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〔研究論文〕

ETHICAL PROBLEMS EXPERIENCED BY PSYCHIATRIC NURSES IN JAPAN AND THEIR CORRELATED FACTORS

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目的：本研究の目的は、日本の精神科病院で働く看護師が体験する倫理的問題の構成要素とその関連因子を明らかにすることである。

方法：国公立病院で働く看護師と民間病院で働く看護師の比率が 1:7.3 であることを反映した比例層化無作為法により抽出された 40 の精神科病院に勤務する 1515 名の看護師を対象として調査を実施した。質問紙は、病院や病棟の特徴、看護師のデモグラフィックデータ、43 項目 5 段階のリッカート尺度から成る「精神科看護師が体験する倫理的問題の頻度 (FEPP-43ver.)」で構成した。

結果：倫理的問題の頻度について回答した 1088 名のデータを因子分析し、6 つの因子を抽出し、〈病名告知〉、〈病棟環境〉、〈職場の人間関係〉、〈看護師の能力〉、〈隔離・拘束〉、〈退院〉と命名した。各因子得点について、病院・病棟および看護師の特性との関連で平均得点を比較した。倫理に関する継続教育が行われている病院は〈職場の人間関係〉以外のすべての因子で高い値を示した。看護師は准看護師に比べて、〈職場の人間関係〉を除くすべての因子で高い値を示した。閉鎖病棟・時間閉鎖の病棟は、〈病棟環境〉〈隔離・拘束〉で開放病棟よりも得点が高かった。スタッフは管理職よりも〈職場の人間関係〉〈看護師の能力〉で高い値を示した。慢性期病棟、身体合併症病棟は〈病名告知〉〈職場の人間関係〉〈隔離・拘束〉〈退院〉で他の病棟に比べて得点が高かった。30 歳以下、臨床経験 10 年以下の看護師は、〈職場の人間関係〉〈看護師の能力〉〈隔離・拘束〉で高い値を示した。

考察：得点の高さは倫理的感受性の高さを反映しているものと考えられ、病院における倫理教育、看護師免許は看護師の倫理的感受性を高めることが示唆された。閉鎖病棟、慢性期病棟、身体合併症病棟、臨床経験 10 年以下のスタッフは倫理的問題に出会う頻度が高く、倫理的問題の解決に向けて彼らをサポートし、倫理的環境をつくる組織的なアプローチが必要であることが示唆された。

Key words : ethical problems, psychiatric nurse, correlated factors

Abstract

Aim: The purpose of this study was to identify configuration factors of ethical problems experienced by nurses working in psychiatric hospitals in Japan, and their correlated factors.

Methods: We surveyed 1,515 nurses working in 40 psychiatric hospitals. They were selected through proportional random sampling to reflect the ratio of psychiatric nurses working in public hospitals to those in private hospitals (1:7.3). The questionnaire consisted of hospital and ward characteristics and nurse demographic data, and the “Frequency of Experiencing Ethical Problems” (FEPP 43-item Ver.), a 5-point Likert scale questionnaire consisting of 43 items.

Results: Data received from 1,088 nurses about frequency were analyzed (factor analysis), and six factors abstracted as the ethical problems experienced by psychiatric nurses: “informing of diagnosis,” “ward environment,” “relationship in the workplace,” “nurse’s competency,” “isolation/restraint,” and “discharge.” Each factor score was checked and compared with the average score in relation to the hospitals, wards, and nurse characteristics. Hospitals offering continuous ethical education had higher scores for all factors except “relationships in the workplace.” Registered nurses scored higher for all factors except “relationships in the workplace,” and also higher than those of licensed

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practice nurses. Closed wards and hourly closed wards had higher scores for “ward environment” and “isolation/restraint” than open wards. Staff scored higher for “relationships in the workplace” and “nurse’s competency” than those in management positions. Chronic wards and complications wards had higher scores for “informing of diagnosis,” “relationships in the workplace,” “isolation/restraint,” and “discharge” than those in other wards. Nurses aged 30 years or younger and who had 10 years or less of clinical experience scored higher for “relationships in the workplace,” “nurse’s competency,” and “isolation/restraint.”

Discussion: A high score can be interpreted as indicating that nurses have a high level of ethical sensibility. This indicates that ethical education in hospitals and the nursing license heighten a nurse’s ethical sensibility. Nurses in closed wards, chronic wards, or complication wards, and staff with ten years or less of clinical experience may encounter increased and frequent ethical problems, indicating that an organizational approach is needed to support them and establish an ethical environment.

INTRODUCTION

The general principles of the Convention on the Rights of Persons with Disabilities state that there should be “full and effective participation and inclusion in society,” and calls to improve the community-based support system (UN). The status of Japanese psychiatric care, however, presents a different picture. The number of psychiatric beds and average length of stay at a mental hospital are far higher in an international comparison (OECD, 2014). It cannot be said that the rights of those with disabilities who want to live normally in the community have been guaranteed.

