Original Article

The Ethical Behaviour of Registered nurses: A Comparison between Registered nurses' and Clients' Perceptions in a Private Hospital

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Abstract

OBJECTIVES: This descriptive study aimed to examine and compare the ethical behaviours of registered nurses based on the perceptions of both nurses and their clients in an inpatient hospital setting.

MATERIALS AND METHODS: A total of 465 participants were recruited using purposive sampling, comprising 90 registered nurses and 375 clients. The research instrument was a validated ethical nursing behaviour questionnaire with a reliability coefficient (Cronbach's alpha) of 0.98. Data were collected via self-administered questionnaires from March 1 to July 31, 2023. Data were analyzed using descriptive statistics, independent *t*-tests, and Chi-square tests.

RESULTS: The overall mean score of ethical behavior as perceived by registered nurses was at a very good level (4.54 ± 0.52), while clients rated it at an excellent level (4.71 ± 0.44). The comparison revealed that clients' perceptions of nurses' ethical behaviors were significantly higher than those of the nurses themselves ($t = 2.947$, $p < .05$). However, no statistically significant difference was found in the domain of respect for individual rights ($t = 1.920$, $p = .057$).

CONCLUSION: Clients perceived the ethical behaviour of registered nurses more favourably than the nurses' self-assessments. Enhancing ethics education and fostering adherence to professional ethical standards are essential for improving the quality of nursing care and increasing client satisfaction in hospital settings.

Keywords: Perception, ethical behaviour, registered nurses, clients, inpatient ward

Ethics serve as a fundamental cornerstone of the nursing profession.[1] Ethical principles guide nurses in providing care that is grounded in compassion, kindness, and a deep-seated commitment to patient well-being. However, in today's increasingly complex healthcare environment, nurses are encountering a growing number of ethical dilemmas, client complaints, and even legal disputes.[2] These challenges are compounded by rapid societal shifts, evolving healthcare systems, and diverse individual and cultural expectations. As a result, it has become imperative for nurses to adhere to clear moral and ethical standards in their practice.

In response to these developments, the Thailand Nursing and Midwifery Council has issued national guidelines and policies to promote ethical nursing care at all service levels.[3] These include mechanisms to support ethical development among nursing professionals, with the aim of ensuring care that is both legally compliant and maximally beneficial and safe for patients. Competency in ethical decision-making is essential for all practicing nurses and midwives, not only as a professional standard but as a safeguard of patient dignity and trust.

Despite the general public's perception of nursing as a highly ethical profession, several reports have indicated concerning trends, such as inappropriate clinical conduct, ineffective communication, failure to inform clients adequately, use of disrespectful language, inattentiveness, and a lack

of compassion.[4] Ethical problems in nursing stem from multiple factors, including substandard nursing practice, inadequate ethical training, and unrealistic expectations from clients, who may sometimes view nurses as subordinates expected to fulfil every demand. When these expectations are unmet, dissatisfaction often results.[2]

Furthermore, rising patient volumes, staffing shortages, and increasing workloads contribute to stress and burnout among nurses.[5] The rapid advancement of medical technology has also shifted the focus of care toward physical interventions, sometimes at the expense of psychosocial and emotional support.[6] This imbalance may jeopardize holistic care and compromise human dignity, especially in settings where nurses are expected to assume full responsibility for both physical and emotional aspects of patient safety and well-being.

To address these concerns, ethical competence must be integrated into nursing practice. Nurses are expected to apply professional standards, interpersonal skills, and ethical principles in every clinical encounter.[6] Previous studies have shown that nurses across various settings-including outpatient, emergency, inpatient, and health promotion services-generally demonstrate high levels of ethical behavior.[7-10] For instance, Utthawang and Jaikarn[11] reported that both self-assessments by nurses and evaluations by nursing supervisors revealed strong ethical conduct across domains.

In the context of private hospitals, where client satisfaction is a critical performance metric, nurses' ethical behaviour plays a vital role in shaping patient perceptions and service outcomes.[12] However, a gap exists in the literature: few studies have directly compared the perceptions of nurses and clients regarding ethical nursing behaviours in private-sector hospitals. Addressing this gap is crucial for the development of evidence-based strategies to enhance the quality of care.

