

Moral Behaviors of Nurse Supervisors Expected and Perceived by Nurses in Bangladesh

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Abstract

Morality of nurse supervisors is very crucial for nurses in providing quality care to patients. This study aimed to identify the level of moral behaviors of nurse supervisors expected and perceived by nurses in Bangladesh and to compare the differences between nurses' expectation and perception. The data was collected from 177 nurses recruited by systematic random sampling at one medical college hospital in Bangladesh. The 5-point Likert scale (0-4) type of questionnaire was developed by the researchers, content validated, and then tested for reliability. The results of validity and reliability were satisfactory. The data was analyzed with descriptive and inferential statistics.

The results showed that nurse's expectation regarding moral behaviors of nurse supervisors to nurses (M=3.94, SD=0.26) and to patients (M=3.95, SD=0.19) was found to be at high level. Moreover, nurse's perception regarding moral behaviors of nurse supervisors to nurses (M=2.76, SD=0.44) and to patients (M=2.84, SD=0.44) were also found to be at high level. The results of Wilcoxon signed ranks test showed that nurse's expectations was significantly higher than nurse's perceptions ($p < 0.001$).

This study provides the empirical evidence related to nursing ethics in general and moral behaviors in particular to the nursing profession of Bangladesh. The findings highlighted some certain moral behaviors of nurse supervisors that need further improvement.

Keywords: Moral behaviors, nurse supervisors, Bangladesh

Background and Significance

Nursing is a moral action that consists of doing well and avoiding harm to the patients (Bandman, 1995). In addition, nursing is a well-recognized morally responsible and accountable profession and every the nurse is individually and morally responsible and accountable for his or her own behaviors (Johnstone, 2002).

Nurse supervisors have a great opportunity to improve the quality of nursing services through their effective supervision. It was found that clinical supervision improved the caring procedure of nurses, increased nurse's ability to provide quality care according to their wishes, and encouraged them to be more motivated as morally aware nurses (Severinsson, 2001).

Several studies have found that the quality of nursing in Bangladesh is not up to the standard mark. According to Begum's description (1998), nurses are lacking the interest of work, competition, and providing quality services. Another study provided a strong evidence of morality reflecting in nursing accountability of nurses in Bangladesh (Hadley & Roques, 2007). They found that nurses in public hospitals spent only 5.3 % of their working time in direct contact with patients, 32.4 % of times with the paper work and indirect patient care, and rest of the time was identified as unproductive time, interaction with other hospital staffs, patients and relatives. These outcomes should encourage nurse supervisors to improve this situation. Improving moral behavior among nurses is not possible without role modeling from their own leaders. Several studies have found that the supervisors acted as a role model in taking responsibility directly for the supervisees and indirectly for the patients (Berggren & Severinsson, 2000; Berggren & Severinsson, 2003; Berggren & Severinsson, 2006).

Moral behaviors of nurse supervisors toward nurses and patients can be investigated by asking the nurses who are working under their supervision. Since there was no existing knowledge on this issue, the researchers were interested in studying moral behaviors of nurse supervisors in Bangladesh as expected and perceived by nurses. Therefore, this study would be beneficial to improve the moral behaviors of nurse supervisors through understanding of nurses' expectation and perception.

Objectives

The purposes of this study were to (1) identify the level of moral behaviors of nurse supervisors expected by nurses, (2) identify the level of moral behaviors of nurse supervisors perceived by nurses, and (3) compare the differences between the nurses' expectation and nurses' perception of nurse supervisors' moral behaviors in Bangladesh.

Technical Terms

Moral behaviors of nurse supervisors *expected* by nurses was defined as nurse's perception of *ideal* moral behaviors of nurse supervisors toward the nurses and patients. It was measured by the Nurse Supervisors Moral Behaviors Questionnaire (NSMBQ) Expected by Nurses. Six ethical principles including beneficence, non-maleficence, autonomy, justice, confidentiality, and truth telling comprised the NSMBQ.

Moral behaviors of nurse supervisors *perceived* by nurses was defined as nurses' perception of *actual* moral behaviors of nurse supervisors toward the nurses and patients. It was measured by the NSMBQ Perceived by Nurses, identical to the measure of nurses' expectation.

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 including beneficence, non-maleficence, autonomy, justice, confidentiality, and truth telling.

