



## A Study of Clinical Justice in the Experiences of Patients, Nurses, and Nursing Students: A Qualitative Study

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### Abstract

**Introduction:** Reducing healthcare injustice is a moral imperative. People's benefits from these rights differ dramatically from one place to another. Understanding justice in medical care services has created many problems due to ambiguities. The present study aimed to explain the experiences and perspectives of nurses, patients, and nursing students about clinical justice.

**Methods:** This study was a qualitative one based on conventional content analysis. Semi-structured interviews with open-ended questions were used to collect data. Interviews were conducted with clinical nurses, nursing students, and hospitalized patients in hospitals of Behshahr (Mazandaran province). Purposive sampling was used and the interviews continued until data saturation was reached, and finally 73 (19 nursing students, 29 clinical nurses, and 25 hospitalized patients) participants entered the study. Interviews were recorded, and handwritten and then were coded and categorized based on conventional content analysis and themes were extracted.

**Results:** The analysis of data revealed four main themes including "equal treatment", "good manners", "care and attention", and "clinical competence" and 9 subthemes including "ethnic discrimination", "socioeconomic discrimination", "unaccompanied patients", "forgiveness", "respect", "attention to patients' needs/problems", "allocation of sufficient time", "ability to prioritize" and "theoretical and practical competence".

**Conclusion:** The findings of this study suggest that by equal treatment, avoiding ethnic and socioeconomic discrimination, paying attention to the patients' needs and treating them well, and enhancing the level of theoretical and practical skills, it is possible to help create justice in patient care.

**Keywords:** Justice, Clinic, Nurses, Patients, Nursing students, Qualitative study

### Introduction

The word justice literally means to be fair and to show fairness (1). Justice means respecting equality and eliminating discrimination between people when they have equal talents and entitlements. In other words, justice means observing equity among

individual members of a group, observing the social rights of individuals, and giving rewards and privileges based on the level of their participation. In its broadest sense, justice means granting the right to its entitled owner without any discrimination



and social equality is a state in which all members of a society have certain and equal rights. Enjoying equality in opportunities, positions, and educational and medical rights are counted as the most basic rights (2).

One of the goals of the healthcare system is to equally distribute health services among the people (3). Justice in healthcare means making sure that people in a society benefit from healthcare fairly and in accordance with their needs (4). According to the definition of World Health Organization (WHO), health inequality refers to the difference in the state of health or in the distribution of its social determinants among different social groups. When inequality is avoidable and unfair, it is called injustice (5, 6). Injustice is the existence of intentional differences between different groups in society and results from lifestyle as well as biological, environmental, economic, and social factors (7, 8).

Nikkhah et al. conducted a study to investigate the components of ethical behavior of nurses with patient companions. They defined justice as equal treatment and far from ethnic and racial prejudices with all patients and their companions. One of the nurses said, "When the companions come to me to ask about their patients' health state, I respect them equally... I even treat those companions who are not Iranian the same way as my own compatriots". Avoiding favoritism in providing hospital facilities was another manifestation of justice in nurses' treatment with patients and their companions. According to one of the nurses, "We have few beds in the hospital and we always have more patients than our beds, and this makes our patients sad and grumpy ... I will treat them kindly and when the bed gets empty, I call them in order, not to give the turn to the one who has made more noise" (9).

When patients visit a hospital to receive services, they have some criteria in mind by which they assess the staff's behavior and clothes and the hospital structure, physical space, and equipment and express their rate of satisfaction (10). The value of services and the extent of care that health systems provide for patients is influenced by the behaviors and attitudes of nurses since nurses are the largest professional group in healthcare organizations and interact directly with patients (11). Various studies have examined organizational justice from the perspective of nurses. Such studies have investigated nurses' viewpoints about justice and fairness in the allocation of salaries, bonuses and facilities, as well as the determination of a fair work schedule for themselves by the hospital (12-15). However, no

study has yet examined the understanding of patients, nursing students, and nurses of clinical justice. Content analysis is a technique for analyzing contents and texts that seeks to extract data from texts (16). Discovering the characteristics and features of clinical justice and the deep and hidden layers of this issue among those involved can reflect the strategies of justice in providing better and higher quality care by nurses. Therefore, for the first time in the country, the present study seeks to examine the experiences of hospitalized patients, nurses, and nursing students about clinical justice.

