

The Ethics of Nursing Deception

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Introduction

Deception plays a crucial role within social dynamics. When asked to consider how often a person lies, people indicate that they probably lie on average about two times a day (DePaulo & Bell, 1996; DePaulo & Kash, 1998; Vrij, 2000). It has been suggested that health care relationships include trust, and that within nursing, the nurse-patient relationship has been found to be related to increasing patient satisfaction as well as having a positive impact on care (Meltzer, 2012; Dinc & Gastmans, 2013).

The present study investigated nurses' and nursing students' perceptions on the use of deception by a nurse with a patient. Participants were asked to read two vignettes and asked about perceptions related to the vignettes. Specifically, we predicted that participants would indicate that the deceptive vignette was less ethical than the honest vignette.

Methods

The sample was made up of 137 nurses and nursing students (118 female, 32 male) recruited from a number of Texas university nursing programs, the American Nursing Association (ANA), and hospitals in Texas. The age of participants ranged from 19 to 69 ($M = 38.07$; $SD = 14.04$) and most were Caucasian (73%). Participants had a range of nursing experience, from less than a year to 47 years ($M = 12.86$; $SD = 13.31$) and a range of education.

Two vignettes were used in this study: One is of a nurse being deceptive and the other is of a nurse being honest. The deceptive vignette portrays a fabricated nurse behaving in a way that is inconsistent with their internal beliefs. The Lies in Nursing Ethics Questionnaire (LINE) was adapted from The Lies in Therapist Ethics Questionnaire (Curtis, Perez, Johnson, & Kelley, 2016). The questionnaire assesses the beliefs and attitudes nurses hold in regards to ethics of using deception towards patients after each vignette. It consists of 11 items asking various questions about ethics of nursing deception. The Multidimensional Ethics Scale Revised 1 (MES-R1) is a 21-item scale used to evaluate the ethics of the action conducted by the nurse in each vignette (Reidenbach & Robin, 1990). MES-R1 showed high internal consistency and reliability across both vignettes ($\alpha = 0.93$; $\alpha = 0.95$).

Participants were asked to complete the demographic questionnaire and then randomly assigned the order of the vignettes. After reading each vignette, participants were asked to respond to the MES-R1. Then participants completed the LINE.

Results

A repeated measures ANOVA was used to investigate ethics and counterbalanced order conditions, which revealed a significant multivariate interaction, $F(1,75) = 8.53$, Wilks $\Lambda = .90$, $p = .005$, partial $\eta^2 = .10$; in addition, a main effect for the reported ethics of each vignette was found, $F(1,75) = 317.00$, Wilks $\Lambda = .19$, $p = .000$, $\eta^2 = .81$).

A paired samples t -test was conducted and found a significant difference in perceived ethics and behavior interventions between vignettes ($p < .001$). Specifically, differences were found on items that asked participants to what degree they believed the nurse's actions were unethical (Deceptive Vignette: $M = 5.63$, $SD = 1.40$; Honest Vignette: $M = 2.68$, $SD = 1.40$), how likely they were to act like the nurse (Deceptive Vignette: $M = 1.95$, $SD = 1.36$; Honest Vignette: $M = 5.33$, $SD = 1.74$), and to what degree they believed others would act like the nurse (Deceptive Vignette: $M = 4.42$, $SD = 1.53$; Honest Vignette: $M = 5.35$, $SD = 1.23$).

A paired samples t -test was conducted and found a significant difference in attributions between the self versus others for the Deceptive Vignette only ($p < .001$). Specifically, participants reported that they would be less likely to act like the deceptive nurse ($M = 1.98$, $SD = 1.36$) compared to others ($M = 4.37$, $SD = 1.36$). No significant difference was found between the participants' beliefs that they ($M = 5.27$, $SD = 1.71$) versus others ($M = 5.31$, $SD = 1.19$) would act like the honest nurse, $p = .743$.

With regards to frequency, 87.6% of participants rated nursing deception as "Somewhat Unethical" to "Completely Unethical", 95.9% believed lying to a patient was unethical, and 60.2% reported that it was never acceptable.

Conclusions

We found support for our hypothesis; specifically, we found that the deceptive vignette was perceived as less ethical than the honest vignette. Regarding behavioral intentions, participants indicated that they would more likely act as the nurse portrayed in the honest vignette than in the

deceptive vignette. When asked to make attributions, participants believed that others would be more willing to act similarly to the deceptive nurse's actions than themselves; however, people believed that others would be no more likely than themselves to behave similarly to the honest nurse's actions. These results are similar to findings about therapist deception (Curtis, et al., 2016). Thus, health care professionals appear to believe that being dishonest is unethical. These results may be related to nursing professionals' value of honesty and trust and the consequences of deception in that it damages trust and creates emotional distance (Wolf, 2012; Teasdale & Kent, 1995).

One finding that was not hypothesized was the honest vignette being rated significantly more ethical when the deceptive vignette was provided first. This may be due to the deceptive vignette making the participant's ethics salient, and subsequently rating the honest vignette more ethical. This could have specific implications for training and practice. Discussing nursing deception within education and practice settings may make ethics more salient, leading to more ethical behavior.

The current study sheds light on the perception of nursing deception as an unethical practice. The study provides empirical support that should help frame practice beyond the useful debate of the ethics of deception in medicine and nursing (Fowler, 2014; Huddle, 2012; Sade, 2012; Tavaglione & Hurst, 2012).