Therefore, the objective of this study was to compare the ethical behaviours of registered nurses toward their clients based on two perspectives: the self-assessments of the nurses and the perceptions of the clients in inpatient wards of a private hospital. This study is grounded in the ethical framework proposed by Fry and Johnstone,[13] which identifies six key domains of ethical nursing behaviour:

1. Beneficence (acting for the benefit of others),
2. Non-malfeasance (avoiding harm),
3. Respect for autonomy (recognizing individual rights),
4. Justice (fairness in care),
5. Veracity (truthfulness), and
6. Fidelity (faithfulness to professional responsibilities).

By examining these domains from both provider and recipient perspectives, this study aims to generate practical insights for improving ethical standards in nursing practice within private hospital settings.

Materials and Methods

This descriptive cross-sectional study was conducted at a private hospital in Thailand. The objective was to assess and compare the perceptions of registered nurses and clients regarding ethical nursing behaviours in inpatient care settings.

Participants and Sampling

A total of 465 participants were recruited through purposive sampling. This included 90 registered nurses and 375 clients (patients, parents, guardians, or caregivers) who had received or accompanied patients receiving services in the hospital's inpatient wards.

*Inclusion criteria for **registered nurses** were as follows:*

1. Full-time employment at the hospital
2. A minimum of six months of experience working as a registered nurse in an inpatient ward
3. Possession of a valid professional nursing and midwifery license
4. Willingness to participate in the study

Inclusion criteria for clients included:

1. Age 18 years or older
2. Alert mental status, and the ability to speak, understand, and read Thai
3. Willingness to participate voluntarily

Sample Size

The client sample size was calculated based on a total inpatient population of 15,454 patients in the year 2021. Using the sample size determination table developed by Krejcie and Morgan[14] a minimum sample of 375 clients was required with a 5% margin of error. The 90 registered nurses represented the staff providing care during the data collection period.

Ethical Considerations

The study received ethical approval from the Research Ethics Committee of Bangkok Hospital Pattaya (Approval No. 04/2565), with validity from December 15, 2022, to December 14, 2023. All participants provided informed consent prior to participation. Participant anonymity, confidentiality, and voluntary participation were strictly maintained throughout the study.

Data Collection

The research team, in collaboration with the hospital's Nursing Ethics Working Group, coordinated with the Director of Nursing and inpatient ward managers to facilitate participant engagement. The purpose of the study, research procedures, participants' rights, anticipated benefits, and limitations were clearly explained. Data were collected electronically through a self-administered questionnaire distributed via a QR code linked to a Google Form platform. Participation was entirely voluntary.

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Research Instrument

The research instrument was adapted from an ethical behaviour assessment form originally developed for ward head nurses in regional hospitals in southern Thailand. This instrument was derived from the dissertation of Muangprasert,[15] which was based on the ethical frameworks of Fry and Johnstone[13] and Beauchamp and Childress.[16] The finalized version was included in the Ethical Promotion Handbook for Nursing Organizations: Mechanisms and Practice,[17] and permission for use was formally granted by the Graduate School of Prince of Songkla University, Hat Yai, Thailand.

The instrument consisted of two parts:

Part 1: Demographic Information:

- For registered nurses: age, years of experience at Bangkok Hospital Pattaya, total year of professional experience, highest education level, and prior ethics training
- For clients: sex, age, relationship to the patient, education level, and frequency of hospital visits

Part 2: Ethical Behaviour Assessment

- Ethical behaviour was assessed using a five-point Likert scale:
  1 = Practiced the least
  2 = Practiced minimally
  3 = Practiced moderately
  4 = Practiced extensively
  5 = Practiced the most
- The interpretations of the mean score was as follows: < 2.5 = Fair, 2.5–3.5 = Good, 3.5–4.5 = Very Good, > 4.5 = Excellent

A pilot test was conducted with 30 participants similar to the target population. Internal consistency was assessed using Cronbach's alpha, yielding a reliability coefficient of 0.98.

