Survey the relationship between professional ethics and improve the quality of care with nurses, staff empowerment of the perspective of Ayatollah Rouhani hospital of Babol

Hamed Hosseinzadeh[1] and Zohreh Barzegar[2]*

[1]Department of Information Science and Knowledge Studies, Ayatollah Rouhani Hospital, Babol University of Medical Sciences, Babol, Iran
[2]Department of Nursing, Ayatollah Rouhani Hospital, Babol University of Medical Sciences, Babol, Iran
*Corresponding Email:hamedhamedya@yahoo.com

_____

ABSTRACT

Ethics, how to live and how to behave in a professional style and in a professional environment, both individual and organizational sets. In this regard, the present study was to determine the relationship between the ethics of the profession and improve the quality of care with nurses, hospital staff empowerment from the perspective of Ayatollah Rouhani was performed. The study was a descriptive one. The population consisted of nurses Ayatollah spiritual Babylon, which uses random sampling method, 163 samples were selected and evaluated. Collection tool was a questionnaire, content validity of the questionnaire in consultation with experts confirmed the reliability of the test-retest on 10% of the total of 2-week interval was calculated, and Cronbach's alpha for the whole questionnaire 0.85respectively. To analyze the data, structural equation modeling was used. The results showed that relations professional ethics to improve the quality of care (P <0.01) and staff empowerment (P <0.01) was significant. The ability of the staff as well as improve the quality of care (P <0.05) there was a significant relationship. Based on the results of research, professional ethics directly and indirectly improve the quality of nursing care was effective (P<0.05). In general it can be said that rely on moral and ethical management, increases the effectiveness of the approach is to improve the quality of care and sense of empowerment among nurses.

Keywords: Professional ethics, Quality of care, Nurses.
_____

INTRODUCTION

The ability of personnel in the sense of importance and meaning, competence, self-employment can be summarized in the founding and effectiveness [1-3], and intrinsic motivation interpreted as a psychological state in which employees have a sense of control in connection with their work [1] and the emotions arising from intrinsic motivation, makes them an active member of the organization [4]. The concept of staff empowerment as a means to encourage employees is that they think about themselves and their job requirements, meaning their duties in the organization understand and improve their competence level [5].

A review studies on the use of capabilities in the field of healthcare personnel the connection of these variables with the quality of care for patients [6] among nurses [7] and medical [8 and 9]. Here it should be noted that the number of deaths, patient satisfaction, patient recovery, providing accurate information to patients, privacy and so forth that are used in evaluating the quality of patient care, the index of not valid and properly [10]. Thus, the need for a coherent and integrated approach, according to which the amount and improve the quality of care to comment, he

_____

felt. It seems to improve quality the best possible care to fulfill the important [11]. Moreover, in health care management literature, shared vision emerging sense of empowerment is the lack of personnel in doctors increased stress, absenteeism from work and reduced job satisfaction [12]. A review of the literature on modern methods of leadership implies that leaders, by showing respect for employees, interpersonal skills, inspire, instill positive thinking and a commitment to ethics and able to influence subordinates, their followers would [13]. This seems to be having the professional ethics of factors, directly and through improved quality, and promote the development of capable personnel.

Nurses are the largest health human resources in most organizations have a major role in the quality of services [14] and the major part of their responsibility is to take care of patients. Thus, the importance of conscious leadership in health care services, particularly nursing becomes clearly apparent on the surface [15]. Take a leadership style suggests a diverse range of styles, some of them in terms of the nature and emphasis than other styles, newer [16]. Some of these styles, during the early years of the third millennium AD to supply his presence, professional ethics. By definition, professional ethics is: "proper behavior as normative through personal actions and interpersonal relations and promote such attitudes among followers through two-way relationship, encourage and decision making "[17]. from the professional ethics can include features such as respect for others, serving others, being fair, being honest, and being collectivist [18], Support, develop skills and confidence subordinates [19], compassion, fairness, advised followers to adhere and to consider the ethical and moral behavior and reward and punishment for immoral [1, 6, 20, 21] and respect and human relationships [22] cited. In fact, today, led to a variety of skills and flexible manner, in order to face the challenges of the changing needs and new demands [23] and leadership as one of the basic requirements is to improve the care quality [24].

