

Nursing Instructors and Students, Views Related to Discrimination in Nursing Care: A Qualitative Study

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Abstract

Background: One of the moral challenges in the healthcare system is discrimination in providing care to patients. The present study aimed to report the experiences of nursing instructors and students regarding discrimination in nursing care.

Methods: This qualitative study was conducted using conventional content analysis through semi-structured interviews with 8 nursing instructors and 13 nursing students. The participants were selected using the purposive sampling method. Data collection continued until data saturation. Data were analyzed using Graneheim and Lundman's proposed method. Data collection and analysis were concurrent.

Results: According to the findings, "Discrimination paradigm," "Discrimination as a negative concept," and "The role of nursing instructors" (teaching moral values, being a role model, and evaluating moral standards) were identified as the main categories.

Conclusion: According to the results of this study, nursing instructors are recommended to introduce moral topics to students, act as role models for them, and teach them how to deal with ethical challenges.

Keywords: Content analysis, Discrimination, Nursing care, Nursing instructors, Nursing students

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Introduction

Discrimination has been defined as dividing and separating some from others or exalting some above others (1). Discrimination in healthcare services is observed in various forms based on age, gender, disease type, social and economic class, race, nationality, etc. In healthcare settings, discrimination can be applied to patients in the form of lack of care, low-quality care, disrespect, and negative attitudes and behaviors from the healthcare staff (2). Another issue related to discrimination in the health service systems is preferential treatment. Because of their better economic situation, higher social status, connections among medical staff, and, in general, favoritism, some patients receive better and more adequate medical care (3).

One of the moral challenges in the healthcare system is avoiding discrimination in providing care to patients. Respecting patients when they are sick, regardless of their age, gender, and financial status is a primary aspect of human rights (4). The International Council of Nurses (ICN) code of ethics is a core guiding principle for registered nurses worldwide. It stipulates that "Nursing care is respectful of and unrestricted by considerations

of age, color, creed, culture, disability or illness, sex, sexual orientation, nationality, politics, race or social status" (5). In Iran, a ten-article charter was also enacted in 2002, and its first item pointed out that patients must receive treatment immediately, effectively, desirably, and respectfully, regardless of race, culture, and religious factors (6). It is essential to teach nursing students these values in nursing education. Therefore, nursing teachers' values and role modeling are important as students can detect both positive and negative values (7).

Nursing students, as the largest human resource element of healthcare systems, play an important role in enhancing community health. Paying attention to these students is of utmost importance (8). The promotion of professional values is an important aspect of nursing education (9).

The aim of nursing education is not only teaching intellectual and practical skills, but also emphasizing the promotion of moral, spiritual, and communication values while providing services to the public. In other words, in nursing, the promotion of both moral and professional qualifications and scientific knowledge are priorities (10,11). Nursing instructors are important



in education. They can enhance students’ abilities in different fields and play a big role in the knowledge and moral functioning of the students (12,13). There have been some studies conducted inside and outside Iran on this topic (9). A Turkish study showed correlations between nursing students’ professional values and a positive attitude towards older persons, which might ensure that they do not commit ageism (14). Holmström et al. also showed that both nursing teachers and nursing students in Sweden have a high awareness of inequity and discrimination in healthcare (5). In Iran, the results of the study by Zeighami et al showed that patients with AIDS in Tehran hospitals are treated with discrimination (15). No other study was found in this field in Iran. Given the importance of this topic, the present study aimed to describe nursing students’ and instructors’ experiences with discrimination in providing nursing care to patients.

Methods

This qualitative study was conducted using conventional content analysis to discover and reveal nursing instructors’ and students’ experiences. Content analysis is a research method and a scientific instrument that aims to supply a novel cognition, enhance researchers’ understanding of a phenomenon, and determine operational strategies (16,17). The study participants were nursing students at the Nursing and Midwifery School of Rafsanjan University of Medical Sciences, who had experience working in the clinical setting and nursing instructors who had been teaching in clinical settings for at least 5 years. This school is the only nursing and midwifery school in Rafsanjan and accepts a large number of students from all over the country.

The participants were selected using the purposive sampling method. Potential participants were approached by the first author for an interview and given a written consent form. If the participants consented and signed the written consent form, they were taken to a private room in the Nursing and Midwifery School for an audio-recorded interview that lasted between 35 and 60 minutes. The data collection continued until data saturation, i.e., when no new information was obtained from the participants and the categories were clearly defined. The semi-structured interviews were conducted with 8 nursing instructors and 13 nursing students. Before the interview, the researcher built trust through communicative methods and then the interviews began by asking general and open questions such as “What does discrimination mean to you?” and “Have you ever witnessed discrimination against patients?” At the same time, using guided questions, the interview process was led to meet its aims. At the end of each interview session, the researcher asked the participants to talk about anything else that they considered important. All interviews were recorded with a digital voice recorder and converted to an audio file transferable to a computer. The interviews and discussions were evaluated according

to the principles of content analysis.

