

# Operating Room Nurses' Lived Experiences of Ethical Codes: A Phenomenological Study

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## Research Article

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# **Abstract**

## **Background**

Operating room nurses, who are important members of health teams and who serve in an environment full of ethical and work challenges, often face situations that require them to make decisions based on ethical principles. Therefore, compiling ethical codes appropriate to the culture and religion of the community is a good way to improve the quality of nursing services expected by stakeholders.

## **Objective**

The purpose of this study was to examine Operating room nurses' lived experiences of ethical codes.

## **Research design and method**

A hermeneutic phenomenological study was performed. Participants were 10 operating room nurses who were selected by purposive sampling. Data were collected through in-depth and semi-structured interviews. Data analysis was performed based on Van Manen methodology.

## **Results**

Data analysis revealed 3 main themes and 12 sub-themes that showed the experience of operating room nurses from ethical codes. The main themes were: Adherence to professional commitments, preserving patient dignity and respect for colleagues.

## **Conclusion**

The results of this study showed the ethical experiences of operating room nurses. These findings determine the ethical codes in the operating room. It is suggested that using these codes, a guide, and a model be developed to improve the ethical and professional performance of operating room nurses.

# **Introduction**

The operating room is a stressful and separate environment from other parts of the hospital where patients are exposed to important activities such as surgery. In the operating room, there are many tools with advanced technology, it is not directly controllable, the patient is not conscious in it and people with different skills work together. Often in the operating room, life-threatening situations and events that require immediate decision-making occur. Because of these characteristics, members of the surgical team are exposed to a high level of stress, and operating room nurses experience many ethical problems and challenges (1, 2). Accordingly, Lindwall and Von Post emphasize that "nursing should be recognized as a profession based on care and ethics"(3).

Ethical challenges are described as situations that cannot be solved. A situation where the decision is between two options that may be morally acceptable but equally problematic (4). Ethical challenges can

lead to psychological and physical symptoms, reduced job satisfaction, and even **improper** or inadequate nursing care (5). Unfortunately, despite being preventable, most of the immoral behaviors reported in health care occur in the operating room (6). Several studies have reported immoral behavior in health care, especially in the operating room of a hospital (2). Although excessive stress and the uniqueness of working conditions in the operating room can lead to immoral behaviors, because these behaviors have a direct impact on patients' health, people are very sensitive to their occurrence (7). For this reason, operating room nurses must not only continually improve their professional skills but also their moral competence (8).

Observance of professional ethics not only increases patients' satisfaction with the quality of services provided but also leads to the establishment of proper communication between the patient and the nurse; Creating a sense of security in the patient; Reduced length of hospital stay due to reduced psychological problems; Reduce costs and increase nurses' motivation to provide service s(9). Therefore, it is appropriate for nurses in different positions to provide services based on common values, which are usually reflected in the ethical codes of nursing (10).

Nursing ethics codes define the values and standards of professional behavior and are a guide for nurses' ethical responsibilities and ethical decisions (5, 11). As stated by the International Council of Nurses (ICN), nurses need more than just understanding ethics to make ethical decisions; They also need the ability to demonstrate a commitment to ethics through appropriate moral behavior (12). In Iran, there are no codes of professional ethics for nurses in a codified form, so nurses do not follow a single instruction in observing ethical principles, and this issue causes confusion and scatter of their reactions in dealing with a single issue. In such cases, patients do not know exactly what to expect from the medical team members, especially nurses (10).

Given the sensitive and complex working conditions, the diversity of patients, the breadth of communication, and interactions inside and outside the operating room, ethical challenges in this environment are very likely. Therefore, this study was conducted to investigate the lived experience of operating room nurses from ethical codes.

## **Materials And Methods**

### **Study setting**

This qualitative study was based on Heidegger's philosophy and hermeneutic phenomenology. Hermeneutics is a systematic approach to the study of a phenomenon and allows a phenomenon to be studied from an interpretive perspective and to gain a deeper understanding of lived experiences (13).