Data Analysis

Descriptive statistics (frequency, percentage, mean, and standard deviation) were used to analyse demographic data. Mean scores and standard deviations were calculated for perceived ethical behaviour. Comparisons between nurses' self-perceptions and clients' perceptions were conducted using independent t-tests, both overall and by specific item and dimension.

Results

Perceptions of the Ethical Behaviours of Registered Nurses Toward Their Clients

Among the 90 registered nurses included in the study, all (100%) were female. The majority (87.8%) were members of Generation Y (aged 25-42 years), while 7.8% were younger than 25 years. Regarding hospital-specific experience, 38.9% had worked in the private hospital for ≤ 5 years, followed by 28.9% with 6-10 years of experience. With respect to overall professional nursing experience, 32.2% had between 11 and 15 years, and 26.7% had 6-10 years. All nurses (100%) held at least a bachelor's degree or equivalent qualification, and 84.4% reported having received prior training in nursing ethics.

Of the 375 clients surveyed from the inpatient wards, 68.0% were female. A majority (59.2%) were members of Generation Y (aged 26-45 years), followed by 35.7% from Generation X (aged 44-60 years). In terms of relationship to the patient, 54.1% were the patients themselves, while 29.1% were parents or guardians of the patients. Regarding educational background, 59.7% held a bachelor's degree or higher, while 29.3% had sub-baccalaureate education. In terms of hospital utilization, 55.5% reported three prior visits, and 22.9% were first-time visitors.

The average score of nurses' ethical behaviours as **self-assessed by the registered nurses** was at an **excellent level** (4.54 ± 0.52). When analysed by individual domains, scores were generally rated as very good, with the exception of *truthfulness*, which was rated at a good level. The highest-rated domain was justice (4.63 ± 0.53), followed by beneficence (4.57 ± 0.53) and *respect for individual rights* (4.57 ± 0.54). The lowest-rated domain was *truthfulness* (4.36 ± 0.70).

In contrast, the **clients' perceptions** of nurses' ethical behaviours were uniformly rated at an **excellent level** (4.71 ± 0.44). The highest score was in *justice* (4.77 ± 0.44), followed by *beneficence* (4.74 ± 0.44), and *truthfulness* (4.67 ± 0.52), which, despite being the lowest, was still rated as excellent.

A comparative analysis revealed that clients consistently rated the ethical behaviours of registered nurses significantly higher than the nurses rated themselves, both overall and across most domains ($p < 0.05$). The only exception was in the domain of *respect for individual rights*, where the difference did not reach statistical significance ($p = 0.057$). These findings are presented in detail in **Table 1.**

Perceptions of Respect for Individual Rights

In the domain of *respect for individual rights*, the comparison between nurses' and clients' perceptions did not yield a statistically significant difference ($p = 0.057$). However, two specific items within this domain demonstrated statistically significant differences: (1) *"Providing patient care that is tailored to individual needs and desires"*, and (2) *"Providing care on an equal basis, regardless of whether the patient has a contagious disease"*.

As perceived by the **registered nurses**, the average scores for all items within this domain were at a **very good level**. The highest-rated item was *"Providing care equally regardless of age or sex"* (4.68 ± 0.56), followed by *"Assisting patients without regard to social or economic status"* (4.66 ± 0.56), and *"Providing patient care tailored to individual needs and desires"* (4.52 ± 0.59).

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From the **clients' perspective**, almost all items in this domain were rated at an **excellent level**. The highest score was again observed in *"Providing care equally regardless of age or sex"* (4.80 ± 0.47), followed closely by *"Providing care regardless of contagious disease status"* (4.78 ± 0.49), and *"Providing care tailored to individual needs and desires"*, which received the lowest—but still excellent—score (4.73 ± 0.51).