Data collection and analysis were done simultaneously. Data analysis began with the first interview. In this study, the coding paradigm proposed by Graneheim and Lundman was used for data analysis (16). All interviews and field notes were considered units of analysis. Words, sentences, and paragraphs were considered the meaning units and were summarized according to their content and context. The summarized meaning units were abstracted and labeled with codes. The codes were sorted into subcategories and categories based on their similarities and differences (16,18). Then, a comparative analysis was performed. After the codes were extracted from each interview, they were added to the codes identified from previous interviews, and similar codes were put in a common class.

To increase the rigor of the study, the researcher was involved in the process of data collection and the subject of the study. Comments from experts were applied in the process of data collection and analysis. The interview text and extracted codes were given to qualitative research experts and their opinions were collected. To enhance credibility, all activities, such as research stages and the way data were gathered, were clearly recorded. Transferability was examined using two people, similar to the study participants but not included in the study, to confirm the collected data.

Results

In this study, 8 nursing instructors (5 females and 3 males, with 6 to 29 years of experience in teaching) and 13 nursing students were interviewed (Table 1). The individual interviews were conducted with 4 females and

Table 1. Demographic characteristics of the participants

Characteristics of participants		Number (%)	
Characteristics of nursing instructors	Age (y)	30–40	2 (25)
		41–50	4 (50)
		>50	2 (25)
	Gender	Female	5 (62.5)
		Male	3 (37.5)
	Work experience (year)	6–15	2 (25)
		16–25	4 (50)
>25		2 (25)	
Education	Master’s degree	4 (50)	
	PhD	4 (50)	
Characteristics of nursing students	Age (year)	20–21	6 (46.2)
		22–23	7 (54.8)
	Gender	Female	7 (53.8)
		Male	6 (46.2)
	Semester	6	4 (30.7)
7–8		9 (69.3)	

3 males, and two group discussions were also conducted, each with 3 people. Finally, the analysis of data resulted in the emergence of three main categories, including “Discrimination paradigm,” “Discrimination as a negative concept,” and “The role of nursing instructors” (teaching moral values, being a role model, and evaluating moral standards) (Table 2). The following explains each category and its subcategories.

Discrimination paradigm

The instructors and students participating in this study believed discrimination occurs when two patients with the same condition receive different care. According to the opinions of the participants, discrimination can take place in the degree and type of attention received from the health professionals, the degree and type of care, the manner of communication with the patient, and the patients’ and their family members’ compliance with the rules. One of the participants with 20 years of experience working as a nursing instructor in clinical settings said, “*In caring, discrimination occurs where there should be no difference; when there are two patients and they need to be cared for equally, but one receives more and better care and the other receives less care*” (Participant 4).

Another instructor pointed out, “*Discrimination means difference in type and amount of care. In many wards, the patients should receive care on a routine basis: care such as moving patients, changing their position, the physical needs resulting from the illness, such as feeding and hygiene, and even addressing their spiritual needs. Unfortunately, sometimes some of us see that a patient is given more care, or when they are recommended by a special person such as a chancellor or vice-chancellor, we provide more care to them*” (Participant 6).

Nursing students also emphasized observing discrimination toward patients. One of them said, “*Discrimination means difference in treatment of people who are around us. Discrimination in care means treating patients differently in care provision. I have often seen that patients are given care based on their financial status. If they come from a higher rank or a special person such as a*

vice-chancellor asks the hospital staff to treat them better, they receive better care” (Participant 2).

Another student also confirmed his friend’s words in group discussions and said, “*In general, I think discrimination means giving service to patients differently or even harming them*” (Participant 13).

Discrimination as a negative concept

The participants in the present study considered discrimination as an unethical act and believed that based on the ethical principles of nursing and respecting the patient’s rights, discrimination should be avoided. From the perspective of the participants, the discrimination observed in the health system is unpleasant and efforts should be made to eliminate it. One of the nursing instructors stated, “*Discrimination based on race, religion, etc. must not be allowed in care provision, and I think this is important for nurses and nursing organizations*” (Participant 1).

A female student said, “*We are constantly reminded that we must not discriminate between patients. In my opinion, discrimination has no place in nursing. It might exist in other systems but not in care. It is immoral, and we must avoid it*” (Participant 3).

A nursing instructor pointed out, “*In my opinion, discrimination has no place in nursing. I never discriminate between my patients, and I always tell my students that we must accept patients as they are; we must not care if they come from prison, have HIV, etc. We accept patients as they are; we do not confirm their behaviors, but we accept them*” (Participant 5).