### **Participants and sampling**

In this study, we were looking for people who had a rich experience of the subject and had the ability to express and desire to participate in the research. Therefore, 10 operating room nurses were purposefully

selected. In qualitative studies, the sample size should be based on information needs. Hence, a guiding principle of sample size is data saturation, and sampling is performed until no new information is obtained (14). In our study, sampling was continued until data saturation was achieved by performing 10 interviews. To achieve maximum diversity, participants were selected from the operating rooms of several hospitals affiliated with Hamadan University of Medical Sciences. As shown in (Table 1), four women and six men participated in the study, of which six were operating room nurses, three were anesthesia nurses and one was operating room manager. Their work experience is between 2-21 years. Two of them had a master's degree and eight of them had a bachelor's degree in nursing.

Inclusion criteria in this study were having at least one year of work experience in the operating room and having a desire to participate in the study and exclusion criteria were unwillingness to participate in the study. Participants entered the study first orally and then in writing.

### **Data collection**

Data were collected using semi-structured, face-to-face, in-depth interviews, and written field notes from April to August 2019. 10 interviews were conducted with the participants by the first author. Nine interviews were conducted in the nurses' break room and one interview was undertaken in the operating room manager's office. The interviews were continued as long as the interviewees were willing to continue the interview. The mean duration of the interviews was 50 min, ranging from 40 to 70 min. Before the start of the interview, after stating the goals, the participants were given informed consent to record the interviews. The interviews began with the question, "Please explain your experiences of ethical codes in the operating room." In order to make the interview clearer and deeper, exploratory questions such as: Explain more? What do you mean? Was asked. The recorded interviews were implemented verbatim in less than 24 hours so that in case of ambiguity, the researcher could be re-followed.

### **Data analysis**

Soon after the first interview and simultaneous data collection, the analysis was done using Van Manen's (1997) approach (13). The six steps of this approach are as follows: 1. Turning to the nature of lived experience and paying attention to it; 2. Obtaining descriptions about the lived experience through investigating the phenomenon as it is lived not as it is conceptualized; 3. Engaging in thematic analysis through reflecting on the essential themes which characterize the phenomenon; 4. Engaging in phenomenological writing to describe the phenomenon via the art of writing and rewriting; 5. Establishing and maintaining a strong and oriented relation to the phenomenon; and 6. Creating coherence and balancing the context by considering the parts and the whole.

### **Rigor**

In order to ensure the rigor of the study, the following four main criteria were employed: credibility, confirmability, dependability, and transferability (15). As an operating room nurse, the first author was engaged with the study subject matter for around 5 years. Moreover, she had close relationships and

interactions with the participants and hence, was able to perform in-depth interviews with them. Another technique we used to enhance credibility was member checking. To establish confirmability, the research team's collective opinions were included in all stages of data analysis. Furthermore, all the steps of the study were recorded with details. Dependability refers to the stability of data over time and conditions (14). An audit trail, themes, sub-themes, and all evidence and documents were used to maintain participants' experiences and improve dependability. the transferability of the findings was maintained through maximum variation sampling.

## Results

During data analysis, 3 main themes and 12 sub-themes were extracted, which were presented in Table 2 as follows: Adherence to professional commitments, preserving patient dignity and respect for colleagues.

Description of the main themes and sub-themes from the experiences of operating room nurses from ethical codes:

### Theme 1: Adherence to professional commitments

As providers of physical, social, and psychological care to patients, operating room nurses must comply with a set of professional and ethical standards. Because in the operating room, nurses are faced with complex ethical and professional issues that can be very challenging in their interactions with patients. Adherence to professional commitments provides this ethical framework for nurses to practice.

#### 1.1. Striving to promote professional and personal competence

The nature of patient care in the operating room is complex and takes place in a unique, high-tech environment. Therefore, operating room nurses must constantly improve their scientific and practical information and skills about equipment and communication with the patient to provide principled and ethical care for the patient.