A voluntary hospitalization system was established in 1987, when the Mental Health Act was enacted. However, around 50 percent of hospitalized patients today have been involuntarily hospitalized (Mental Health Welfare Data, 2018). The Medical Service Act also allows psychiatric ward exceptions, which means a reduction in staff assigned to psychiatry departments (Kanto Federation of Bar Associations, 2002). The ratio of licensed practice nurses (LPNs) working in psychiatry is higher than in other departments (Abe, 2003). It has been shown that a shortage of nurses increases the use of restraint (Fukasawa, et al., 2018).

Coerced mental health treatment such as isolation, restraining, or solitary confinement jeopardizes patient autonomy (Olsen, 1998). A survey on ethical problems in psychiatric hospitals in Japan indicated various problems including isolation, restraining, long-term hospitalization, privacy, and inappropriate treatment (Ohnishi, et al., 2003; Tanaka, et al., 2010b; Ohnishi, et al., 2010).

Research examining the relationship between the ethical problems nurses experience in psychiatric hospitals and characteristics of the hospital and nurses' background showed that nurses' ethical experience is related to nursing licenses, ethics education, and the ward environment (Tanaka, et al., 2014). However, there was no clear association between the content of ethical problems and characteristics of the hospital and nurses' background.

This study analyzed the factors that contribute to the frequency nurses experience ethical problems as determined by the Frequency of Experiencing Ethical

Problems survey (FEEP 43-item Ver.; FEEP 43), and identified factors constituting the ethical problems psychiatric nurses experience and how these factors are related to the work environment and background of individual nurses. Furthermore, the study attempted to identify a resolution to these ethical problems.

PURPOSE

The purpose of this study was to identify the configuration factors of ethical problems experienced by nurses working in psychiatric hospitals in Japan, and their correlated factors.

METHODS

Hospitals and nurses

We randomly selected nurses working in 149 psychiatric hospitals from the Directory of Hospitals (2003–2004 Edition). We employed a proportional and stratified random sampling method to reflect a ratio of 1:7.3 (2004) of psychiatric nurses working in public psychiatric hospitals to those in private psychiatric hospitals. A request to participate in the survey was sent to the nursing directors at these hospitals asking them to provide the number of nurses who would be willing to participate. The hospitals and nurses who responded to the request were selected.

Survey method

The survey documentation was sent to the nursing directors of the cooperating hospitals. The hospital data received from the nursing directors was used as the data from the hospital where the nurses were employed. Nursing directors were asked to distribute questionnaires and set up a box to collect the questionnaires once completed.

The questionnaire for the nurses consisted of the following: Nine questions on demographic data, nine questions on psychiatric ward, and the FEEP 43. FEEP 43 was developed based on interviews on the ethical issues experienced by psychiatric nurses (Tanaka, et al., 2010a). It uses a Likert scale that measures the frequency ethical issues are experienced on a scale ranging from 1 to 5, where “1=Never” and “5=Quite often.” The number of items was carefully reduced

from 80 to 43 (Tanaka, et al., 2014).

Survey period

December 2009 to March 2010.

Method of analysis

The data from the 1,088 nurses who responded to all questions in FEEP 43 were analyzed. A factor analysis was performed of psychiatric nurses' responses to FEEP 43, and the type of factors constituting the ethical problems experienced by these nurses (Principal factor method, Promax rotation) was identified. To explore how each factor of the ethical problems identified in the factor analysis related to the elements of hospital characteristics, ward characteristics, and nurses' personal characteristics, the differences in mean values (t-test, ANOVA, Bonferroni test) were compared. Factor scores were calculated by adding the scores of the items constituting the factor.

Ethical considerations

This survey was conducted after approval was received from the ethics committee of Tokyo Women's Medical University (No.1743). An explanatory letter

was sent to the nurses (i.e., purpose, method, method of disclosure of results, option to participate or not participate in the survey, privacy protection, anonymity of the organization to which the nurses belong, etc.), and all positive responses received were assumed to indicate agreement to participate. The survey was anonymous. To ensure privacy, a return envelope was included for the nurses to seal and return the completed questionnaires to the collection box.

RESULTS

Demographics of hospitals and nurses

The request to participate was sent to 149 hospitals, of which 40 were able to participate (survey acceptance rate: 26.8%). In total, 1,656 surveys were distributed, and the number of valid responses was 1,515 (valid response rate: 91.5%). The data of 1,088 nurses who answered FEEP 43 were analyzed. Missing values were removed and analyzed.