Research Methodology

The descriptive study was used in the present study. The setting of this study was a medical college hospital in Dhaka city, Bangladesh. The subjects were 177 nurses who met the inclusion criteria including; had at least diploma in nursing and at least one-year working experience in nursing service in the hospital. They were recruited by the systematic random sampling. A self-reported, structured 78-item, Nurse Supervisors' Moral Behaviors Questionnaire (NSMBQ) developed by the researchers based on Beauchamp and Childress's (2001) and Fry and Johnstone's (2002) ethical principles, was used to gather the data. It consisted of six components with 78 items including:

1. Providing benefit (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

Participants were asked to rate the frequency of nurse supervisors in performing moral behaviors on a 5-point Likert scale (0 = never perform, 1 = rarely perform, 2 =

sometimes perform, 3 = often perform, and 4 = almost always perform moral behavior). The total possible scores range from 0.00 to 312.00. The mean total score was computed and classified into three levels. Score 0.00 to 1.33 indicates that the moral behavior was low; score 1.34 to 2.66 indicates that the moral behavior was moderate, and score 2.67 to 4.00 indicates that the moral behavior was high. The validity of the instrument was assessed by three experts and yielded the Content Validity Index (CVI) of 0.97. The reliability of the questionnaire was acquired by using Cronbach's alpha coefficient and yielded the same alpha coefficients of 0.98 for nurses' expectation and for nurses' perception. Ethical considerations were maintained after obtaining approval of the thesis proposal by the Institutional Review Board (IRB), Faculty of Nursing, Prince of Songkla University, Thailand; permission for data collection from the setting and informed consent from the participants and assured about their rights, maintaining confidentiality, privacy and anonymity. The questionnaires were distributed to potential subjects directly with the help of in-charge nurses.

Data was analyzed by descriptive and inferential statistics. The nurses' expectation dataset was highly negatively skewed due to very small variability of the data as most subjects rated their expectation at high scores (3 to 4). Thus, Wilcoxon Signed Ranks Test was used to test the difference between mean ranks of nurses' expectation and nurses' perception on moral behaviors of nurse supervisors.

Results

The average age of the nurses was 40 years and ranged from 26 to 55 years. The majority of them were female (95 %) and more than ninety percent of nurses possess diploma in Nursing. The average length of nursing service in the hospital was 11.5 years. In addition, very few nurses had received ethics training (2 %).

Moral behaviors of nurse supervisors were categorized into two subcategories including their behaviors *to nurses* and *to patients*. The findings of these expectations are presented as follows:

Moral Behaviors of Nurse Supervisors to Nurses Expected and Perceived by Nurses

The total mean score of nurses expectation on moral behaviors of nurses supervisors to nurses was found to be at high level (M = 3.94, SD = 0.26). The highest mean score was 'maintaining confidentiality' (M = 3.96, SD = 0.17) (Table 1).

The total mean score of nurse's perception on moral behaviors of nurse supervisors to nurses was also found to be at high level (M = 2.76, SD = 0.44). Considering each dimension, it was found that the mean score of 'providing benefit' (M = 2.25, SD = 0.63) and 'avoiding

harm' (M = 2.38, SD = 0.52) were found to be at moderate level and other four dimensions were found to be at high level (Table 1).

Table 1

Means, Standard Deviations, and Levels of Moral Behaviors of Nurse Supervisors to Nurses Expected and Perceived by 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

Moral Behaviors of Nurse Supervisors to Patients Expected and Perceived by Nurses

The total mean score of nurses' expectation on moral behaviors of nurse supervisors to patients was found to be at high level (M = 3.95, SD = 0.19). The highest mean score was 'telling the truth' (M = 3.97, SD = 0.11) (Table 2).

The total mean score of nurses' perception on moral behaviors of nurse supervisors to patients was also found to be at high level (M = 2.84, SD = 0.44). All dimensions were at a high level except 'providing benefit' which was found to be at moderate level (M = 2.22, SD = 0.44) (Table 2).

Table 2

Mean, Standard Deviations, and Levels of Moral Behaviors of Nurse Supervisors to Patients Expected and Perceived by Nurses (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. Maintaining confidentiality	3.95 (0.24)	High	2.84 (0.56)	High
4. Avoiding harm	3.95 (0.18)	High	2.87 (0.51)	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

Comparison between Nurses' Total Expectation and Total Perception on Moral Behaviors of Nurse Supervisors to Nurses

The results indicated there was a significant difference between mean rank of nurses' total expectation and mean rank of total perception on moral behaviors of nurses' 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, $z = -11.285$, $p < 0.001$) (Table 3).

Table 3

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	
Perceived > Expected	1	126.00	126.00	-11.285**
Perceived = Expected	2			

** $p < .001$

Comparison between Nurses' total Expectation and total Perception on Moral Behaviors of Nurse Supervisors to Patients

The results indicated that there was a 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, $z = -11.489$, $p < 0.001$) (Table 5).

