteristic seen in nurses, which is influenced by their behavior through upholding ethical principles properly and correctly. Generally, caring and ethical behavior cannot be separated and will always be aligned to improve the quality of nursing and health services.

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