The participants were 829 registered nurses (RNs)

Table 1. Demographics of participants

Items	n	%
Licence (n=1,085)		
Registered nurses (RNs)	829	76.4%
Licensed practical nurses (LPNs)	256	23.6%
Gender (n=1,085)		
Male	364	33.5%
Female	721	66.5%
Age (years) (n=1,081)		
	Avg. 41.4 (R=21-70, SD=10.52)	
30 or less	186	17.2%
31-40	353	32.7%
41-50	295	27.3%
50 or more	247	22.8%
Clinical experience (years) (n=1,068)		
	Avg. 16.4 (R=0-50, SD=10.12)	
10 or less	363	34.0%
11-20	356	33.3%
21-30	241	22.6%
30 or more	108	10.1%
Psychiatric clinical experience (years) (n=1,084)		
	Avg. 11.6(R=0-50, SD=8.85)	
10 or less	601	55.4%
11-20	308	28.4%
21-30	129	11.9%
30 or more	46	4.2%
Positions (n=1,067)		
Staff	831	77.9%
Charge nurse or assistant head nurse	157	14.7%
Head nurse and manager	79	7.4%
Experience of taking an ethics-related subject at an educational institution (n=1,048)		
Yes	417	39.8%
No	631	60.2%
Participation in seminars or workshops concerning ethics within the past 5 years (n=1,067)		
Yes	451	42.3%
No	616	57.7%

Table 2. Characteristics of hospitals in which participants were working (n=1,088)

Items	n	%
Hospital-Operator		
Public hospital	246	22.6%
Private hospital	842	77.4%
Ethics component in continuous education program for nurses		
Yes	640	58.8%
No	448	41.2%

Table 3. Characteristics of wards in which participants were working

Items	n	%
Ward openness (n=1,075)		
Open	350	32.6%
Opened by the hour	113	10.5%
Completely closed	612	56.9%
Ward segregation by patient's pathological condition (n=1,081)		
Acute	344	31.8%
Chronic	437	40.4%
Recovery	167	15.4%
Alcohol	27	2.5%
Complication	56	5.2%
Others	50	4.6%

(76.4%), 256 licensed practical nurses (LPNs) (23.6%), 721 female nurses (66.5%), and 364 male nurses (33.5%). The average age was 41.4 years (R: 21–70, SD: 10.52), average number of years of clinical experience was 16.4 years (R: 0–50, SD: 10.12), and average number of years of psychiatric clinical experience was 11.6 years (R: 0–50, SD: 8.85). Furthermore, 831 (77.9%) nurses were employed as staff and 236 (22.1%) were in management positions (i.e., charge nurse or higher). Regarding the question asking if the nurses had received a class on ethics at their educational institutions, 417 (39.8%) responded “yes” and 631 (60.2%) “no.” For the question asking if the nurses had participated in seminars or workshops on ethics, 451 (42.3%) responded “yes” and 616 (57.7%) “no” (Table 1).

In the survey, 246 (22.6%) nurses worked in public hospitals and 842 (77.4%) at private hospitals. For questions dealing with whether the continuous education program included an ethics component, 640 (58.8%) nurses worked in hospitals that provided a continuous education program that included an ethics component and 448 (41.2%) at hospitals that provided a continuous education program without an ethics component (Table 2).

Regarding the ward, for ward “openness,” 612 (56.9%) nurses worked in a completely closed ward, 350 (32.6%) in an open ward, and 113 (10.5%) in a ward open by hours. Regarding ward segregation according to a “patient’s condition,” 437 (40.4%) nurses worked in a chronic ward, 344 (31.8%) in an acute ward, and 167 (15.4%) in a recovery ward (Table 3).

Factors constituting the frequency nurses experience an ethical problem

A factor analysis was performed of the data of 1,088 nurses who answered the 43 questions in FEEP 43.

When we checked the distribution of each item, we found three patterns. For the items with bias that showed diagonally right up and diagonally right down, we found “cohesiveness of the same meanings” in each distribution and obtained a Cronbach’s alpha coefficient for each group of questions with bias. Furthermore, for each item group, we checked how Cronbach's alpha coefficient changed if we deleted each item included in the group. Finally, we selected four items from the diagonally right up group and labeled them as “discharged,” and four items from the diagonally right down group, which we labeled “isolation/restraint.”

We also collected only those items that had a normal distribution and performed a factor analysis. As a result,

four items were extracted, providing the following four factors: “informing of diagnosis,” “ward environment,” “relationship in the workplace,” and “nurse’s competency.” These were further refined to 6 factors/24 questions (Table 4).

“Informing of diagnosis” is not noted because of physicians’ policy or the family’s wishes if the patient had been diagnosed with a disease.

“Ward environment” is an ethical problem, for example, an unsatisfactory ward environment, excessive control

of patient belongings, or no opportunity or system through which the nurse can complain about unethical care.

“Relationships in the workplace” can be distressing, because the nurses are not able to criticize others, and worry about relationships in the workplace when other nurses were unethical in their dealings with patients, such as through the use of abusive language or treating patients as children.