In this regard, a participant stated:

*"Honestly, once it happened to me during the surgery, I wanted to work with the C-ARM, but I did not know. It made the surgeon angry, the operation lasted longer, and once or twice we had to expose the patient to high-dose radiation. After that day, I tried to have information for the smallest device in the operating room, and I also participate in training courses that are held so that I am always updated" (P9).*

#### 1.2. Commitment to honesty

Depending on the working conditions of the operating room, patients are present in this environment unaccompanied and lose their consciousness during the operation. In this situation, operating room

nurses should be supportive of patients and always put honesty in the treatment of patients and their families.

One of the interviewees stated that:

*"Some time ago, we had a case of hysterectomy, in which one of the ovaries was mistakenly removed during the removal of the uterus, and then the patient was told there was cyst also in the ovary" (P3).*

### 1.3. Commitment to justice

In the operating room, as in other wards of the hospital, there is always a conflict of interest, prejudice, and unfair distribution of care resources as a challenge, especially since the patient's companions are not present, so operating room nurses always must strive for justice and fairness in care.

A contributor said:

*"I remember we had a patient here who came from prison for surgery. Unfortunately, our anesthesia Nurse did not treat the patient well. He did not change the tubes of the anesthesia machine and the mask to be sterile because the patient was an imprisoned person. However, in another shift, when we worked together and the patient was one of the officials of the hospital, he worked very carefully and was extremely respectful and polite" (P1).*

### 1.4. Commitment to keeping secrets and information of anesthetized patients

In the operating room, patients' secrets and information are provided to the surgical team due to receiving anesthesia drugs and removing conventional veils. Therefore, to preserve patients' dignity and respect their rights, the surgical team must be diligent in keeping these secrets.

One of the nurses said:

*"The patient becomes delusional when he is anesthetized with ketamine. I have seen that the colleagues ask the patient some irrelevant questions or some points are written in the patient's file that does not need to be mentioned, but the colleagues recount them in the operating room and thus the patient's secrets are revealed " (P7).*

### 1.5. Punctuality in operating room admissions

In surgical teams, health professionals are highly interdependent and work under time pressure. The timely presence of the surgical team and the patient in the operating room is an ethical issue because the treatment staff and the patient are mutually respected and prevent anxiety and worry in the patient and waste of time.

A participant said this:

*"I have seen many times that the elective patients are picked up from the ward much earlier than the time of their surgery and the patient stays in the reception for a long time. Personnel traffic, the presence of various patients and waiting are annoying for the patient, making him agitated, and his blood pressure rises. I warned the colleagues about this and told them that whenever the room was ready and the surgeon was present, the patient should be handed over so that the patient experience the shortest time between his presence in the operating room and the anesthesia" (P10).*

## 1.6. Responsibility

Responsibility is an inner sense of obligation and commitment to the correct performance of tasks and is one of the basic concepts in caring for patients in the operating room. Absence or deficiency in this causes distrust, worry, and harm to patients.

One participant highlighted this:

*"Once the circular nurse in our room gave the sample of a patient to a student for registration. Unfortunately, the student did not do this correctly and the patient's sample was lost and the purpose of that surgery was only to take a sample. Well, it was the responsibility of the circular nurse to register the sample. However, he failed and did not take it himself" (P4).*

## 1.7. Observing the correct principles of sterilization and aseptic

Nosocomial infections are one of the problems of the last century and are also considered as important complications after surgery. The most important people in preventing and controlling this complication are the members of the surgical team who can prevent the occurrence of this complication by observing the sterile principles regarding tools and medicines and proper hand washing during and after surgery.

