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Thoughtful Tolerance: A Strategy for Managing Moral Dilemmas among the Nurses in Iran

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Authors' contributions

This work was carried out in collaboration between all authors. Author NZ designed the study, wrote the protocol. Author AE is correspond and wrote the first draft of the manuscript. Authors AA and FB managed the literature searches and supervised writing the manuscript. Author NN managed the analyses of the data and provided advices in the study design. All authors read and approved the final manuscript.

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ABSTRACT

Aim: Nurses face plenty of challenges as a result of their workplace interactions pertaining in part to morality and in part to their individual rights. Nevertheless, having effective professional ethics, even when the nurse has faced a challenge, is part of their competency as a nurse.
This study was carried out in order to examine how moral dilemmas and challenges related to

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individual rights are faced and managed by nurses in Iran.
Research Design and Methodology: This is a qualitative content analysis study. Data were collected through in-depth semi-structured interviews and field notes. The resulting data were analyzed by Graneheim's method of conventional content analysis.
The study was carried out in the years 2014 and 2015 in Iran. The total population was the clinical nurses from Iran's universities of medical sciences. Purposive convenient sampling was used to select 12 nurses.
Results: Examining the data led to the emergence of the main theme of thoughtful tolerance. This main theme was categorized into three subthemes namely, mutual forgiveness, forbearance, and chivalry.
Conclusions: Iranian nurses choose to manage their moral dilemmas they face in relation to their rights by taking up thoughtful tolerance based on their individual, religious, and cultural values in the cultural construct, and in this way they make sure that their performance is most professional. They believe that not only their soul softens up through forbearance and forgiving themselves and others, but it also helps improve the quality of care. Therefore, thoughtful tolerance may lead to an enhancement of the nurses' professional competency.

Keywords: Thoughtful tolerance; forgiveness; moral dilemma; competency; nurses.

1. INTRODUCTION

Nurses will face a lot of moral dilemmas due to their constant interactions with patients, caregivers, and their colleagues. Some of these dilemmas pertain to the nurses' predefined job descriptions, while some have to do with their individual rights [1-3].

Although there are guidelines for a number of such dilemmas, referred to as patient rights, and managing them correctly is an indication of the nurses' professional aptitude, but there are no clear-cut rules for the most part, [4] especially in cases where these dilemmas are directly related to the nurse's individual rights rather than their professional responsibilities [5]. A lack of a clear framework inflicts moral dilemmas upon the nurses, while ethical knowledge and decision-making skills are keys to solving such dilemmas.

Furthermore, because a nurse directly deals with people's lives, it is necessary that they act effectively when it comes to caring for the patient and saving the patient's life [6]. Nursing competency is defined as an integrated collection of nursing knowledge, skills, attitudes, and motivation. Attitude and motivation as two major facets of nursing competency pertain to nursing moral competency. Moral competency refers to the tendency to engage in Altruism deeds and the ability of rational judgment of moral issues and challenges. Moral competency is not the ability to apply philosophical moral principles, but it is about being able to think appropriately and implementing suitable methods when dealing with real-life moral issues [1,7]. It is clear that moral competency can play a major role in the quality of care and saving the patients' lives. Patients find it easier to trust nurses with higher moral competency [8].

Studies have shown that managing moral dilemmas depends on one's moral competency and specifically is based on personal and social values. Then again, personal values are under the influence of family, religion, friends, and in general of social values [9]. Therefore, it is only natural for the manner in which nurses manage moral dilemmas to change according to a change of context [10]. Iranian nurses use thoughtful tolerance strategy to resolve moral conflicts in their workplace that is in accordance with the theories of scientists, including Mac Clugh and et al. MC Clough (2001) & MC Clough, Worthingtone (1999) & MC Clough, Worthingtone, Rachal (1979). In their theories stated outcomes of forgiveness and tolerance are: leads to improved affect, lowers rate of psychiatric illness, lowers physiological stress responses; thereby improving physical well-being and leading to a greater sense of personal control, facilitates the restoration of relationship closeness [11].