“Nurse’s competency” is an ethical problem that

Table 4. Factors constituting the frequency nurses experienced an ethical problem working at a psychiatric hospital (n=1,088)

Factor / Item	
Factor 1: Informing of Diagnosis (Cronbach's $\alpha=.73$)	
Q3	The doctor does not tell the patient about the diagnosis because of concern that the patient's illness will worsen if the patient gains knowledge of the diagnosis.
Q4	The patient's family asks that the diagnosis not be disclosed to the patient.
Q2	Complete and informed consent is not provided to the patient; for example, relating to a medical condition and treatment.
Q16	The doctor did not explain the diagnosis, limiting my ability to effectively execute nursing.
Factor 2: Ward Environment (Cronbach's $\alpha=.74$)	
Q28	Since the environment in the hospital (ward) is insufficient, the patient's ordinary lifestyle is not guaranteed.
Q30	The hospital keeps the belongings of the patient more than necessary as "hazardous material."
Q42	In treatment, the patient's privacy is not fully considered.
Q41	The patient's affairs are done by proxy in the ward. The patient's ability to be independent and live in society is blocked.
Factor 3: Relationship in the Workplace (Cronbach's $\alpha=.76$)	
Q34	Even though other nurses use abusive language with the patient, I cannot say anything because I worry about my relationship with others in the workplace.
Q35	Other nurses behave inappropriately toward the patient, but I cannot say anything because the nurse is senior to me.
Q13	Because I am thinking about my relationship with other nursing staff, I perform nursing activities with which I am not necessarily in agreement.
Q11	When I was transferred to a new ward, and had doubts about treatment and nursing, I could not comment.
Factor 4: Nurse's Competency (Cronbach's $\alpha=.69$)	
Q31	The family and patient's wishes differ and I am caught in the middle.
Q25	Even though I attend to the patient as much as possible, the patient's condition worsens or shows a poor outcome.
Q32	Because of my own insufficient professional competence, I cannot provide proper nursing care.
Q37	Since I am the nurse assigned to a particular patient, I feel more responsible to that patient than to other patients.
Factor 5: Isolation/Restraint (Cronbach's $\alpha=.84$)	
Q7	There is a ward culture that favors restriction as part of treatment. Restriction tends to be longer.
Q8	On Sundays and holidays, even if the patient's condition improves, there are times when restraints are not removed.
Q6	Because of labor shortages, seclusion or restriction is performed.
Q5	Even though restriction is undesirable to the patient, it is prolonged out of safety concerns for other patients and nursing staff.
Factor 6: Discharge (Cronbach's $\alpha=.82$)	
Q19	Since there are insufficient social resources, the patient cannot be discharged from the hospital.
Q20	Since the patient's family members are elderly or a nuclear family, the patient cannot be discharged from the hospital.
Q21	Since the patient's family does not understand the disease, the patient cannot be discharged from the hospital.
Q22	The patient wants to be discharged from the hospital, but the conditions of the disease are too severe and the patient cannot be discharged.

Maximum likelihood method, Promax rotation

includes being unable to provide sufficient support for a patient or appropriate care and thus feeling responsible for that condition.

“Isolation/Restraint” is an ethical problem related to prolonged isolation or the fact that patients are isolated or restrained because of insufficient staffing.

“Discharge” is an ethical problem stemming from the fact that patients can often not be discharged because of an aging caregiver in the patient’s family, lack of understanding, insufficient social resources, or severity of the disease.

Cronbach’s alpha coefficient for each factor was 0.73, 0.74, 0.76, 0.69, 0.84, and 0.82, respectively (Table 4).

The following describes the items that differed in the mean value at the 5% significance level (Tables 5, 6).

1) Informing of diagnosis

Public hospitals scored higher than private hospitals. Hospitals with continuous education programs with an ethics component had a higher score than hospitals that did not. Chronic wards scored higher than recovery-phase and alcohol wards. Wards for complications had a higher score than acute-phase wards, recovery-phase wards, and alcohol wards. RNs scored higher than LPNs.

2) Ward environment

Hospitals that had continuous education programs with an ethics component scored higher than hospitals that did not. Nurses in wards opened by the hour or those completely closed experienced more ethical problems than those in open wards. Chronic-phase wards had a higher score than acute-phase wards, recovery-phase wards, and alcohol wards. RNs scored higher than LPNs. Those with 10 years or less of psychiatric clinical experience had a higher score than those with 21–30 years of experience.

3) Relationship in the workplace

Chronic-phase wards and complications wards had a higher score than acute-phase wards. Female nurses scored higher than male nurses. Nurses aged 30 years or younger had a higher score than those aged 41–50 and 51 years or more. Nurses with 10 or less years of clinical experience scored higher than those with 21–30 and 31 years or more of experience. Those with 11–20 years of experience scored higher than those with 31 years or more of experience. Those with 10

years or less of psychiatric clinical experience scored higher than those with 21–30 years and 31 years or more of experience, and those with 11–20 years of experience had a higher score than those with 21–30 years of experience. Staff scored higher than charge nurses or assistant head nurses and head nurses and managers. This is the only factor for which there was no difference for RNs and LPNs, and between hospitals that provided continuous education programs with an ethics component and those without such programs.