Table 5

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	
Perceived > Expected	1	12.50	12.50	-11.489**
Perceived = Expected	1			

** $p < .001$

Comparison among Dimensions between Nurses' Expectation and Perception on Moral Behaviors of Nurse Supervisors to Patients

The results present the significant differences of mean ranks between each dimension of nurses' expectation and perception on moral behaviors of nurse supervisors to patients.

Discussion

Most of the subjects were female (95 %) and age ranged from 26 to 55 years. Similar to many other countries in the world, majority of the Bangladeshi nurses are female. Since, most of the female students are recruited during the admission to Diploma Nursing Course in the nursing institutes. Moreover, the nursing profession places high consideration all over the world for recruiting female to enter to this profession as female are more likely to have caring behavior. Cooper (2005) mentioned that nursing is emerged from the caring of mother and Florence Nightingale who was a female established the modern nursing profession.

Nurse's Expectation on oral Behaviors of Nurse Supervisors to Nurses

The findings of the present study showed that, the total mean score of nurse supervisors' moral behaviors to nurses expected by nurses was found to be at high level (M = 3.94, SD = 0.26). The highest mean score was 'maintaining confidentiality' (Table 1).

Moral behaviors of nurse supervisors to nurses are very important in for providing quality care to clients, as supervisors are the role model for the nurses. Several studies found

that nurse supervisors acted as role models for the nurses through sharing their professional knowledge, code of ethics, and ethical principles emphasizing on patient's conditions. The supervisors have direct responsibility to the nurses and indirectly to the patients in providing care (Berggren & Severinsson, 2000; Berggren & Severinsson, 2003; Berggren & Severinsson, 2006).

Nurses' expectation on Moral behaviors of nurse supervisors regarding maintaining confidentiality of nurses was received the highest mean score ($M = 3.96$, $SD = 0.17$). For the items, the three highest mean scores were 'maintain nurses' annual confidential report with trust', 'keep nurses' personal information confidential', and 'do not allow unauthorized persons to access nurses' confidential records'.

Confidentiality is one of the most fundamental ethics for healthcare professionals (Fry & Johnstone, 2002). Moreover, nurse supervisors have a great role in maintaining confidentiality of nurses through avoiding disclosure of nurses' information to others. Maintain confidentiality is important to expand trust worthy relationship. In the relationship between registered nurses and nurse supervisors, nurses place high value on their confidential information. They do not want people to know their secrets. Disclosure of secrets may affect person's emotion, image and position in the organization and society. Agéllii et al. (2000) found that the supervisors are guided by the value of privacy and confidentiality and that they stated a need to improve their supervision in order to ensure confidentiality. Similarly, another study conducted by Berggren, Begat, and Severinsson (2002) found confidentiality as one of the most important moral rules in supervision.

Nurses' Perception on Moral Behaviors of Nurse Supervisors to Nurses

Nurses' perception on moral behaviors of nurse supervisors to nurses was also found to be at high level ($M = 2.76$, $SD = 0.44$). The following dimensions, 'providing benefit' ($M = 2.25$) and 'avoiding harm' ($M = 2.38$) were found to be at moderate level and other four dimensions were found to be at high level. The highest mean score was 'telling the truth' ($M = 3.05$, $SD = .56$) (Table 1).

Nurses' perception on moral behaviors of nurse supervisors regarding telling the truth to nurses was found to be at high level and received the highest mean score. For each item, it was found that all the items were found to be at high level. The highest mean score was 'provide truthful information to nurses' ($M = 3.94$). Moral behavior regarding 'truth telling' is very significant in nursing supervision. Therefore, nurse supervisors also need to be sincere with their supervisees by communicating to them in a truthful and timely manner. Tappen, Weiss and Whitehead (2001) stated that truthfulness is the essential obligation in building

trust worthy relationships. Furthermore, nurse managers/supervisors have a great chance to establish an environment in which every one is willing to express about his/her errors or failure to others through truth telling and build trust worthy relationships among them (Kerfoot, 2006). Therefore, they demonstrated their moral behaviors in truth telling to nurses.

Nurses' perception on moral behaviors of nurse supervisors regarding 'providing benefit' and 'avoiding harm' was found to be at moderate level. Considering each item regarding 'providing benefit' to nurses, it was found that only the item 'provide emotional support to nurses' was at a high level (M= 2.77, SD = 0.94) and other nine items were found to be at moderate level. The lowest mean score was received for 'share knowledge and experiences with nurses' (M = 2.02, SD = 0.82). Among the items regarding 'avoiding harm' of nurses, it was found that, the mean scores of all items were found to be at moderate level except for the item 'do not blame nurses with impolite words' which was found to be at high level (M = 3.18, SD = .80). Moreover, the lowest mean score was obtained for 'do not assign tasks with high risks without adequate preventive measures' (M = 1.97, SD = .85).

