



**Moral Behaviors of Nurse Supervisors: Expectation and Perception of Nurses  
in a Tertiary Hospital, Bangladesh**

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**A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of  
Master of Nursing Science (International Program)**

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### **ABSTRACT**

This descriptive study aimed to identify the level of nurses' expectation and perception of nurse supervisors' moral behaviors in a tertiary hospital, Bangladesh and to compare the differences between nurses' expectations and perceptions. The study sample was 177 nurses recruited by systematic random sampling from the Sir Salimullah Medical College Mitford Hospital (SSMCMH), Dhaka, Bangladesh.

The data was gathered by using a self-reporting questionnaire. The researcher developed the instrument. It was based on the ethical principles of Beauchamp and Childress (2001) and Fry and Johnstone (2002). Three experts assessed the content validity index (CVI) of the instrument and the CVI obtained was .97. Cronbach's alpha coefficient was used to establish the reliability of the questionnaire and this yielded the same alpha coefficients of .98 for both the nurses' expectations and perceptions. The data was analyzed using descriptive and inferential statistics. Wilcoxon signed ranks test was used to identify the differences between mean ranks of nurses' expectation and perception of moral the behaviors of nurse supervisors.

The results showed that nurses' expectations of the moral behavior of nurse supervisors to nurses and to patients were at a high level with mean scores of 3.94 (SD = 0.26) and 3.95 (SD = 0.19) respectively. Furthermore, nurses' perceptions of the moral behavior of nurse supervisors to nurses and patients were also at a high level, with mean scores of 2.76 (SD = 0.44) and 2.84 (SD = 0.44) respectively. The results of the Wilcoxon signed ranks tests showed that the mean ranks of nurses' expectations were significantly higher than those of nurses' perceptions of the moral behavior of nurse supervisors to nurses ( $z = -11.285, p < .001$ ) and to patients ( $z = -11.489, p < .001$ ).

The study findings could be used to develop plans to improve nurse supervisors' moral behavior to nurses and patients.

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# CHAPTER 1

## INTRODUCTION

### *Background and Significance of the Problem*

Nursing is a moral action that consists of doing well and avoiding harm to the patients. Morality comes in nursing profession from the inspiration of promoting patients' physical and mental well-being (Bandman, 1995; Gibson as cited in Killen, 2002a). Nurses are responsible for four performances: to promote health; to prevent diseases; to restore health; and to alleviate the suffering of people. In addition, nursing care is respectful and unrestricted by considerations of age, sex, color, culture, belief, types of diseases, nationality, politics, race and social conditions (International Council of Nurses [ICN], 2006). According to Erlen (2007), nurses have a responsibility to protect vulnerable and helpless clients. Therefore, nurses need to follow ethical practice in their profession to determine the best actions to protect and promote the rights and well-being of their clients. Morality is very important in providing holistic care to clients according to their needs. Dossey, Keegan, and Guzzetta, (2000) stated that nursing and morals are interrelated from the beginning of the advance of nursing and morality can guide nurses to develop their attitude for caring for vulnerable people. They stated that: "Albert Einstein believed that the most important human endeavor is striving for morality in our actions. Our inner balance and even our every existence depend on it. Only morality in our actions can give beauty and dignity to life" (p. 157). Moreover, Nursing is well recognized as a morally responsible and accountable profession and every nurse is individually morally responsible and accountable for his or her own behavior (Johnstone, 2002).

Therefore, moral behavior is very important in the nursing profession. Florence Nightingale described nursing as self-defining care focusing on moral practice and the moral foundations of nursing are derived from these perceptions (Bishop as cited in Killen, 2002a).

Nurse supervisors have a great opportunity to improve the quality of nursing services through their effective supervision. Nursing is a moral art based on various kind of knowledge wherein clinical supervision protects nurses' morality and develops their moral decision-making (Berggren & Severinsson, 2000). Nurse supervisors have responsibilities in ensuring and providing quality care to clients, influencing nurses' performance and having a close relationship with them (Johansson, Holm, Lindqvist, & Severinsson, 2006). In addition, they have various functions. These include promoting moral awareness, developing moral competence, helping morally in difficult caring situations, strengthening nurses' professional uniqueness for the benefit of patients, and to bring professional behavior in nursing practice (Berggren, Begat, & Severinsson, 2002; Berggren, Silva, & Severinsson, 2005; Severinsson, 2001).

A number of studies have showed the effectiveness of nursing supervision on relationships between nurses and patients in many aspects, including nursing ethics. The study conducted by Berggren and Severinsson (2000) found that the clinical supervision influenced nurses to increase their self-assurance many ways. These include: ethical concerns; the ability to support the patient; the ability to be in a relationship with the patient; the ability to take responsibility for patients; and helping nurses in moral decision making. Similarly, it was found that clinical nurse supervision improved the caring procedures of nurses, their ability to provide quality

care according to their wishes, and it encouraged them to be more motivated as morally aware nurses (Severinsson, 2001).

Bangladesh is a South East Asian republic developing country bordered by India, Myanmar and the Bay of Bengal. The population of the country is 155,991,000 (WHO, 2009) and there are about 20,000 registered nurses (these have at least a Diploma in Nursing) of which 14,686 nurses are working in the public services. The rest of the nurses are working in the private sector within the country and overseas, such as the Middle East and USA. In addition, only 876 nurse supervisors are working by guiding, supervising and monitoring the nurses' performances in the public sector, mostly in the tertiary level of patient care (Ministry of Health & Family Welfare [MOHFW], Bangladesh, 2009). Hospitals at the tertiary level provide preventive, curative and health promotion services to the people, including out patient services, inpatients services, diagnostic services, and teaching services. People come to these hospitals for health care services from different areas with different diseases, educational levels, values, beliefs, religions, and cultures. Nurses working in these settings also have different levels of education, a wide range of experiences, values, beliefs, religions and cultures. For this reason, the moral behavior of nurse supervisors to nurses and patients are very important in providing quality care in according with client's needs.

Several studies have found that the quality of nursing in Bangladesh is not up to standard. According to Begum's description (1998), nurses lack interest in their work, competition and providing services, which all reflect nurses' lack of accountability. Another study provided strong evidence of morality reflecting in the accountability of nurses to nursing in Bangladesh (Hadley & Roques, 2007). They



conducted an observational study at the medical and surgical wards of 18 hospitals. They found that nurses in public hospitals spent only 5.3 % of their working time in direct contact with patients, 32 % of the time was with paper work and indirect patient care, and the rest of the time was identified as unproductive time. It consisted of interaction with other hospital staff, patients, and patients' relatives. These outcomes should encourage nurse supervisors to improve this situation. Moreover, registered nurses in Bangladesh are accountable for their performance to the nurse supervisors responsible for the unit/ward (Hadley & Roques, 2007).

Improving moral behavior among nurses is not possible without role modeling from their own leaders. Several studies have found that the supervisors acted as role models in performing moral actions directly for the nurses and indirectly for the patients (Agélii, Kennergren, Severinsson, & Berthold, 2000; Berggren & Severinsson, 2000, 2003, 2006). Only the nurse supervisors acted as a role model and used ethical approaches focused on caring situations to help enhance the quality of patient care (Berggren & Severinsson, 2003). Booth's study (as cited in Berggren & Severinsson, 2003) found that nursing supervision improved staff morale, decreased absenteeism and advanced the standard of patient care.

The moral behaviors of nurse supervisors toward nurses and patients can be investigated by asking questions of the nurses who are working under their supervision. Nurses may expect that their supervisors have certain levels of moral behavior (nurses' expectation) whereas in reality, the supervisors may or may not behave morally as the nurses expect (nurses' perception). The researcher reviewed the related literatures over the period 1999-2009 from sources such as the CINAHL, Popline, PubMed, Medline Plus, ProQuest, and Science Direct database. She but

found no study dealing with the moral behavior of nurse supervisors in Bangladesh or other countries. The studies that were found relating to the morality of nurses focused on: clinical practice (Agneta et al., 2004; Hewitt & Edwards, 2006; Killen, 2002a); the ethical dimensions of supervision (Agéllii et al., 2000); nurse supervisors' ethical decision-making styles (Berggren, Begat, & Severinsson, 2002; Berggren & Severinsson, 2003); the value of caring in nursing supervision (Johansson, Holm & Lindqvist, & Severinsson, 2006); and the influence of supervision (Berggren & Severinsson, 2000).. Since there were no studies in this field, the researcher became interested in studying the moral behavior of nurse supervisors in Bangladesh as perceived by nurses. It is hoped that this study will help improve the moral behavior of nurse supervisors' through greater understanding of nurses' expectations and perceptions.

### *Objectives of the Study*

The objectives of this study were as follows:

1. To identify the levels of nurses' expectation of the moral behaviors of nurse supervisors in a tertiary hospital in Bangladesh
2. To identify the levels of nurses' perception on moral behaviors of nurse supervisors in a tertiary hospital in Bangladesh
3. To compare the differences between nurses' expectation and nurses' perception of nurse supervisors' moral behaviors in a tertiary hospital, Bangladesh

### *Research Questions*

The research questions of this study were as follows:

1. What are the levels of nurses' expectation on the moral behaviors of nurse supervisors to nurses and to patients in a tertiary hospital in Bangladesh?
2. What are the levels of nurses' perception on the moral behaviors of nurse supervisors to nurses and to patients in a tertiary hospital in Bangladesh?
3. Are there any differences between nurses' expectation and nurses' perception regarding nurse supervisors' moral behaviors to nurses and to patients in a tertiary hospital in Bangladesh?

### *Hypothesis of the Study*

Nurses' expectation is higher than nurses' perception of nurse supervisors' moral behaviors to nurses and to patients.

### *Conceptual Framework of the Study*

The conceptual framework of this study was based on Beauchamp and Childress's (2001) and Fry and Johnstone's (2002) ethical principles. In professional practice, ethical principles are the center of development of moral judgment and guide to moral behavior. The ethical principles important to nursing practice are: (1) beneficence, (2) nonmaleficence, (3) autonomy, (4) justice, (5) confidentiality, and (6) telling the truth.

#### *1. Beneficence*

The principle of beneficence refers to a moral commitment to act for the benefit of others. Beneficence consists of all types of actions that are deliberated to

benefit other people. In addition, providing benefit to others is considered as a part of human nature that inspires people to be active in accordance to others' interest. With this principle, nurse supervisors would demonstrate their willingness to help and take appropriate actions that are beneficial to nurses as well as patients.

### *2. Nonmaleficence*

The principle of nonmaleficence means that an individual should have an obligation not to inflict harm to others as well as an obligation not to bring about the risk of causing harm. Under this principle, nurse supervisors have a moral responsibility to identify possible risk and harm to patients and nurses and to provide support to prevent or minimize such harm.

### *3. Autonomy*

The principle of autonomy refers to independence, liberty, rights, personal choice and privacy, freedom of will, causing one's own behavior and being one's own person. According to some theories of autonomy, the characteristics of the autonomous individual include ability to self-govern, such as understanding, deliberating, and independent choosing. Within the principle of autonomy, the nurse supervisors need to acknowledge that patients and nurses have the right to hold their own views, to make their own decision, and to take actions based on their personal values and beliefs. Therefore, they should be a role model for their supervisees in maintaining this principle and respect for patients.

### *4. Justice*

The principle of justice denotes fair, impartial, and appropriate behavior considered to be due or owed to people. Under this principle, nurse supervisors have to treat equally all the nurses and patients under his/her supervision regardless of their

age, sex, social condition and culture, and allocate resources in a fair manner.

#### *5. Confidentiality*

Confidentiality refers to holding confidential information that is given by others. Such information is both private and voluntarily conveyed with confidence and trust. With this principle, nurse supervisors are responsible for maintaining the privacy and confidentiality of both the nurses and patients in order to help build - trusting relationships with them.

#### *6. Telling the truth*

Telling the truth refers to speaking truthfully and not deceiving others. It includes the transmission of information in a comprehensive, accurate and objective manner. In the clinical setting, nurse supervisors have a significant role in providing accurate information to both patients and nurses.

#### *Definition of Terms*

*Nurses' expectation of nurse supervisors' moral behaviors* is defined as nurses' perception of the *ideal* moral behaviors by nurse supervisors to nurses and to patients. Perception of ideal moral behaviors indicates nurses' hopes and anticipation that their nurse supervisors will be role models in demonstrating the moral behaviors. The researcher developed an instrument to measure this. It was on the ethical principles of Beauchamp and Childress (2001), and Fry and Johnstone (2002). These include beneficence, nonmaleficence, autonomy, justice, confidentiality, and telling the truth. The higher score indicates the higher expectation of nurses about the nurse supervisors' moral behaviors.

*Nurses' perception of nurse supervisors' moral behaviors* was defined as nurses' perception of the *actual* moral behaviors of nurse supervisors toward nurses and patients. The researcher developed an instrument to measure this based on the ethical principles proposed by Beauchamp and Childress (2001) and Fry and Johnstone's (2002). This was identical to the measure of nurses' expectation. The higher score indicates the higher perception of nurses on the nurse supervisors' moral behaviors.

#### *Significance of the Study*

This study could be useful in nursing administration and nursing research. For nursing administration, nurse administrators can use the findings of this study to take initiatives to arrange training or seminars on ethics to enhance nurse supervisors' moral behavior. In addition, this study could be helpful for the conducting of future research and developing instruments for assessing the moral behavior of nurse supervisors.

## **CHAPTER 2**

### **LITERATURE REVIEW**

The information gathered from related articles and studies for this thesis was organized as follows:

1. Moral Behavior
  - 1.1 Definition of moral behavior
  - 1.2 Importance of moral behaviors in nursing
  - 1.3 Categories of moral behaviors
2. Moral Behaviors Guided by Ethical Principles
  - 2.1 Beneficence
  - 2.2 Nonmaleficence
  - 2.3 Autonomy
  - 2.4 Justice
  - 2.5 Confidentiality
  - 2.6 Truth telling
3. Moral Behaviors Guided by Ethical Concepts
  - 3.1 Advocacy
  - 3.2 Accountability/Responsibility
  - 3.3 Cooperation
  - 3.4 Caring
4. Moral Behaviors Guided by Codes of Ethics

- 4.1 ICN code of ethics for nurses
- 4.2 Code of ethics for nurses in Bangladesh
- 5. Roles and Responsibilities of Nurse Supervisors
  - 5.1 Characteristics of nurse supervisors in Bangladesh
  - 5.2 General responsibilities of nurse supervisors
  - 5.3 Job description of nurse supervisors in Bangladesh
  - 5.4 Competencies required for nurse supervisors
- 6. Moral Behaviors of Nurse Supervisors
- 7. Factors Influencing Moral Behaviors of Nurse Supervisors

### *1. Moral Behavior*

At the start of the nursing profession, the moral behavior of a nurse was related to the image of the nurse as a good woman who provided care to others (Fry & Johnstone, 2002). Moral behavior is a very complex phenomenon in which the social structure of people and their activities are influenced by each other and this reflects on morality (Killen, 2002a). The processes involved in moral behavior are: understanding the situation (moral sensitivity); formatting the perfect way for moral action (moral judgment); deciding between desired outcomes with the goal of following the way of moral action (moral motivation); and performing with appropriate insistence and expertise following the selected way of action (moral character) (Narvaez & Rest as cited in Killen, 2002a).



### *1.1 Definition of moral behavior*

Morals are generally referred to as a person's own code for acceptable behavior (Tappen, Weiss & Whitehead, 2001). The word 'morals' originated from the Latin word 'mores' which means customs or habits and are interrelated with the notion of ethics. Morals are the central standards for considering right and wrong and are normally based on religious beliefs, social influences and group norms that people learn and internalize usually in their early stages of childhood development. In addition, moral behavior is frequently visible as a behavior in harmony with a group's customs, norms or traditions (Catalano, 2003; Ellis & Hartley, 1998).

In the nursing profession, moral behavior is one of the most important elements of nurses' moral competence whereby nurses perform their activities according to the interest of patients and for the benefits of patients (Jormsri, Kunaviktikul, Ketefiaan, & Chaowalit, 2005). According to Jormsri et al. (2005), "Moral behavior as a behavioral dimension involving the individual's application of values to action by being willing to receive public affirmation for the choice, and consistent repetition of the same" (p. 586).

### *1.2 Importance of moral behaviors in nursing*

Morality is a very important concept in nursing, since nursing is regarded as a moral performance and it is known as a moral central health care profession (Jameton as cited in Burkhardt & Nathaniel, 2002; Lindh, Severinsson & Berg, 2007). Furthermore, the moral behavior of nurses has an ability to make important differences to the life and welfare of any person (Johnstone, 2002). Morality is the means of balancing among the resources, rights and opportunities accessible to the society. Nurses have to give core attention to the patients as a whole by respecting

them; this is more than dealing with their disease conditions that require them to look for health care and nursing services. Furthermore, it is imperative to recognize that psychological, emotional, spiritual, and physical aspects have influences on the healing and treatment of clients (Killen, 2002b; Reynolds, Scott, & Austin, 2000). The origin of moral behavior develops from the nurse-patient relationship (Killen, 2002a). In addition, the nursing profession and society can be improved through morality (Wurzbach as cited in Randle, 2002). One grounded theory study conducted by Randle (2002) in the United Kingdom found that patients' needs were being unmet and even ignored. This was because of poor patient care due to the lack of moral behavior. For this reason nurses should behave morally to provide holistic care according to clients' needs.

### *1.3 Categories of moral behaviors*

Moral behavior involves doing good or right actions for others. Therefore, nurses should know how they can do appropriate right actions for their clients. Husted and Husted (2001) described the categories of moral behavior as the right thing, at the right time, for the right reason, to the right extent, for the right person, and in the right way.

Every bioethical code includes the way to do the right things. Very important actions can be done through a practice-based ethic; the right things can be done:

(1) At the right time – after identifying the right thing, it should be done at the most appropriate time for effective outcomes

(2) For the right reason - knowledge should be obtained in order to understand why the right thing has to be done

(3) To the right extent - the extent of time and effort should be appropriate, neither inadequate nor extreme

(4) For the right person - the persons should be identified for whom the action will be done and the appropriate person should be related to the right action

(5) In the right way - knowledge and skills are very important for doing the action through appropriate behavior for the best possible benefit

## *2. Moral Behaviors Guided by Ethical Principles*

In professional practice, ethical principles are the centre of the development of moral judgment directed toward moral decision-making and moral behavior. Additionally, the consequences of applying ethical principles and regulations in healthcare are generally recognized all over the world (Beauchamp & Childress, 2001; Fry & Johnstone, 2002). Ethical principles are standards for determining the actions assisting in decision-making and proceeding as guides for right behavior (Tappen, Weiss & Whitehead, 2001). The ethical principles that are important to professional practice are beneficence, nonmaleficence, justice, autonomy, confidentiality and telling the truth (Beauchamp & Childress, 2001; Fry & Johnstone, 2002).

### *2.1 Beneficence*

The principle of beneficence is very important in nursing. Therefore, nurses should understand this concept clearly and act accordingly. It denotes the moral responsibility to take action for the benefit of others. It involves valuable actions contributed for the welfare of people. Beneficence means to perform with mercy, kindness, and charity. Additionally, beneficence is usually brought about by

selflessness, love, and humanity and it largely includes all desired forms of action to help other people. Under this principle, a moral agent should take positive steps to help others and abstain from unsafe acts. Beneficence consists of two principles; positive beneficence and utility. In positive beneficence, a moral agent should provide benefits to others. In utility, a moral agent should maintain the balance between benefits and negative aspect to achieve the best overall outcomes. In the context of medical and health care professionals and their organizations, beneficence involves not only avoiding harm but also promoting the well-being of patients (Beauchamp & Childress, 2001; Fry & Johnstone, 2002). In addition, beneficence is mainly patient-centered compared with professionally-centered and it represents the expertise and knowledge of the healthcare professional (Campbell et al. as cited in Kennedy, 2004).

According to Beauchamp and Childress (2001), moral behavior guided by the principle of beneficence includes: (1) providing shelter and preserving the rights of others; (2) eliminating situations that may cause harm to others; (3) avoiding the occurrence of harm to others; (4) assisting individuals with problems; and (5) saving persons from risks. Kennedy (2004) asserted that beneficence can be demonstrated through helping others. This principle is also considered to be the basis of the caring ethic in which action should be taken according to the best interests of patients and for the benefits of others. In addition, nurses need to understand the limitation of their responsibilities to provide benefits and avoid harm in patient care (Fry & Johnstone, 2002). Under this principle, nurses should provide information about the treatment options, related benefits and risks to the clients and should remain aware of his or her responsibility in order to respect their decision (Zeigler, 2003). Beneficence comes about when the nurse-person relationship is based on kindness and politeness and

nurses should honor the commitment to do good for clients in order to improve their health and quality of life (Milton, 2000). Therefore, nurses should ensure that they can provide benefits according to their abilities (Stanley, 1998).