4) Nurse’s competency

Public hospitals had a higher score than private hospitals. Hospitals that had continuous education programs with an ethics component had a higher score than hospitals that did not. RNs scored higher than LPNs, and female nurses scored higher than male nurses. Nurses aged 30 years or younger had a higher score than any other age group, and nurses aged 31–40 and 41–50 years scored higher than those aged 51 years or more. Nurses with 10 or less years of clinical experience had a higher score than any other age group. Those with clinical experience of 11–20 years had a higher score than those with 21–30 and 31 years or more of experience. Those with psychiatric clinical experience of 10 years or less scored higher than those in any other age group, and those in the 11–20 years of experience group scored higher than those with 21–30 years of experience. Staff had a higher score than head nurses and managers. For the factors, only nurses who had attended an ethics course at an educational institution had a higher score than nurses who did not attend, and “nurses who participated in an ethics seminar or study group” scored higher than those who did not participate. This was the only factor in which no difference was found between ward segregation by patient’s pathological condition.

5) Isolation/Restraint

Public hospitals scored higher than private hospitals. Hospitals with continuous education programs that included an ethics component for nurses scored higher than those without such a program. Nurses in wards opened by the hour or those completely closed experienced more ethical problems than those in open wards. Acute-phase wards and chronic-phase wards had a higher score than recovery-phase and alcohol

Table 5. Configuration factors of ethical problems and correlated factors (hospitals and wards)

	Hospital-Operator (n=1,088)	Ethics component in continuous education programs for nurses (n=1,088)	Ward openness (n=1,075)	Ward segregation by patient's pathological condition (n=1,081)
1. Public hospitals				
2. Private hospitals				
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
	1 2	1 2	1 2 3	1 2 3 4 5
Factor 1: Informing of diagnosis	10.4 (2.89) t=-2.81 1>2**	9.5 (2.81) t=4.61 1>2**	9.8 (3.00) t=2.63 (2.72)	9.8 (2.40) F=9.10 2>3*, 4* 1*, 3**, 4**<5
Factor 2: Ward environment	10.5 (3.27)	10.3 (2.80) t=2.80 1>2**	10.0 (2.99) F=9.68 1<2**, 3**	10.1 (2.78) F=8.66 2>1**, 3**, 4**
Factor 3: Relationship in workplace	11.2 (3.07)	11.1 (3.38) t=5.40 1>2**	11.3 (3.33) F=15.74 1<2*, 3**	11.1 (3.12) F=3.92 1<2*, 5**
Factor 4: Nurse's competency	12.1 (2.86) t=-3.67 1>2**	11.8 (2.51)	12.3 (2.73) t=2.77 (2.51)	12.3 (2.49) F=15.14 1>3**, 4* 2>3**, 4** 1**, 2**, 3**, 4*, 5
Factor 5: Isolation/Restraint	8.1 (3.48) t=-2.72 1>2**	7.7 (3.33) t=4.16 1>2**	8.7 (3.39) F=15.74 1<2*, 3**	8.3 (3.08) F=15.14 1>3**, 4* 2>3**, 4** 1**, 2**, 3**, 4*, 5
Factor 6: Discharge	14.9 (3.27) t=-2.20 1>2*	14.5 (3.28) t=4.08 1>2**	14.7 (3.37)	15.4 (3.19) F=7.48 1<2*, 1*, 2**, 3**, 5*>4

t-test, ANOVA(Bonferroni-test): *p<0.05, p**<0.01

Table 6. Configuration factors of ethical problems and correlated factors (demographics of participants)