The following factors such as; nurse supervisor's educational level (most of them are having diploma in nursing degree), inadequate competency in advanced patient care and nursing personnel management, lack of opportunity for career development, shortage of nurses, and insufficient hospital supplies may be the part of this findings. Nurse supervisor's 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. According to Wilson (1999), an extensive range of skills is required for successful supervision that is beneficial for both supervisors and supervisees.

Nurse's Expectation on Moral Behaviors of Nurse Supervisors to Patients

The result of the present study showed that nurse's overall expectation on moral behaviors of supervisors to patients was at a high level (M = 3.95, SD = 0.19). Among six dimensions, the highest mean scores was obtained for 'telling the truth' (M = 3.97, SD = 0.11) (Table 2).

Telling the truth is a moral virtue, which is essential to develop therapeutic nurse-patient relationship (Hodkinson, 2008). Nurse's highest expectation on moral behaviors of nurse supervisors to patients was found to be 'telling the truth'. Three items that received highest mean scores were 'use clear and simple terms when telling the truth to patients', 'tell patients about their bad news with empathy', and 'evaluate patients' feelings and reactions after telling bad news to them'. According to Beauchamp and Childress (2001), truth telling/veracity refer to convey complete, truthful and purposeful information to patients in an

understandable manner. Moreover, nurse's truthful information is supportive for the patients to take appropriate decision timely (Hodkinson, 2008). Therefore, nurses expected their supervisors to provide information to patients/families honestly and with empathy.

Nurse's Perception on Moral Behaviors of Nurse Supervisors to Patients

The total mean score of nurse's perception on moral behaviors of nurse supervisors to patients was also found to be at high level ($M = 2.84$, $SD = 0.44$). Within the six dimensions, 'providing benefit' was found to be at moderate level with the lowest mean score and other five dimensions were found to be at high level (Table 2). The highest mean score was obtained for the item 'maintaining equality' ($M = 3.30$, $SD = .63$). For the items, it was found that one item was at a moderate level and other five items were at a high level. Three items that received highest mean scores were 'treat every patient equally regardless of their religion', 'treat every patient equally regardless of their social statuses; and 'provide fair distribution of resources to each patient'. In addition, the lowest mean score was obtained for item 'supervise, monitor and ensure equal care' (2.53 , $SD = 0.95$). In this perspective, nurse supervisor's over workload, inadequate advanced knowledge and competency regarding proper monitoring and supervising the nurse's performance in patients care, and insufficient supplies may be the reason for the lowest perception of nurse supervisor's monitoring and ensuring of equal care to patients.

Nurse's perception on moral behaviors of nurse supervisors regarding providing benefit to patients was found to be at moderate level including all items. The item receiving highest mean score was 'provide emotional support to patients' ($M = 2.51$, $SD = 0.85$). Furthermore, the lowest mean score was obtained for the item 'perform direct care to patients' ($M = 1.94$, $SD = 1.01$).

In the context of Bangladesh, nurse supervisors generally perform administrative functions rather than providing direct care to the patients. According to the job description of nurse supervisors (Directorate of Nursing Services and Ministry of Health, Population Control and Family Planning, Bangladesh, 1979), nurse supervisor's responsibility includes (1) administrative functions, (2) supervisory functions, and (3) educational functions. Furthermore, supervisor-nurse ratio, education, training, and competency of nurse supervisors are very important in providing direct care to patients. In this study setting, only 23 nurse supervisors were performing their job for approximately 300 nurses and more than 700 hospitalized patients. Most of the nurse supervisors (91 %) possess diploma in nursing, compared to 9 % who possess Bachelor degree (Nurse Supervisor, Personal Communication, December 21, 2009). Moreover, nurse supervisors have been promoting from senior staff

nurse position based on years of service experiences, not based on their education and competency. These contextual situations may contribute to nurse's perception of their supervisors providing benefit lower than other dimensions.

In summary, nurse's expectation and perception on moral behaviors of nurse supervisors to nurses and to patients were found to be at high level. Relating to this finding, nurses may consider their supervisor's limitations such as; nurse supervisor's educational level, shortage of nursing personnel and supervisors and insufficient hospital supplies for patients and staffs. Moreover, some nurses thinking about the image of their organization, supervisors, and profession may contribute their perception in high level.