In conclusion, beneficence can be demonstrated in nursing as a behavior done with love and kindness which is done in order to help and benefit others. It should also protect the rights of others according to clients' interest and nurses' best possible abilities.

### *2.2 Nonmaleficence*

The principle of nonmaleficence emphasizes the commitment of not harming others. It also involves deliberately refraining from acts that cause harm to persons (Beauchamp & Childress, 2001). In nursing, the benefit is provided to the client at a satisfactory level which is recognized by standards of nursing practice and codes of ethics in order to balance the avoidance of harm. However, nurses' performance in avoiding causing intentional harm and injury to clients depends on their personal ability and the availability of resources for clients (Fry & Johnstone, 2002).

The principle of nonmaleficence embraces many definite moral rules. Moral behavior guided by the principles of nonmaleficence includes: (1) avoiding destroying necessary belongings; (2) not being the reason for the pain or suffering of others; (3) keeping away from injury; (4) avoiding the causing of offence; and (5) avoiding removing others from their life possessions of (Gert as cited in Beauchamp & Childress, 2001). In addition, nurses should know this principle clearly and engage in behavior that will either stop or lessen the risk of harm to patients (Fry & Johnstone, 2002). They require the skills to assess the net benefits and net harm in providing care and the ability to show their empowerment (Stanley, 1998). In conclusion,

nonmaleficence denotes the performances provided to prevent or minimize the harm or sufferings of others through knowledgeable and skilled care.

### *2.3 Autonomy*

Respect for the autonomous choices of an individual is an important moral principle like every principle. The word autonomy originates from the Greek word “autos” which means self and “nomos” which means governance. Autonomy refers to an individual’s self-governance, privacy, rights to liberty, and freedom of choice. Almost all theories of autonomy agree on two essential conditions of autonomy: (1) liberty, which indicates independence in controlling stimulation; and (2) agency, which indicates ability for planned action. Healthcare professionals have a primary responsibility to make sure that patients have the right to decide, and the right to accept or to refuse information (Beauchamp & Childress, 2001). According to Hewitt and Edwards (2006), respect for autonomy also includes improving an individual’s ability to make independent choices in some conditions. In addition, nurses should understand clearly about the ability of an autonomous patient. The ability of a patient depends on internal and external constraints. The internal constraints on a patient’s autonomy includes: age, intellectual ability, level of consciousness, and condition of the disease. The external constraints on patient’s autonomy includes: availability of nursing resources; environment of the hospital; the availability of monetary resources; and the amount of information provided to make informed choices (Fry & Johnstone, 2002).

A person’s autonomy of choice denotes having freedom to make decisions, a state of independence, being understandable, reasonable and deliberating, and having preference on issues that affects his or her life (Kennedy, 2004; Marquis & Huston,

2003; Tappen, Weiss & Whitehead, 2001). Burkhardt and Nathaniel (2002) described four essential elements in the concept of autonomy. These are: (1) the autonomous person has to be given respect; (2) the autonomous person must have the capability of deciding his or her own goals; (3) the individual should understand and have the ability to make decisions on his or her plan of action; and (4) the person should have independence to take actions of their choice.

Moral behavior guided by the ethical principle of autonomy includes: (1) acknowledging the patient's right to hold his/her views; (2) assessing patients' competence; (3) providing adequate information; (4) evaluating patient's understanding; (5) allowing patients to make his/her choice; and (6) respecting individuals' values and beliefs (Beauchamp & Childress, 2001; Fry & Johnstone, 2002). In addition, very important moral actions under this principle include respect for a person's decisions and culture, avoiding deceiving each other, being punctual for schedules made with clients, and maintaining good communications. (Burkhardt & Nathaniel 2002; Stanley, 1998). Wilson-Barnett (as cited in Kennedy, 2004) reported that the philosophy of nursing is patient-centered and individualized care is vital for the principle of autonomy. In this nurses should emphasize patients' desires, likings, views, and accept the person's unique experience.

In conclusion, autonomy involves behavior that respects other's ideas, choice, values, belief, knowledge and experience and to provide adequate information to help them in making independent decisions. According to Fullbrook (2007), nurses should be responsive to patients' rights, needs and provide care based on their best interest. For better outcomes of patients' care, nurses need to be sure about their

advanced knowledge and skills and respect patients' dignity. This should be so during both conditions when patients are able and unable to express their opinions.

#### *2.4 Justice*

Justice is a well recognized principle for healthcare professionals, since they have to apply this principle in providing care and allocating resources to clients. The principles of justice refers to equitable, fair, and taking proper care of people based on their needs. It consists of two principles, formal and material. The formal principle of justice is described by Aristotle as equals should be treated equally and unequal should be treated unequally. The material principle denotes distribution of resources in a fair manner according to clients' needs (Beauchamp & Childress, 2001). In healthcare organizations, nurses should ensure the fair distribution of healthcare supplies as well as nursing care to the patients (Fry & Johnstone, 2002). According to Stanley's (1998) description, equality is the heart of justice that involves the moral responsibility for action based on fair negotiation between competing claims. The principle of justice for nurses is to acknowledge that everyone has a right to get high-quality care regardless of his or her economic or social position (Tappen, Weiss & Whitehead, 2001).

Moral behavior guided by the principle of justice includes: (1) every person should be treated equally; (2) allocating resources according to individuals' needs (3) providing benefits to persons according to their contribution; (4) facilitate support fairly; (5) allow each person to participate (Beauchamp & Childress, 2001). Woodward (1999) reported that the vital spurs to moral actions are fairness and equal behavior to patients. In conclusion, justice refers to fairness in providing facilities, care and resources to all clients according to their needs.



### *2.5 Confidentiality*

Confidentiality is a part of informational privacy in which re-disclosure of information that was formally disclosed within a confidential relationship is prevented (Rothstein as cited in Beauchamp & Childress, 2001). Confidentiality means responsibility to stay faithful to one's commitments (Fry & Veatch as cited in Fry & Johnstone, 2002). Keeping promises and maintaining confidentiality is very important in building trusting nurse-patient relationships. The nature of confidentiality is to protect the confidentiality of both personal and willingly communicated information in good faith and confidence (Beauchamp & Childress; Fry & Johnstone). According to Tappen, Weiss, and Whitehead (2001), the principle of confidentiality states that anything said by a client to nurses should be held in strict confidence. In some cases, nurses need to inform others regarding a patient's care after obtaining permission from the patient. Today, nurses have great responsibility in keeping patients' personal information confidential while using computers to prevent illegal access by others.

Moral behaviors guided by the principle of confidentiality in nursing includes: do not disclose information to others without the permission of the confider and protect the computed information of patients (Beauchamp & Childress, 2001); maintaining the confidentiality of information provided by patients; protecting the confidentiality of subordinates; and protecting the personal privacy of patients and others (Marquis & Huston, 2003). In conclusion, confidentiality means maintaining trusting relationships with others through protecting privacy and disclosure of information.

### *2.6 Telling the truth*

Telling the truth or veracity is well recognized in healthcare settings, since it is important for a powerful patient-professional relationship. This principle involves providing accurate, complete, purposeful and understandable information to patients (Beauchamp & Childress, 2001). Fry and Johnstone (2002) defined the principle of veracity as the commitment to telling the truth and not to mislead others. Telling the truth is generally seen as a global virtue. The literature of nursing supports honesty as a virtue and truth telling as an essential role of nurses. The practice of telling the truth prompts respect, open communication, trust, and shared responsibility, which is very important in the nursing profession (Burkhardt & Nathaniel, 2002). Speaking the truth is one of the most important linking issues in a beneficial environment of the nurse-patient relationship and is a vital notion in the nursing profession. Nurses should constantly communicate with colleagues, superior authority, medical doctors, patients, their relatives and co-workers. Furthermore, sometimes they need to disclose information for decision-making related to patient care or personnel management which is not always easy. Telling the truth is an effective approach to making appropriate decisions in this situation (Hodkinson, 2008). Telling the truth is related to honesty and means not hiding or manipulating any information. This is because even bad news becomes tolerable to people when it is known to be the truth (Robbins & Coulter, 2005).

Moral behavior guided by this principle includes: to talking truthfully, owing respect to others, not deceiving listeners, and disclosing sad information to patients accurately, timely and in a proper way (Beauchamp & Childress, 2001). Furthermore, nurses should provide information about all treatment options to their clients in an

easy and understandable way. This is in order to promote the decision making of patients and their families (Zeigler, 2003). Therefore, nurses have to know how they should approach telling the truth to clients, colleagues, other staff and society properly in all aspects of their performance. In conclusion, telling the truth involves avoiding misleading others and providing accurate information in a timely manner and in according with the client's level of understandable.

### *3. Moral Behaviors Guided by Ethical Concepts*

The ethical concepts of advocacy, accountability, cooperation, and caring are very important in nursing practice. This is because they provide the basis for ethical nursing actions, professional values and moral norms for nursing (Fry & Johnstone, 2002).

#### *3.1 Advocacy*

Advocacy refers to the protection of fundamental human rights on behalf of people who are not able to speak for themselves (Annas as cited in Fry & Johnstone, 2002). 'Advocacy' is the word furthermore used to express the character of the nurse-patient relationship. The nurses' role in terms of advocacy is to inform the patients about their rights, ensuring their understanding on their rights, reporting if any violation occurs and preventing any more violations. In addition, nurses should consider the clients' choices, needs and interests according their values and lifestyle (Fry & Johnstone). The study conducted by Negarandeh, Oskouie, Ahmadi, and Nikraves (2008) reported that the meaning of advocacy for patients from the Iranian nurses viewpoint as: informing and educating patients; valuing and respecting them; providing physical, emotional and financial support to patients; and protecting and

representing and advancing the stability of care. The nurse manager has a great role to play in advocating on behalf of patients, subordinates as well as for professionals (Marquis & Huston, 2003). Moreover, the nurses should support, endeavor and advocate for protecting patient's health, rights and safety (The American Nurses Association, 2001). Therefore nurses should perform the advocate's role for patients to provide better nursing care according to their needs, values, and to preserve their rights.

### *3.2 Accountability/responsibility*

Accountability refers to accepting responsibility for a person's acts. During patient care, nurses are responsible for their individual actions whether high or low quality (Tappen, Weiss & Whitehead, 2001). According to the ICN (2006), the nurses' four basic responsibilities are to prevent disease, to promote wellbeing, to restore health and to alleviate the suffering of the patients. The nurse is responsible and accountable for individual nursing performances and establishes the appropriate delegation of duties that come within the nurse's obligations to provide best possible patient care (American Nurses Association, 2001). Nurses are accountable about how they have carried out their responsibilities, justifying the choices and actions according to accepted moral standards or norms. Nurses are also perhaps accountable to the profession, the clients, to colleagues, to managers and to society for their behavior while providing nursing care (Fry & Johnstone 2002; Tappen, Weiss & Whitehead). In clinical practice, nurses are responsible for their decision-making and accountable for their decisions taken (Berggren, Silva, & Severinsson, 2005). Nurse supervisors have a responsibility to preserve high professional care values among their staffs with associated authority (Marquis & Huston, 2003). The moral concept of

accountability is particularly important in the nursing profession to provide better care to patients.

### *3.3 Cooperation*

Cooperation includes active involvement and collaboration with other personnel related to nursing in order to achieve quality care for patients. The concept of cooperation refers to the nursing actions, working with others for achieving the common goals, keeping promises, making mutual concerns a priority and sacrificing their own interests toward the continuing maintenance of a professional relationship. The center of Nightingale's idea of human 'combination' is the cooperation that maintains and strengthens a community of nurses working toward a common goal (Fry & Johnstone, 2002). Cooperation helps nurses to be united within the nursing profession and other healthcare employees toward the mutual goal of improved patient care (Quinn, 1983 as cited in Fry & Johnstone). The ICN Code of Ethics for Nurses (2006) provides a statement on cooperation: "the nurse sustains a cooperative relationship with co-workers in nursing and other fields" (p.3). Nurses require cooperation with others in order to maintain good relationships and improve the quality of patient care.

### *3.4 Caring*

Caring behavior are often regarded as essential in the nursing profession whereby the moral concept of caring is valued in the nurse-patient relationship (Fry & Johnstone, 2002). Nurses should express their caring behavior to the clients since caring improves client's well being (Smerke as cited in Fry & Johnstone). Forrest (as cited in Fry & Johnstone) identified four types of caring: respecting the patient; feeling with and for the patient; and closeness with the patient. Caring is an

interpersonal system explained by professional nurses as involving interpersonal compassion and close relationships among nurses and patients. The consequence of caring are that the nurses better experience the psychological happiness and patients' experience through both improved physical and psychological well being (Finfgeld-Connett, 2008).

Tarlier (2004) argued that, in the nursing profession, the meaning of caring is different and nurses can make difference in patients' outcomes by providing care. To provide such care, nurses should integrate their moral and ethical knowledge, ethical principles and code of nursing ethics. In addition, the moral basis of caring in nursing is to develop responsive nurse-patient relationships through respecting others, establishing trust and building mutuality. Similarly, Agneta, Theorell, Burns, & Lutzen (2004) reported some good characteristics of caring as sympathy, aptitude, confidence and commitment that builds on sharing and mutual respect between the caregiver and care receiver.

Moral behavior involved in caring involves paying attention, providing information and offering emotional support, and helping to handle complex conditions for others (Beeby as cited in Finfgeld-Connett, 2008). Caring is a well recognized moral notion in nursing. Therefore, nurses should provide care to their clients in the best possible way for the patients' welfare.

In summary, all these concepts have a relationship with ethical principles. The outcome of implementing the ethical concepts, reflects the ethical principles through providing for the wellbeing of patients and protecting the rights of patients. Therefore nurses should recognize each ethical concept very well and their proper

implementation in their daily practice to facilitate holistic nursing care to patients and thus strengthen the nurse-patient relationship.

#### *4. Moral Behaviors Guided by Code of Nursing Ethics*

A code of ethics for learning improves the quality of ethical practice in nursing by helping nurses to develop their abilities to be moral (Fry & Johnstone, 2002).

##### *4.1 ICN code of ethics for nurses*

The ICN Code of Ethics for nurses is a guide for activities based on social values and needs. ICN Code of Ethics for Nurses (2006) has four principal elements that outline the standards of ethical conduct (p.2-3).

##### *4.1.1 Nurses and people*

The nurse's primary professional responsibility is the people requiring nursing care.

In providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected.

The nurse ensures that the individual receives sufficient information based on which consent for care and related treatment are undertaken.

The nurse holds in confidence the personal information and uses judgment in sharing this information.

The nurse shares with society the responsibility for initiating and supporting the action to meet the health and social needs of the public, in particular those of vulnerable populations.

The nurse should also shares responsibility to sustain and protect the natural environment from depletion, pollution, degradation and destruction.

#### *4.1.2 Nurses and practice*

The nurse carries personal responsibility and accountability for nursing practice, and for maintaining competence by continuous learning.

The nurse maintains a standard of personal health such that the ability to provide care is not compromised.

The nurse uses judgment regarding individual competence when accepting and delegating responsibility.

The nurse at all times maintains standards of personal conduct which reflects well on the profession and enhance public confidence.

The nurse, in providing care, ensures that use of technology and scientific advances are compatible with the safety, dignity and rights of people.

#### *4.1.3 Nurses and the profession*

The nurse holds the major role in determining and implementing acceptable standards of clinical nursing practice, management, research and education.

The nurse is active in developing a kind of research-based professional knowledge.

The nurse acting through the professional organization, participates in creating and maintaining safe, equitable social and economic working conditions in nursing.



#### *4.1.4 Nurses and co-workers*

The nurse sustains a co-operative relationship with co-workers in nursing and other fields.

The nurse takes appropriate action to safeguard individuals, families and communities when their health is endangered by a co-worker or any other person.

In summary, every nurse including nurse supervisor should know, understand, bear in mind, and implement the 'ICN Code of Ethics for Nurses' in their daily practices to provide the best care according to the client's needs.

#### *4.2 Code of ethics for nurses in Bangladesh*

The Code of Ethics & Professional Conduct for nurses and midwives in Bangladesh has been developed by the Bangladesh Nursing Council (2003). It consists of 3 (three) sections and 18 (eighteen) clauses.

##### *4.2.1 Section A: Nurses and their clients*

Clause 1: Treat the patient as an individual and with respect

(1) Recognize and respect the uniqueness of each patient/client by treating each as an individual.

(2) Recognize that the patient is the client.

(3) Respond to the individual patient's care needs.

(4) Respect the individual wishes of the patient.

(5) Recognize that you are responsible for the care of patients.

(6) Do not act without the patient's consent.

Clause 2: Demonstrate sympathetic and sensitive behavior to patients.

(1) Act in a responsive way to the individual patient's need.

(2) Handle patients in a caring and sensitive manner thus ensuring compassionate care especially to the most vulnerable groups.

(3) Communicate with the patient in an appropriate manner.

(4) Use an appropriate tone of voice with the patients.

(5) Spend time with patients and listen to their needs.

(6) Provide gender sensitive patient care.

Clause 3: Maintain the confidentiality and the privacy of the patient at all times.

(1) Safeguard the confidentiality of information of the patient as a whole.

(2) Maintain the anonymity of the patient if required to disclose any information for particular purposes about the patient.

(3) Ensure the patient's privacy is maintained at all times.

(4) Safeguard the patient's records.

(5) Comply with any kind of protection data requirements.

Clause 4: Serve all patients equally regardless of religion gender, age, race, nationality or economical class.

(1) Provide nursing care to all the patients in an equal manner.

(2) Demonstrate equal respect for all your patients.

(3) Respect the uniqueness of patients' beliefs, religion, and cultural values.

Clause 5: Act as the patient's/client's advocate in all matters related to their care.

(1) Listen to the patient's/client's concerns and act in their best interests.

(2) Resolve inter-patient conflict which may interfere with the patient's rights or recovery.

(3) If the patient lacks the ability to make decisions of their own, consult relevant people close to the patient but ensure that any previous wishes of the patient are taken into account.

(4) Defend the patients who may be vulnerable and incapable of protecting their own interests.

(5) Safeguard the patient from undue compulsion to accept or change a particular course of action.

(6) Ensure that vulnerable patients are protected well and their particular needs are fulfilled.

Clause 6: Respect the legal rights of the patients/clients and inform them about their diagnosis, treatment and prognosis.

(1) Keep the patient informed in all matters relevant to their health and well-being.

(2) Enable the patient to make informed choices about their care by providing them with relevant and accurate information

(3) Respect the patient's autonomy to refuse treatment if they wish. Bring to the immediate attention of the authorities any statements as evidence that could help in the course of the legal process.

4.2.2 *Section B: Nurse/Midwives and their practice.*

Clause 7: Provide a safe environment to promote early recovery, prevention of complications and well-being of the patient.

- (1) Provide nursing care in a safe environment.
- (2) Prevent the patient from harming themselves or others.
- (3) Act quickly to protect the patient from risk.
- (4) Report any circumstances to a senior authority that might jeopardize patient safety.

Clause 8: Uphold basic standards of nursing care at all time.

- (1) Maintain and deliver agreed standards of nursing care.
- (2) Ensure that others in the team adhere to the agree standards.
- (3) Ensure, within your sphere of responsibility, that appropriate equipment and services are available to provide safe care.
- (4) Safeguard the patient against incompetent practice.
- (5) Maintain and preserve the dignity of the patient at al times.

Clause 9: Do not undertake any nursing practice without authority.

- (1) Do not provide care that has not been specified for the patient.
- (2) Ensure that correct medicines are administered.
- (3) Ensure that nursing assistants are properly supervised.

Clause 10: Refrain from undertaking any nursing practice for which you do not have the necessary skills.

- (1) Do not undertake care for which you have not been properly prepared.

(2) Do not provide care that is not within the nursing curriculum unless additional training has been given.

(3) Ensure that nursing assistants do not provide care that should be provided by a qualified nurse or midwife.

(4) Do not offer medical advice.

Clause 11: Refuse to join in any unethical medical and nursing acts.

(1) Do not participate in research activities unless approved by the ethical committee.

(2) Do not carry out the instructions of a doctor or other members of the professional team if they will result in the unethical treatment of a patient.

(3) Share knowledge and expertise to resolve ethical dilemmas.

(4) Do not engage in advertising products.

Clause 12: Use appropriate restraint only in situations where the patient is in danger of harming themselves or others.

(1) Do not restrain a patient unless it is absolutely essential for their own protection and the protection of other patients.

(2) Learn and use only the restraint techniques that will not harm the patient.

(3) Isolate the patient if there is the potential for harm to other patients.

#### *4.2.3 Section C: Nurses/Midwives and their Profession*

Clause 13: Do not accept or request money or gifts of any kind from the patient or their family or their carers.

(1) Do not ask for or accept money, gifts or loans in exchange for delivery of services.

(2) Do not engage in professional advertising or promotional activities for financial gain.

(3) Avoid financial considerations influencing one's nursing practice.

Clause 14: Take responsibility to maintain and extend your own professional knowledge through appropriate professional development.