As far as we know, there have been no studies in Iran examining methods of managing moral dilemmas by Iranian nurses. Hence, for the purpose of an in-depth qualitative content analysis study, we explored moral strategies that the Iranian nurses adopt in order to manage moral dilemmas at workplace.

2. MATERIALS AND METHODS

2.1 Research Plan and Setting

This study was carried out in the years 2014 and 2015 in the context of Iran's healthcare provision and medical education system, among the population of nurses working in hospitals. This qualitative study, a part of more extensive research, was conducted using conventional content analysis, a method for qualitative research that can be used for data analysis. Content analysis assists the researcher in obtaining the hidden layers of phenomena connected to the research topic and thus close in on the objectives of the research [12].

The sampling setting in this study comprised Iran's nursing colleges and government hospitals affiliated to universities of medical sciences and health services in Kerman, Bam, Tehran, Isfahan, and Shiraz.

2.2 Participants and Sampling Procedure

Purposive and convenient sampling was carried out until data saturation was reached. The study population was nurses working in hospitals. The inclusion criteria were being a nurse irrespective of the education level, at least one year work experience as a nurse in the context of the study, being able to speak Persian, current employment in the study setting, and finally willingness to take part in the study. There were no limitations on sex, age, and level of education. Although generalization is not a concern in qualitative studies, attempts were made for a maximum variety in age, sex, level of education, ward, and city among the participants. Twelve nurses participated in the study, nine of whom were female and three were male. 41.66% of participants were from Bam, 25% from Esfahan, 16.66% of Kerman, 8.33% from Shiraz and 8.33% from Tehran (Table 1).

2.3 Gathering Information

Data collection comprised semi-structured face-to-face interviews. After being briefed on the study and its objectives, the participants agreed to take part and signed informed consent forms, thus entering the study. Participants were asked to take part in a semi-structured interview. On average, every interview took 45 minutes. The interviews would start with a number of predetermined questions such as "what are the characteristics of your best colleague?" or "how do you think a nurse should be from a moral point of view in order to provide the best care for a patient?", and other questions would develop in the course of the interview. The interviews were recorded using a voice recorder. Notes were taken during the interview. All interviews were conducted by one constant interviewer.

Sampling continued to the level of data saturation. The saturation was reached when 10 interviews were conducted. But two other interviews were conducted to ensure saturation.

2.4 Data Analysis

Data were analyzed using content analysis, based on Lundman and Graneheim method [13]. This method is a systematic and objective research method for describing phenomena. In this method, the researcher refrains from implementing preconceived categories, instead allowing for concepts and categories to emerge from inside the data. Therefore, the researcher deeply engages with the data until new understanding and insight is achieved. First, all data were repeatedly read so as to grasp a general understanding; then the data were analyzed in order to create an initial coding scheme through implementing constant comparison and inductive content analysis. Hence, the interviews were listened to six times transcribed, each transcription studied four times, meanings inferred, and coding followed. Initial coding was submitted to a list of nursing specialists including a nursing professor, two nursing associate professors, and one socio medical professor. They were asked to criticize the coding scheme and put forward suggestions to improve it. In this way, the coding scheme was fixed and we continued with the rest of the interviews using the corrected scheme. The codes were summarized and categorized based on their similarities and differences. This refinement process helped toward a better understanding of the concept and allowed extraction of the main theme. The criteria developed by Lincoln and Guba were taken into consideration as explained below. In order to achieve data credibility, prolonged engagement, mixed data collection methods (field notes, memos, and recorded audio), reviewing and auditing by a reviewer and constant comparative method for data analysis were employed [14]. In order to assess the dependability of findings, member check was implemented which comprised making use of additional comments by colleagues as well as reviewing participants' memos. The confirmability of findings was assessed by submitting reports, memos and

Table 1. Participants characteristic

ID	City	Study level	Job experience (years)	Sex	Age (years)
1	Bam	B.S	12	Male	36
2	Bam	B.S	6	Female	28
3	Kerman	M.S	13	Male	37
4	Esfahan	B.S	17	Female	43
5	Esfahan	B.S	17	Female	43
6	Bam	B.S	7	Female	30
7	Esfahan	B.S	2	Female	26
8	Kerman	B.S	6	Female	27
9	Tehran	M.S	10	Female	35
10	Shiraz	M.S	11	Female	36
11	Bam	B.S	20	Male	50
12	Bam	B.S	6	Female	28

notes to two nursing professors and receiving a single outcome. The transferability of findings was attained via a rich description of the data [14,15].