	Licence (n=1,085)		Gender (n=1,085)		Age (years) (n=1,081)		Clinical experience (years) (n=1,068)		Psychiatric clinical experience (years) (n=1,084)		Position (n=1,067)		Experience of taking an ethics-related subject at an educational institution (n=1,048)		Participation in seminars or workshops concerning ethics within past five years (n=1,067)	
	Mean (SD)	1. RNs 2. LPNs	1. Male 2. Female	1. 30 or less 2. 31-40 3. 41-50 4. 51 or more	1. 10 or less 2. 11-20 3. 21-30 4. 31 or more	1. 10 or less 2. 11-20 3. 21-30 4. 31 or more	1. Staff 2. CNs or AHNs 3. HNs and managers	1. Yes 2. No	Mean (SD)	1. 10 or less 2. 11-20 3. 21-30 4. 31 or more	Mean (SD)	1. Staff 2. CNs or AHNs 3. HNs and managers	Mean (SD)	1. Yes 2. No	Mean (SD)	1. Yes 2. No
Factor 1: Informing of diagnosis	10.1 (2.80) t=-2.75 1>2**	1 2 9.8 (2.87) 10.1 (2.79)	1 2 10.5 (2.77) 10.0 (2.80) 9.8 (2.71) 9.9 (2.93)	1 2 3 4 10.2 (2.85) 9.9 (2.65) 9.8 (2.83) 9.9 (3.26)	1 2 3 4 10.2 (2.80) 9.9 (2.82) 9.7 (2.99)	1 2 3 4 10.2 (2.80) 9.9 (2.82) 9.7 (2.99)	1 2 3 10.0 (2.83) 9.9 (2.81) 9.9 (2.60)	1 2 10.2 (2.85) 9.9 (2.74)	1 2 10.2 (2.85) 9.9 (2.74)	1 2 3 4 10.2 (2.80) 9.7 (2.82) 9.3 (2.99)	1 2 3 10.0 (2.83) 9.9 (2.81) 9.9 (2.60)	1 2 10.2 (2.85) 9.9 (2.74)	1 2 10.2 (2.85) 9.9 (2.74)	1 2 10.2 (2.82) 9.9 (2.80)	1 2 10.2 (2.82) 9.9 (2.80)	
Factor 2: Ward environment	10.8 (3.01) t=4.71 1>2**	1 2 10.6 (3.03) 10.5 (3.02)	1 2 3 4 10.9 (2.95) 10.7 (3.06) 10.6 (3.13) 10.2 (2.88)	1 2 3 4 10.8 (3.14) 10.5 (2.97) 10.5 (3.02) 10.1 (2.90)	1 2 3 4 10.8 (3.05) 10.5 (3.19) 9.9 (2.66) 9.6 (2.12) F=4.66 1>3*	1 2 3 4 10.8 (3.05) 10.5 (3.19) 9.9 (2.66) 9.6 (2.12) F=4.66 1>3*	1 2 3 10.6 (3.00) 10.7 (3.26) 10.4 (2.83)	1 2 10.8 (2.92) 10.5 (3.07)	1 2 10.8 (2.92) 10.5 (3.07)	1 2 3 4 10.8 (3.05) 9.9 (2.66) 9.6 (2.12)	1 2 3 10.6 (3.00) 10.7 (3.26) 10.4 (2.83)	1 2 10.8 (2.92) 10.5 (3.07)	1 2 10.8 (2.92) 10.5 (3.07)	1 2 10.6 (3.11) 10.6 (2.97)	1 2 10.6 (3.11) 10.6 (2.97)	
Factor 3: Relationship in workplace	11.3 (3.63) t=-2.14 1<2*	1 2 10.9 (3.15) 11.4 (3.39) t=-2.14 1<2*	1 2 3 4 12.0 (3.49) 11.3 (3.22) 11.0 (3.40) 10.7 (3.11) F=6.03 1>3** 4**	1 2 3 4 11.7 (3.49) 11.3 (3.26) 10.8 (3.24) 10.3 (2.79) F=7.29 1>3** 4** 2>4*	1 2 3 4 11.6 (3.38) 11.1 (3.25) 10.0 (2.93) 10.2 (2.87) F=11.24 1>3** 4** 2>3**	1 2 3 4 11.6 (3.38) 11.1 (3.25) 10.0 (2.93) 10.2 (2.87) F=11.24 1>3** 4** 2>3**	1 2 3 11.5 (3.39) 10.6 (2.86) 9.9 (3.09) F=11.44 1>2* 3**	1 2 11.4 (3.36) 11.1 (3.29)	1 2 11.4 (3.36) 11.1 (3.29)	1 2 3 4 11.6 (3.38) 11.1 (3.25) 10.0 (2.93) 10.2 (2.87) F=11.24 1>3** 4** 2>3**	1 2 3 11.5 (3.39) 10.6 (2.86) 9.9 (3.09) F=11.44 1>2* 3**	1 2 11.4 (3.36) 11.1 (3.29)	1 2 11.4 (3.36) 11.1 (3.29)	1 2 11.1 (3.30) 11.3 (3.34)	1 2 11.1 (3.30) 11.3 (3.34)	
Factor 4: Nurse's competency	12.4 (2.69) t=-3.75 1>2**	1 2 12.0 (2.41) 12.4 (2.83) t=-1.97 1<2*	1 2 3 4 13.6 (2.82) 12.4 (2.60) 12.1 (2.56) 11.3 (2.49) F=28.64 1>2** 3** 4** 2** 3**>4	1 2 3 4 13.0 (2.83) 12.3 (2.55) 11.7 (2.59) 11.2 (2.26) F=19.99 1>2** 3** 4** 2>3* 4**	1 2 3 4 12.8 (2.74) 12.0 (2.62) 10.9 (2.31) 11.1 (1.89) F=21.96 1>2** 3** 4** 2>3**	1 2 3 12.4 (2.72) 12.0 (2.80) 11.4 (2.06) F=6.08 1>3**	1 2 12.5 (2.77) 12.1 (2.62) t=2.45 1>2*	1 2 12.5 (2.77) 12.1 (2.62) t=2.45 1>2*	1 2 3 4 12.8 (2.74) 12.0 (2.62) 10.9 (2.31) 11.1 (1.89) F=21.96 1>2** 3** 4** 2>3**	1 2 3 12.4 (2.72) 12.0 (2.80) 11.4 (2.06) F=6.08 1>3**	1 2 12.5 (2.77) 12.1 (2.62) t=2.45 1>2*	1 2 12.5 (2.77) 12.1 (2.62) t=2.45 1>2*	1 2 12.5 (2.71) 12.1 (2.67) t=2.00 1>2*	1 2 12.5 (2.71) 12.1 (2.67) t=2.00 1>2*	1 2 12.5 (2.71) 12.1 (2.67) t=2.00 1>2*	
Factor 5: Isolation/Restraint	8.4 (3.41) t=-2.93 1>2**	1 2 8.4 (3.36) 8.1 (3.40) t=-2.93 1>2**	1 2 3 4 9.0 (3.36) 8.3 (3.34) 8.0 (3.48) 7.9 (3.25) F=4.71 1>3** 4**	1 2 3 4 8.8 (3.39) 7.9 (3.36) 8.1 (3.44) 7.7 (3.25) F=5.17 1>2** 4**	1 2 3 4 8.6 (3.38) 7.9 (3.42) 7.5 (3.04) 7.5 (3.61) F=6.36 1>2* 3**	1 2 3 8.3 (3.36) 8.2 (3.62) 7.5 (3.10) F=6.36 1>2* 3**	1 2 8.3 (3.31) 8.2 (3.42)	1 2 8.3 (3.31) 8.2 (3.42)	1 2 3 4 8.6 (3.38) 7.9 (3.42) 7.5 (3.04) 7.5 (3.61) F=6.36 1>2* 3**	1 2 3 8.3 (3.36) 8.2 (3.62) 7.5 (3.10) F=6.36 1>2* 3**	1 2 8.3 (3.31) 8.2 (3.42)	1 2 8.3 (3.31) 8.2 (3.42)	1 2 8.3 (3.43) 8.2 (3.35)	1 2 8.3 (3.43) 8.2 (3.35)	1 2 8.3 (3.43) 8.2 (3.35)	
Factor 6: Discharge	15.1 (3.16) t=-2.30 1>2*	1 2 14.5 (3.36) 15.2 (3.15) t=-3.20 1<2**	1 2 3 4 15.5 (2.92) 15.1 (3.27) 14.9 (3.23) 14.4 (3.34) F=4.36 1* 2*>3	1 2 3 4 15.1 (3.11) 15.1 (3.27) 14.9 (3.30) 14.4 (3.36) F=4.36 1* 2*>3	1 2 3 4 15.2 (3.13) 15.1 (3.33) 14.2 (3.40) 14.7 (3.05) F=4.36 1* 2*>3	1 2 3 15.0 (3.21) 15.0 (3.21) 14.7 (3.20) F=4.36 1* 2*>3	1 2 15.2 (3.03) 14.8 (3.36)	1 2 15.2 (3.03) 14.8 (3.36)	1 2 3 4 15.2 (3.13) 15.1 (3.33) 14.2 (3.40) 14.7 (3.05) F=4.36 1* 2*>3	1 2 3 15.0 (3.21) 15.0 (3.21) 14.7 (3.20) F=4.36 1* 2*>3	1 2 15.2 (3.03) 14.8 (3.36)	1 2 15.2 (3.03) 14.8 (3.36)	1 2 15.1 (3.20) 15.0 (3.27)	1 2 15.1 (3.20) 15.0 (3.27)	1 2 15.1 (3.20) 15.0 (3.27)	