The concept of improving care quality as the need to establish a comprehensive management system in providing health services in the UK was introduced for the first time in 1998. The concept is to establish new approach to health in terms of quality and not quantity was introduced. Improving care quality integrates all patient care activities that are integrated into a single strategy [25]. Models and different patterns to define and explain improve care quality can be found that one of the models that have been used in the UK national medical system, a model that included seven patients and community participation, education and training, risk management and patient safety, use of the information, clinical effectiveness, clinical audit and management staff. But according to quality examples of care and patient safety improvement Festival in 2013, teaching and management staff were integrated in one dimension and consider the leadership, following seven as an quality improving care were introduced last seven axes; these include: clinical audit [26], risk management and patient safety [27], training and management of staff [27 and 28], Clinical Effectiveness [29], data usage [30], patient participation and community [30] and head [31].
Research showed that Professional ethics ability of the staff [32] and also led a significant and positive relationship as a basic prerequisite for the realization of the healing process is considered quality care [33]. Despite the importance of these variables, the literature review of existing research on identify relationships between these three variables has been done. Therefore, in this study, the researchers aimed to examine the relationship between professional ethics and ability of the staff quality improves their intermediary with studied care.

MATERIALS AND METHODS

The study was descriptive correlational. The population under study, Include all nurses in hospitals - medical Ayatollah Rouhani of Babol University of Medical Sciences (550 nurses). According to Morgan table, 226 questionnaires to random sampling method, playing a total of 163 usable questionnaires were returned and finally (response rate: 72%). Here are some reasons such as lack of precision nurses to answer questions (despite explanations researcher), lack of interest to participate in research or the existence of a certain order to answer the questions based on the reasons for the withdrawal outlined a number of nurses, the researchers were forced to remove it.

The instrument used for data collection, the following three questions which they come; the first questionnaire, a questionnaire was professional ethics by Salehnia (2012), based on the views of Brown et al (2005) was designed. In this, validity and reliability of professional ethics reviewed and verified through confirmatory factor analysis and Cronbach's alpha value (0.88) [21]. The questionnaire professional ethics in the form of ten questions and factors of interpersonal relationship, modeling, and pragmatism was measured. The second survey questionnaire Spreitzer psychological empowerment (1995), in the form of 12 questions the meaning and significance, competence, self-Gray and the impact on the whole Likert (from strongly agree to strongly disagree = 5 to 1) was measured. Validity

_____

and reliability capabilities in research personnel using confirmatory factor analysis and Cronbach's alpha value (0.89) were reviewed and approved [32]. To assess the questionnaire improve care quality of Mirkamali et al (2013) with 44 questions in seven dimensions and on the whole multiple-choice Likert scale (strongly agree = 4 to strongly disagree = 1) were determined. Dimensions questionnaire improve quality care, including training and staff management (questions 1 to 7); patients and community participation (question 8 to 13); risk management and patient safety (questions 14 and 24); clinical audit (questions 25 to 30); information management (questions 31 to 34); clinical efficacy (questions 35 to 40); management and leadership (questions 41 to 44) are. Validity quality improves care in the study questionnaire (Mirkamali& et al, 2013) According to experts, as well as confirmatory factor analysis and its reliability by Alpha with the (0.97) was reviewed and approved [33]. It is worth noting that the ability of the staff and professional ethics questionnaire based on the Likert scale of 1 to 5 (1 = very little to very high = 5) and improved inventory quality care based on four degree range from 1 to 4 (1 = very little to very high = 4) were developed. Also in this study, ethical considerations such as the anonymous questionnaires, data confidentiality and data analysis as a whole, were taken into consideration.

Finally, the data using structural equation modeling using LISREL software were analyzed.