(1) Take personal responsibility to maintain and extend your own professional knowledge regularly.

(2) Be aware of the latest research practices in your relevant practice area.

(3) Ensure on aware of the national health and professional policy issues.

Clause 15: Do not misuse hospital or any other property under ones care.

(1) Do not knowingly damage property in your control.

(2) Do not take away anything from the patient or your employer.

(3) Ensure the correct use of all equipment in your practice.

Clause 16: Do not knowingly engage in any activities which are likely to bring the profession into disrepute.

(1) Do not engage in a relationship with the patient.

(2) Do not engage in illegal activities.

(3) Do not behave in a violent way towards your patient or your colleagues.

(4) Do not knowingly harm or cause distress to your patient.

(5) Act in a fair and just manner towards your patients and colleagues.

Clause 17: Do not engage in any potentially harmful activities either directly or indirectly in a professional capacity.

(1) Do not engage with patients in a potential way.

(2) Do not unduly influence patients politically.

(3) Do not canvas on a political platform using your professional qualification.

(4) Do not engage professional colleagues in political activities.

Clause 18: Maintain current registration with the BNC and adhere to all its rules and regulations.

(1) Ensure that your registration is up to date.

(2) Comply with the requirements as laid down by the BNC for activities such as being an examiner and conducting examinations.

(3) Work with the council to promote professional standards

In summary, a code of ethics acts as a standard of nurses' ethical practice that all nurses are required to meet (Fry & Johnstone, 2002). Johnstone (as cited in Fry & Johnstone) described a code of ethics as a conventionalized set of regulations or expectations which is developed for a selected purpose. The International Council of Nurses (ICN) developed the ICN Code of Ethics for Nurses for all nurses throughout the world to guide their activities based on people's acceptance. A number of national nurses associations have also have developed codes of ethics based on their state or country perspectives. Every code of ethics is based on ethical principles

(Tarlier, 2004). They describe the nurses' responsibilities and accountability whereby the nurses are expected to respect patients' dignity and provide care according to the patients' interests, benefits, choices, beliefs, and needs. Nurses are also responsible for providing accurate information to clients and protecting the patients' rights, privacy, and confidentiality. A code of ethics also describes how nurses can maintain relationships with clients, colleagues, the authorities, and co-workers. Therefore a code of ethics is very helpful to nurses for shaping standards of moral behavior (Fry & Johnstone, 2002).

#### *5. Roles and Responsibilities of Nurse Supervisors*

Nurse supervisors have very important roles and responsibilities in the healthcare setting since they have the ability to motivate nurses to provide better care to patients. Supervisors are middle-level managers who are responsible for the performances of the employees within units or departments under their supervision. They maintain relationships between first-level managers and upper-level managers (Singleton, 1998; Sullivan & Decker, 2001). A supervisor is defined as an individual having power in the interest of the organization to appoint, transfer, suspend, lay-off, recall, assign, promote, discharge, remunerate, or control other employees (NLRB as cited in Sullivan & Decker, 2001).

##### *5.1 Characteristics of nurse supervisors in Bangladesh*

In Bangladesh, nurse supervisors have been promoted from registered nurses (Senior Staff Nurse). The characteristics of nurse supervisors are as follows:



### *5.1.1 Position of the nurse supervisors*

The position and salary of nurse supervisors are higher than nurses working in all levels of health care facilities. Nurse supervisors are promoted from the post of ‘Senior Staff Nurse’ (registered nurse) to the post of ‘Nursing Supervisor’. In the tertiary level health care setting, they act as middle-level managers and communicators between Nursing Superintendents and nurses in all units and wards of the organization. Nurse supervisors are responsible and accountable to the Nursing Superintendent of the hospital. Their job description and responsibilities are different from those of nurses. They generally perform managerial and administrative functions. They manage the duty roster and leave of different categories of nurses, and supervise and monitor the nurses’ performances. They provide information to the nurses about the rules and regulation of the nursing department and the organization. They maintain records about nursing personnel and report in-patient information to the higher authorities. Nurse supervisors co-operate with the Nursing Superintendent in administrative functions regarding maintaining nurses’ performances in all units and wards within the hospital (Jamal, 2006; MOH&FW, 2007). They work in three shifts: a day shift (from 8.00 am to 2.00 pm), an evening shift (from 2.00 pm to 8.00 pm); and a night shift (from 8.00 pm to 8.00am) to manage the nurses’ performance in all shifts.

### *5.1.2 Educational level of nurse supervisors*

Nurse supervisors’ educational levels are very important as they have to lead, supervise, monitor and ensure nurses’ performance in patient care and provide feedback accordingly. For this reason they require higher education and advanced knowledge to improve the nurses’ knowledge for quality patient care. In Bangladesh,

nurse supervisors have a professional education level from the Diploma in Nursing and Diploma in Midwifery/Orthopedics to a higher level qualification. Most of them have a Diploma in Nursing and a midwifery degree rather than a Bachelor and Master's Degree in nursing. This is because the promotion of supervisors is dependent on their length of experience in the nursing services and not on their educational level. Moreover, previously all nursing institutes in Bangladesh provided only Diploma courses for nursing students. Only one College of Nursing provided an in-service Bachelor course for nurses of all over the country. In addition, few nurses obtained bachelor and master's degrees from abroad.

#### *5.1.3 Competency of nurse supervisors*

The competency of nurse supervisors is essential in management of nursing staffs, supervision, monitor, and guide nurses in patient care. According to the promotion rules, after five years working in the clinical setting a senior staff nurse (RN) will be promoted to a nursing supervisor post. Since nurses are not promoted on a regular basis for a long time, nurse supervisors are obtaining these posts after 15 to 20 years of clinical experience as senior staff nurses (Jamal, 2006). As part of the recruitment of nurse supervisors, their competency was not evaluated and they achieved promotion because of their seniority in the nursing service. Moreover, in-service training in nursing administration, leadership, ethics, and teaching is essential to develop the competency of nurse supervisors to lead nurses properly and to provide better care to the patients. However, due to inadequate facilities and opportunities for the training of nurse supervisors, their competency may not be sufficient to meet society's needs.

## *5.2 General responsibilities of nurse supervisors*

Nurse supervisors' functions involve coordinating, leading, and directing the performance of others to accomplish desired goals (Singleton, 1998). Supervisors can enhance the nurses' competencies by using appropriate supervision (Arvidsson, & Fridlund, 2005). Supervision is the primary way, and intermittent assessment of someone in performing an allocated duty can be undertaken in order to make sure that the achievement of standards of care are fulfilled (Catalano, 2003).

The general responsibilities of nurse supervisors that obtained from the books and other literatures are organized according to the managerial functions such as planning, organizing, leading and controlling (Berggren, Begat, & Severinsson, 2002; Berggren & Severinsson, 2003; Dienemann, 1990; Jordanian nursing council, n.d.; "Registered nurse supervisor", 2008; "Nursing supervisor", 2007; "Nurse supervisor 2", n.d.; Singleton, 1998). These are as follows:

### *5.2.1 Planning*

(1) Establish the unit's vision, mission, and further plans for improvement.

(2) Identify the educational and training needs of nursing personnel and assist in planning educational program for nurses to meet the unit needs.

### *5.2.2 Organizing*

(1) Make possible the appropriate staff coverage in selected units.

(2) Collaborate with medical doctors, specialists, and administrators in order to solve patients' problems.

(3) Organize shift schedules and leave for the nurses in the units.

(4) Delegate tasks among nurses based on their competency and provide coaching and counseling to the nurses to improve their performances.

(5) Establish morally responsible behavior and good interpersonal and interdepartmental communication.

(6) Promote utilization of research by assigned nurses and encourage individual or joint research efforts by nurses.

### *5.2.3 Leading*

(1) Direct, supervise and evaluate the assigned activities of nurses and perform regular rounds to ensure the quality of nursing care.

(2) Act as a role model to improve the professional nursing image and act as an advocate for patients and nurses.

(3) Act as a leader to encourage and motivate all staff for better performances.

(4) Provide support to nurses for individual growth and development.

### *5.2.4 Controlling*

(1) Ensure the safe working condition of hospital equipment and each unit's environment.

(2) Ensure that the nursing practices are provided properly in accord with professional values, ethical principles, policies and procedures of nursing department and organization.

(3) Participate in unit or ward meetings, in-service education programs, continuous quality improvement initiatives, and committee functions.

(4) Ensure that the maintenance of complete and accurate records of patient conditions and care provided within the assigned units is established.

(5) Monitor the patients care, evaluate the performances of nurses, provide constructive feedback, recognize the staff for their excellent care and behavior and give rewards.

In addition to these responsibilities, Ayer et al. (as cited in Berggren, Begat & Severinsson, 2002) reported three roles of clinical supervision: (1) supportive; (2) educative; and (3) managerial. The supportive role empowers the nurses to become more competent, confident, and effective. The educative role improves mentorship, professional autonomy and role models. The managerial role includes professional decision-making, critical assessment of clinical decision-making, and the ability to take moral actions.

In conclusion, nurse supervisors have an opportunity to provide quality care to clients. This is done through acting as a ‘role model’ for nurses and implementing properly their roles and responsibilities with nurses, other staff and patients.

### *5.3 Job description of nurse supervisors in Bangladesh*

Nurse supervisors in Bangladesh have been promoted from the post of ‘Senior Staff Nurse’ (with at least a diploma in nursing) based on seniority in nursing service (Jamal, 2006).

Job description of nurse supervisor in a Medical College/Specialized Hospital (Ministry of Health and family Welfare [MOHFW], 2007) is as follows:

Name of post: Nursing Supervisor

Accountability: Deputy Nursing Superintendent and Nursing Superintendent

Main responsibilities are:

- (1) Manage nursing personnel resource according to the demand of the hospital and wards
- (2) Supervise, monitor and evaluate the performance of nursing staffs, he/she responsible and take necessary action accordingly
- (3) Maintain coordination with all departments in order to ensure about the essential health care to the patients.
- (4) Ensure regular round with nursing superintendent, deputy-nursing superintendent, nursing supervisor incharge and other officers in providing quality nursing care
- (5) Assign nursing tasks to the on duty nurses and ensure about the performance
- (6) Take effective initiative in preventing infection within the hospital
- (7) Assist nurses in providing patient care based on nursing process
- (8) Maintain good communication with all departments of hospital in order to ensure proper nursing care
- (9) Provide necessary information to the responsible officer in providing annual confidential report of nursing staffs
- (10) Assist to make administrative decision through coordinating between administration and wards
- (11) Perform the responsibilities obtained from the higher authority
- (12) Assist in maintaining necessary information and records and determine about their proper implementation

#### *5.4 Competencies required for nurse supervisors*

The competency of nurse supervisors' is very important in the nursing profession since effective supervision provides a powerful support system which is beneficial to nurses, patients and organizations (Lyth, 2000; Wilson, 1999). In every healthcare setting, nurse supervisors require extensive competencies in order to help supervisees/nurses to reflect on their clinical performances and to understand the needs of the clients. Furthermore, nurse supervisors' competencies are regarded as very important supports for learning and to achieve the objectives of nursing supervision (Arvidsson, & Fridlund, 2005).

The following essential competencies are required for nurse supervisors. They have been obtained from books and the literature related to nurse supervisors' competencies (Berggren & Severinsson, 2000; Lyth, 2000; "Nurse supervisor 2", n.d.; "Nurse supervisor", 2008; "Nursing supervisor", 2007; Swansburg & Swansburg, 2002).

##### *5.4.1 Supervision*

- (1) Ability to supervise nurses effectively and mentor new staff
- (2) Ability to delegate and assign tasks to employees appropriately
- (3) Ability to assess employee competencies and conduct in-performance reviews
- (4) Ability to promote communication among employees
- (5) Ability to manage resources efficiently in order to provide training and development for employee
- (6) Ability to identify and deal with quality monitoring and performance improvement issues for the unit

#### *5.4.2 Management*

- (1) Advance knowledge and establish proficient nursing concepts, principles and practice
- (2) Promote knowledge and skill on principles of management and financial management
- (3) Demonstrate autonomy, advocacy for patients' right, and managerial problem solving
- (4) Knowledge of organizational culture and its effect on problem-solving and productivity
- (5) Ability to develop self and to facilitate staff development

#### *5.4.3 Morality*

- (1) Ability to create positive working environment for nurses to provide better care and to be fair, neutral and consistent with all employees
- (2) Ability to match moral and ethical choices based on human needs, moral principles for behavior, and personal feelings in decision-making
- (3) Ability to understand the diverse cultural background and religious beliefs of the patients and employees and act accordingly
- (4) Ability to demonstrate high standards of ethical conduct, responsible behavior, truthfulness and integrity and refrain from unethical behavior
- (5) Ability to provide support to staff for best ethical decision-making

#### *5.4.4 Communication*

- (1) Ability to build up and continue helpful communication and work relationships with Physicians, superior authority, colleagues, subordinates,



patients, families, agencies and other departments

(2) Ability to listen, ask questions and give constructive feedback to employees

(3) Ability to circulate information from administration to employees with proper interpretation and clarification

#### *5.4.5 Critical thinking*

(1) Ability to implement the nursing process to meet patient needs

(2) Ability to assign nurses based on nurses skills and patient' needs

(3) Ability to predict, identify and respond appropriately to potentially challenging condition and deal with complex dilemmas

(4) Ability to manage conflict among employees

#### *5.4.6 Leadership*

(1) Ability to lead employees through representing a professional and caring approach

(2) Ability to actively seek out to motivate employees and develop team harmony and commitment to achieve the departmental goal

(3) Ability to be a resource person for advising and counseling for employees, encourage and facilitate cooperation, pride, trust, group identity and promote team spirit

(4) Ability to be acceptable to all levels of employees

(5) Ability to display a high level of initiative, effort and commitment towards carrying out assignments efficiently

In summary, nurse supervisors require a wide range of competencies in areas of supervision, management, morality, communication, critical thinking, and leadership. Moreover, nurse supervisors can play an important role in improving nurses' performance through sharing their knowledge and skills, proper utilization of their competencies and providing effective feedback to nurses.

### *6. Moral Behaviors of Nurse Supervisors*

The nurse supervisors' moral behavior is very important in the nursing profession, since they have ability to influence the environment within the supervised group for providing better performance to the clients (Berggren & Severinsson, 2006). Nurse supervisors behave morally towards their colleagues, superior authority, organizations, nurses, patients, medical doctors and co-workers. However, nurses can accurately perceive their supervisors' moral behavior towards nurses and patients because of close nurse-supervisor relationships. The information related to nurse supervisors' moral behavior gathered from the literatures is organized according to ethical principles.

#### *6.1 Providing benefits*

The main objective of clinical supervision is to support supervisees to develop their job identity, aptitude, skills and morals, which are beneficial to nurses as well as patients. In addition, nurse supervisors have a responsibility in providing support to the nurses for strengthening their patients' advocacy role, ethical decision-making role and helping nurses to discover their professional uniqueness for the benefit of patients (Berggren, Begat, & Severinsson, 2002; Berggren & Severinsson, 2006; Johansson, Holm, Lindqvist, & Severinsson, 2006; Severinsson, 2001). Nurse

supervisors are responsible for offering a suitable and lively working environment to nurses and motivate them to provide quality care. Agéllii et al. (2000) found that supervisors emphasized their responsibility to be eager to be good, to provide shelter and not to criticize their supervisees. Therefore, nurse supervisors have a moral responsibility in providing benefits to patients and nurses.

Moral behaviors of nurse supervisors in providing benefits are: providing emotional support to nurses and patients; monitoring and ensuring safe and quality patient care; helping nurses in ethical decision-making; assigning tasks of unit nurses based on patients' conditions and nurses' competencies; provide support to nurses during critical patient care; and supporting nurses to improve their knowledge and skills.

### *6.2 Avoiding harm*

Today all healthcare personnel have to face the main challenge in maintaining quality care through preventing/minimizing risks in all types of healthcare settings. In addition, risk management is one of the most important roles of the nurse supervisor/manager (Schaag, 2001). One of the nurse supervisors' most important responsibilities is to maintain the universal safety systems for patients and staff (Jordanian Nursing Council, n.d.). According to Severinsson (2001), the supervisors have an obligation to ensure that their supervisees are not in danger. Studies (Berggren, Begat, & Severinsson, 2002; Berggren & Severinsson, 2006) have found that the important part of the supervisory procedure was to ensure safety for patients, professionals and supervisees, in which the safety of the patients was included as being an element of the patient's integrity. Schaag (2001) reported that nurse managers are responsible and accountable to improve quality care through

maintaining proper risk management. They can play a vital role in risk management through proper delegation to nurses, assign nurses' tasks based on their competency, maintaining appropriate recording procedures and leading the nurses to minimize or prevent risks to patient and provide the best care. Moreover, minimizing risks is cost effective for the patients, staff and organizations. Therefore, nurse supervisors' are morally responsible to maintain the safety of patients and nurses in order to prevent or minimize harm.

Moral behaviors of nurse supervisors in avoiding harm involve: supervision; monitoring and ensuring the safe working environment of nurses and patients; counseling nurses to maintain general and specific safety measures; and supporting, encouraging, motivating and guiding nurses in preventing risks/harm to the patients.

### *6.3 Respecting autonomy*

In the nursing profession, respecting autonomy is essential for both nursing personnel management and for patient care. Agéllí et al. (2000) noted that the supervisors' most important responsibilities were to demonstrate respect openly to the supervisee and ultimately to the patients by respecting their views and beliefs. The nurse supervisors' important moral responsibility is to do their best to protect the rights and dignity of both nurses and patients (Berggren & Severinsson, 2006).

The moral behaviors of nurse supervisors in respecting autonomy include: respecting nurses' beliefs, culture, religion, decision and experiences; allowing nurses to express themselves; informing nurses before changing their shifts; taking note of opinions when assigning tasks to nurses; respecting patients' rights, beliefs, culture, choice and social condition; and providing adequate information regarding their diagnosis, treatment and nursing care.

#### *6.4 Maintaining equality*

Maintaining equality is very important in the nursing supervision. Fairness in the behavior of supervisors is vital to maintain good relationships between supervisors and supervisees (Agéllii et al, 2000). According to Berggren and Severinsson (2006), part of the nurse supervisors' ethical decision-making style is to take care of the supervisees with justice. They should respect their integrity and all of the supervisees should be offered the chance to be supervised in accord with their situation. In addition, supervisors should respect supervisee as valuable persons having the right to be treated similarly and provided with the chance to communicate all of their opinions, actions, feelings and experiences (Agéllii et al, 2000). In the clinical setting, nurse supervisors have a great chance to demonstrate their moral behavior regarding maintaining equality to patients, as they are role models for the nurses. They should supervise, monitor and ensure the nurses' performances in maintaining equality for patients.

Moral behaviors of nurse supervisors in maintaining equality involve: providing equal facilities, fair treatment, fairly distributed workloads for all nurses. They should maintain fair relationships with them and ensure fair distribution of resources and nursing care to all patients according to their needs.

#### *6.5 Maintaining confidentiality*

The moral behavior of maintaining confidentiality, privacy, and respect are very important in nursing supervision. It builds trusting relationships between supervisor and supervisee (Berggren, Begat, & Severinsson, 2002). Berggren and Severinsson (2006) reported that nurses should be confident that their supervisors will respect nurses' privacy and handle their narratives confidentially. According to

Severinsson (2001), supervisors have responsibility in maintaining the rights, dignity, and confidentiality of patients through their supervision. The study of Agéll et al. (2000) reported that supervisors should be guided by values such as maintaining privacy and ensuring the confidentiality of the supervisees.

The moral behaviors of nurse supervisors in maintaining confidentiality involve: maintaining nurses' personal information confidentially; encouraging nurses to maintain the privacy and confidentiality of their colleagues; support nurses to maintain privacy and confidentiality of the patients properly; and supervise and monitor to ensure the protecting of patients' privacy and confidentiality in every unit he or she is responsible for.

#### *6.6 Telling the truth*

Telling the truth is a very important value, which gives a basis for moral practice in nursing to secure a patient's welfare (Erlen, 2007). Furthermore, nurses should be truthful because it is a basic requirement for building trusting relationships (Tappen, Weiss & Whitehead, 2001). Kerfoot (2006) suggested that nurse leaders and managers have an opportunity to demonstrate their honesty, courage and integrity through telling the truth about their failures or mistakes to employees and apologizing for them. Therefore, nurse managers can establish a culture wherein every one can feel free to disclose their mistakes to staff, patients, and families and thus learn from each other to provide the best care to patients. Moral behaviors of nurse supervisors in telling the truth include the need to: speak truthfully; provide accurate and adequate information about the rules and regulations of nursing services and organization to the nurses and provide accurate and adequate information about disease condition, prognosis, and treatment to the patients in a communicative way.