## Methods

This study was a qualitative one conducted based on conventional content analysis in 2018. The research setting included Behshahr Faculty of Nursing and two public and one private hospitals (all located in Behshahr, Mazandaran). Purposive sampling was used with maximum number of participants and data collection continued until a saturation point was reached (it is a state in which new data do not change the existing classifications or do not offer new suggestions for classifying data). A total of 19 nursing students, 29 clinical nurses, and 25 hospitalized patients participated in the study. First, the researchers obtained legal permissions and introduced themselves to the authorities of the relevant centers (faculty/hospital). Then, after explaining the objectives of the study, obtaining informed consent, and emphasizing the confidentiality of information, the interview sessions were arranged with the participants. Individual interactive semi-structured interviews were conducted to collect data. The interviews were handwritten after at most 48 hours and were again read and then analyzed. Each interview lasted 30 to 45 minutes. The research question was about their experiences of "clinical justice". Several main questions were repeated in all interviews which included: "What comes into your mind when we say clinical justice?", "Do you have a clinical experience in which justice has been observed?", and "Do you have a clinical experience in which justice has not been observed?" Probing questions such as why, how, and give an example, were used to enrich the interviews. At the end of each interview, the participants were asked, "Is there any question should I have asked so that you could better share your experience?"

To ensure the rigor of the study, the interviews and data analysis were conducted by two researchers. The time and place of the interviews were already fixed with the participants. If a participant was tired

or needed more information, he/she was interviewed again. Conventional content analysis was used to analyze the data. The interviews' texts were reviewed several times to break them down into the smallest and most significant units (or themes). A number of themes were obtained and then reviewed to clarify the similarities in their meaning. The data were classified into main themes and subthemes in a descending and deductive manner. Then, the sliding and merging of the original writings and final themes were repeated so that eventually the researchers reached an acceptable stability and a sense of satisfaction with the themes and subthemes.

## Results

Four main themes and nine subthemes were extracted from data analysis (Table 1). To better understand the themes, direct quotes from the participants are provided.

**Equal treatment:** The first theme identified in this study was "equal treatment" which was divided into "ethnic discrimination", "socioeconomic discrimination", and "unaccompanied patients".

Participants noted that the staff should treat all patients equally, provide the same services, and attempt to help all patients.

A female nursing student of the 5<sup>th</sup> semester said, "Yes, I have provided services for all patients in the same manner so that no patient complains".

One of the nurses working in the internal ward stated that, "My colleagues entered the ward at 10:00 o'clock and wanted to give the endoscopy turn to the one who was the last, but I didn't accept and went out of the ward".

The subtheme of "ethnic discrimination" refers to the distinctions that clinical staff make between different ethnicities and pay more attention to patients who have an ethnic background similar to their own.

A male nursing student of the 4<sup>th</sup> semester said, "a patient coming from Sistan and Balouchestan province had fallen from a building and was suffering from fracture. His urinary catheter was filled with blood. Although his companion called the personnel several times, they didn't care about it".

"There were two patients from Zabol and one patient from Mazandaran. But the patients from Zabol did not receive attention as much as other patients".

Regarding the subtheme of "socioeconomic

discrimination", the participants referred to different behaviors of clinical personnel based on the socioeconomic differences of the patients when providing services and giving special attention by some personnel to their relatives. However, in some cases, the experiences and examples of participants showed clinical justice and fairness.

Another subtheme was "unaccompanied patients". The lack of companionship for patients makes nurses' work very difficult, and such patients are often less cared for.

A female nursing student of the 5<sup>th</sup> semester had witnessed discriminatory behavior with patients and said, "A country woman and her 5-year-old child visited the hospital for child radiology. The child involuntarily vomited as soon as the radiology device was put into her mouth. Afterwards, both the physician and the other staff treated them very badly and kept saying that why such illiterate and rural people receive these services?!"

One of the patients in the maternity ward stated, "There was a patient who had no companion. She was hospitalized after her caesarean section and suffered a lot of pain. Only one of the nurses came to insert a suppository and other nurses did not accept".

**Good Manners:** Another theme identified in this study was "good manners" which was subdivided into "forgiveness" and "respect".