RESULTS

The results of data analysis revealed that among the first 63 people who have questions related to gender responded, 67 of them men (31%) and 9 were women and 6 men (52%). Marital status between 163 respondents to this question, 63 were single (31.6%) and 100 patients were married (50.3%). In the case study is also the first 63 Responses to question; number 127 nurses had a master's of education degree and 3 to 6 people. The average age of nurses 30 year and the average work experience of 10 years were reported. The mean and standard deviation scores of nurses in each of the variables are also presented in table 1.

Table1.Showsthe mean and standard deviation scores of the study

Variable	Number	Average	The standard deviation
Ethics	163	3.763	0.783
Improve the quality of care with nurses	163	2.620	0.476
Ability of the staff	163	3.203	0.719

Based on the results, the professional ethics, improve care quality And staff empowerment among nurses is higher than the average expected.

Ethics by improving care quality the ability of the staff involved.
To test the research of structural equation modeling assumptions have been used and studied several sub path. Results stating that Ethics Has direct effect, positive and meaningful to improve care quality are 0.70. The t value to the relationship between professional ethics And improve care quality 6.36 can be concluded that the surface (0.01) is significant.

In relation to the second sub-effective in relation to professional ethics the ability of the staff, their results were not that professional ethics have direct impact on the ability of the staff with significant positive coefficient (0.59) and the amount of t (4.58) on the surface (0.01) is significant.

In relation to the third sub path, the relationship between quality improve care and the ability of the staff, the results showed that improving care quality Direct and significant effect on the ability of the staff standard coefficient (0.23) and the t (2.01) reported that This results in a surface (0.05) is significant.

The third sub-path verification, a kind of mediator improve care quality the relationship between professional ethics And staff empowerment model is confirmed. Confirming the role of mediator quality improve care, professional ethics The level of significance (0.05) indirect effects, positive and meaningful is the ability of the staff.

The results of the structural model showed that the value of chi-square analysis to judge the linearity of the relationship between latent structures (164.26) in the level of significance (0.01), respectively. Chi-square value of the degrees of freedom (2.219) is. With the Chi-square to degrees of freedom ratio is less than 3, it can be said that the data are consistent with the hypothesized model. The root mean square error of approximation (0.08) is. Other

_____

indicators NNFI, IFI, GFI, CFI Each aspect of the structure show model, respectively (0.96), (0.97), (0.87) and (0.97) are.

DISCUSSION

This study aims to identify causal model of the relationship between professional ethics, improve care quality and staff empowerment among nurses. The results of data analysis showed that between professional ethics and improve care quality there is a significant positive relationship, as well as between professional ethics and the ability of the staff was a significant positive relationship. In addition, by confirming the relationship between improving care quality and the ability of the staff to a mediator improve care quality the relationship between professional ethics And the ability of the staff was approved. With respect to overall fitness model assessment index as a result of data analysis using structural equation, we can say that the final model was a good fit. In relation to the impact of professional ethics on the ability of the staff , The results of this study in a way consistent with research Golparvar et al (2010) considered, because the researchers showed that the ability of the staff of professional ethics and There is a significant positive relationship. In other words, the existence of professional ethics as create conditions and infrastructure for the employees feels empowered staff considered [32]. Sense of empowerment as a positive approach in personnel psychology of people rely on positive attributes and not unexpected that leaders who are committed to ethics, as underlying cause and the promotion of personnel on the subjects sense of empowerment, but the point Notably, in this study, confirming the role of mediator improvement in the relationship between professional ethics and ability of the staff to take care quality Respectively. Mirkamali et al (2014) in their study showed that among all the components and dimensions of organizational culture among nurses to improve care quality there is a significant positive relationship and organizational culture as a prerequisite for the establishment of improved care quality Considered [33]. Confirm the role of mediator improve care quality The relationship between professional ethics And the ability of the staff can be explained as a result of the efforts of professional ethics such hospital administrators in the atmosphere and create favorable conditions for successful quality improvement approach, creating and fostering this sense of the duties of nurses in the success, effective and self Seven expectations well in practice and improve care quality On coming and finally the psychological, consider themselves as capable people who feel their meaning and significance, competence, determination and effectiveness of their founding. Near the tasks, working environment and specific conditions requires that hospitals Space close the nurses, staff, physicians and patients due to come into existence and nature nearby, attitudes and ethical issues arise great opportunity, it seems, if professional ethical climate The ruling is in the hospital and his unit managers and subordinates are bound by ethical principles and to a pattern, you can also expect nurses to have ethical conduct. Why so Moral hospital management through ethical, fair and equitable settlement issues, hearing conversations and concerns Nurses, compassion and resolve their problems and so on, while the groundwork for the establishment of improved care quality Provides and on the other hand guarantee the successful implementation of the above approach.