One of the interviewees stated that:

*"Once, we were in a room where laparotomy was performed. I remember it was the end stages of the operation that the scrub nurse once said the label was not sterile. That means the operation had been performed with contaminated equipment up to that point, while it had to be checked properly before the surgery begins" (P7).*

## Theme 2: preserving patient dignity

Operating room nurses meet with extremely vulnerable patients, as they delegate their authority to the surgical team in this environment and literally put their lives in the hands of the surgical team, and their reputation may be compromised. Accordingly, the protection of patient dignity should be a major concern for all health professionals, especially operating room nurses who are involved in patient care.

### 2.1. Respect the privacy of patients undergoing surgery

Privacy and human dignity in the care of patients undergoing surgery in the operating room where the usual privacy is lost and the patient is unconscious are essential and ethical that nurses should strive to comply with.

In this regard, a participant stated:

*"In the genital surgery of a woman we had a few days ago, I felt the patient very uncomfortable because of the presence of the male students in the room. So I asked them to go out of the room and lock the door so that the patient would be comfortable" (P1).*

## 2.2. Emotional and psychological support of patients undergoing surgery

The presence of the patient in the operating room is always associated with stress and many worries and questions, and all these factors affect the anesthesia and surgery process of the patient. It is the duty of an ethically committed nurse to understand the patient's concerns and to be kind to the patient and respond to their needs.

One of the nurses noted:

*"Once our patient was a sick child, about 12 years old, when we saw him he hides under the blanket and his hand was shaking. I saw our colleague sitting next to him, holding his hand, caressing him, talking to him, and making him talk about his fear and worries about being in the operating room. Finally, before the anesthesia, the patient became very calm and relaxed" (P8).*

## 2.3. Respect for patient autonomy

In the operating room, nurses and physicians must always be committed to respecting patients' decisions and their autonomy to choose surgery and anesthesia as far as is beneficial to the patient. Patients' decision to choose a surgeon and anesthesiologist should also be considered; Because in this environment, patients consider nurses and doctors as their advocates and put their health in their hands. One participant highlighted this:

*"One of the patients was once told that your cholecystectomy would be performed laparoscopically, but when he came to the operating room, he was told that his surgery would be done openly. Although the patient did not like it; But the surgeon did it openly to educate the residents, and he satisfied the patient and did not care about his request" (P2).*

## Theme3: respect for colleagues

The operating room is an environment with many challenges and stresses. The quality and efficiency of surgical methods and patient safety, in addition to nurses' scientific skills, depend on high-quality communication, knowledge sharing, support for colleagues, and respect for them, which ultimately leads to the provision of optimal patient care.

### 3.1. Having a respectful relationship with colleagues

Nurses' commitment to ethics and respect for privacy, the position and personality of colleagues and disputes and free discussions with other colleagues, will enhance the sense of empathy and ultimately cooperation skills and will create a sense of calm in the workplace for operating room nurses.

One of the interviewees stated that:

*"Personally, I feel useful and motivated when I am in a surgery group with colleagues with less experience and age than myself, that as someone who has more work experience, they pay attention to my opinions and respect me. And I perform my work with a better spirit"(P6).*

### 3.2. Having a teamwork spirit in the operating room

The basis of work in the operating room is teamwork. The surgical team consists of different professions with different tasks that work together to achieve a common goal, understand the complexity of the clinical situation, make appropriate decisions, and perform safe surgery. The performance of all these members has a direct effect on the result of the work, so having a spirit of cooperation in these situations is very important.

A contributor said:

*"Once we were having surgery, when the circular nurse went to fetch serum, and suddenly an emergency occurred. I shouted several times and asked for help, but none of my colleagues came to help. Even our anesthesia Nurse in the room did not try to help us. Here. We are a team and we must help each other to save the life of the patient"(P3).*

## Discussion

Since ethical codes are a tool to help nurses make better decisions in dealing with the patient, nurse colleagues, and other members of the medical staff, as well as a criterion for making ethical decisions in sensitive and complex professional situations, it is expected that if nurses themselves participate in developing these codes, their acceptance and commitment in observance of the issues raised would be greater(10).