In addition to the medical services provided for patients, they need good behavior and manners from the medical staff. Regarding the subtheme of "respect", participants considered respecting the rights of the patients as one of the duties of healthcare personnel. Regarding the subtheme of "forgiveness", the data showed that those who are responsible for providing services to patients, including nurses and physicians, sometimes exceed their level of duties and are constantly in contact with chronic patients and become exposed to a variety of diseases.

"There are some nurses who are overly arrogant and so do not answer [the patients' questions], or there are some nurses who take their other worries out on patients. Some other nurses are too much overbearing".

Witnessing a case of disrespect in the internal ward, another patient said, "I saw one of the doctors being rude and disrespectful to the patient lying in the bed next to mine. It was beneath the doctor's dignity to behave so with the patients".

One of the companions said that the nurse laughed at her instead of answering her question and

**Table 1. Main themes and subthemes**

Themes	Subthemes
Equal treatment	Ethnic discrimination
	Socioeconomic discrimination
	Unaccompanied patients
Good manners	Attention to patients' needs/problems
	Allocation of sufficient time
Care and attention	Forgiveness
	Respect
Clinical competence	Ability to prioritize
	Theoretical and practical competence

resolving her need. This companion considered such behavior as a sign of disrespect and said, “my patient was brought from the operating room. I asked the nurse for my father’s clothes. But she shouted at me. When I asked the nurse about my father’s blood sugar, she laughed at me! Why laughing?”

**Care and Attention:** Another theme identified in this study was “care and attention” further classified into “attention to patients’ needs/problems” and “allocation of sufficient time”.

“Care and attention” was one of the most common codes extracted from patient interviews. All patients expected their needs and problems to be addressed as soon as possible.

A patient in the surgery ward said, “They don't take care of me, ...there is no justice, they don't use painkillers until we shout ... My dressing wasn't changed for two days, my hand was sutured, then I was discharged. When I went home, I saw that the wound was infected and I had to come back to hospital...”

A patient in the surgery ward said, “I had to go to the nursing station every minute for my antibiotics. When changing my dressing, the nurse squeezed my hand, which had 24 stitches without even explaining”.

“Allocation of sufficient time” was the other subtheme of care and attention. The time that nurses spent for their patients was repeatedly mentioned in patient interviews. Nurses also considered insufficient allocation of time by some medical staff as an example of injustice.

One of the patients of maternity ward talked about her positive experience of nurses' allocation of time for her care and said, “It was 3:00 a.m. and I couldn't sleep. A nurse came to me and asked why I didn't sleep. I told her about my pain. She gave me a painkiller and then I slept”.

One of the nurses said, “... some doctors have

arranged visits for today ... but they don't come and put it off for tomorrow ...”

**Clinical Competence:** The other theme identified in this study was “clinical competence” further divided into “ability to prioritize” and “theoretical and practical competence”.

Regarding the subtheme of theoretical and practical competence, the participants believed that nurses and doctors working in medical environments, should be scientifically and practically qualified and not delay the patient's treatment process with clinical errors. All participants believed that the individuals working in healthcare clinics should be able to do so.

One of the male students in the 4<sup>th</sup> semester said, “During the dressing, sterile gases fell on the ground, the nurse picked them up again and used them. Sometimes, the staff did the patient's affairs such as dressing, without wearing sterile gloves”.

Patients believed that the doctors should have high diagnostic power. One of the patients of internal ward said, “The doctor told my roommate that his fingers must be cut off. However, when another doctor visited him, he said it wasn't necessary”.

One of the patients in the surgery ward said, “I went to the doctor and she misdiagnosed me and didn't admit her mistake. When I changed my doctor, she disrespected me”.

“... The patient was ill. No one was paying attention and the nurse thought the patient was lying. As a result, the patient was coded and underwent CPR, due to the nurse's inexperience, who did not distinguish the actual pain from the fake pain”.

Regarding the subtheme of “ability to prioritize”, nurses believed that they should prioritize well according to their time and the patients they have, and treat chronic patients sooner.

Regarding prioritization as a clinical competence, a female nurse of the 5<sup>th</sup> semester said, “Five

ambulances entered the hospital with chronic patients, and based on our prioritization, we started from patients in more critical condition”.