3. RESULTS

The main theme, thoughtful tolerance, was the major strategy adopted by the nurses in this study for managing their moral dilemmas. They practiced this strategy by mutual forgiveness, forbearance and chivalry (Table 2).

Table 2. Main theme and sub themes

Main theme	Sub themes
Thoughtful tolerance	Mutual forgiveness Forbearance Chivalry

3.1 Thoughtful Tolerance

3.1.1 Mutual forgiveness comprising self-forgiveness and other-forgiveness

Forgiveness is an indication of one's transformation from negative to positive in response to an offender or a perpetrator. It is a mechanism through which individuals can experience hopefulness and positive feelings, cognition and behavior. Mutual forgiveness consists of two subcategories: Self-forgiveness and other-forgiveness.

3.1.1.1 Self-forgiveness

Since nurses are prone to making mistakes for various reasons, they always carry this feeling of guilt with them, and some of them constantly blame themselves throughout their working life all because of a mistake they made un intentionally. This not only hampers the nurses' energy, but it also leads to depression and paves the way for more mistakes. "*I suffered a lot. I blamed myself for a long time for a mistake I had made unintentionally. Until one day I told myself, enough! Stop beating yourself up. God says "repent and I'll forgive," right? So stop torturing yourself so much. Gradually I felt better over time."* Said participant number *5* (40-year-old female nurse with 17 years' experience).

3.1.1.2 Other-forgiveness

Usually when an individual has been offended by one or more people, a revenge mechanism gets activated in order to clear the offence and restore justice. But some people embrace forgiveness as an alternative mechanism. As an example, *"I remember he didn't like doing rounds with me much. But I put my foot down and said let's go visit the patients. He said others don't do it! He was still sitting at the station. Although he was trying to belittle me this way, I forgave his rudeness and he regretted it and we became good friends after.*" Said participant number 4 (43-year-old female nurse with 17 years' experience).

3.1.2 Forbearance

Another subtheme was forbearance, meaning to ignore. Forbearance happens when there has been an error or an offence and the person just ignores it has ever happened. In fact, the offended individual knows that the offender must make amendments, but does not expect it from them. Therefore, although this may not look any different from forgiveness, one must distinguish between the two in terms of emotions and feelings; "*I didn't report on my colleague's violation of the rules and this led to his being more careful from then on*" Stated participant

number 9 (35-year-old female nurse with 10 years' experience). Or "*For example, in this room, Ms. …is so nice to me and gives me so much positive feedback about the care I provide for them. But they call me names in the next room. I shouldn't collapse under all this, just as a building must be flexible enough so it doesn't collapse."* Said participant 3 (37-year-old male nurse with 13 years' experience).

3.1.3 Chivalry

Another subtheme was chivalry, which is when one gives up their right in an act of altruism without the explicit request of the offender/perpetrator. Moreover, chivalry means to close one's eyes to other people's shortcomings. *"No, even if I hear that something bad has happened to someone who's been unkind to me, like if he's fallen ill or something, that won't make me happy, and I'd be willing to help them anyway I can. I don't keep grudges against anyone."* Said participant number 6 (30-year-old female nurse with 7 years' experience). Or "*Although sometimes the patients used to be rude to her, or the visitors had such and such expectations, she'd still care for her patients so humanely and their behavior didn't really affect her at all. I'd noticed that she sometimes got tired but she'd still do her job with a smile on her face. In the end her patients would fall absolutely in love with her. There's only one word for this, chivalry, chivalry, right?"* Said participant number 12 (28-year-old female nurse with 6 years' experience).