## *7. Factors Influencing Moral Behaviors of Nurse Supervisors*

The nurse supervisors' moral behaviors are important in patient care since their behaviors can influence the nurses' performance in providing better care to the patients. Their moral behaviors can be influenced by several factors:

### *7.1 Educational level of the nurse supervisors*

The nurse supervisors' education level is very important to provide moral behavior to nurses and patients. A nurse supervisor who has higher education and advanced knowledge can share these with the nurses and help them to improve their knowledge in providing best care to patients according to their needs. Singleton (1998) reported that nurse supervisors must have the education in order to perform their responsibilities effectively. Nurse supervisors' moral behaviors through effective supervision can build strong relationship with nurses, which can enhance nurses' motivation and commitment in providing quality care. Moreover, better educated nurse supervisors can provide accurate information to the patients about their disease condition, prognosis, diagnosis, treatment and nursing care. According to Cherry and Jacob (2005), a nurse manager should possess the required knowledge and skills in order to make decision on patient care, delegate nursing care, and guiding others properly.

### *7.2 Moral competency of nurse supervisors*

The moral competency of nurse supervisors is essential, as they are role models for the nurses. Nurse supervisors who have moral competency can demonstrate moral behaviors to nurses and patients properly. Jormsri et al. (2005) mentioned that nurses with moral competence could be expected to perform their job according to the interest of patients, advocate for patients and solve ethical conflict

among patients. Moreover, they can be accountable to themselves, to the clients, and the authority as well as to society.

### *7.3 Ethical training*

Ethical training also influences the moral behavior of nurse supervisors. Ethical training can make them more conscious about providing moral behavior for nurses and patients. Through ethical training nurse supervisors can learn more about how to behave morally with nurses and patients. Moreover, ethical training is effective for ethical decision-making in clinical settings and helps nurses when facing ethical issues in patient care.

### *7.4 Values, belief and culture of nurse supervisors*

The values, belief and culture of nurse supervisors have an influence on developing moral behavior. Cherry and Jacob (2005) mentioned that an individual's value that is related to belief about worth, can perform as a standard to guide behavior. Moreover, values have an ability to motivate the people's behavior (Tappen, Weiss & Whitehead (2001).

### *7.5 Evaluation system*

An evaluation system is important for the employees to know their strengths, weaknesses and to take initiatives to improve accordingly. Nurse supervisors' moral behavior needs to be evaluated on a regular basis to make them aware of demonstrating moral behavior.

### *7.6 Organizational support*

Organizational support is also very important for nurse supervisors to show moral behaviors. For effective supervision through moral behaviors, nurse supervisors need organizational support including: an adequate number of skilled nurses;



sufficient hospital supplies for nurses and patients; recognition and rewards; opportunity for self-development; and professional development.

### *7.7 High workloads*

Nurse supervisors' high workloads also have an effect on their moral behaviors to nurses and patients. They have to perform various managerial activities regarding the nurses and patients within the organization. To perform these activities properly, an adequate number of nurse supervisors is essential.

### *Summary of the Literature Review*

From the literature review, it can be summed up that morality is the basis of nursing profession. Moral behavior is a very important feature in the nursing profession in providing quality care to patients while respecting their beliefs, values, choices, and needs. In addition, nurse supervisors have a major task in acting as role models for nurses by showing moral behavior towards nurses, patients, families and others. Nurse supervisors' behavior can influence nurses to improve their performance in providing quality care to clients. Furthermore, ethical principles are important, including beneficence, nonmaleficence, respecting autonomy, justice, confidentiality and telling the truth. Ethical concepts such as advocacy, accountability, responsibility, caring and cooperation are also vital. In short, a code of nursing ethics plays a fundamental role in guiding nurses including nurse supervisors towards accurate action and moral behavior to people.

## **CHAPTER 3**

### **METHODOLOGY**

This chapter consists of the research design, population and settings, sample and sampling, the instruments developed, ethical considerations, data collection and data analysis.

#### *Research Design*

This descriptive study was aimed to (1) identify the level of nurses' expectation of the moral behaviors of nurse supervisors; (2) identify the level of nurses' perception of moral behaviors of nurse supervisors; and (3) compare the differences between the nurses' expectations and perceptions of the moral behavior of nurse supervisors in a tertiary hospital in Bangladesh.

#### *Population and Setting*

The target population in this study was all nurses who had been working in the Sir Salimullah Medical College Mitford Hospital (SSMCMH), Dhaka, Bangladesh. The total number of nurses in the hospital was 288, and the number of nurse supervisors was 23. The Sir Salimullah Medical College Mitford Hospital (SSMCMH) is a public teaching hospital situated in the capital city, Dhaka, Bangladesh. It provides general preventive and curative care services to people at the tertiary level. The total capacity of the hospital is 600 beds and average in-patients number from 700 to 800. The hospital was purposively selected for this study as the target setting based on following criteria:

1. It is a tertiary level hospital providing multidisciplinary general health care services to both rural and urban people.

2. Approximately 300 nurses with a wide range of experience in the nursing service and with different levels of education are working in this hospital

### *Sample and Sampling*

#### *1. Sample*

The sample in this study was the nurses who had been working in the Sir Salimullah Medical College Mitford Hospital who met the following inclusion criteria:

(1) Professional nurses who have earned a diploma in nursing degree or a higher qualification; and

(2) Nurses who had at least one year of working experience in the hospital.

#### *2. Sample size*

The sample size was estimated by using power analysis. The estimated sample size was calculated for an accepted minimum level of significance ( $\alpha$ ) of 0.05, an expected power of 0.80 (1- $\beta$ ), and an estimated population effect size of 0.30 ( $\gamma$ ) as the medium effect size used in most nursing studies. Therefore, an estimated sample size of 174 was planned for initially, based on the estimated effect size proposed by Polit and Beck (2008). For the actual study, the researcher recruited 190 subjects and received 177 completed questionnaires that were available for the statistical analysis.

#### *3. Sampling technique*

The sample was selected by systematic random sampling from the nurses who met inclusion criteria at Sir Salimullah Medical College Mitford Hospital.

After obtaining permission from the Nursing Superintendent and the Hospital Director, the researcher collected the list of names of nurses from the nursing supervisors' office. The total number of nurses was 288 and 264 nurses met the inclusion criteria. Among those nurses, 30 nurses who provided data for the pilot study for the reliability test were excluded from the actual data collection. Consequently, 190 (117 + 59 + 14) subjects were recruited from 234 nurses at the hospital through the following steps:

(1) Firstly the serial numbers of 234 nurses were divided by two, then one number was randomly selected and every alternate number was selected, thereby recruiting 117 subjects.

(2) Secondly, 59 subjects were recruited from 117 nurses through the same methods as the first step.

(3) Finally 14 subjects were recruited by selecting every 4<sup>th</sup> number from the 58 nurses.

### *Instruments*

Self-report structured questionnaires, developed by the researcher, were used in this study for data collection. The instrument consisted of two parts as follows:

#### Part 1: The Demographic Data Questionnaire (DDQ)

The Demographic Data Questionnaire consisted of seven items including age, gender, marital status, religion, professional education level, ethics training, and length of experience in the nursing service in the hospital (SSMCMH).

## Part 2: Nurse Supervisors' Moral Behavior Questionnaire (NSMBQ)

This instrument for this study was developed, based on the ethical principles proposed by Beauchamp and Childress (2001) and Fry and Johnstone (2002), to measure the moral behavior of nurse supervisors as expected and perceived by nurses. It consisted of six components with 78 items including:

1. Providing benefits (to nurses 1-10 and to patients 11-16): 16 items
2. Avoiding harm (to nurses 17-22 and to patients 23-28): 12 items
3. Respecting autonomy (to nurses 29-37 and to patients 38-43): 15 items
4. Maintaining equality (to nurses 44-48 and to patients 49-54): 11 items
5. Maintaining confidentiality (to nurses 55-61 and to patients 62-67): 13

items

6. Telling the truth (to nurses 68-72 and to patients 73-78): 11 items.

Each item of nurses' expectation was rated by using a 5-point Likert scale in which:

- 0 = nurse supervisors should not perform this moral behavior
- 1 = nurse supervisors should rarely perform this moral behavior
- 2 = nurse supervisors should sometimes perform this moral behavior
- 3 = nurse supervisors should often perform this moral behavior
- 4 = nurse supervisors should entirely perform this moral behavior

Each item of the nurses' perception was rated by using a 5-point Likert scale in which :

- 0 = nurse supervisors never perform this moral behavior
- 1 = nurse supervisors rarely perform this moral behavior
- 2 = nurse supervisors sometimes perform this moral behavior

3 = nurse supervisors often perform this moral behavior

4 = nurse supervisors almost always perform this moral behavior

The total possible scores ranged from 0.00 to 312.00. The mean total scores were computed and three levels of classification established. The higher score indicated the nurse supervisors' higher level of moral behavior and the lower score indicated nurse supervisors' lower level of moral behavior as nurses' expectation and perception. The scores acquired from each item and the mean total scores were interpreted using one of the following criteria:

Score 0.00 to 1.33 = moral behavior is at a low level

Score 1.34 to 2.66 = moral behavior is at a moderate level

Score 2.67 to 4.00 = moral behavior is at a high level

#### *1. Validity of the instrument*

The content validity index (CVI) of the instrument was assessed by three experts. They were an expert in research methodology in Thailand, a nurse educator who was an expert in nursing ethics in Thailand, and a nurse superintendent with a master's degree in nursing in Bangladesh. The experts were asked to check the relevance and whether the items represented the nurse supervisors' moral behaviors. The content validity index (CVI) was determined to assess content validity. According to Waltz, Strickland and Lenz (2005), the acceptable CVI of an instrument should be at least 0.8. In this study, the CVI of the instrument (NSMBQ) was .97.

#### *2. Reliability of the instrument*

The reliability of the Nurse Supervisors' Moral Behaviors Questionnaire (NSMBQ) was analyzed for internal consistency by testing with 30 nurses in the same setting who were excluded from this study. Cronbach's alpha coefficient was used to

determine the internal consistency. According to Polit and Hungler (1999), the acceptable alpha coefficient for a new instrument should be at least .70. In this study the alpha coefficient of nurses' expectation was the same value as for nurses' perception which was .98. In addition, for the six dimensions of the expectation and the perception, namely: providing benefit; avoiding harm; respecting autonomy; maintaining equality; maintaining confidentiality; and telling the truth; the alpha coefficients ranged from .81 and .95. The reliability was tested again with the actual dataset and yielded values of alpha coefficients for the entire scales of expectation and perception of .98 and .96, respectively. The alpha coefficients for the dimensions of the expectations and perceptions were also determined and ranged from .77 to .92.

### *3. Translation of the Instrument*

The researcher developed the instrument in English and this was edited by an English expert. After obtaining the CVI, the instrument was modified according to the experts' suggestions. Then a back translation procedure (Sperber, & Devellis, 1994) was used to again translate the instrument. The back translation procedure consisted of three steps:

Step 1 The original English version 1 of the instruments, including the Informed Consent Form, Demographic Data Questionnaire (DDQ), and Nurse Supervisors' Moral Behaviors Questionnaire (NSMBQ), was translated into Bengali by a professional translation agency in Bangladesh.

Step 2 Another Bangladeshi bilingual professional translator back translated the Bengali version of the instrument into English version 2.

Step 3 An English expert, a Lecturer in English at a college at Dhaka, Bangladesh evaluated both the original English version 1 and the back translated the

English version 2 to ensure the equivalence of the two versions. No discrepancy was found between the English version 1 and the English version 2 of the instrument. The researcher then used the Bengali version of the instrument for data collection.

### *Ethical Considerations*

1. The thesis proposal was approved by the Institutional Review Board (IRB) of the Faculty of Nursing, Prince of Songkla University, Thailand.

2. Permission for data collection for the study was obtained from the Hospital Director and Nursing Superintendent of the selected hospital in Bangladesh.

3. The researcher informed the subjects about the objectives and methods of the study. They were informed that their participation would be on a voluntary basis and they had freedom to withdraw at any time without consequences for their work. In addition, the researcher assured the participants that their data would be kept confidential and privacy protected through anonymity. In addition, they were informed that the information obtained would be used for the purpose of this study only (see Appendix A).

### *Data Collection*

The data collection method was conducted in two phases; the preparation phase and implementation phase.

#### *Preparation phase*

1. The researcher contacted the Dean, Faculty of Nursing, Prince of Songkla University, Thailand, and asked for a letter asking to collect data in the Sir Salimullah Medical College Mitford Hospital, Dhaka, Bangladesh.



2. The researcher contacted the Nursing Superintendent and hospital Director of the selected hospital. She informed them about the study objectives, methods and benefits and asked for permission to collect data from the hospital.

3. The researcher collected a list of names of nurses and selected a sample through systematic random sampling from the nurses who met the inclusion criteria.

4. The researcher introduced herself and the study to nurse in-charge of each ward, and explained to them the purpose of the study and asked for permission to collect data from the subjects.

#### *Implementation phase*

1. The researcher met and introduced herself to the subjects in each unit/ward through the nurse in charge of the ward and explained to the subjects about the study objectives, their rights and the benefits of the study and asked them to participate in the study.

2. The researcher obtained verbal informed consent from each subject after she/he agreed to participate in the study.

3. The researcher distributed a set of questionnaires including the Demographic Data Questionnaire (DDQ), and the Nurse Supervisors' Moral Behaviours Questionnaire (NSMBQ) directly to the 190 subjects. She explained the questionnaires clearly and requested them to fill in the questionnaire within one week and return the filled questionnaire to the nurse in charge of the ward.

4. The researcher collected the completed questionnaires after one week from the nurses in charge. However, some nurses returned their completed questionnaires to the researcher directly on the same day of distribution.

*Data Analysis:*

Data were processed by using computer program. Descriptive and inferential statistical analyses were conducted.

1. Demographic data were analyzed by descriptive statistics using frequency (N), percentages (%), means (M), and standard deviations (SD).

2. The levels of the nurses' expectation and perception of moral behaviors of nurse supervisors were analyzed by descriptive statistics using means and standard deviations.

3. The researcher planned to use paired t-test to compare the differences between nurses' expectation and perception. However, the data set did not meet the assumptions of the test. The Wilcoxon Signed Ranks Test was used to test the differences between mean ranks of nurses' expectation and perception of moral behaviors of nurse supervisors. This statistical process was selected because the dataset of the nurses' expectation was negatively skewed to a high degree. This was due to the very small variability in the data as most subjects rated their expectation at high scores (3 to 4). Attempts were made to transform the abnormal data using square roots and logs but the distribution was still not normal. Therefore, the decision was made to use non-parametric tests instead.

## CHAPTER 4

### RESULTS AND DISCUSSION

This descriptive study was conducted to identify the levels of nurses' expectation and perception of moral behaviors of nurse supervisors and to compare the differences between nurses' expectation and perception on moral behaviors of nurse supervisors in Bangladesh. The results of this study are presented as follows:

1. Personal characteristics of the subjects.
2. Nurses' Expectation and Perception of Moral Behaviors of Nurse Supervisors to Nurses
3. Nurses' Expectation and Perception of Moral Behaviors of Nurse Supervisors to Patients
4. Comparison between nurses' expectation and perception on moral behaviors of nurse supervisors.

#### *Results*

##### *1. Personal Characteristics of the Subjects*

The subjects participating in this study were one-hundred seventy seven registered nurses. Most of the nurses were female (95%). The average age of the subjects was approximately 40 (SD = 5.87) years. Sixty percent were Muslim, thirty-four percent were Hindu and six percent were Christian. Most of the subjects had a diploma in nursing (90%) followed by bachelor degree (8%) and master's (1%). The average length of experience in the nursing service of the nurses in the hospital was 11 years with a range from 1 to 30 years. Only two percent had received ethics training (see Table 1).

Table 1

*Frequency and Percentage of the Nurses' Characteristics (N = 177)*

| Characteristics   | Frequency | Percentage |
|---|-----------|------------|
| Age (M = 39.66 years, SD = 5.87)  |           |            |
| 26-34 years   | 38        | 21.5       |
| 35-44 years   | 99        | 55.9       |
| 45-55 years   | 40        | 22.6       |
| Gender  |           |            |
| Male  | 9         | 5.1        |
| Female  | 168       | 94.9       |
| Marital status  |           |            |
| Single  | 8         | 4.5        |
| Married   | 165       | 93.2       |
| Widowed   | 4         | 2.3        |
| Religion  |           |            |
| Muslim  | 106       | 59.9       |
| Hindu   | 61        | 34.5       |
| Christian   | 10        | 5.6        |
| Professional Education Level  |           |            |
| Diploma   | 160       | 90.4       |
| Bachelor  | 15        | 8.5        |
| Masters   | 2         | 1.1        |
| Length of experience in nursing service in the hospital<br>(M = 11.49 years, SD = 7.26) |           |            |
| 1-10 years  | 89        | 50.3       |
| 11-20 years   | 60        | 33.9       |
| 21-30 years   | 28        | 15.8       |
| Training in Ethics  |           |            |
| Yes   | 4         | 2.3        |
| No  | 173       | 97.7       |

Nurses' expectation and perception of Moral behaviors of nurse supervisors were categorized into two sub-categories, namely their behavior to *nurses* and to *patients*. The findings are presented as follows:

## *2. Nurses' Expectation and Perception of Moral Behaviors of Nurse Supervisors to Nurses*

The mean total score of nurses' expectation of moral behaviors of nurse supervisors to nurses was at a high level ( $M = 3.94$ ,  $SD = 0.26$ ). Each dimension was also at a high level with mean scores ranging from 3.89 to 3.96. The three dimensions with highest mean scores were 'maintaining confidentiality' ( $M = 3.96$ ,  $SD = 0.17$ ), 'respecting autonomy' ( $M = 3.95$ ,  $SD = 0.22$ ), and 'providing benefit' ( $M = 3.94$ ,  $SD = 0.24$ ) (see Table 2).

The mean total score of nurses' perception of moral behaviors of nurse supervisors to nurses was also at a high level ( $M = 2.76$ ,  $SD = 0.44$ ). For each dimension it was found that the mean score of 'providing benefit' and 'avoiding harm' were at a moderate level and another four dimensions were at a high level. The three dimensions with the highest mean scores were 'telling the truth' ( $M = 3.05$ ;  $SD = 0.56$ ), 'maintaining confidentiality' ( $M = 3.00$ ,  $SD = 0.46$ ), and 'respecting autonomy' ( $M = 2.95$ ,  $SD = 0.55$ ). The lowest mean score was obtained for 'providing benefit' ( $M=2.25$ ,  $SD= 0.63$ ) which was at a moderate level (see Table 2).

Table 2

*Means, Standard Deviations, and Levels of Nurses' Expectation and Perception of Moral Behaviors of Nurse Supervisors to Nurses (N = 177)*

| Moral Behaviors of Nurse Supervisors to Nurses | Nurses' Expectation |       | Nurses' Perception |          |
|--|---------------------|-------|--------------------|----------|
|  | M (SD)              | Level | M (SD)             | Level    |
| 1. Maintaining confidentiality                 | 3.96 (0.17)         | High  | 3.00 (0.46)        | High     |
| 2. Respecting autonomy                         | 3.95 (0.22)         | High  | 2.95 (0.55)        | High     |
| 3. Providing benefit                           | 3.94 (0.24)         | High  | 2.25 (0.63)        | Moderate |
| 4. Maintaining equality                        | 3.94 (0.33)         | High  | 2.91 (0.77)        | High     |
| 5. Telling the truth                           | 3.94 (0.27)         | High  | 3.05 (0.56)        | High     |
| 6. Avoiding harm                               | 3.89 (0.39)         | High  | 2.38 (0.52)        | Moderate |
| Total scores                                   | 3.94 (0.26)         | High  | 2.76 (0.44)        | High     |

*2.1 Nurses' expectations and perceptions of moral behavior of nurse supervisors regarding maintaining confidentiality of nurses.*

Mean scores of nurses' expectation of moral behaviors of nurse supervisors regarding maintaining the confidentiality of nurses were at a high level in all items. In considering each item, it was found that the three items with the highest mean scores were 'maintain nurses' annual confidential report with trust' (M = 3.99, SD = 0.10), 'do not allow unauthorized persons to access nurses' confidential records' (M = 3.98, SD = 0.12) and 'keep nurses' personal information confidential' (M = 3.98, SD = 0.21) (see Table 3).

For nurses' perception of moral behaviors of nurse supervisors regarding maintaining the confidentiality of nurses, the results showed that the mean scores of four items were at a high level. Among these items, the three items with the highest mean scores were 'do not allow unauthorized persons to access nurses', confidential

records' (M = 3.56, SD = 0.69), 'maintain nurses' annual confidential report with trust' (M = 3.50, SD = 0.79), and 'keep nurses' personal information confidential' (M = 3.37, SD = 0.77). Three of the seven items were at a moderate level. The item that received the lowest mean score was 'encourage nurses to keep their colleagues' personal information confidential' (M = 2.47, SD = 0.76) (see Table 3).