CONCLUSION

In general it can be said that rely on moral and ethical management, increase the effectiveness of quality improvement in nursing care and the sense of empowerment. For with the valuing of human values and the support and inspiration of the nursing staff and induce a feeling useful and effective health services and provide context to perform their duties effectively and to a cause satisfy the psychological needs of their them of the psychological, enables.

Offers:
- Managers in dealing with nurses, respect, justice, fairness and honesty always show.
- Administrators, nurses mistakes candidly, but privately shared with them.
- The establishment of infrastructure managers improves care quality in the hospital and provides the necessary support to take action.
- To promote a sense of personal empowerment among nurses, manager's occasion various measures are successful and constructive nurses honored.

_____

REFERENCES

[1] Spreitzer GM. [Psychological empowerment in the workplace: Dimensions, measurement and validation]. Academy of Management Journal, 1995; 38: 1442-1465.

[2] Seibert SE, Wang G, Courtright SH. [Antecedents and consequences of psychological and team empowerment in organizations: A meta-analytic review]. Journal of Applied Psychology, 2011; 96: 981-1003.

[3] Joo BK, Lim T. [Transformational leadership and career satisfaction: the mediating role of psychological empowerment]. Journal of Leadership & Organizational Studies, 2013; 20(3): 316 - 326.

[4] Frazier ML, Fainshmidt S. [Voice Climate, Work Outcomes, and the Mediating Role of Psychological Empowerment: A Multilevel Examination]. Group & Organization Management, 2012; 37(6): 691 - 715.

[5] Laschinger HKS, Finegan J, Shamian J, Wilk P. [A longitudinal analysis of the impact of workplace empowerment on work satisfaction]. Journal of Organizational Behavior, 2004; 25(4): 527 - 545.

[6] Patrick A, Laschinger HKS. [The effect of structural empowerment and perceived organizational support on middle level nurse manager's role satisfaction]. Journal of Nursing Management, 2006; 14: 13 - 22.

[7] Scotti DJ, Harmon J, Behson SJ. [Links among high-performance work environment, service quality and customer satisfaction: an extension to the healthcare sector]. Journal of Healthcare Management, 2007; 52 (2): 109 - 125.

[8] Harmon J , Scotti DJ , Behson B , Farias G , et al. [Effects of high-involvement work systems on employee satisfaction and service costs in veterans' healthcare]. Journal of Healthcare Management, 2003; 48(6): 393-406.

[9] Joiner TA, Bartram T. [How empowerment and social support affect Australian nurses' work stressors]. Australian Health Review, 2004; 28(1): 56 - 64.

[10] Bonias D, Bartram T, Leggat SG, Stanton P. [Does psychological empowerment mediate the relationship between high performance work systems and patient care quality in hospitals]. Asia Pacific Journal of Human Resources, 2010; 48(3): 319-337

[11] Wade DT. [Clinical governance and rehabilitation services]. Clin Rehabil, 2000; 14: 1-4.

[12] Laschinger HKS, Finegan J, Shamian J, Wilk P. [Impact of structural and psychological empowerment on job strain in nursing work settings: Expanding Kanter's model]. Journal of Nursing Administration, 2001; 31: 260 - 272.

[13] Hassani M, Shohoodi M. [The relationship between components of Secure-Base Leadership and Psychological Safety with dimensions of Work holism: the perspective of employees in the University of Urmia (Persian)]. Journal of Executive Management, 2013; 5(10): 85-106.

[14] Dehghan Nayeri N, Nazari AA, Salsali M, Ahmadi F, Adib Hajbaghery M. [Iranian staff nurses views of their productivity and management factors improving and impeding it: a qualitative study (Persian)]. Nurse Health Sci. 2006; 8(1): 51-60.