The first main theme was adherence to professional commitments, the sub-themes of which include: striving to promote professional and personal competence, commitment to honesty, commitment to justice in the care of patients undergoing surgery, commitment to keeping secrets and information of anesthetized patients, punctuality in operating room admissions, accountability, and observing the correct principles of sterilization and aseptic. The second main theme was maintaining patient dignity with the following sub-themes: respecting the privacy of patients undergoing surgery, emotional and psychological support of patients undergoing surgery, Respect for patient autonomy, and the third main

theme was having a respectful relationship with colleagues with the following sub-themes: having a respectful relationship with the surgery team, and having a teamwork spirit in the operating room.

In line with the first theme, Bakhtiari et al. (2018) stated that the promotion of professional commitments is one of the main themes of ethical behaviors in the operating room (2). Barać et al. (2018) also stated in their study that providing professional services by nurses without a sense of professional commitment is difficult, and this may have a negative impact on the quality of care (16). According to Halpern & Spandorfer (2014), professional commitments include professional competence, honesty with patients, the confidentiality of patient information, maintaining appropriate relationships with patients, improving the quality of care, improving access to care, equitable distribution of limited resources, scientific knowledge, maintaining trust and professional responsibilities (17), which was in line with the results of our study.

In this regard, of Khademian et al. (2018) showed that the existence of ethical codes, such as respect for the patient, commitment to honesty, responsibility and accountability, confidentiality, the right to accept or refuse treatment, can be used as a primary source for assessing the status quo of the ethical performance (18). Important ethical factors listed in the ICN Code of Ethics for Nurses 2012 include honesty, kindness, generosity, equality, fairness, justice, and courage (19). Sterile technique is an essential principle of patient safety that reduces the risk of microbial transmission to patients during surgery. The ability to create and maintain a sterile environment is an important skill for all members of the surgical team. Adherence to aseptic principles and patient safety concerns in the operating room are the responsibility of team members including nurses, surgeons, and anesthesiologists (20). Therefore, the operating room nurses have a key role in preventing infection through the aseptic technique (21). Regarding the importance of punctuality, it can be said that delay in the operating room has a negative effect on both patients and health care staff (22). Therefore, starting a surgery at the due time is a matter of respecting all colleagues, inside the operating room, and respecting the staff and their services and personal time (23).

In line with the second theme, Šaňáková & Čáp (2019) stated that dignity is one of the most important values that patients perceive in nursing care (24). Respect for human dignity is in line with international ethical codes of nursing (25). Since "Dignity" is one of the basic rights of every patient, it's critical to pay attention to the dignity of the patient. Maintaining and promoting the dignity of the patient is one of the necessities of nursing care (26).

Hanssen et al. (2020) also stated that respecting and caring for patients, creating a sense of calm and confidence in patients, respecting members of the surgical team by accepting their responsibilities and respecting the duties of others, and communicating with other team members are key ethical skills for operating room nurses (3). In this regard, Maluwa et al. (2018) mentioned some of the criteria of nurses' moral competence, which are: kindness, compassion, responsibility, discipline, accountability, communication, honesty, and respect for values, dignity, and human rights (27). The American Nurses Association (ANA) Code of Ethics states that operating room nurses have a duty to support patients as

they support themselves and their colleagues, which means providing ethical and professional care for the patient (3). Medical ethics requires that physicians be polite to patients, maintain patients' privacy, and respect their beliefs and values (28). Privacy is very important to secure and protect personal, physical, and psychological items that are important and special to patients (29). In nursing and health care, patients have the right to make decisions independently, and respect for patients' independence in health care has recently received special attention (30). The results of the above studies were consistent with the second theme and its sub-themes proposed in our study.