Table 3

*Means, Standard Deviations and Levels of Nurses' Expectation and Perception of Moral Behaviors of Nurse Supervisors Regarding Maintaining Confidentiality of Nurses (N = 177)*

| Maintaining Confidentiality of Nurses   | Nurses' Expectation |       | Nurses' Perception |          |
|---|---------------------|-------|--------------------|----------|
|   | M (SD)              | Level | M (SD)             | Level    |
| 1. Maintain nurses' annual confidential report with trust                       | 3.99 (0.10)         | High  | 3.50 (0.77)        | High     |
| 2. Do not allow unauthorized persons to access nurses' confidential records     | 3.98 (0.12)         | High  | 3.56 (0.69)        | High     |
| 3. Keep nurses' personal information confidential                               | 3.98 (0.21)         | High  | 3.37 (0.77)        | High     |
| 4. Feedback nurses who disclose confidential information                        | 3.97 (0.23)         | High  | 2.56 (0.70)        | Moderate |
| 5. Set procedures to keep nurses' confidential records                          | 3.96 (0.24)         | High  | 2.95 (0.76)        | High     |
| 6. Encourage nurses to keep their colleagues' personal information confidential | 3.95 (0.27)         | High  | 2.47 (0.76)        | Moderate |
| 7. Provide counseling to nurses who need help in private place                  | 3.94 (0.28)         | High  | 2.59 (0.67)        | Moderate |

*2.2 Nurses' expectation and perception of moral behaviors of nurse supervisors regarding respecting autonomy of nurses*

Mean scores of all items of nurses' expectation on moral behaviors of nurse supervisors regarding respecting autonomy of nurses were at a high level. The three items with the highest mean scores were 'allow nurses to participate in decision-making' (M = 3.98, SD = 0.21), 'listen to nurses' opinion' (M = 3.97, SD = 0.21), and 'support nurses to perform activities related to their values/beliefs/culture' (M = 3.97, SD = 0.23) (see Table 4).

Mean scores of all items of nurses' perception on moral behaviors of nurse supervisors regarding respecting autonomy of nurses were at a high level. Among these items, the items that received the three highest mean scores were 'appreciate nurses' value, belief and religion' (M = 3.27, SD = 0.71), 'support nurses to perform activities related to their values/beliefs/culture' (M = 3.24, SD = 0.82), and 'allow nurses to participate in organization's activities' (M = 3.10, SD = 0.76) (see Table 4).

Table 4

*Means, Standard Deviations and Levels of Nurses' Expectation and Perception of Moral behaviors of Nurse Supervisors Regarding Respecting Autonomy of Nurses (N=177)*

| Respecting Autonomy of Nurses   | Nurses' Expectation |       | Nurses' Perception |       |
|---|---------------------|-------|--------------------|-------|
|   | M (SD)              | Level | M (SD)             | Level |
| 1. Allow nurses to participate in decision-making                               | 3.98 (0.21)         | High  | 2.92 (0.78)        | High  |
| 2. Listen to nurses' opinion  | 3.97 (0.21)         | High  | 2.85 (0.76)        | High  |
| 3. Support nurses to perform activities related to their values/beliefs/culture | 3.97 (0.23)         | High  | 3.24 (0.82)        | High  |



Table 4 (continued)

| Respecting Autonomy of Nurses                                      | Nurses' Expectation |       | Nurses' Perception |       |
|--|---------------------|-------|--------------------|-------|
|  | M (SD)              | Level | M (SD)             | Level |
| 4. Appreciate nurses' value, belief and religion                   | 3.96 (0.24)         | High  | 3.27 (0.71)        | High  |
| 5. Provide adequate information to all nurses                      | 3.95 (0.27)         | High  | 2.89 (0.75)        | High  |
| 6. Allow nurses to participate in organization's activities        | 3.94 (0.27)         | High  | 3.10 (0.76)        | High  |
| 7. Allow nurses to discuss/provide suggestion openly               | 3.94 (0.32)         | High  | 2.80 (0.76)        | High  |
| 8. Assign tasks based on nurses' values/beliefs/ culture/ religion | 3.93 (0.29)         | High  | 2.69 (0.77)        | High  |
| 9. Recognize nurses in their success                               | 3.92 (0.43)         | High  | 2.88 (0.85)        | High  |

*2.3 Nurses' expectation and perception on moral behaviors of nurse supervisors regarding providing benefit to nurses*

Mean scores of all items of nurses' expectation on moral behaviors of nurse supervisors regarding providing benefit to nurses were at a high level. Among these items, the items that received the three highest mean scores were 'provide emotional support to nurses' (M = 3.97, SD = 0.23), 'Guide nurses when dealing with ethical dilemmas' (M = 3.95, SD = 0.25), and 'assign appropriate workload to nurses' (M = 3.94, SD = 0.26) (see Table 5).

Mean scores of all items of nurses' perception on moral behaviors of nurse supervisors regarding providing benefit to nurses were at a moderate level except one item that received the highest mean score was 'provide emotional support

to nurses' ( $M = 2.77$ ,  $SD = 0.94$ ) was at a high level. The item with the second highest mean score which was at a moderate level was 'assign appropriate workload to nurses' ( $M = 2.42$ ,  $SD = 0.83$ ). The two items with the lowest mean scores were 'encourage nurses to obtain up to-date knowledge' ( $M = 2.03$ ,  $SD = 0.86$ ) and 'share knowledge and experiences with nurses' ( $M = 2.02$ ,  $SD = 0.82$ ) (see Table 5).

Table 5

*Means, Standard Deviations and Levels of Nurses' Expectation and Perception of Moral behaviors of Nurse Supervisors Regarding Providing Benefit to Nurses (N = 177)*

| Providing Benefit to Nurses                                | Nurses' Expectation |       | Nurses' Perception |          |
|--|---------------------|-------|--------------------|----------|
|  | M (SD)              | Level | M (SD)             | Level    |
| 1. Provide emotional support to nurses                     | 3.97 (0.23)         | High  | 2.77 (0.94)        | High     |
| 2. Guide nurses when dealing with ethical dilemmas         | 3.95 (0.25)         | High  | 2.19 (0.92)        | Moderate |
| 3. Assign appropriate workload to nurses                   | 3.94 (0.26)         | High  | 2.42 (0.83)        | Moderate |
| 4. Assist nurses in providing care to complicated patients | 3.94 (0.27)         | High  | 2.19 (0.92)        | Moderate |
| 5. Give proper guide to nurses in providing quality care   | 3.94(0.28)          | High  | 2.29 (0.79)        | Moderate |
| 6. Provide appropriate and supportive feedback to nurses   | 3.94 (0.30)         | High  | 2.33 (0.74)        | Moderate |
| 7. Encourage nurses to obtain up to-date knowledge         | 3.94 (0.31)         | High  | 2.02 (0.86)        | Moderate |
| 8. Share knowledge and experiences with nurses             | 3.94 (0.33)         | High  | 2.02 (0.82)        | Moderate |
| 9. Assign tasks to nurses based on their competency        | 3.94 (0.33)         | High  | 2.31 (0.89)        | Moderate |

Table 5 (continued)

| Providing Benefit to Nurses                    | Nurses' Expectation |       | Nurses' Perception |          |
|--|---------------------|-------|--------------------|----------|
|  | M (SD)              | Level | M (SD)             | Level    |
| 10. Provide safety environment<br>in workplace | 3.91 (0.38)         | High  | 2.04 (0.88)        | Moderate |

*2.4 Nurses' expectation and perception of moral behaviors of nurse supervisors regarding maintaining equality of nurses*

Mean scores of all items of nurses' expectation of moral behaviors of nurse supervisors regarding maintaining equality of nurses were at a high level. The three items with the highest mean scores were 'maintain fair relationship with all nurses' (M = 3.95, SD = 0.31), 'promote nurses based on performance' (M = 3.95, SD = 0.34), and 'assign workload to nurses in the unit equally' (M = 3.94, SD = 0.34) (see Table 6).

Mean scores of all items of nurses' perception of moral behaviors of nurse supervisors regarding maintaining equality to nurses were at a high level. The three items with the highest mean scores were 'assign workload to nurses in the unit equally' (M = 3.04, SD = 0.85) 'maintain fair relationship with all nurses' (M = 2.93, SD = 0.79), and 'promote nurses based on performance' (M = 2.88, SD = 0.90) (see Table 6).

Table 6

*Means, Standard Deviations and Levels of Nurses' Expectation and Perception of Moral Behaviors Regarding Maintaining Equality of Nurses (N=177)*

| Maintaining Equality of Nurses                   | Nurses' Expectation |       | Nurses' Perception |       |
|--|---------------------|-------|--------------------|-------|
|  | M (SD)              | Level | M (SD)             | Level |
| 1. Maintain fair relationship with all nurses    | 3.95 (0.31)         | High  | 2.93 (0.79)        | High  |
| 2. Promote nurses based on performance           | 3.95 (0.34)         | High  | 2.88 (0.90)        | High  |
| 3. Assign workload to nurses in the unit equally | 3.94 (0.34)         | High  | 3.04 (0.85)        | High  |
| 4. Treat every nurse with fairness               | 3.94 (0.39)         | High  | 2.85 (0.88)        | High  |
| 5. Give rewards to nurses fairly                 | 3.93 (0.44)         | High  | 2.88 (1.02)        | High  |

### *2.5 Nurses' expectation and perception of moral behaviors of nurse*

#### *supervisors regarding telling the truth to nurses*

Mean scores of all items of nurses' expectation of moral behaviors of nurse supervisors regarding telling the truth to nurses were at a high level. Among these items, the three items with the highest mean scores were 'tell nurses about their bad news with empathy' (M = 3.98, SD = 0.12), 'provide truthful and same information to all parties' (M = 3.95, SD = 0.27) and 'evaluate nurses' feelings and reactions after telling bad news' (M = 3.94, SD = 0.34) (see Table 7).

Mean scores of all items of nurses' perception of moral behaviors of nurse supervisors regarding telling the truth to nurses were also at a high level. Among these items, three items that received highest mean scores were 'tell nurses about their bad news with empathy' (M = 3.37, SD = 0.70), 'provide truthful and

same information to all parties' (M = 3.10, SD = 0.81), and 'evaluate nurses' feelings and reactions after telling bad news' (M = 3.06, SD = 0.60) (see Table 7).

Table 7  
*Means, Standard Deviations and Levels of Nurses' Expectation and Perception of Moral Behaviors of Nurse Supervisors Regarding Telling the Truth to Nurses (N=177)*

| Telling the Truth to Nurses                                       | Nurses' Expectation |       | Nurses' Perception |       |
|---|---------------------|-------|--------------------|-------|
|   | M (SD)              | Level | M (SD)             | Level |
| 1. Tell nurses about their bad news with empathy                  | 3.98 (0.12)         | High  | 3.37 (0.70)        | High  |
| 2. Provide truthful and same information to all parties           | 3.95 (0.27)         | High  | 3.10 (0.81)        | High  |
| 3. Evaluate nurses' feelings and reactions after telling bad news | 3.94(0.34)          | High  | 3.06 (0.60)        | High  |
| 4. Provide truthful information to nurses                         | 3.93 (0.34)         | High  | 2.94 (0.78)        | High  |
| 5. Feedback nurses' performance with truth and reason             | 3.93 (0.36)         | High  | 2.81 (0.77)        | High  |

### *2.6 Nurses' expectation and perception of moral behaviors of nurse supervisors regarding avoiding harm of nurses*

Mean scores of all items of nurses' expectation of moral behaviors of nurse supervisors regarding avoiding harm of nurses were at a high level. Three items that received the highest mean scores were 'do not blame nurses with impolite words' (M = 3.95, SD = 0.30), 'set system to identify/monitor risks of nurses in workplace' (M = 3.93, SD = 0.29), and 'do not assign tasks with high risks without adequate preventive measures' (M = 3.92, SD = 0.41) (see Table 8).

Mean scores of all items of nurses' perception of moral behaviors of nurse supervisors regarding avoiding harm of nurses were at a moderate level except one item which was at a high level was 'do not blame nurses with impolite words' (M = 3.18, SD = 0.80). The item that received the second highest mean score which was at a moderate level was 'do not transfer guilty to nurses in any mistakes' (M = 2.56, SD = 0.89). In addition, the two items that received the lowest mean scores were 'set system to identify/monitor risks of nurses in workplace' (M = 2.07, SD = 0.84) and 'do not assign tasks with high risks without adequate preventive measures' (M = 1.97, SD = 0.85) (see Table 8).

Table 8

*Means, Standard Deviations and Levels of Nurses' Expectation and Perception of Moral Behaviors of Nurse Supervisors Regarding Avoiding Harm of Nurses (N=177)*

| Avoiding Harm of Nurses   | Nurses' Expectation |       | Nurses' Perception |          |
|---|---------------------|-------|--------------------|----------|
|   | M (SD)              | Level | M (SD)             | Level    |
| 1. Do not blame nurses with impolite words                                  | 3.95 (0.30)         | High  | 3.18 (0.80)        | High     |
| 2. Set system to identify/monitor risks of nurses in workplace              | 3.93 (0.29)         | High  | 2.07 (0.84)        | Moderate |
| 3. Do not assign tasks with high risks without adequate preventive measures | 3.92 (0.41)         | High  | 1.97 (0.85)        | Moderate |
| 4. Do not delegate tasks beyond nurses' ability                             | 3.89 (0.45)         | High  | 2.24 (0.84)        | Moderate |
| 5. Do not put too much workload on nurses                                   | 3.85 (0.57)         | High  | 2.29 (0.82)        | Moderate |
| 6. Do not transfer guilty to nurses in any mistakes                         | 3.83 (0.60)         | High  | 2.56 (0.89)        | Moderate |

3. *Nurses' expectation and perception of moral behaviors of nurse supervisors to patients*

The mean total score of nurses' expectations of moral behavior of nurse supervisors to patients was at a high level ( $M = 3.95$ ,  $SD = 0.19$ ). Each dimension was also at a high level. The top three mean scores were 'telling the truth' ( $M = 3.97$ ,  $SD = 0.11$ ), 'maintaining equality' ( $M = 3.96$ ,  $SD = 0.20$ ) and 'avoiding harm' ( $M = 3.95$ ,  $SD = 0.18$ ) (see Table 9).

The mean total score of nurses' perception of moral behaviors of nurse supervisors to patients was at a high level ( $M = 2.84$ ,  $SD = 0.44$ ). All dimensions were at a high level except one which was 'providing benefit' which was at a moderate level ( $M = 2.22$ ,  $SD = 0.66$ ). Among the six dimensions, the top three highest mean scores were 'maintaining equality' ( $M = 3.30$ ,  $SD = 0.63$ ), 'telling the truth' ( $M = 3.10$ ,  $SD = 0.61$ ), and 'avoiding harm' ( $M = 2.87$ ,  $SD = 0.51$ ) (see Table 9).

Table 9

*Means, Standard Deviations, and Levels of Nurses' Expectation and Perception of Moral Behaviors of Nurse Supervisors to Patients (N = 177)*

| Moral Behaviors of Nurse Supervisors to Patients | Nurses' Expectation |       | Nurses' Perception |          |
|--|---------------------|-------|--------------------|----------|
|  | M (SD)              | Level | M (SD)             | Level    |
| 1. Telling the truth                             | 3.97 (0.11)         | High  | 3.10 (0.61)        | High     |
| 2. Maintaining equality                          | 3.96 (0.20)         | High  | 3.30 (0.63)        | High     |
| 3. Avoiding harm                                 | 3.95 (0.18)         | High  | 2.87 (0.51)        | High     |
| 4. Maintaining confidentiality                   | 3.95 (0.24)         | High  | 2.84 (0.56)        | High     |
| 5. Respecting autonomy                           | 3.94 (0.23)         | High  | 2.71 (0.64)        | High     |
| 6. Providing benefit                             | 3.92 (0.26)         | High  | 2.22 (0.66)        | Moderate |
| Total score                                      | 3.95 (0.19)         | High  | 2.84 (0.44)        | High     |

*3.1 Nurses' expectation and perception of nurse supervisors' moral behaviors regarding telling the truth to patients*

Mean scores of all items of nurses' expectation of moral behaviors of nurse supervisors regarding truth telling to patients were at a high level. Among these items, the three items with the highest mean scores were 'use clear and simple terms when telling the truth to patients' (M = 3.99, SD = 0.22), 'tell patients about their bad news with empathy' (M = 3.98, SD = 0.18), and 'evaluate patients' feelings and reactions after telling bad news to them' (M = 3.98, SD = 0.19) (see Table 10).

Mean scores of all items of nurses' perception of moral behaviors of nurse supervisors regarding truth telling to patients were also at a high level. Among these items, the three items with the highest mean score were 'speak truthfully to patients' (M = 3.47, SD = 0.73), 'tell patients about their bad news with empathy' (M = 3.21, SD = 0.78), and 'use clear and simple terms when telling the truth to patients' (M = 3.08, SD = 0.71) (see Table 10).

Table 10

*Means, Standard Deviations and Levels of Nurses' Expectation and Perception of Moral Behaviors of Nurse Supervisors Regarding Telling the Truth to Patients (N=177)*

| Telling the Truth to Patients   | Nurses' Expectation |       | Nurses' Perception |       |
|---|---------------------|-------|--------------------|-------|
|   | M (SD)              | Level | M (SD)             | Level |
| 1. Use clear and simple terms when telling the truth to patients            | 3.99 (0.22)         | High  | 3.08 (0.71)        | High  |
| 2. Tell patients about their bad news with empathy                          | 3.98 (0.18)         | High  | 3.21 (0.78)        | High  |
| 3. Evaluate patients' feelings and reactions after telling bad news to them | 3.98 (0.19)         | High  | 3.05 (0.77)        | High  |



Table 10 (continued)

| Telling the Truth to Patients   | Nurses' Expectation |       | Nurses' Perception |       |
|---|---------------------|-------|--------------------|-------|
|   | M (SD)              | Level | M (SD)             | Level |
| 4. Provide accurate information to the patients about their disease condition | 3.97 (0.07)         | High  | 2.76 (0.82)        | High  |
| 5. Provide accurate information to the patients about hospital supplied       | 3.97 (0.12)         | High  | 3.07 (0.84)        | High  |
| 6. Speak truthfully to patients   | 3.97 (0.18)         | High  | 3.47 (0.73)        | High  |

*3.2 Nurses' expectation and perception on moral behaviors of nurse supervisors regarding maintaining equality of patients*

Mean scores of all items of nurses' expectation of moral behaviors of nurse supervisors regarding maintaining equality to patients were at a high level. Three items with highest mean scores were 'treat every patient regardless of their diseases' (M = 3.98, SD = 0.12), 'treat every patient equally regardless of their religion' (M = 3.97, SD = 0.16), and 'treat every patient equally regardless of their age and gender' (M = 3.97, SD = 0.19) (see Table 11).

Mean scores of all items of nurses' perception on moral behaviors of nurse supervisors regarding maintaining equality of patients were at a high level except one item which was 'supervise, monitor and ensure equal care' (M = 2.53, SD = 0.95) was at a moderate level. Three items with highest mean scores were 'treat every patient equally regardless of their religion' (M = 3.52, SD = 0.79), 'treat every patient equally regardless of their social status' (M = 3.50, SD = 0.75) and 'provide fair distribution of resources to each patient' (M = 3.47, SD = 0.74) (see Table 11).

Table 11

*Means, Standard Deviations and Levels of Nurses' Expectation and Perception of Moral Behaviors of Nurse Supervisors Regarding Maintaining Equality of Patients (N=177)*

| Maintaining Equality of Patients                                  | Nurses' Expectation |       | Nurses' Perception |          |
|---|---------------------|-------|--------------------|----------|
|   | M (SD)              | Level | M (SD)             | Level    |
| 1. Treat every patient regardless of their diseases               | 3.98 (0.12)         | High  | 3.41 (0.82)        | High     |
| 2. Treat every patient equally regardless of their religion       | 3.97 (0.16)         | High  | 3.52 (0.79)        | High     |
| 3. Treat every patient equally regardless of their age and gender | 3.97 (0.19)         | High  | 3.40 (0.81)        | High     |
| 4. Treat every patient equally regardless of their social status  | 3.95 (0.27)         | High  | 3.50 (0.75)        | High     |
| 5. Provide fair distribution of resources to each patient         | 3.94 (0.35)         | High  | 3.47 (0.74)        | High     |
| 6. Supervise, monitor and ensure equal care                       | 3.94 (0.36)         | High  | 2.53 (0.95)        | Moderate |

### *3.3 Nurses' expectation and perception on moral behaviors of nurse supervisors regarding maintaining confidentiality of patients*

Mean scores of all items of nurses' expectation of moral behaviors of nurse supervisors regarding maintaining confidentiality of patients were at a high level. Three items with highest mean scores were 'keep patients' personal information confidential' (M = 3.97, SD = 0.23), 'do not allow unauthorized persons to access patient's records' (M = 3.97, SD = 0.25), and 'discuss with patients/families about their secrets in private place' (M = 3.96, SD = 0.26) (see Table 12).