t-test, ANOVA(Bonferroni-test); *p<0.05, p**<0.01

wards. Wards for complications scored higher than other wards. RNs had a higher score than LPNs. Nurses aged 30 years or younger scored higher than those aged 41–50 and 51 years or more. Nurses with 10 or less years of clinical experience scored higher than those with 11–20 and 21–30 years of experience. Those with 10 years or less of psychiatric clinical experience scored higher than those with 11–20 and 31 years or more of experience.

6) Discharge

Public hospitals scored higher than private hospitals. Hospitals that provided continuous education programs that included an ethics component scored higher than those without an ethics program. Chronic-phase wards scored higher than acute-phase wards, and alcohol wards had a lower score than acute-phase, chronic-phase, recovery-phase, and complications wards. RNs had a higher score than LPNs. Female nurses had a higher score than male nurses. Those with 10 years or less and 11–20 years of psychiatric clinical experience scored higher than those with 21–30 years of experience.

DISCUSSION

Environmental conditions affecting the ethics problems nurses experience

The results of this survey showed that many factors scored higher when the continuous education program for nurses working in hospitals included an ethics component. A 2006 survey had the same results (Tanaka, et al., 2014). A high FEEP score indicates a situation fraught with many ethical problems, or that respondents have high ethical sensibilities in recognizing ethical problems in the same situation.