In line with the third theme, Navalta, Stone, and Lyons (2019) stated that colleagues, regardless of age, race, religious or political views, gender, or sexual orientation, should be respected for their professional work (31). Collaboration between different professions is essential to provide high-quality care and safe surgery (32). Hussen et al. (2020) also stated that respecting colleagues and participating in creating a caring environment is central to ethical skills in the operating room (3). In particular, humility and respect for colleagues in all disciplines are essential (33). Poor communication and cooperation between operating room members may lead to an increased risk of death and surgical complications, so teamwork in the operating room is necessary to ensure patient safety and the outcome of treatment (18). Performing safe surgery for patients is based on teamwork between members of the surgical team (34). Thus, for providing the best surgical care for the patient, team members must work together, communicate well, and coordinate (35). The results of the mentioned studies were in line with the third theme of this study, which stated that respecting colleagues and having a team spirit in the operating room are ethical skills.

## Conclusion

The purpose of designing these ethical codes was to provide guidance and a model for the professional performance of operating room nurses. As much as possible, an attempt was made to provide a clear and practical set in the daily activities of nurses by addressing the different work areas of the operating room. These codes have the ability to be discussed and exchanged with the attention of nursing officials and policymakers and those in charge of the ethics profession to reach final approval and be published comprehensively. It is hoped that by conducting this study, researchers have been able to take an effective step towards improving patients' rights and ethics in the operating room.

## Declarations

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## **Availability of data and materials**

The data set supporting the conclusions is available from the corresponding author.

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## **Authors' contribution**

Study design: BI; data collection and analysis: FA, BI, MMK and manuscript preparation: FA. All authors read and approved the final manuscript.

## **Ethics approval and consent to participate**

The study was approved by the Research Council and Ethics Committee of Hamadan University of Medical Science (IR.UMSHA.REC.1398.404). Written informed consent was obtained from the participants to participate in the study. Maintaining anonymity, confidentiality of information, the right to withdraw were considered during the study. The time and place of the interview were also arranged with the coordination and request of the participant. Also, in this study, the guidelines of the Helsinki Declaration were followed.

## **Consent for publication**

Not applicable.

## **Competing interests**

The authors declare that they have no competing interests.

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## Tables

**Table 1. Descriptive characteristics of the participants.**

Participant	Age (years)	Gender	Education level	Specialty	Working experience (year)
P1	32	Female	BSc	OR Nurse	9
P2	40	Female	BSc	OR Nurse	15
P3	36	Male	BSc	OR Nurse	12
P4	29	Male	MSc	OR Nurse	5
P5	50	Female	BSc	Anesthesia Nurse	21
P6	42	Male	BSc	OR Nurse	18
P7	26	Female	BSc	Anesthesia Nurse	6
P8	43	Male	MSc	Anesthesia Nurse	14
P9	25	Male	BSc	OR Nurse	2
P10	37	Male	BSc	Operating room Manage	15

BSc: Bachelor of Science; MSc: Master of Science

OR Nurse: Operating room Nurse

**Table 2. Operating room nurses' lived experiences of ethical codes: themes and sub-themes.**

Themes	Sub-themes
<b>Adherence to professional commitments</b>	<ul style="list-style-type: none"> <li>• striving to promote professional and personal competence</li> <li>• Commitment to honesty</li> <li>• Commitment to justice</li> <li>• Commitment to keeping secrets and information of anesthetized patients</li> <li>• Punctuality in operating room admissions</li> <li>• Responsibility</li> <li>• Observing the correct principles of sterilization and aseptic</li> </ul>
<b>preserving patient dignity</b>	<ul style="list-style-type: none"> <li>• Respect the privacy of patients undergoing surgery</li> <li>• Emotional and psychological support of patients undergoing surgery</li> <li>• Respect for patient autonomy</li> </ul>
<b>respect for colleagues</b>	<ul style="list-style-type: none"> <li>• A respectful relationship with the surgery team</li> <li>• Having a teamwork spirit in the operating room</li> </ul>

## Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [checklist11.doc](#)