## Discussion

The results of the present study indicated four main themes including “equal treatment”, “good manners”, “care and attention”, and “clinical competence”. These themes reflect the views and experiences of nurses, nursing students, and patients about clinical justice. Moreover, the following subthemes were extracted: “ethnic discrimination”, “socioeconomic discrimination”, “unaccompanied patients”, “forgiveness”, “respect”, “attention to patients’ needs/problems”, “allocation of sufficient time”, “ability to prioritize”, and “theoretical and practical competence”.

“Socioeconomic discrimination” and “ethnic discrimination” as subthemes of “equal treatment” have been among the most prominent findings of the present study. In many legal systems, there is discrimination in society for racial and ethnic reasons (17). In addition to ethnic discrimination, patients also suffer from socioeconomic discrimination in the sense that they receive different care services based on their social status. Since ancient times, socioeconomic status has been recognized as a factor influencing people's health, and for most people in the world, health status is primarily determined by their degree of socioeconomic progress. In such situations, one of the missions of the health system is to preserve human dignity and security during illness, establish justice in health, and minimize the differences that can be avoided in health. The results of the study by Boccolini showed that inequalities in socioeconomic status were significantly associated with less use of health services and deteriorating health conditions (18).

Good manners was another main theme of the present study. Ethical behavior is one of the basic characteristics of professional nursing and one of the vital aspects of nursing care. Adhering to ethical behavior is an essential part of nurses' professional duties. Attention to the ethical behavior of nurses and doctors in the present age is of great importance due to factors such as increasing progress in the field of healthcare and related technologies and increased concern about unethical behavior and its underlying factors (19). Behaving politely with patients' companions is one of the factors leading to satisfaction with the services received. Research shows that under the same conditions of the care process, people who have

been treated politely and respectfully are more satisfied with the services provided by the hospital than those who have not been treated in this way (20). One of the components extracted in a study by Nikkhah et al. was “honoring the patient's companions”, which means respecting the patient's companions with politeness (9). In separate studies, Ozturk (21) and Stayt (22) emphasized respecting patients' dignity and status.

“Care and attention” was another main theme of this study and included two subthemes of “attention to patients’ needs/problems” and “allocation of sufficient time”. Regarding “care and attention”, retired nurses who participated in a qualitative study by Ahmadi et al. emphasized the importance of human communication with patients and said that nurses should consider the patient as a member of their family to be able to provide comprehensive nursing care with appropriate quality (23). In other words, nurses, as caregivers, are the front-line staff of the hospital, and their client-oriented behavior can have a significant impact on patient satisfaction in these centers (24). In a conceptual analysis, DalPezzo developed a nursing care model and stated that nurses should take care of patients according to their needs (25). Besides, in the study conducted by Rodgers et al., participants considered factors such as comprehensive investigation and monitoring, providing care according to the results of needs evaluation, and multifaceted care as the responsibilities of the nurses (26) which can indicate that both doctors and nurses should devote enough time to providing patient care services. In the present study, participants emphasized the need for clinical competence, which is the source of nurses' ability to prioritize patients and their theoretical and practical competence. One of the important concepts which is emphasized in the medical and nursing educational system is the concept of clinical competence. In one typology, clinical competence includes professional values, communication, teamwork, management, healthcare, basic education in medical sciences, and attention to cultural characteristics (27). Changes in the roles and responsibilities of nurses, which has made it a complex job requiring a variety of skills, have led to more attention being paid to the issue of clinical competence. In fact, in order to achieve meritocracy, it is necessary to pay attention to clinical competence and its determinants (28).

One of the prominent features of medical education is the necessity of learning scientific and communication skills along with theoretical



training and knowledge (29). Personnel involved with the treatment should have a high ability to treat and care for patients and sharply monitor them. In other words, this profession requires a great sense of responsibility, accuracy, and vigilance (30). On the other hand, categorizing patients' needs in relation to the quality dimensions of nursing services provides an opportunity for hospital quality planners and universities of medical sciences to direct facilities to specific classes of needs, more quickly and intensively meet clients' needs and better improve treatment system quality (31).

### Conclusion

Justice is one of the most challenging ethical issues in philosophical discussions and a type of moral commitment and is based on a fair judgment. In addition to ethical behavior, fair treatment of the patient and his/her companions is one of the values

in nursing. The findings of the present study confirmed that professionalism creates justice in healthcare. The common denominator of the experiences of the three groups of participants in this study was the emphasis on humanitarian relations and equal human rights.

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### Conflict of Interest

The author(s) declared no potential conflicts of interest.

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