It is well understood that ethics education enhances the ethical sensibility of nurses (Gallagher, 2006). Thus, it can be inferred that ethics education for nurses heightens their ethical sensibility. National and public hospitals had higher scores for two possible reasons: the RNs ratios are higher and more opportunities are offered, such as for nurse training. Additional surveys are necessary to determine the precise reasons. Experiences differed depending on ward openness and based on the characteristics of the patients' conditions.

Closed wards (i.e., completely closed, open by the hour) scored higher for factors such as “ward environment” and “isolation/restraint.” For example, in a closed and locked ward, a living environment guaranteeing a normal lifestyle and rights cannot be provided; thus, it is easy to imagine that dangerous objects are controlled. This survey showed that nurses experienced ethical problems in closed environments.

Chronic-phase wards scored higher than some other wards for all factors except “nurse’s competency.” Regarding long-term hospitalized patients, the living environment was problematic and patients could not be easily discharged (Iwamoto, 2017). Wards for complications scored higher than other wards for the factors “informing of diagnosis,” “relationship in the workplace,” and “isolation/restraint.” It was found that in psychiatric wards that provided care for patients who also had physical problems, the nurses felt distressed about their own competency (Ohkawa & Nakayama, 2004). Enhancing nurses’ expertise specific to the characteristics (physiological illness or disease) of the patient should contribute to resolving the ethical problems the nurses experienced.

Influence of nurse’s characteristics

In particular, nurses aged 30 years or younger and who had 10 or less years of clinical experience and psychiatric clinical experience more frequently experienced ethical problems. This is consistent with the results of a 2006 survey (Tanaka, et al., 2014). Staff experience more ethical problems in “relationships in the workplace” and “nurse’s competency” than those in management positions. Younger nurses with less clinical experience tended to experience more ethical problems, possibly because they are more sensitive to ethical problems because they had received prior ethics education. However, they may not have had the clinical capability to solve ethical problems because of their younger age or insufficient clinical experience. If a nurse had individually attended an ethics class in basic education or an ethics seminar, the ethical problems score for “nurse’s competency” was higher. Furthermore, the fact that more than half the participants in the survey had 10 years or less of psychiatric clinical experience may have influenced the results.

In a comparison of data according to nursing license type, RNs scored higher than LPNs for all factors except “relationship in the workplace.” This shows that RNs have strong sensitivity to ethical problems. “Relationship in the workplace” is the only factor not affected by factors such as a continuous ethics education program or license type. For the other factors, “education” enabled nurses to critically analyze their situation and work out remedial solutions. However, for “interpersonal relationships” relating to care, another approach may be required. More female than male nurses experienced problems in terms of “relationships in the workplace,” “nurse’s competency,” or “discharge.” Thus, gender differences should be considered.

Organization culture to solve ethical problems

Tsuruwaka (2014) argued that it is important to define ethical problems by analyzing the ethical environment. The care a nurse provides is not the problem, but a factor of the ethical environment such as a ward or an organization that creates the nurse’s working environment. Such care must be analyzed. Pointing out the importance of the relationship between nursing management and ethics, Tsuruwaka added that there should be “nursing management that plans, organizes, supervises, and controls nurses’ activities so that nurses are able to provide better nursing” (Tsuruwaka & Kuraoka, 2014, p. 2).

The survey established the relation between the ethics education provided at hospitals and nurse’s experiences with ethical problems, that the planning and administration of such ethical education had to be an organized activity, and that educational efforts could contribute to resolving these ethical problems. “Ward environment” was related to the improvement of amenities in psychiatric hospitals, and “relationship in the workplace” to the nature of good interpersonal relationships. These factors demonstrated the organizational direction required to create an ethical environment (Gallagher, 2010; McDaniel, 1998), instead of just improving the situation through individual nurses.

This survey also revealed another issue. Younger nurses with less clinical background experience experienced ethical problems more frequently than other groups,

were more sensitive to these ethical problems, and needed more support to reach a satisfactory resolution. This demonstrates that nursing management must staff these nurses correctly and provide appropriate support. It is necessary to implement a support system for nurses with fewer years of clinical experience or support system for those who have to provide difficult care for patients requiring special support.

CONCLUSIONS

The data collected through FEEP 43 were factor analyzed in terms of the “Frequency - Ethical problems psychiatric nurses experienced.” The following six factors were extracted: “informing of diagnosis,” “ward environment,” “relationship in the workplace,” “nurse’s competency,” “isolation/restraint,” and “discharge.” Ethics education in hospitals and nurse licenses heighten nurses’ ethical sensibility, although nurses working in closed wards, chronic wards, and complication wards as well as staff with 10 years or less of clinical experience may encounter increased and frequent ethical problems. An organizational approach is needed to support these people and establish an ethical environment. Based on the results of this survey, future research should examine in more detail the relationship between ethical problems and factors such as nurses’ personality and the work environment.

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