[15] Madani GH, Toosi F. [A survey on the effects of teaching on head nurses awareness about human communication with nursing personnel. Proceedings of the Conference on Problems in Nursing and Midwifery Management, Khorasegan: June 5-6, 1996 (Persian)]. Islamic Azad University, Khorasegan Branch, 1996.

[16] Golparvar M, Javadian R, Hosseinzadeh. [Structural model of psychological contract, organizational justice, moral leadership, exchange leadership-members and organizational support (Persian)]. Journal of new Psychology of industrial / organizational, 2011; 2 (7): 21-32.

[17] Brown ME, Trevino LK. [Ethical leadership: A review and future directions]. The Leadership Quarterly, 2006; 17: 595-616.

[18] Siyadat SA, Esfahani AN, Allahyari S. [Moral leadership in educational organizations (Persian)]. Cultural Engineering, 2010; 5(45, 46): 38-46.

[19] Yukl G, Mahsud R, Hassan SH, Prussia GE. [An Improved Measure of Ethical Leadership]. Journal of Leadership & Organizational Studies, 2013; 20(1): 38 - 48.

[20] Niri SH, Golparvar M, Mahdad A. [The role of Ethical values and moral leadership in reducing job stress of employees (Persian)]. Ethics in Science & Technology, 2010; 5(3, 4): 67-76.

[21] Salehnia M. [Organizational Ethics with an Emphasis on Ethical Charter (Persian)]. Ethics in Science & Technology, 2010; 4(1, 2): 66-78.

[22] Zhu W. [The effect of ethical leadership on follower moral identity: The Mediating role of psychological empowerment]. Kravis Leadership Institute, Leadership Review, 2008; 8: from 62 to 73.

[23] Haris A, Spillane j. [Distributed leadership through the looking glass]. Management in Education, 2008; 22(1): 31 - 34.

[24] Lane MR. [Arts in health care a new paradigm for holistic nursing practice]. Journal of Holistic Nursing, 2006; 24(1): 70-75.

_____

[25] Rajabi Z. [What is clinical governance? (Persian)]. Magazine of Medical Sciences and Health Services of Qazvin University, 2012.

[26] Hadizade F, Naji H. [Clinical audit (Persian)]. Tehran: KAMAL Rahe publication, 2008; 15-22.

[27] Chandraharan E, Arulkumaran S. [Clinical Governance]. Obstetrics, Gynecology and Reproductive medicine, 2007; 17(7): 4-222.

[28] Heidarpoor P, Rafiee S, SS Sadat, Kermanchi J, et al F. Mostofiyan. [The examples of National second festival of clinical governance and patient safety instances (Persian)]. Clinical governance department, office of hospital management and clinical excellence, the Department of treatment, 2013.

[29] Heidarpoor P, Dastjerdi R, Rafiee S, SS Sadat, Mostofiyan. F. [Understanding the principles of clinical governance (Persian)]. Tehran: Tandis publication, 2011.

[30] Currie L, C Morrell, Scrivener R. [Clinical Governance: an RCN resource guide]. London: Royal collage of nursing publication, 2005.

[31] Fanni AA, Hamdan M, Khaefollahi AA. [Designing the Appropriate model for management of Lobnan organizations (Hospital Management) (Persian)]. Human MO Sciences Journal Dares, 2009.

[32] Golparvar M, Padash F, Atashpoor H. [The reinforcement sense of energy and creativity of employee's Model through ethical leadership (Persian)]. Iran Occupational Health Journal, 2010; 7(3): 4-11.

[33] Mirkamali SM, Javanak Liavali M, Yeganeh MR. [Correlation between Organizational Governance in Public Hospitals Clinical Culture with in Rasht (Persian)]. Hayat, School of Nursing and Midwifery Journal of, Tehran University of Medical Sciences, 2014; 20(1): 15-25.

[34] Hooman HA. [Structural equation modeling with LISREL application (Persian)]. Tehran, Samt Publication, 2009.