Another instructor with a long history of internship with different students said, “*We have been saying that black, white, Muslim, or non-Muslim are not different to us, and we accept them as they are, even if they do not agree with our principles*” (Participant 8).

The role of nursing instructors

The participants in this study emphasized the role of nursing instructors in avoiding discrimination through teaching moral values, being role models, and evaluating moral standards.

Teaching moral values

Teaching moral values in caring was mentioned by both instructors and students. The participants believed that to internalize ethical principles and pay attention to the issue of discrimination in nursing care, moral values should be included in the curriculum and taught from the very beginning of nursing education. One of the instructors said, “*Some things are really about the law. We study morality and regulations, and we teach our students not to be discriminated against and not to discriminate. Unfortunately, our nursing laws are not complete. Students must know their responsibilities and should be*

Table 2. Categories and subcategories identified in the study

Categories	Subcategories
Discrimination paradigm	Discrimination in type and amount of care
	Discrimination in communication
	Discrimination in following rules
Discrimination as a negative concept	Discrimination as an unpleasant act
	Discrimination as an unethical act
	Discrimination as an unacceptable act
The role of nursing instructors	Teaching moral values
	Being a role model
	Evaluating moral standards

aware of medical errors and how to defend themselves, but, unfortunately, we do not tell them these things” (Participant 2).

Another instructor stated, “You know? If we could learn professional ethics, it would be excellent. For example, I go to the class and tell my students ‘God has chosen you for nursing and you are chosen to care for other people. We are all God’s creations, and he has entrusted the patient to us to take care of; when we care for them it means we care for God’s subjects” (Participant 1).

One of the students also emphasized the importance of instructors, especially clinical instructors, making sure they teach these points and said, “Teachers are very important. For example, a lady told us during the internship, ‘When you are in the hospital think this patient is your father, brother, or a relative, and see what you would do for them; do not consider patients as strangers but suppose they are a member of your family” (Participant 7).

Another instructor asserted, “I frequently tell a nurse who discriminates between patients, ‘Do not do this; when you are at work you have to behave differently.’ Teaching ethical principles and respecting patients are really important; they are taught in ethics lessons but must be emphasized more” (Participant 3).

One of the male students in group discussions pointed out, “We learn ethical principles and nondiscrimination from instructors, and now that we are doing our internship, we learn from nurses. I think instructors must repeat these principles and hold workshops to teach nurses to apply them when they are at work” (Participant 11).

Being a role model

Nursing students and instructors considered discrimination in providing care to patients to be critically important. They believed as role models, nursing instructors could have an influential role in preventing discrimination. The participants believed that students imitate the behavior of instructors, and this is the hidden part of the curriculum that should be taken into consideration. For instance, a female student stated, “Instructors are very important. When I see them enter the patients’ room, greet the patients, and call old people mother or mum, I decide in the future I will act as they do” (Participant 5).

One of the instructors said, “I believe students copy instructors. Firstly, when we are with patients, we should act in a way that we can affect the students’ attitudes toward patients. This means we must not discriminate; if they are an Afghan or less hygienic, we should try to improve their condition, and here instructors are role models” (Participant 8).

Another nursing instructor experienced in the clinical settings said, “To me, nursing instructors are role models and students copy all their actions and behaviors. For example, when I enter a patient’s room, I try to have respect

for them, and I often tell students ‘When you go to a ward, your communication is more important than clinical work.’ When you have a good relationship with patients, they cooperate better, for example in finding their vein” (Participant 4).

One of the students said, “In my opinion, the instructor’s behavior has the most influence and only talking is not enough. If students see that the instructor dedicates more time to a patient who is a relative of one of the personnel or the vice-president, students copy them and repeat these behaviors later” (Participant 6).

Another instructor said, “The student is a blank slate; they see our behaviors, actions, and words. Thus, instructors should teach moral principles to students; it is possible, but it takes time. For instance, I say ‘Consider a patient as your mom, dad, etc.’ and I always say that this world is the world of actions and reactions; if you give care to a patient, you will receive it in return” (Participant 8).

Evaluating moral standards

From the participants’ point of view, to internalize nondiscrimination, it should not only be included in nursing education in theory and practice but it should also be taken into account in evaluating nursing students. Therefore, the evaluation forms should be revised and the students’ adherence to ethical principles should also be evaluated.

A female student believed, “Nondiscrimination must be included in the assessment but should not be only limited to assessment. Students’ treatment of patients is important. If students score low concerning their behavior with patients, the instructor should tell them their treatment of this patient was not good and if they had behaved differently, it would have been better” (Participant 3).

One of the instructors said, “We have an instruction form related to how to treat patients from the moment of entering the room until the moment of leaving. On the first day, we explain all these to them in detail” (Participant 7).