These findings suggest a general alignment between nurses and clients in perceptions of ethical behaviour related to respecting individual rights, but also highlight opportunities for focused improvement in the communication and implementation of individualized care and non-discriminatory practices in sensitive contexts. Full details are presented in **Table 2.**

Table 1: Comparison of Ethical Behaviour Scores of Registered Nurses Toward Their Clients, as Perceived by Nurses and Clients ($n_1 = 90$, $n_2 = 375$)

Dimension	Registered Nurses Mean ± SD	Level	Clients Mean ± SD	Level	*t*-value	*p*-value
Beneficial actions	4.57 ± 0.53	Excellent	4.74 ± 0.44	Excellent	-2.897	0.004*
Refraining from doing anything dangerous	4.54 ± 0.52	Excellent	4.73 ± 0.45	Excellent	-2.883	0.005*
Respect for individual rights	4.57 ± 0.54	Excellent	4.69 ± 0.48	Excellent	-1.920	0.057
Justice	4.63 ± 0.53	Excellent	4.77 ± 0.44	Excellent	-2.261	0.026*
Truthfulness	4.36 ± 0.70	Very good	4.67 ± 0.52	Excellent	-3.945	< 0.001*
Integrity	4.55 ± 0.54	Excellent	4.68 ± 0.51	Excellent	-2.134	0.033*
Overall (all dimensions)	4.54 ± 0.52	Excellent	4.71 ± 0.44	Excellent	-2.947	0.004*

Interpretation Scale: Fair < 2.5; Good = 2.5–3.5; Very Good = >3.5–4.5; Excellent > 4.5*$p < 0.05$, statistically significant

Table 2: Mean Scores, Standard Deviations, Perception Levels, and Comparison of Registered Nurses' and Clients' Perceptions in the Domain of Respecting Individual Rights ($n_1 = 90$, $n_2 = 375$).

Item	Registered Nurses Mean ± SD	Level	Clients Mean ± SD	Level	*t*-value	*p*-value
1. Patient care that provides assistance tailored to individual needs and desires	4.52 ± 0.59	Excellent	4.73 ± 0.51	Excellent	-3.148	0.002*
2. Providing care on an equal basis, without considering either age or sex	4.68 ± 0.56	Excellent	4.80 ± 0.47	Excellent	-1.984	0.050*
3. Providing patient care on an equal basis, without taking into account whether a patient has a contagious disease or not	4.64 ± 0.55	Excellent	4.78 ± 0.49	Excellent	-2.174	0.032*
4. Assisting patients without regard to their social or economic status	4.66 ± 0.56	Excellent	4.75 ± 0.51	Excellent	-1.443	0.152
5. Providing patient care indiscriminately, without regard to a patient's religion, language or cultural background	4.64 ± 0.57	Excellent	4.77 ± 0.45	Excellent	-1.967	0.052

Interpretation Scale: Fair < 2.5; Good = 2.5–3.5; Very Good = >3.5–4.5; Excellent > 4.5*p < 0.05, statistically significant

Discussion

This study revealed that the ethical behaviours of registered nurses toward their clients, as perceived by both nurses and clients, were generally rated at a **very good to excellent level.** The self-assessment of nurses indicated that their overall ethical behaviour was at an excellent level (4.54 ± 0.52), with most domains rated very good. The exception was the domain of *truthfulness*, which received the lowest score and was rated at a good level. These findings are consistent with those of Utthawang and Jaikarn,[11] who reported similar self-assessed ethical behaviour among nurses at Pong Hospital in Phayao Province, with justice receiving the highest score and *truthfulness* the lowest.

Clients' perceptions further supported these findings. All domains were rated at an **excellent level**, with *justice* (4.77 ± 0.44) and *beneficence* (4.74 ± 0.44) receiving the highest scores, and *truthfulness* the lowest (4.67 ± 0.52). These results are in line with the study by Thamnarak et al.,[10] which found that clients in a university hospital setting perceived nurses' ethical behavior to be at a very good level across all domains.

Notably, a statistically significant difference ($t = -2.947$, $p < 0.05$) was observed between the perceptions of nurses and clients, with clients consistently rating the nurses' ethical behaviours more favourably. The only domain without a significant difference was respect for individual rights ($t = -1.920$, $p = 0.057$), suggesting closer alignment in this specific area between the two groups.