Comparison Between Nurse's Expectation and Perception

Comparisons between nurse's total expectation and total perception on nurse supervisor's moral behaviors to nurses and to patients were conducted. The results indicated that there was significant differences between mean ranks of nurse's total expectation and total perception on moral behaviors of nurse supervisors to nurses ($p < 0.001$) and to patients ($p < 0.001$).

The study findings showed that nurse's expectation was higher than their perception. This may be because of nurse supervisor's administrative position and job description are higher than registered nurse's position and job description. Nurse supervisors are expected by organization and staffs to perform moral behaviors and to be role model for nurses. Therefore, nurse's perception was found to be lower than their expectation and is related to the fact that nurse supervisors were recruited by seniority, not by their education, not by their competency, and moral behaviors were not evaluated during recruitment.

Conclusion and Recommendation

This study revealed that nurses in this study expected and perceived the moral behaviors of their nurse supervisors toward nurses and patients at the high level. This finding, although, seems to be satisfactory, it must be interpreted with caution. Some nurses may respond to the questionnaire towards their social desirability. In other words, they may respond to meet what they thought be good to themselves and to their supervisors. In addition, this study was conducted at only one hospital setting, thus, the findings may not be generalized to other hospitals in Bangladesh. A replication study is recommended with broader sampling. The social desirability issue also needs further exploration.

Moral behaviors of nurse supervisors toward nurses and patients perceived by nurses were significantly lower than their expectation. This finding provides several implications;

and the findings of the present study can be used in nursing administration to develop strategic plans to improve the promotion system and thus improve the nurse supervisor's competency in providing moral behaviors towards nurses and patients. Therefore, the quality care to the patients will be achieved. In addition, the study can be used as baseline evidence for future research study in the area of nursing morality and ethics.

References

- Agélli, E., Kennergren, B., Severinsson, E., & Berthold, H. (2000). Ethical dimensions of supervision: The supervisors' experiences. *Nursing Ethics*, 7, 350 - 359.
- Bandman, E. L. (1995). *Nursing ethics: Through the life span*. London: Prentice Hall International.
- Beauchamp, T. L., & Childress, J. F. (2001). *Principles of biomedical ethics* (5th ed.). New York: Oxford University Press.
- Begum, H. (1998). Health care, ethics and nursing in Bangladesh: A personal perspective. *Nursing Ethics*, 5, 535 - 541.
- Berggren, I., Begat, I., & Severinsson, E. (2002). Australian clinical nurse supervisors' ethical decision-making style. *Nursing and Health Science*, 4, 15 - 23.
- Berggren, I., & Severinsson, E. (2000). The influence of clinical supervision on nurses' moral decision making. *Nursing Ethics*, 7, 124 - 133.
- Berggren, I., & Severinsson, E. (2003). Nurse supervisors' actions in relation to their decision-making style and ethical approach to clinical supervision. *Journal of Advanced Nursing*, 41, 615 - 622.
- Berggren, I., & Severinsson, E. (2006). The significance of nurse supervisors' different ethical decision-making styles. *Journal of Nursing Management*, 14, 637 - 643.
- Berggren, I., Silva, A. B., & Severinsson, E. (2005). Core ethical issues of clinical nursing supervision. *Nursing and Health Sciences*, 7, 21 - 28.
- Cooper, P. G. (Ed). (2005). The essence of nursing: Caring and coaching. *Nursing Forum*, 40, 43.
- Directorate of Nursing Services (1979). *Job Descriptions of nursing officers and all categories of nursing personnel*. Ministry of Health, Population Control and Family planning, government of the Republic of Bangladesh.
- Fry, S. T., & Johnstone, M. (2002). *Ethics in nursing practice: A guide to ethical decision making* (2nd ed.). Malden: Blackwell Science.
- Hadley, M. B., & Roques, A. (2007). Nursing in Bangladesh: Rhetoric and reality. *Social*

- Science & Medicine*, 64, 1153-1165.
- Hodkinson, K. (2008). How should a nurse approach truth-telling: A virtue ethics perspective. *Nursing Philosophy*, 9, 248 - 256.
- Johnstone, M-J, (2002). Taking moral action. In S. T. Fry, & M-J. Johnstone. (Eds.). *Ethics in nursing practice: A guide to ethical decision making* (2nd ed. pp. 173-177). Malden: Blackwell Science.
- Kerfoot, K. (2006). The art of truth telling: Handling failure with disclosure and apology, 24, 216-217.
- Tappen, R. M., Weiss, S. A., & Whitehead, D. K. (2001). *Essentials of nursing leadership and management* (2nd ed.). Philadelphia: F. A. Davis Company .
- Wilson, J. (1999). Clinical supervision: Practicalities for the supervisor. *Accident & Emergency Nursing*, 7, 58 -64.

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