Another instructor said, “You know, I have an item in scoring called ‘student behavior towards personnel, patients, and coworkers.’ I talk about it to all students and remind them if they are great nurses, they receive high scores from patients, and if patients thank them, they will get better grades” (Participant 5).

One of the students pointed out in group discussions, “Nondiscrimination can be included in the internship assessment and be given a score. We should not use it for punishment, but we should discuss it so that students will know this is the most important role that instructors can have and that they must not discriminate between students; otherwise, we cannot expect these students to provide standard care to their patients” (Participant 10).

Discussion

Based on the results of the current study, participants

believed that discrimination exists even though it is an unpleasant phenomenon and that it is viewed negatively. In this regard, the results of the study by Zeighami et al (15) on discrimination towards patients with HIV showed that 81.8% of nurses in this study were neutral toward patients having HIV and 54.5% confirmed there was discrimination toward these patients. In a study conducted by Omidvar (19), 76% of nursing students and midwives avoided caring for HIV patients. Similar results have been observed in other studies (20-22). Justice in providing care was also one of the themes identified in Valizadeh and colleagues' study (23). Thus, as justice is one of the four principles of bioethics in jurisprudence, it is the right of all patients to receive the same amount and quality of care without any discrimination. Therefore, this theme should be taken further into consideration (24). According to the results of the mentioned studies and the present study, although discrimination is not an acceptable issue, unfortunately, it is seen in health systems, and efforts should be made to reduce it. It is recommended to conduct more studies in this area to reveal the different aspects of discrimination and evaluate solutions to reduce it.

The teaching of moral values by instructors was one of the important factors that was confirmed by all participants. In this regard, based on the study by Reis et al (25), low awareness of care methods and a lack of professional ethics in treating AIDS patients has led to less care for these patients. Therefore, making nursing students aware of the patient's rights and the principles of professional ethics affects discrimination in care for patients.

"Instructors as role models" was another important theme that participants revealed. Borhani et al (26) evaluated professional ethics qualification in nursing from the students' point of view and emphasized the effective professional role of nursing instructors. The students believed that nursing instructors are important role models for obtaining ethical qualifications for students and when students observe their teachers' moral behavior, they learn these behaviors. According to the results of the study by Görgülü and Dinç (27), nursing instructors are introduced as important role models in teaching the principles of ethics. The results of the study by Donaldson and Carter (28) also pointed out the importance of the role of nursing instructors in improving clinical and ethical skills. Day et al also asserted that instructors play a vital role in shaping moral values in students by showing their commitment toward nursing, nursing roles, and ethical values (10). Therefore, it can be concluded that nursing instructors must be effective, and in addition to exposing students to moral topics, instructors should teach them how to address moral challenges as well. Holding workshops and training courses in this regard can be helpful.

Evaluating moral standards was another category identified in this study. Students and instructors believed that paying attention to moral standards in assessing students and reminding them of the standards will help students internalize nondiscrimination. Wagner et al (29) also reported that since nursing functions through personal ethics and responsibility, it is important to assess nursing values. Moreover, Pourama et al (30) examined the importance of professional ethics from nursing students' viewpoint and showed caring had the highest and justice had the lowest importance for students. Michal Rassin (31) achieved similar results, and in their study, justice was ranked at the lowest level. It has been confirmed in these studies that it is necessary to further familiarize students with professional values such as justice and nondiscrimination, and help them internalize these values. Based on the study by Borhani et al, assessment problems and the lack of objective tools for assessing the students' abilities regarding professional ethics were obstacles to obtaining professional ethics (26). Since the student years are the best time to learn the principles of professional ethics, it is necessary to take professional ethics such as justice and non-discrimination into consideration and use them in assessments as well.

Due to the qualitative nature of the present study, non-generalizability was one of the limitations. Thus, further studies are recommended to evaluate the patients' experiences in this regard.

Conclusion

The results of this study showed although the participants did not agree with discrimination, they believed discrimination exists and efforts should be made to reduce it. In this regard, nursing instructors can act as role models and be effective in this role. Since discrimination is one of the important obstacles to obtaining patient satisfaction and providing safe and quality care, it is essential to consider the necessary training and corrective measures to achieve this moral value. Therefore, to facilitate the complete correction of these unprofessional behaviors, it is necessary to pay attention to all effective aspects of the problem. The results of this study can help nursing professors and other health professionals solve this problem.

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Competing Interests

The authors declare there is no conflict of interest regarding the publication of this manuscript.

Ethical Approval

This study was approved by the Ethical Committee of Rafsanjan University of Medical Sciences, Rafsanjan, Iran (code: IR.RUMS.REC.1399.129). Participation was voluntary, and participants who agreed to be interviewed signed a written consent form. The participants were informed about the ethical considerations of the study before the interviews and were assured of confidentiality. Participants were also assured that their statements would not be disclosed to anyone other than the research team.

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