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A possible explanation for the higher ratings from clients may be linked to their **expectations and experiences** within the private hospital setting. Private hospitals often emphasize service quality, and clients may interpret courteous, prompt, and attentive care as reflective of high ethical standards. In contrast, nurses, who are governed by professional codes of ethics and continuous self-reflection, may assess their own behaviours more critically.

Importantly, the Nursing Department had responded to previous client complaints by implementing comprehensive ethics training programs. These included mandatory orientation on professional ethics for new staff, regular in-service training sessions, and supervision strategies that integrate ethical reflection into routine practice. Internal monitoring has demonstrated that knowledge and understanding of professional ethics among nursing staff reached approximately 90%, a figure that likely contributes to improved performance and greater ethical sensitivity.[18]

The training emphasized six core domains of nursing ethics, reinforcing behaviour aligned with ethical codes such as those established by national and international nursing organizations.[1,3,18,19] This ongoing institutional emphasis likely played a role in fostering ethical awareness and professional conduct, which, in turn, influenced both nurse and client perceptions.[20]

That clients consistently perceived higher levels of ethical conduct than nurses themselves may also reflect a discrepancy between expectation and internal professional standards. While clients may view their care as satisfactory and ethically appropriate, nurses may apply stricter criteria informed by ethical theory and professional responsibility.

These findings reaffirm the essential role of ethical codes in guiding nursing behaviour, regardless of setting. They also highlight the importance of ongoing ethics education and reflection as integral components of quality nursing care. Sustaining these initiatives is vital not only for aligning practice with ethical standards but also for strengthening trust between healthcare providers and the communities they serve.

Conclusion

This study revealed a statistically significant difference between the perceptions of registered nurses and their clients regarding ethical nursing behaviours ($t = 2.947$, $p = 0.004$). Clients consistently reported higher levels of perceived ethical behaviour than nurses did in both overall and domain-specific assessments. These findings suggest that while nurses demonstrate ethical conduct in their clinical practice, clients' expectations—particularly in the context of private hospital care—may influence more favourable evaluations.

Among the ethical domains assessed by clients, justice received the highest score (4.77 ± 0.44), followed by beneficence (4.74 ± 0.44), with truthfulness receiving the lowest, albeit still excellent, score (4.67 ± 0.52). Further exploration revealed that some registered nurses held misconceptions regarding the principle of truthfulness, particularly in situations involving the disclosure of unfavourable information. This limited conceptual clarity may hinder the consistent application of ethical standards in practice.

In response, the Department of Nursing and the hospital's Ethics Committee have implemented targeted interventions to improve ethical competencies among nursing staff. These include routine nursing rounds, structured supervision, and ongoing educational initiatives aimed at reinforcing the importance of truthfulness. By enhancing ethical awareness and understanding, such measures are expected to improve nurses' professional conduct and align perceptions between healthcare providers and clients.

Recommendations

Based on the findings, the following recommendations are proposed:

1. **Strengthen Ethical Education:** Regular, structured training sessions on core ethical principles—particularly truthfulness—should be conducted to improve nurses' conceptual understanding and application in real-world practice.
2. **Implement Ethical Rounds:** Ward head nurses should conduct periodic ethics-focused supervisory visits to monitor, guide, and promote adherence to ethical standards in routine nursing practice.
3. **Expand Evaluation Perspectives:** Future studies should incorporate a multi-perspective evaluation of ethical behaviours, including assessments from nurse administrators, subordinates, and hospital executives, to gain a holistic view of ethical climate within inpatient care settings.
4. **Foster Reflective Practice:** Encourage nurses to engage in reflective practices and case discussions involving ethical dilemmas to promote critical thinking and self-awareness.
5. **By institutionalizing these practices,** hospitals can foster a culture of ethical excellence that not only ensures quality care but also strengthens client trust and organizational reputation.

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Conflict of Interest

The authors declare no **conflict of interest** related to this study.

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