4. DISCUSSION

When a person has been offended by one or more people, a revenge mechanism is usually activated to clear the offence and restore justice [16]. However, studies have shown that humans can display alternative reactions such as forgiveness in response to that offence. Therefore, they clear their hearts and souls with chivalry and kindness from within instead of retaliation or punishment and seeking compensation for the harm that has been inflicted on them, and do not let the offender linger in their thoughts [17].

4.1 Thoughtful Tolerance

Thoughtful tolerance accompanied with reflection was suggested as a moral strategy for Iranian nurses toward managing moral dilemmas they face at workplace in the present study. In general, thoughtful tolerance means that one ignores or forgives a mistake or error that one or others make while keeping in mind the possible consequences of doing so, or on a more superior level when one makes a sacrifice and makes up for their mistakes. When exercising thoughtful tolerance, nurses must first be kind to themselves and consider themselves worth being forgiven and respected. Nurses must be able to ignore the pain that others have inflicted on them, or consciously abandon retaliation, while still having the ability to retaliate, and forgive that error or offence with kindness and serenity [18]. They not only can forgive a person who has wronged them, but also can help him, this represents chivalry.

4.1.1 About forgiveness

In the process of forgiveness, a lot of cognitive emotional and social factors are activated following the offence [19]. Although the terms forbearance and forgiveness are quite similar to each other, there is a subtle difference between them. In forgiveness, one is completely relieved and does not think of oneself or the other person as being culpable nor to deserve being blamed. Forgiveness covers mercy, chivalry and kindness, but forbearance is only to close one's eyes on an offence and is devoid of any kind feelings [20]. As pointed out by the participants in this study, forgiveness is a mutual process and involves forgiving oneself and others. Numerous definitions of self-forgiveness can be found in the literature of social sciences. They all emphasize self-love and self-respect. In philosophy, self-forgiveness is a symbol of good-intentions toward the concept of self, while one clears one's mind of hatred and self-contempt which are the results of harming others. In self-forgiveness, one acknowledges one's errors and protects one's inherent worth and independence. Philosophers assume that self-forgiveness involves a restoration of self-esteem [18]. By relying upon the humane principles that have been advised in Quran, Iranian nurses try to cultivate this characteristic. Due to its particular nature and being in contact with people whose health is in danger or with patients' relatives whose loved ones have been affected; nurses are constantly prone to physical and verbal abuse. Although they have the option of retaliation as a natural defense mechanism, they prefer to choose thoughtful tolerance because of their kindness and chivalry as well as their individual, cultural and religious values and forgive patients and their relatives despite having

been hurt. In addition, nurses bestow calmness upon themselves in this way, treat others with respect and help mend the relations with the patient and their relatives. This is what improves the quality of care, in line with achieving the primary objective of nursing. However, Iranian nurses are not the only people who use thoughtful tolerance as a means of improving quality of care for patients [10]. Many studies have considered forgiveness one of the components of nursing competencies and have confirmed its prevalence among nurses, such that possessing the virtue of forgiving others has been introduced as a compulsory moral value for nurses. Norhafizah et al. [21] have examined the relationship between demographics and other-forgiveness as a moral value among nurses. Garmsari states that individual values of nurses guide them in the moral decision-making and discusses the influence of religion and culture on individual values [10].

People are divided into two groups in terms of belief in social justice. There are those who believe in a just society and declare that good people will be rewarded and bad people punished, and those who side with a world devoid of justice and declare that the innocent will be punished and the guilty will always be released and remain unpunished. The responses to both groups depend on their worldviews. One who believes that goodness will always be rewarded is inclined toward forgiveness. On this basis, a theory forms on the role that God plays in the process of forgiveness. Since God is merciful and forgives people's transgressions, people forgive others too by submitting to God's ways [18]. This is because Abrahamic religions emphasize staying clear of vengeance and being kind, forgiving and chivalrous [10] For example, in the Muslims' holy book, brought to the humanity by the prophet of Islam, the following verse has been repeated time after time: "In the name of Allah, the compassionate, the merciful". Both adjectives are strong ones meaning very forgiving and very kind; the first term is more of an exaggeration [22]. The compassionate and the merciful refer to the huge mercy that encompasses all creatures and the humankind [23]. In this sense, and considering the fact that most Iranians are Muslims and monotheists, one can see that being religious may be why Iranian nurses use thoughtful tolerance as a strategy to deal with moral dilemmas.