For nurses' perception of moral behaviors of nurse supervisors regarding maintaining confidentiality of patients, it was found that the mean scores of three of six items were at a high level. The two items with the highest mean scores were 'do not allow unauthorized persons to access patient's records' (M = 3.46, SD = 0.78), and 'keep patients' personal information confidential' (M = 3.38, SD = 0.73). Three items with the mean scores at a moderate levels were 'set procedures to patients' records confidential' (M = 2.37, SD = 0.88), 'monitor and ensure to patients' privacy properly' (M = 2.37, SD = 0.84), and 'ensure the nurses to protect patients' information in confidential manner' (M = 2.35, SD = 0.91) (see Table 12).

Table 12

*Means, Standard Deviations and Levels of Nurses' Expectation and perception of Moral Behaviors of Nurse Supervisors Regarding Maintaining Confidentiality of Patients (N=177)*

| Maintaining Confidentiality<br>of Patients   | Nurses' Expectation |       | Nurses' Perception |          |
|--|---------------------|-------|--------------------|----------|
|  | M (SD)              | Level | M (SD)             | Level    |
| 1. Keep patients' personal<br>information confidential                             | 3.97 (0.23)         | High  | 3.38 (0.73)        | High     |
| 2. Do not allow unauthorized persons<br>to access patient's records                | 3.97 (0.25)         | High  | 3.46 (0.78)        | High     |
| 3. Discuss with patients/families<br>about their secrets in private place          | 3.96 (0.26)         | High  | 3.12 (0.74)        | High     |
| 4. Set procedures to patients'<br>records confidential                             | 3.96 (0.26)         | High  | 2.37 (0.88)        | Moderate |
| 5. Ensure the nurses to protect<br>patients' information in<br>confidential manner | 3.95 (0.25)         | High  | 2.35 (0.91)        | Moderate |
| 6. Monitor and ensure to patients'<br>privacy properly                             | 3.95 (0.28)         | High  | 2.37 (0.84)        | Moderate |

*3.4 Nurses' expectation and perception of moral behaviors of nurse supervisors regarding avoiding harm of patients*

Mean scores of all items of nurses' expectation of moral behaviors of nurse supervisors regarding avoiding harm of patients were at a high level. The item that received the highest mean scores was 'do not neglect patients' (M = 3.99, SD = 0.10). In addition, two items that received the second highest mean scores were 'do not speak impolitely to patients/families' and 'do not place patients to any risks' (M = 3.98, SD = 0.14) (see Table 13).

For nurses' perception of moral behaviors of nurse supervisors regarding avoiding harm to patients, it was found that the mean scores of four items were at a high level. The items with two highest mean scores were 'do not speak impolitely to patients/families' (M = 3.50, SD = 0.77), and 'do not neglect patients' (M = 3.21, SD = 0.73). Two items with the mean scores at moderate level were 'do not place patients to any risks' (M = 2.60, SD = 0.76) and 'monitor risks/harm to patients' (M = 1.85, SD = 0.92) (see Table 13).

Table 13

*Means, Standard Deviations and Levels of Nurses' Expectation and Perception Moral Behaviors of Nurse Supervisors Regarding Avoiding Harm of Patients (N=177)*

| Avoiding Harm of Patients                         | Nurses' Expectation |       | Nurses' Perception |          |
|---|---------------------|-------|--------------------|----------|
|   | M (SD)              | Level | M (SD)             | Level    |
| 1. Do not neglect patients                        | 3.99 (0.10)         | High  | 3.21 (0.73)        | High     |
| 2. Do not speak impolitely to patients/families   | 3.98 (0.14)         | High  | 3.50 (0.77)        | High     |
| 3. Do not place patients to any risks             | 3.98 (0.14)         | High  | 2.60 (0.76)        | Moderate |
| 4. Do not cause physical pain when providing care | 3.94 (0.19)         | High  | 3.07 (0.71)        | High     |

*Table 13 (continued)*

| Avoiding Harm of Patients                           | Nurses' Expectation |       | Nurses' Perception |          |
|---|---------------------|-------|--------------------|----------|
|   | M (SD)              | Level | M (SD)             | Level    |
| 5. Monitor risks/harm to patients                   | 3.93 (0.37)         | High  | 1.85 (0.92)        | Moderate |
| 6. Do not blame patients when they do not cooperate | 3.89 (0.48)         | High  | 3.03 (0.87)        | High     |

*3.5 Nurses' expectation and perception of moral behaviors of nurse supervisors regarding respecting autonomy of patients*

Mean scores of all items of nurses' expectation of moral behaviors of nurse supervisors regarding respecting autonomy to patients were at a high level. The three items with the highest mean scores were 'allow patients/families to participate in patients' treatment' (M = 3.96, SD = 0.24), listen to patients' complains with willingness to help them' (M = 3.94, SD = 0.27), and 'respect patients' beliefs, religion, and culture' (M = 3.94, SD = 0.29) (see Table 14).

For nurses' perception, it was found that the mean scores of three items were at a high level. The two items with the highest mean scores were 'respect patients' beliefs, religion, and culture' (M = 3.02, SD = 0.83), and 'allow patients/families to participate in patients' treatment' (M = 2.79, SD = 0.75). The three items with the mean scores at a moderate level included 'accept patients/families decisions regarding patients' treatment/care' (M = 2.66, SD = 0.70), 'perform interventions to patients after their permission' (M = 2.60, SD = 0.77) and 'explain about treatment/care before providing it to patients' (M = 2.49, SD = 0.82) (see Table 14).

Table 14

*Means, Standard Deviations and Levels of Nurses' Expectation and Perception of Moral Behaviors of Nurse Supervisors Regarding Respecting Autonomy of Patients (N=177)*

| Respecting Autonomy of patients  | Nurses' Expectation |       | Nurses' Perception |          |
|--|---------------------|-------|--------------------|----------|
|  | M (SD)              | Level | M (SD)             | Level    |
| 1. Allow patients/families to participate in patients' treatment         | 3.96 (0.24)         | High  | 2.79 (0.75)        | High     |
| 2. Listen to patients' complaints with willingness to help them          | 3.94 (0.27)         | High  | 2.75 (0.83)        | High     |
| 3. Respect patients' beliefs, religion, and culture                      | 3.94 (0.29)         | High  | 3.02 (0.83)        | High     |
| 4. Accept patients/families decisions regarding patients' treatment/care | 3.93 (0.29)         | High  | 2.66 (0.70)        | Moderate |
| 5. Perform interventions to patients after their permission              | 3.93 (0.29)         | High  | 2.60 (0.77)        | Moderate |
| 6. Explain about treatment/care before providing it to patients          | 3.93 (.31)          | High  | 2.49 (0.82)        | Moderate |

*3.6 Nurses' expectation and perception of moral behaviors of nurse supervisors regarding providing benefit to patients*

Mean score of all items of nurses' expectation of moral behavior of nurse supervisors regarding providing benefit to patients were at a high level. The item with the highest mean scores was 'monitor quality of patient care' (M = 3.97, SD = 0.21).in addition, two items that received the second highest mean scores were 'perform direct care to patients' and 'provide adequate number of nurses' (M = 3.94, SD = 0.30) (see Table 15).

Mean scores of all items of nurses' perception of moral behaviors of nurse supervisors regarding providing benefit to patients were at a moderate level. Three items with the highest mean scores were 'provide emotional support to patients' (M = 2.51, SD = 0.85), 'ensure about providing adequate supplies' (M = 2.29, SD = 0.86) and 'provide adequate number of nurses' (M = 2.26, SD = 0.79) (see Table 15).

Table 15  
*Means, Standard Deviations and Levels of Nurses' Expectation and Perception of Moral Behaviors of Nurse Supervisors Regarding Providing Benefit to Patients (N=177)*

| Providing Benefit to patients               | Nurses' Expectation |       | Nurses' Perception |          |
|---|---------------------|-------|--------------------|----------|
|   | M (SD)              | Level | M (SD)             | Level    |
| 1. Monitor quality of patient care          | 3.97 (0.21)         | High  | 2.24 (0.96)        | Moderate |
| 2. Perform direct care to patients          | 3.94 (0.30)         | High  | 1.94 (1.01)        | Moderate |
| 3. Provide adequate number of nurses        | 3.94 (0.30)         | High  | 2.26 (0.79)        | Moderate |
| 4. Ensure about providing adequate supplies | 3.93 (0.31)         | High  | 2.29 (0.86)        | Moderate |
| 5. Provide emotional support to patients    | 3.93 (0.35)         | High  | 2.51 (0.85)        | Moderate |
| 5. Provide safety environment for patient   | 3.88 (0.47)         | High  | 2.09 (0.88)        | Moderate |

#### *4. Comparison between Nurses' Expectations and Perceptions of Moral Behavior of Nurse Supervisors*

The comparisons in the subcategories of nurses' expectations and perceptions of moral behavior of nurse supervisors were undertaken. The results were as follows:

*4.1 Comparison between nurses' overall expectation and overall perception of moral behaviors of nurse supervisors to nurses*

A comparison between nurses' total expectation and total perception was conducted. The results indicated the significant difference between mean rank of the nurses' total expectations and mean rank of total perceptions of moral behavior of nurse supervisors to nurses. Wilcoxon signed ranks test showed that the mean rank of expectation was significantly higher than the mean rank of perception (87.78 vs. 126.00,  $z = -11.285$ ,  $p < .001$ ) (see Table 16).

Table 16

*Wilcoxon Signed Ranks Test between Nurses' Total Expectation and Total Perception on Moral Behaviors of Nurse Supervisors to Nurses (N = 177)*

| Moral Behaviors of Nurse Supervisors to Nurses | n   | Mean Rank | Sum of ranks | z         |
|--|-----|-----------|--------------|-----------|
| Perceived < Expected                           | 174 | 87.78     | 15274.00     | -11.285** |
| Perceived > Expected                           | 1   | 126.00    | 126.00       |           |
| Perceived = Expected                           | 2   |           |              |           |

\*\* $p < .001$

*4.2 Comparison among dimensions between nurses' expectation and perception of moral behaviors of nurse supervisors to nurses*

Comparisons among the dimensions of nurses' expectation and perception of moral behaviors of nurse supervisors to nurses were undertaken. These included: expected providing benefit against perceived providing benefit; expected avoiding harm against perceived avoiding harm; expected respecting autonomy against perceived respecting autonomy; expected maintaining equality against perceived maintaining equality; expected maintaining confidentiality against



perceived maintaining confidentiality; and expected truth telling against perceived truth telling. The findings indicated significant differences in the mean ranks between each dimension of the expected and perceived moral behaviors of nurse supervisors to nurses with the perception mean rank scores lower than the expectation mean rank scores ( $p < .001$ ) (see Table 17).

Table 17

*Wilcoxon Signed Ranks Test among Dimensions between Nurses' Expectation and Perception on Moral Behaviors of Nurse Supervisors to Nurses (N = 177)*

| Moral Behaviors of Nurse Supervisors to Nurses |                      | n   | Mean Rank | Sum of ranks | z         |
|--|----------------------|-----|-----------|--------------|-----------|
| Providing benefit                              | Perceived < Expected | 173 | 87.66     | 15165.00     | -11.355** |
|  | Perceived > Expected | 1   | 60.00     | 60.00        |           |
|  | Perceived = Expected | 3   |           |              |           |
| Avoiding harm                                  | Perceived < Expected | 171 | 86.55     | 14799.50     | -11.269** |
|  | Perceived > Expected | 1   | 78.50     | 78.50        |           |
|  | Perceived = Expected | 5   |           |              |           |
| Respecting autonomy                            | Perceived < Expected | 172 | 87.40     | 15033.00     | -11.387** |
|  | Perceived > Expected | 1   | 18.00     | 18.00        |           |
|  | Perceived = Expected | 4   |           |              |           |
| Maintaining equality                           | Perceived < Expected | 152 | 76.60     | 11642.50     | -10.506** |
|  | Perceived > Expected | 1   | 138.50    | 138.50       |           |
|  | Perceived = Expected | 24  |           |              |           |
| Maintaining confidentiality                    | Perceived < Expected | 171 | 86.59     | 14807.00     | -11.282** |
|  | Perceived > Expected | 1   | 71.00     | 71.00        |           |
|  | Perceived = Expected | 5   |           |              |           |
| Telling the truth                              | Perceived < Expected | 162 | 81.55     | 13210.50     | -10.838** |
|  | Perceived > Expected | 1   | 155.50    | 155.50       |           |
|  | Perceived = Expected | 14  |           |              |           |

\*\*  $p < .001$

#### 4.3 Comparison between nurses' overall expectation and overall perception on moral behaviors of nurse supervisors to patients

Comparison between nurses' total expectation and total perception on moral behaviors of nurse supervisors to patients was conducted. The results indicated the significant difference of mean ranks between nurses' total expectation and total perception on moral behaviors of nurse supervisors to patients. Wilcoxon signed ranks test showed that the mean rank of expectation was significantly higher than the mean rank of perception (88.93 vs. 12.50,  $z = -11.489$ ,  $p < .001$ ) (see Table 18)

Table 18

*Wilcoxon Signed Ranks Test between Nurses' Total Expectation and Total Perception on Moral Behaviors of Nurse Supervisors to Patients (N = 177)*

| Moral Behaviors of Nurse Supervisors to Patients | n   | Mean Rank | Sum of ranks | z         |
|--|-----|-----------|--------------|-----------|
| Perceived < Expected                             | 175 | 88.93     | 15563.50     | -11.489** |
| Perceived > Expected                             | 1   | 12.50     | 12.50        |           |
| Perceived = Expected                             | 1   |           |              |           |

\*\* $p < .001$

#### 4.4 Comparison among dimensions between nurses' expectation and perception on moral behaviors of nurse supervisors to patients

Comparison among dimensions of nurses' expectation and perception on moral behaviors of nurse supervisors to patients was conducted. The results indicated the significant difference of mean ranks between each dimension of nurses' expectation and perception on moral behaviors of nurse supervisors to patients. Wilcoxon signed ranks test showed that the mean ranks of perceptions were

significantly lower than the mean ranks of expectations ( $p < .001$ ) in all dimensions (see Table 19).

Table 19

*Wilcoxon Signed Ranks Test among Dimensions between Nurses' Expectation and Perception on Moral Behaviors of Nurse Supervisors to Patients (N = 177)*

| Moral Behaviors of Nurse Supervisors to Patients |                      | n   | Mean Rank | Sum of ranks | z         |
|--|----------------------|-----|-----------|--------------|-----------|
| Providing benefit                                | Perceived < Expected | 173 | 87.90     | 15207.00     | -11.424** |
|  | Perceived > Expected | 1   | 18.00     | 18.00        |           |
|  | Perceived = Expected | 3   |           |              |           |
| Avoiding harm                                    | Perceived < Expected | 173 | 87.99     | 15221.50     | -11.450** |
|  | Perceived > Expected | 1   | 3.50      | 3.50         |           |
|  | Perceived = Expected | 3   |           |              |           |
| Respecting autonomy                              | Perceived < Expected | 169 | 85.94     | 14524.50     | -11.303** |
|  | Perceived > Expected | 1   | 10.50     | 10.50        |           |
|  | Perceived = Expected | 7   |           |              |           |
| Maintaining equality                             | Perceived < Expected | 153 | 77.72     | 11890.50     | -11.303** |
|  | Perceived > Expected | 1   | 44.50     | 44.50        |           |
|  | Perceived = Expected | 23  |           |              |           |
| Maintaining confidentiality                      | Perceived < Expected | 168 | 85.14     | 14304.00     | -11.198** |
|  | Perceived > Expected | 1   | 61.00     | 61.00        |           |
|  | Perceived = Expected | 8   |           |              |           |
| Telling the truth                                | Perceived < Expected | 157 | 79.68     | 12509.50     | -10.827** |
|  | Perceived > Expected | 1   | 51.50     | 51.50        |           |
|  | Perceived = Expected | 19  |           |              |           |

\*\*  $p < .001$

### *Discussion*

The aims of this study were to identify the level of nurses' expectation and perception of moral behaviors of nurse supervisors, and to compare the differences between nurses' expectation and perception. The subjects used in this study were 177 nurses recruited by systematic random sampling from the Sir Salimullah Medical College Mitford Hospital (SSMCMH), Dhaka, Bangladesh. This discussion includes: personal characteristics of the subjects; nurses' expectation of moral behavior of nurse supervisors to nurses; nurses' perception of moral behaviors of nurse supervisors to nurses; nurses' expectation of moral behavior of nurse supervisors to patients; nurses' perception of moral behaviors of nurse supervisors to patients; and comparison between nurses' expectation and perception of moral behavior of nurse supervisors to nurses and to patients.

### *Personal Characteristics of the Subjects*

Most of the subjects were female (95 %) and aged in the range 26 to 55 years. As found in many other countries in the world, the majority of Bangladeshi nurses are female. This is because mostly female students are recruited for admission to the Diploma Nursing Course in the nursing institutes. Furthermore, the nursing profession all over the world seems to give preference to recruiting female to enter the profession. Females are seen to be more likely to show caring behavior, when compared with their male counterparts. Cooper (2005) has suggested that nursing is emerging from the caring image of the mother and Florence Nightingale, who was a female and established the modern nursing profession.

The study's results showed that the nurses' average period of experience in nursing service in the hospital (SSMCMH) was 11 years, and they had adequate experience in nursing care. Nurses' experience provides them with a better opportunity to understand the nursing services, nursing administration and nursing supervision in hospitals. Most of the subjects had a diploma in nursing (90 %) followed by bachelors (9 %) and master's (1 %) degree in Nursing. Very few nurses had received training in ethics (2 %). The reasons why very few nurses had received ethics training may be due to too few experts and staff with ethics training who could have provided training for the nurses, insufficient facilities and resources, and the lack of an ethical evaluation system in Bangladesh.

#### *Nurses' Expectation of Moral Behaviors of Nurse Supervisors to Nurses*

The study findings showed that the total mean score of nurses' expectation of moral behaviors of nurse supervisors to nurses was at a high level ( $M = 3.94$ ,  $SD = 0.26$ ). In addition, the mean score of each dimension was also at a high level. The three dimensions with the highest mean scores were 'maintaining confidentiality' ( $M = 3.96$ ,  $SD = 0.17$ ), 'respecting autonomy' ( $M = 3.95$ ,  $SD = 0.22$ ), and 'providing benefit' ( $M = 3.94$ ,  $SD = 0.24$ ) (see Table 2).

The moral behaviors of nurse supervisors to nurses is very important in every clinical setting for providing quality care to clients, as they are role models for the nurses. Singleton (1998) mentioned that supervisors are 'role models' for their staff and their behavior is important, since nurses imitate their supervisors' behavior. Several studies found that nurse supervisors acted as role models for the nurses through sharing their professional knowledge, code of ethics and ethical principles

relating to the patient's conditions. The supervisors have direct responsibility to the nurses and indirectly to the patients in providing care. Their moral behavior could improve nurse's performances in providing quality care to the patients (Agélie et al., 2000; Berggren & Severinsson, 2000; Berggren & Severinsson, 2003; Berggren & Severinsson, 2006).

The moral behaviors of nurse supervisors regarding maintaining confidentiality received the highest mean score ( $M = 3.96$ ,  $SD = 0.17$ ) of the six dimensions (see Table 2). In addition, the three highest mean scores of the items were received for 'maintain nurses' annual confidential report with trust' ( $M = 3.99$ ,  $SD = 0.10$ ), 'do not allow unauthorized persons to access nurses' confidential records' ( $M = 3.98$ ,  $SD = 0.12$ ) and 'keep nurses' personal information confidential' ( $M = 3.98$ ,  $SD = 0.21$ ) (see Table 3). Confidentiality is one of the most fundamental ethics for healthcare professionals (Fry & Johnstone, 2002). Moreover, nurse supervisors have a major role in maintaining the confidentiality of nurses by avoiding the disclosure of nurse's information to others. Maintaining confidentiality is important to promoting trusting relationships. Berggren, Silva, and Severinsson (2005) claimed that the relationship between nurse and their supervisors was an essential part of clinical nursing supervision. In the relationship between registered nurses and their supervisors, nurses place high value on their confidential information. They do not want people to know their secrets. The disclosure of secrets may affect their personal emotions, image and position in the organization and society. Agélie et al. (2000) found that the supervisors were guided by the value of privacy and confidentiality. They further stated that there was a need to improve supervision in order to ensure confidentiality. Similarly, another study conducted by Berggren, Begat, and

Severinsson (2002) found confidentiality to be one of the most important moral rules in supervision.