Regardless of the sources of thoughtful tolerance, it is necessary to pay attention to the fact that nurses use this strategy for managing moral dilemmas and in order to offer better care to their patients. Nurses learn that not forgiving can have tragic consequences as opposed to forgiving which can lead to huge transformations in health and in interactions. Festa considers forgiveness not only as a moral quality for a nurse but also as a nursing intervention [24].

Recine et al. [25] take inspiration from mid-range nursing theories, Bandura's social learning theory, and Frankl's theory of meaning and introduce forgiveness as a type of nursing intervention. They believe that not only forgiveness benefits the nurse, but its benefits extend to the patient, family and society.

In their study, Dehghan-Nayeri and Negarandeh name a variety of different reactions that Iranian nurses display when facing workplace challenges; including anger, aggression, shouting, crying, sorrow, apology, self-control, calming behavior, forgiveness, ignoring, flexibility and self-attack [26].

According to Ferrel et al. [27] when people forgive, they allow themselves to be released from bitter feelings and a thirst for vengeance. Forgiveness is a conscious decision for being freed from vengeance and its bitterness. When a person forgives, they improve their emotional state, reduce depression and frustration within themselves and let hope flourish inside them. Forgiving withheld can lead to damages such as chronic frustration, depression, and stress.

4.1.2 About chivalry

Charity and forgiveness go beyond not wanting to inflict damages, to the realm of doing noble and beneficial deeds. These moral virtues point to forgiveness with contentment which is a step above offering good care to the patient and requires giving up one's interests. And this is a form of chivalry. In fact, this is counted as a spiritual virtue because selflessness and willingly tending to other people's needs is freeing oneself from all feelings of anger and revenge. Being forgiving toward patients and colleagues is a good way of charity and selfless good deeds [28].

By strengthening this quality in themselves, nurses not only improve their relationship with the patient and the patient's relatives and with their colleagues, but also bring about tranquility to themselves and their workplace. When nurses

forgive themselves or others and are chivalrous, they make a conscious decision to be released from damaging themselves and the society and to achieve inner and outer peace, and substitute the negative feeling of mercilessness with the positive emotions of empathy, sympathy, and love [11].

Theory topics explored include the neurobiological origins of forgiveness, lifespan development of cognitive capacity to forgive, social psychological costs and benefits, and the personality basis of forgiveness. Curative and spiritual aspects of forgiveness and tolerance are considered and guidelines are provided for studying and applying forgiveness-based strategies in clinical practice with individuals, and groups for example nurses [29].

4.1.3 About forbearance

Leininger believes futuristic vision, risk-taking, commitment, forbearance were traditional ways to manage the challenges of nursing care [30]. Mebrouk says patience and sympathy and respect for the patient is an important component of nursing care but does not mention them as a strategy for managing the moral dilemmas [31].

5. CONCLUSION

The results of this study show that Iranian nurses, based on their individual, religious and cultural values, choose thoughtful tolerance as a fundamental strategy for managing moral dilemmas in the workplace as well as efficient decision-making in order to enhance the process of care. Given that thoughtful tolerance can help improve the quality of care, it may therefore be possible to consider it as a component of nurses' moral competencies.

According to the findings of this study is proposed to Moral characteristics of nursing students and clinical nurses training seriously done. In addition, it is recommended that develop a scale for measuring the nurses moral competency. This tool can be used in more ethical nurses selection and employment them.

ETHICAL APPROVAL

This study was approved by the Ethics Committee of Kerman University of Medical Sciences as a part of a larger study. All participants had signed informed consent forms.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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