Nurses' expectation of the moral behaviors of nurse supervisors regarding respecting the autonomy of nurses was found to be at high level and received the second rank of mean scores ( $M = 3.95$ ,  $SD = 0.22$ ) (see Table 2). Considering each item, it was found that the three items with the highest mean scores were: 'allow nurses to participate in decision-making' ( $M = 3.98$ ,  $SD = 0.21$ ); 'listen to nurses' opinion' ( $M = 3.97$ ,  $SD = 0.21$ ); and 'support nurses to perform activities related to their values/beliefs/culture' ( $M = 3.97$ ,  $SD = 0.23$ ) (see Table 4). In this study, the nurses' average age was approximately 40 years and they had an average of 11 years of experience in the nursing service in the hospital. The results indicated that the nurses were mature adults, experienced and were autonomous agents. According to Kennedy (2004), an autonomous agent has the ability of understanding, independence, consciousness and making self-governing choices. Therefore, experienced nurses expect their supervisors to respect their autonomy and allow them to participate in decision-making activities regarding unit management, patient care, and duty rosters. They expected them to listen to their opinions and to provide support for nurses to perform activities related to their values, beliefs and culture. Nurses working in the hospital belong to different religions and cultures. In this study, the result showed that 60 % of the nurses were Muslim, 34 % were Hindu, and approximately 6 % were Christian. Moreover, the ICN Code of Ethics for Nurses (2006) suggested that managers respect people's rights, customs, beliefs and values.

The moral behaviors of nurse supervisors regarding providing benefit to nurses are very important. The findings showed that the total mean score of nurses'

expectations of moral behavior of nurse supervisors regarding providing benefit to nurses was found to be at high level ( $M = 3.94$ ,  $SD = 0.24$ ) (see Table 2). In considering each item, it was found that all items were at a high level. The three items with the highest mean scores were: 'provide emotional support to nurses' ( $M = 3.97$ ,  $SD = 0.23$ ); 'guide nurses when dealing with ethical dilemmas' ( $M = 3.95$ ,  $SD = 0.25$ ); and 'assign appropriate workload to nurses' ( $M = 3.94$ ,  $SD = 0.26$ ) (see Table 5). This finding indicated that nurses expected emotional support from their supervisors at a high level. In clinical work, nurses always have to deal with diverse people such as colleagues, supervisors, doctors, nursing students, supporting and other staff, patients and their families.

When dealing with people, nurses often have to face ethical dilemmas due to high workloads insufficient supplies of necessary material, and inadequate knowledge to solve ethical dilemmas. According to Johnstone, Costa, and Turale (2004), nurses in all sections and at all levels of their performance experience a variety of ethical problems throughout their everyday work. In relation to insufficient supplies in Bangladesh, Chowdhury (2002) stated that, "Nurses in Bangladesh perform their duties in the health sector within various limitations and scarce resources" (p. 1). Similarly, Hadley and Roques (2007) also mentioned that nurses sometimes have to pay for lost or broken equipment in the unit or ward due to the persistent shortage of equipments and hospital supplies. This situation may cause emotional stress in the nurses. Moreover, most of the nurses only had diplomas in nursing (90 %) and ninety-eight percent of the nurses did not receive ethics training. In the clinical setting, ethical training is essential for nurses to solve their ethical dilemmas. Therefore they need support from their supervisors when dealing with ethical dilemmas in patient



care. Severinsson (2001) reported that the universal aim of nursing supervision is to provide support to the nurses in order to develop their performance, aptitude and morality.

Maintaining fair relationships with nurses is essential in nursing supervision. The present study showed that nurses' expectations of moral behavior of nurse supervisors regarding 'maintaining equality' to nurses was found to be at high level ( $M = 3.94$ ,  $SD = 0.33$ ) (see Table 2). Among the items, it was found that three items with the highest mean scores were 'maintain fair relationship with all nurses' ( $M = 3.95$ ,  $SD = 0.31$ ), 'promote nurses based on performance' ( $M = 3.95$ ,  $SD = 0.34$ ), and 'assign workload to nurses in the unit equally' ( $M = 3.94$ ,  $SD = 0.34$ ) (see Table 6). Moral behaviors regarding maintaining equality is crucial for nurse supervisors, as they have to deal with nurses who are different in age, sex, education, experience, culture, and religion. The study findings showed that nurses were from three religions, Muslim, Hindu, and Christian, with three levels of professional education, diploma, bachelor and master's in nursing. They also had a wide range of experience in nursing service (1 to 30 years). Nurse supervisors have to assign the tasks among all nurses in the unit, manage duty rosters, supervise nurses' performance, and maintain good relationships with them. When performing these jobs, nurse supervisors need to maintain fairness with all nurses. Nurses in this study expected that their supervisor's fairness to nurses should be at a high level. This finding is consistent with Agélii et al.'s (2000) study. They conducted a hermeneutic approach study with 18 informants and found that fairness was one of the most important ethical dimensions in nursing supervision. They expected to be provided with equal opportunity for participation in

groups which is essential to maintain good relationships among supervisors and supervisees.

Telling the truth to nurses is an imperative moral behavior of nurse supervisors since they need to provide information to nurses and maintain trustworthy relationship with them. The results showed that the nurses' expectations of moral behavior of nurse supervisors regarding telling the truth to nurses was found to be at a high level ( $M = 3.94$ ,  $SD = 0.39$ ) (see Table 2). According to the nurses' expectations, the three highest item mean scores were: 'tell nurses about their bad news with empathy' ( $M = 3.98$ ,  $SD = 0.12$ ); 'provide truthful and same information to all parties' ( $M = 3.95$ ,  $SD = 0.27$ ); and 'evaluate nurses' feelings and reactions after telling bad news' ( $M = 3.94$ ,  $SD = 0.34$ ) (see Table 7). Moral behavior regarding telling the truth is very significant in nursing supervision. Therefore, nurse supervisors also need to be sincere with their supervisees by communicating with them in whatever they need and in a truthful and timely manner. Tappen, Weiss and Whitehead (2001) stated that truthfulness is an essential obligation in building trustworthy relationships. In this matter registered nurses are concerned about their feelings when they receive bad news from their supervisors. Nurse supervisors need to communicate bad news to the nurses with empathy, understand nurses' feeling, and provide emotional support to them.

#### *Nurses' Perception of Moral Behaviors of Nurse Supervisors to Nurses*

Nurses' perception of moral behavior of nurse supervisors to nurses was also found to be at a high level ( $M = 2.76$ ,  $SD = 0.44$ ) (see Table 2). The following four dimensions were at a high level and received the highest scores: 'telling the truth';

maintaining confidentiality'; respecting autonomy'; and 'maintaining equality'. Two other dimensions, 'providing benefit', and 'avoiding harm' were at a moderate level with mean scores of 2.25 and 2.38, respectively. The dimension that received the highest mean score was 'telling the truth' ( $M = 3.05$ ,  $SD = 0.56$ ). The lowest mean score was obtained for 'providing benefit' ( $M = 2.25$ ,  $SD = 0.63$ ) which was at a moderate level (see Table 2).

Nurses' perception of moral behaviors of nurse supervisors regarding telling the truth to nurses was found to be at high level and received the highest mean score. It was found that all sub-items were at a high level. The item with the highest mean score was 'provide truthful information to nurses' ( $M = 3.94$ ,  $SD = 0.81$ ) (see Table 8). The findings showed that nurses perceived that they received truthful information at a high level. Moral behavior regarding telling the truth is very significant in the nursing supervision. Nurse supervisors can build trustworthy relationships with nurses by telling the truth to them. According to Tappen, Weiss and Whitehead (2001), truthfulness is very important in building trustworthy relationships. Nurse supervisors have to communicate frequently with the nurses. This is because in the hospital settings, nurse supervisors are the middle-level managers and perform as a liaison between nurses and the higher authorities in the organization (Singleton, 1998; Sullivan & Decker, 2001). To performing this job successfully, nurse supervisors need to provide accurate information to the nurses. Furthermore, nurse managers and supervisors have a good opportunity to establish an environment in which every one is willing to talk about his her errors or failure to others through telling the truth and building trustworthy relationships between them (Kerfoot, 2006). Therefore, they demonstrated their moral behavior at a high level by telling the truth.

The results showed that nurses perceived the nurse supervisors' moral behavior regarding 'providing benefit' to nurses and 'avoiding harm' to the nurses at a moderate level. This is may be because all the nurses were experienced and mature about seeking their own benefits and avoiding harm. Considering the sub-items regarding providing benefit to nurses, it was found that only the item 'provide emotional support to nurse's was found to be at a high level with a mean score of 2.77 (SD = 0.94). The other nine items were at a moderate level. The item with the lowest mean score was 'share knowledge and experiences with nurses' (M = 2.02, SD = 0.82) (see Table 5). In addition, among the items regarding avoiding harm to the nurses, it was found that the one item that was perceived at high level was 'do not blame nurses with impolite words' (M = 3.18, SD = 0.80). Five other five items were at a moderate level. The item with the lowest mean score was 'do not assign tasks with high risks without adequate preventive measures' (M = 1.97, SD = 0.85) (see Table 8).

The moderate level of nurse supervisors' moral behavior perceived by nurses could have been influenced by the nurse supervisors' educational level. In this study, most of them possessed a diploma in nursing. They gained promotion through their length of service; this was not based on their education level. In addition other matters might have influenced this finding. These include: inadequate competency in advanced patient care; poor management and nursing personnel management; lack of opportunity for career development; shortage of nurses; and insufficient hospital supplies. Nurse supervisors' advanced education and skills can play an important role in providing better patient care through their proper supervision, monitoring, and positive feedback to the nurses. Moreover, better educated and competent nurse

supervisors can share their up-date knowledge and experiences with nurses, guide them properly in providing better patient care, and play an important role in minimizing or preventing risks to nurses and patients. Sloan's study (1999) found that the ability to provide supportive relationships, appropriate knowledge and clinical skills were good characteristics of clinical supervisors. Similarly, Wilson (1999) mentioned that an extensive range of skills is required for successful supervision that is beneficial for both supervisors and supervisees.

#### *Nurses' Expectation on Moral Behaviors of Nurse Supervisors to Patients*

Moral behaviors of nurse supervisors to patients are a fundamental practice to provide quality care in the clinical setting. The present findings showed that nurses' overall expectation on moral behaviors of supervisors to patients was found to be at a high level in all dimensions ( $M = 3.95$ ,  $SD = 0.19$ ). Among the dimensions, those receiving highest mean scores were 'telling the truth' ( $M = 3.97$ ,  $SD = 0.11$ ), 'maintaining equality' ( $M = 3.96$ ,  $SD = 0.20$ ), and 'avoiding harm' ( $M = 3.95$ ,  $SD = 0.18$ ) (see Table 9).

Telling the truth is a moral virtue, which is essential to develop therapeutic nurse-patient relationships (Hodkinson, 2008). The nurses' highest expectation of moral behaviors of nurse supervisors to patients was 'telling the truth'. Of the items three received the highest scores. These were: 'use clear and simple terms when telling the truth to patients' ( $M = 3.99$ ,  $SD = 0.22$ ); 'tell patients about their bad news with empathy' ( $M = 3.98$ ,  $SD = 0.18$ ); and 'evaluate patients' feelings and reactions after telling bad news to them' ( $M = 3.98$ ,  $SD = 0.19$ ) (see Table 10). According to Beauchamp and Childress (2001), truth telling or veracity refers to conveying

complete, truthful and purposeful information to patients in an understandable manner. When the patients are admitted to the hospital, nurses and nurse supervisors have to inform them about their disease condition, prognosis, treatment and show nursing care. Sometimes they have to tell the patients bad news such as about poor prognosis of their disease, diagnosis of cancer, possible high cost of treatment. When providing such information to the patients, nurse supervisors should understand the patient's physical and emotional conditions and be concerned about their feelings after telling them bad news.

In addition, when informing the patients, nurse supervisors should tell them in an easy, simple, truthful, and understandable way. Robbins and Coulter (2005) stated that even bad news becomes tolerable to people when it is told truthfully to them. Moreover, according to American Hospital Association (1998), the patient has the right to obtain up to date and understandable information related to their diagnosis, treatment, and prognosis from the caregivers. Therefore, nurses expected their nurse supervisors to provide information to patients and families honestly and with empathy.

Maintaining equality amongst patients is part of the imperative moral behavior of nurse supervisors because patients come in hospital with differences in age, physical conditions, cultures, religions, social conditions. The present study showed that nurses' expectations of moral behavior of nurse supervisors regarding maintaining equality among patients was found to be at a high level ( $M = 3.96$ ,  $SD = 0.20$ ) (see Table 3). Among the items, the three items that received the highest mean scores were: 'treat every patient regardless of their diseases' ( $M = 3.98$ ,  $SD = 0.12$ ); 'treat every patient equally regardless of their religion' ( $M = 3.97$ ,  $SD = 0.16$ ); and

‘treat every patient equally regardless of their age and gender’ ( $M = 3.97$ ,  $SD = 0.19$ ) (see Table 11). In this matter patients have moral and legal rights about receiving equal care from the health care providers. The International Council of Nurses [ICN] (2006) stated that: “nursing care is respectful of and unrestricted by considering of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, policies, race or social status” (p. 1). Moreover, according to the Code of Ethics & Professional Conduct in Bangladesh (Bangladesh Nursing Council [BNC], 2003), nurses should provide care to all in an equal manner, show equal respect for all patients and respect the individuality of each patient’s religion, beliefs, and culture. Therefore, nurse’s expectations were found to be at high level regarding the moral behavior of nurse supervisors regarding maintaining the equality of patients.

Avoiding harm to the patients is very significant in nursing supervision for providing quality patient care. Nurses’ expectations of moral behavior of nurse supervisors regarding avoiding harm to patients was found to be at a high level in all items ( $M = 3.95$ ,  $SD = 0.18$ ). In considering each item, it was found that the item with the highest mean score was ‘do not neglect patients’ ( $M = 3.99$ ,  $SD = 0.10$ ). In addition, two items that received the second highest mean scores were: ‘do not speak impolitely to patients/families’; and ‘do not place patients to any risks’ with the mean score of 3.98 ( $SD = 0.14$ ) (see Table 13). To provide quality care to patients, nurses and nurses supervisors should follow the standards of care, ethical principles, and codes of nursing ethics to minimize the harm or risks to the patients. Society expects nurses are by not to cause harm. When people become sick and admitted to the hospital, they may lose their physical and mental strength. As a result, they are not able to protect themselves from the harm or risks and they thus need support from the

nurses. In such situations nurses should take initiatives to prevent and minimize risks or harm to the patients. Nurse supervisors have a moral obligation to protect patients from harm or risks through suitable supervising, monitoring and ensuring nurse's performances in protecting the patient from harm. According to Berggren and Severinsson (2006), avoiding harm through ensuring safety for the patients was very significant to the nursing supervision's supervisees and professionals.

According to the Code of Ethics & Professional Conduct in Bangladesh (BNC, 2003), nurses should prevent harm to patients by; caring for patients in a safe environment; acting quickly to protect the patient from risk; preventing the patient from harming themselves or others; and reporting to the higher authority about any possible harmful matters to patients. Therefore, nurse supervisors must not harm patients. They need to prevent and minimize the risks and harm to patients. In addition, the law also encourages nurses to prevent harm to the patients because doing harm to the patient is punishable by law. Oulton (2004) reported that nurses as employees, managers, and nurse representatives should be concerned about this and obey the laws relating to their workplace.

Maintaining the confidentiality of patients is one of the most important moral responsibilities of nurse supervisors. The present study showed that nurses' expectations of moral behavior of nurse supervisors regarding maintaining confidentiality of patients was found to be at a high level ( $M = 3.95$ ,  $SD = 0.24$ ) (see Table 3). Among the items studied, nurses' gave three items the highest mean scores. These were: 'keep patients' personal information confidential' ( $M = 3.97$ ,  $SD = 0.23$ ); 'do not allow unauthorized persons to access patient's records' ( $M = 3.97$ ,  $SD = 0.25$ ); and 'discuss with patients/families about their secrets in private place' ( $M = 3.96$ ,



SD = 0.26) (see Table 12). The ICN (2006) suggested the use of recoding and establishing information management systems that could effectively ensure confidentiality.

In addition, the Code of Ethics & Professional Conduct in Bangladesh (BNC, 2003) states that the confidentiality and privacy of the patient should be kept properly at all times. This was to be done through nurses acting as safeguards to maintain the confidentiality of every patient's information and records, ensuring the patient's privacy, and complying with any data protection requirements. Severinsson (2001) reported that nurse supervisors have a responsibility towards protecting patient's self-esteem, rights and confidentiality. Furthermore, the American Hospital Association (1998) stated that the patient has the right to expect that all communications and records pertaining to his or her care would be dealt with as confidential by the hospital. Therefore, maintaining the confidentiality of patients can build a trusting nurse-patient relationship wherein patient can express their confidential information freely to the nurses. This brings about better diagnosis, treatment and nursing care to patients thus providing quality care.

#### *Nurses' Perception on Moral Behaviors of Nurse Supervisors to Patients*

The mean total score of nurses' perceptions of moral behavior of nurse supervisors to patients was found to be at a high level (M = 2.84, SD = 0.44). Within the six dimensions, five including 'avoiding harm', 'respecting autonomy', 'maintaining equality', 'maintaining confidentiality' and 'telling the truth' were found to be at a high level. The highest score was for 'maintaining equality' (M = 3.30,

SD = .63). However, 'providing benefit' was at a moderate level with the lowest score (M = 2.22, SD = 0.66) (see Table 9).

The results showed that the nurses' perception of moral behavior of nurse supervisors to patients were at a high level. This may be because nurses perceived that supervisors' did have many limitations, such as low educational levels, and inadequate skills. They also knew there were shortages of nurses and supervisors in the hospital. The nurses still thought that supervisors tried their best by providing moral behaviors to patients and the nurses.

Regarding the items in 'maintaining equality', it was found that one item was at a moderate level and another five were at a high level. The three items that received the highest mean scores were: 'treat every patient equally regardless of their religion' (M = 3.52, SD = 0.79); 'treat every patient equally regardless of their social status' (M = 3.50, SD = 0.75); and 'provide fair distribution of resources to each patient' (M = 3.47, SD = 0.74) (see Table 11). In these matters nurse supervisor's heavy workloads, inadequate in-service training about proper monitoring and supervising the nurses' performance in patients care, and insufficient supplies were handicaps. These may be the reasons why the nurses had lower perceptions of nurse supervisors' in monitoring and ensuring equal care to patients.

Nurses' perception of the moral behaviors of nurse supervisors regarding in terms of providing benefits to patients was found to be at a moderate level This was so for all items. Three items that received the highest mean scores were: 'provide emotional support to patients' (M = 2.51, SD = 0.85); 'ensure about providing adequate supplies' (M = 2.29, SD = 0.86); and 'provide adequate number of nurses' (M = 2.26, SD = 0.79). The item with the lowest mean score was 'perform direct care

to patients' ( $M = 1.94$ ,  $SD = 1.01$ ) (see Table 15). Furthermore, among the six items regarding avoiding harm to patients, it was found that 4 items were at a high level. Two items were at a moderate level and the item with the lowest mean score was 'monitor risks/harm to patients' ( $M = 1.85$ ,  $SD = 0.92$ ) (see Table 13).

The result suggested that nurse supervisors in Bangladesh lack authority. In the context of Bangladesh, nurse supervisors generally perform administrative functions rather than provide direct care to patients. Registered nurses provide direct patient care in the clinical settings. According to the job description of nurse supervisors (MOHFW, 2007), the nurse supervisors are mainly responsible for: maintaining hospital roles and regulations, coordination among the departments, communication between nurses and higher authorities, and maintaining records; supervising and monitoring nurse's performance and providing effective feedback. Furthermore, nurse supervisors are not competent in risk management as there is a lack of facilities for training on risk management programs. According to Schaag (2001), nurse supervisors and managers need essential competencies in managing risks for better outcomes. Nurse managers and supervisors have a vital role in risk management in every the healthcare setting. Furthermore, supervisor-nurse ratios, advanced education, in-service training, and organizational support are very important for nurse supervisors in providing direct care to patients and minimizing and preventing risks to patients.

In the study setting, only 23 nurse supervisors were performing their jobs with approximately 300 hundred nurses and more than 600 hundred hospitalized patients. Most nurse supervisors (91 %) had a diploma in nursing, compared to 9 % who possess a Bachelor degree (Nurse Supervisor, Personal Communication,

December 21, 2009). Nurse supervisors were been promoted from senior staff nurse positions because of years of service; promotion was not based on their education or competency. Furthermore, inadequate strategies and opportunities for higher education and lack in-service training facilities meant there were long periods before gaining promotion (Jamal, 2006). These are the additional causes of the small number of highly educated nurse supervisors. These circumstances may contribute to nurses' lower perceptions of their supervisors' in terms of providing benefits.

#### *Comparison between Nurses' Expectation and Perception*

Comparisons between nurses' total expectation and total perception of moral behaviors of nurse's supervisors to nurses and to patients were conducted. The results indicated that there was a significant difference between mean ranks of nurses' total expectation and total perception of moral behaviors of nurse supervisors to nurses ( $p<.001$ ) (see Table 16) and to patients ( $p<.001$ ) (see Table 18). Wilcoxon signed ranks test showed that the mean rank of nurses' expectations was significantly higher than the mean rank of nurses' perceptions.

The findings of the study show that nurses' expectation of moral behaviors of nurse supervisors were higher than their perception. The possible causes may be those nurse supervisors' administrative posts and positions are higher than the registered nurses' posts and positions. The organization and staff expect administrators to show moral behavior and to be role models for nurses. Moreover, registered nurses believe that moral behavior is important in the nursing profession. However, most of the nurses had not received any ethics training (98 %); they expected that their supervisors would demonstrate moral behavior to nurses and patients at a high level

so that nurses could learn from their supervisors. Furthermore, the Code of nursing ethics, law, and the expectations of people in society encourage nurses to have higher expectations about the moral behavior of their supervisors.

According to Schaag (2001), patients nowadays expect the best possible care from healthcare professionals. Several studies found that the expectations of nurses and patients were higher than their perceptions. The study conducted by Leea and Yomb (2007) found that nurses' expectations were significantly higher ( $p < .001$ ) than their perceptions of the quality of nursing services, their satisfaction and their intention to revisit the hospital. Similarly, Luke's study (2007) also found that there was a statistically significant difference between patients' expectations ( $M = 6.68$ ) and perceptions ( $M = 5.55$ )  $p < .001$ .

Nurse's perception was found to be lower than their expectation. This might be related to several factors concerning nurse supervisors. One could be the nurse supervisors' promotion system; they had been recruited as nurse supervisor on a seniority basis, not by their education or their competency. Their moral behavior was not evaluated during recruitment. Furthermore, the nurse supervisor's high workload, inadequate number of nurses, and insufficient supplies of essential materials may contribute to this. In relation to the shortage of nurses and supervisors, the general nurse-patient ratio was 1:13, whereas the international standard for the general nurse-patient ratio is 1: 4 (Chowdhury, 2002). The nurse-supervisor ratio is 25:1 and 8: 1 is the international standard for the nurse-supervisor ratio for effective supervision (Jamal, 2006).

In summary, the results of the present study showed that the nurses' expectations of moral behavior of nurse supervisors to nurses and to patients were at a

high level in all dimensions. The nurses' perceptions of moral behavior of nurse supervisors to nurses were also at a high level. Among the sub-dimension, two of six including 'providing benefit' and 'avoiding harm' were at a moderate level, and four other dimensions were at a high level. In addition, nurses' perception of moral behavior of nurse supervisors to patients was also at a high level. For each sub-dimension, 'providing benefit' was at a moderate level and five other dimensions were at a high level. In addition, the Wilcoxon signed ranks test showed that there are significant differences between the mean ranks of nurses' expectation and perception of moral behaviors of nurse supervisors to nurses and patients for the entire scale and in all dimensions.

## CHAPTER 5

### CONCLUSION AND RECOMMENDATIONS

This study aimed to identify the levels of nurses' expectation and perception of moral behaviors of nurse supervisors in a tertiary hospital in Bangladesh and to compare the differences between nurse's expectation and perception. The subjects included 177 nurses at the Sir Salimullah Medical College Mitford Hospital (SSMCMH), Dhaka, Bangladesh. In this study, 190 nurses were recruited from the setting by systematic random sampling. A set of questionnaires including a Demography Data Questionnaire (DDQ) and a Nurse Supervisors Moral Behaviors Questionnaire (NSMBQ) was distributed to them. Completed questionnaires were received from 177 subjects. The data obtained was analyzed through descriptive and inferential statistics and the 'Wilcoxon signed ranks tests'. This chapter includes conclusion, limitation, implication, and recommendations.

#### *Conclusion*

In this study most of subjects were female (95 %) with ages ranging from 26 to 55 years (M = 40 years) and more than half of them (60 %) were Muslims. The average period of experience in the nursing service of the subjects in the hospital was 11 years with a range of 1 to 30 years.

The nurses' expectation of moral behaviors of nurse supervisors to nurses was found to be at a high level (M = 3.94, SD = 0.26). All sub-dimensions; including 'maintaining confidentiality', 'respecting autonomy', 'providing benefit',

‘maintaining equality’, ‘telling the truth’, and ‘avoiding harm’ were at a high level. The three highest mean scores were received on the items ‘maintaining confidentiality’ (M = 3.96, SD = 0.17), ‘respecting autonomy’ (M = 3.95, SD = 0.22), and ‘providing benefit’ (M = 3.94, SD = 0.24). Moreover, all the dimensions of the nurses’ expectations of moral behavior of nurse supervisors to patients was found to be at a high level (M = 3.95, SD = 0.19). The three dimensions receiving the highest mean scores were ‘telling the truth’ (M = 3.97, SD = 0.11), ‘maintaining equality’ (M = 3.96, SD = 0.20), and ‘maintaining confidentiality’ (M = 3.95, SD = 0.24).

The mean total score of nurses’ perception of moral behaviors of nurse supervisors to nurses was also found to be at a high level (M = 2.76, SD = 0.44). Dimension like ‘providing benefit’ and ‘avoiding harm’ were at found to be at a moderate level while ‘respecting autonomy’, ‘maintaining equality’, ‘maintaining confidentiality’, and ‘telling the truth’ were at high level. The highest mean score was obtained for ‘telling the truth’ (M = 3.05, SD = 0.56) and the lowest mean score for ‘providing benefit’ (M = 2.25, SD = 0.63). Similarly nurses perception of moral behaviors of nurse supervisors to patients was also found to be at a high level (M = 2.84, SD = 0.44). For each dimension, it was found that only providing benefit was at a moderate level and the other five dimensions were at a high level.

In comparing the nurses’ expectation and perception of nurse supervisors’ moral behaviors, it was found that the total mean ranks and mean rank of each dimension of nurses’ expectations were significantly higher than their perceptions of the actual moral behaviors of nurse supervisors to nurses ( $p < .001$ ) and to patients ( $p < .001$ ).



### *Limitations of the Study*

The limitations of the study are:

1. The results of this study may not be generalize for all levels of health care settings in Bangladesh because the data were gathered from only one tertiary level hospital

2. The Nurse Supervisors Moral Behaviors Questionnaire (NSMBQ) was long with 78 items for nurses' expectation and perception.

### *Implication and Recommendations*

#### *Nursing administration*

The findings of the study show that nurse's perception of the actual moral behaviors of nurse supervisors to nurses and patients were lower than their expectation. It is recommended that the Directorate of Nursing Services (DNS), the top nursing administration level in the country, use the findings to improve the current nursing supervision system. The following could be initiated:

1. Strategic plans should be developed to improve the system for promoting nurse supervisor's by basing promotion on higher education and showing moral behavior.

2. The instrument used in this study (the Nurse supervisor's moral behavior questionnaire) should be used to evaluate the nurse supervisor's moral behavior during recruitment and during service.

3. Ethics training and seminars on risks management should be arranged for nurse supervisors.

4. Opportunities should be provided for continuous education in managing nursing personnel.

5. Nurses supervisors should be encouraged and provided with support to conduct projects and studies regarding risks management and nursing personnel management.

6. The performance of nurse supervisors in providing moral behaviors guidance to nurses and patients should be recognized and rewarded.

7. Guideline should be used to develop essential competencies in nurse supervisors.

8. The job description of nurse supervisors should be modified to include responsibility for patient care.

#### *Nursing research*

The study should be useful for further study regarding:

1. The moral behavior of nurse supervisors as perceived by patients
2. The moral competency of nurse supervisor
3. The revision of the instruments to help develop a standard instrument to measure the moral behaviors of nurse supervisors

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**APPENDICES**

## **APPENDIX A**

### **Informed Consent Form**

#### **Study Title: Moral Behaviors of Nurse Supervisors: Expectation and Perception of Nurses in a Tertiary Hospital, Bangladesh**

Investigator: Mrs. Babita Akter

My name is Babita Akter; I am a final year master student in the Faculty of Nursing, Prince of Songkla University, Thailand as well as a senior staff nurse at the Sir Salimullah Medical College and Mitford Hospital, Dhaka, Bangladesh. I am conducting a study to identify the level of nurse supervisors' moral behaviors expected and perceived by staff nurses of Sir Salimullah Medical College and Mitford Hospital, Dhaka, Bangladesh. This is to fulfill the requirement of the Master of Nursing Program at Prince of Songkla University, Hat Yai, Thailand.

The study and its procedures are approved by the appropriate people and the Institutional Review Board (IRB) of the Prince of Songkla University, Thailand. The study procedures involve no risk or harm to you or your organization. A questionnaire will be provided to you for answering about your personal information and your expectation and perceptions about nurse supervisors' moral behaviors. It should take approximately 30- 40 minutes to complete the questionnaire.

The information will be used for the purpose of writing a research report. The information will be helpful to obtain knowledge on moral behaviors of nurses supervisors.

All information and your responses for this study will remain confidential.

Your participation in this study is voluntary. You have the right to participate or not to participate. You also have the right to withdraw at any time.

Thank you for your kind cooperation.

Babita Akter

[babitaakter@yahoo.com](mailto:babitaakter@yahoo.com)

Master of Nursing Science

Faculty of Nursing, Prince of Songkla University, Hat Yai, Thailand

**APPENDIX B****Instrument**

Code .....

Date .....

## Part 1 Demographic Data Questionnaire

**Instruction**

The information you provide for this study will be remain confidential. Please do not write your name on this questionnaire and give information accurately.

Please give “√” mark in the box according to your opinion.

1. Age in years .....

2. Gender:       (1) Male       (2) Female

3. Marital status       (1) Single       (2) Married  
 (3) Divorced       (4) Widowed

4. Religion:                       (1) Islam  
 (2) Hindu  
 (3) Christian  
 (4) Buddhist  
 (5) Others .....

5. Professional Education level       (1) Diploma  
 (2) Bachelor  
 (3) Master

6. Have experience training in Ethics       (1) Yes       (2) No

7. Length of experience in nursing service in this hospital .....Years.

## Part 2 Moral Behavior Questionnaire

**Instruction:** Please read the following statements related to nurse supervisors' moral behavior toward nurses and patients. Then give a ○ (circle) on the number that most closely measures your opinion of how much you expect and how much you perceive of nurse supervisors' moral behavior on a scale from 0 to 4. Number 0 would indicate a lower level of expectation regarding nurse supervisors' moral behavior. Number 4 would indicate a higher level of your expectations. The perceptions scores also denote the same as the expectations scores.

0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Almost always.

Example

| Moral Behavior of Nurse Supervisors            | Expectations |   |   |   |   | Perceptions |   |   |   |   |
|--|--------------|---|---|---|---|-------------|---|---|---|---|
| 1. Supervisor helps nurses in problem solving. | 0            | 1 | 2 | 3 | 4 | 0           | 1 | 2 | 3 | 4 |

For the above example, suppose you choose number 3 on expectations and number 2 on perceptions. This means that you expect nurse supervisors should often help nurses in problem solving, and you perceive actual behavior of nurse supervisors that they sometimes help nurses in problem solving. 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Almost always.

| <b>Moral Behaviors of Nurse Supervisors</b>  | <b>Expectation</b> |   |   |   |   | <b>Perception</b> |   |   |   |   |
|--|--------------------|---|---|---|---|-------------------|---|---|---|---|
| <b>Providing benefit 16 items</b>  |                    |   |   |   |   |                   |   |   |   |   |
| <i>To nurses (10)</i>  |                    |   |   |   |   |                   |   |   |   |   |
| 1. Give proper guidance to nurses in providing quality care.   | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 2. Assign appropriate workload to nurses.  | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 3. Assign tasks to nurses based on their competency.   | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 4. Assist nurses in providing care to complicated patients.  | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 5. Guide nurses when dealing with ethical dilemmas.  | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 6. Provide appropriate and supportive feedback to nurses   | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 7. Provide safety environment in workplace   | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 8. Share knowledge and experiences with nurses.  | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 9. Encourage nurses to obtain up to-date knowledge and skills related to their job (i.e. by participation in training, self study, etc.) | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 10. Provide emotional support to nurses when facing any problems such as sickness, personal and familial problems                        | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| <i>To Patients (6)</i>   |                    |   |   |   |   |                   |   |   |   |   |
| 11. Monitor quality of patient care provided by nurses   | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 12. Perform direct care to patients with compassion  | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 13. Ensure about providing adequate supplies such as food, clothing, medicines, and other necessary equipments to the patients.          | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |



|  | Expectation |   |   |   |   | Perception |   |   |   |   |
|--|-------------|---|---|---|---|------------|---|---|---|---|
| 14. Provide emotional support to patients  | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 15. Provide adequate number of nurses and supporting staffs in providing quality care to patients. | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 16. Provide safety environment for patients/families   | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| <b>Avoiding harm 12 items</b>  |             |   |   |   |   |            |   |   |   |   |
| <i>To Nurses (6)</i>   |             |   |   |   |   |            |   |   |   |   |
| 17. Do not blame nurses with impolite words.   | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 18. Set system to identify/monitor risks of nurses in workplace.                                   | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 19. Do not transfer guilty to nurses for any mistakes occurring in the unit.                       | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 20. Not put too much workload on nurses.   | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 21. Do not delegate tasks beyond nurses' ability.  | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 22. Do not assign tasks with high risks without adequate preventive measures.                      | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| <i>To Patients (6)</i>   |             |   |   |   |   |            |   |   |   |   |
| 23. Monitor risks/harm to patients possible caused by nursing/therapeutic interventions.           | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 24. Do not blame patients when they do not cooperate.  | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 25. Do not speak impolitely to patients/families.  | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 26. Do not cause physical pain when providing care to them.  | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 27. Do not neglect patients.   | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 28. Do not place patients to any risks.  | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |

|   | Expectation |   |   |   |   | Perception |   |   |   |   |
|---|-------------|---|---|---|---|------------|---|---|---|---|
| <b>Respecting autonomy 15 items</b>   |             |   |   |   |   |            |   |   |   |   |
| <i>To Nurses (9)</i>  |             |   |   |   |   |            |   |   |   |   |
| 29. Appreciate nurses' value, belief and religion by managing duty roster and leave during their religious festivals.             | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 30. Allow nurses to participate in decision making in the unit  | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 31. Listen to nurses' opinion/suggestion  | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 32. Allow nurses to discuss/provide suggestion openly.  | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 33. Provide adequate information to all nurses about hospital rules and regulation.   | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 34. Support nurses to perform activities related to their values/beliefs/culture/religion   | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 35. Assign tasks based on nurses' values/beliefs/culture/religion   | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 36. Allow nurses to participate in organization's activities.   | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 37. Recognize nurses in their success.  | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| <i>To Patients (6)</i>  |             |   |   |   |   |            |   |   |   |   |
| 38. Respect patients' beliefs, religion, and culture by allowing them to perform their spiritual activities during hospital stay. | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 39. Listen to patients' complaints with willingness to help them  | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 40. Allow patients/families to participate in patients' treatment/care planning   | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 41. Accept patients/families decisions regarding patients' treatment/care.  | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |

| <b>Moral Behaviors of Nurse Supervisors</b>   | <b>Expectation</b> |   |   |   |   | <b>Perception</b> |   |   |   |   |
|---|--------------------|---|---|---|---|-------------------|---|---|---|---|
| 42. Perform interventions to patients after their permission.                             | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 43. Explain about treatment/care before providing it to patients                          | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| <b>Maintaining equality 11 items</b>  |                    |   |   |   |   |                   |   |   |   |   |
| <i>To Nurses (5)</i>  |                    |   |   |   |   |                   |   |   |   |   |
| 44. Maintain fair relationship with all nurses.   | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 45. Treat every nurse with fairness.  | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 46. Promote nurses based on performance, not personal relationship.                       | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 47. Assign workload to nurses in the unit equally.  | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 48. Give rewards to nurses fairly.  | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| <i>To patients (6)</i>  |                    |   |   |   |   |                   |   |   |   |   |
| 49. Treat every patient equally regardless of their age and gender.                       | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 50. Treat every patient equally regardless of their diseases.                             | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 51. Treat every patient equally regardless of their social status and economic condition. | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 52. Treat every patient equally regardless of their religion, language or culture         | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 53. Provide fair distribution of resources to each patient                                | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 54. Supervise, monitor and ensure equal care provided to patients by nurses.              | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| <b>Maintaining confidentiality 13 items</b>   |                    |   |   |   |   |                   |   |   |   |   |
| <i>To Nurses (7)</i>  |                    |   |   |   |   |                   |   |   |   |   |
| 55. Keep nurses' personal information confidential.                                       | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |

| <b>Moral Behaviors of Nurse Supervisors</b>  | <b>Expectation</b> |   |   |   |   | <b>Perception</b> |   |   |   |   |
|--|--------------------|---|---|---|---|-------------------|---|---|---|---|
| 56. Maintain nurses' annual confidential report (ACR) with trust.                            | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 57. Set procedures to keep nurses' confidential records.                                     | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 58. Do not allow unauthorized persons to access nurses' confidential records                 | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 59. Feedback nurses who disclose confidential information of other co-workers to the others. | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 60. Provide counseling to nurses who need help in private place.                             | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 61. Encourage nurses to keep their colleagues' personal information confidential.            | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| <i>To patients (6)</i>   |                    |   |   |   |   |                   |   |   |   |   |
| 62. Keep patients' personal information confidential.  | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 63. Discuss with patients/families about their secrets in private place.                     | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 64. Set procedures to keep patient's records confidential.                                   | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 65. Ensure the nurses to protect patients' information in confidential manner.               | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 66. Do not allow unauthorized persons to access patient's records.                           | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 67. Monitor and ensure to patients' privacy properly.  | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| <b>Telling the truth 11 items</b>  |                    |   |   |   |   |                   |   |   |   |   |
| <i>To Nurses (5)</i>   |                    |   |   |   |   |                   |   |   |   |   |
| 68. Provide truthful information to nurses.  | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |
| 69. Tell nurses about their bad news with empathy.   | 0                  | 1 | 2 | 3 | 4 | 0                 | 1 | 2 | 3 | 4 |

|  | Expectation |   |   |   |   | Perception |   |   |   |   |
|--|-------------|---|---|---|---|------------|---|---|---|---|
| 70. Evaluate nurses' feelings and reactions after telling bad news to them.  | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 71. Give feedback on nurses' performance with truth and reason   | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 72. Provide truthful and same information to all parties involved  | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| <i>To Patients (6)</i>   |             |   |   |   |   |            |   |   |   |   |
| 73. Speak truthfully to patients.  | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 74. Provide accurate information to the patients about hospital supplied resources/facilities.                       | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 75. Provide accurate information to the patients about their disease condition, prognosis, and possible alternatives | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 76. Tell patients about their bad news with empathy.   | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 77. Evaluate patients' feelings and reactions after telling bad news to them.  | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |
| 78. Use clear and simple terms when telling the truth to patients.   | 0           | 1 | 2 | 3 | 4 | 0          | 1 | 2 | 3 | 4 |

## APPENDIX C

### List of Experts of Instrument Validation

The content validity index (CVI) of the Nurse Supervisors Moral Behaviors Questionnaire was assessed by three experts. They were as follows:

1. Assoc. Prof. Dr. Wandee Suttharangsee  
Faculty of Nursing, Prince of Songkla University, Hat Yai, Thailand
  
2. Assist. Prof. Dr. Jaruwan Manasurakarn  
Faculty of Nursing, Prince of Songkla University, Hat Yai, Thailand
  
3. Mrs. Aleya Parvin, M. Sc.  
Nursing Superintendent, Sheer-E- Bangla Medical College Hospital, Barisal,  
Bangladesh

## **APPENDIX D**

### **List of Experts of Instrument Translation**

Two professional translation agencies and one English expert were involved in the translation procedure of the instrument, the Demography Data Questionnaire and Nurses Supervisors' Moral Behaviors Questionnaire.

They were as following:

1. English Version 1 of the Instrument was translated in Bengali version by  
Bangladesh Translation Centre, 62/2, Purana Palton, Dhaka, Bangladesh
2. Bengali version of the instrument was translated in English version 2 by  
Motijheel Translation Center, 6 DIT Avenue, Dhaka, Bangladesh
3. English version 1 and 2 was assessed to evaluate the equivalence of both  
English versions by  
Mr. Subrata Kumar Das, Lecturer in English, Bir Shreshtha Abdur Rouf  
Rifles College, Dhaka, Bangladesh

## VITAE

**Name** Mrs. Babita Akter

**Student ID** 5110420062

### **Educational Attainment**

| Degree                         | Institution                             | Year of Graduation |
|--------------------------------|---|--------------------|
| Diploma in Nursing             | Nursing Institute, DMCH                 | 1990               |
| Diploma in Midwifery           | Nursing Institute, DMCH                 | 1991               |
| Bachelor in Nursing<br>Science | College of Nursing,<br>Dhaka University | 2004               |
| Master of Nursing<br>Science   | Prince of Songkla University            | 2010               |

### **Scholarship Award during Enrollment**

Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh (2008-2010)

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### **List of Publication and Proceedings**

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