

## Assessment of Nurses' Knowledge and Practice Regarding Professional Ethics in Outpatient Clinics at Mansoura University Hospital

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### Abstract

**Background:** Nursing ethics had standards to guide the nurse to conduct herself properly, make adequate decisions and carry out actions that are appropriate and safe for the client and thus protect her from litigation.

**Aim:** This study aimed to assess nurses' knowledge and practice regarding professional ethics in outpatient clinics at Mansoura University Hospitals.

**Methods:** A descriptive research design was conducted in this study. A sample consisted of all nurses (300) working in the outpatient clinics during the time of data collection. Data was collected from May to July 2015. Tools of data collection: A personal and job characteristics data sheet, self-administer knowledge questionnaire sheet and observational checklist were used.

**Results:** The results revealed that the 63.3% of nurses had a satisfactory knowledge, and about three- quarters of them had an adequate practice regarding the professional ethics. Although their practice of professional ethics is better than their knowledge, it is still inadequate, especially regarding dignity, patient rights, fidelity, confidentiality, and privacy. Also, the knowledge scores have statistically significant correlation with the nurses' age, years of experience and work setting, while their practice wasn't influenced by their personal and job characteristics.

**Conclusion:** According to the participants, there was a statistically significant correlation between nurse knowledge and practice scores. So the findings pointed for upgrading nurses' knowledge and practice regarding the ethics through educational programs and a need to create awareness regarding code of ethics, ethical principles and standards of nursing practice in clinical areas.

**Keywords:** Knowledge, Practice, Professional Ethics, Nurses.

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### I. Introduction

In recent years, health care settings are more dynamic and the role of nurses has expanded rapidly because nurses are confronted every day with a situation in which a difficult decision must be made based on the determination of right and wrong [1]. The nursing profession is guided by ethics as it is a tool for professional discipline which gives the nurse a broad idea of what is expected of her as she moves from the protective climate of school into the society [2]. Nursing ethics are necessary for nursing because nursing is concerned with providing services that impact on human life and health and some of the situations the nurse encounters in practice pose a dilemma that if not well handled, may impact negatively on the client and all who are concerned. Therefore it is important for nurses to have a basic understanding of the ethical guidelines that affect their practice and can be used to resolve dilemmas [3]. Ethical considerations are vital in any area dealing with human beings because they respect values, rights and relationships. Nurses are obligated to provide ethical and legal client care that demonstrates respect for others [4].

Nursing profession requires knowledge of ethics to guide performance. Nursing ethics is professional ethics of care [5]. The nature of this profession necessitates ethical care more than routine care. Ethical concepts are one of the basic elements in this profession and the important indicator of its patient [6]. Ethics is a systematic study of what person's conduct and actions should be with regard to oneself, other humans, and environment, also refers to principles that guide a person's actions in regard to right and wrong and in regard to society at large [7]. Ethical principles provide a foundation for nursing practice and basis for nurses' decisions on consideration of the consequences and of the universal moral principles when making clinical judgments [5]. Ethics deals with standards of conduct and moral judgment. The major principles of healthcare ethics that must be upheld in all situations are beneficence, non- malfeasance, autonomy, and justice. Beneficence means promoting or doing good. Nurses work to promote their clients' best interests and strive to achieve optimal outcomes. Non malfeasance means avoiding harm. Nurses must maintain a competent practice level to avoid causing injury or suffering to clients. The principle of non- malfeasance also covers reporting suspected abuse

to prevent further victimization and protecting clients from chemically impaired nurses and other healthcare practitioners. Autonomy stands for independence and the ability to be self-directed. Clients have the right of self-determination and are entitled to decide what happens to them; therefore, competent adults have the capacity to consent to or refuse treatment. Nurses must respect the clients' wishes, even if they don't agree with them. Finally, justice requires that all clients be treated equally and fairly. Nurses face issues of justice daily when organizing care for their clients and deciding how much time they will spend with each based on clients' needs and a fair distribution of resources [8]. Nurses enable individuals, families, and groups to maintain, restore and improve their health status, all nurses regardless of their specialty encounter ethical challenges during providing care for patients. So, ethics are very important to nursing because nurses practice ethics on a daily basis work and they need assistance in ethical decision making as they practice in both traditional and expanded nursing roles [9]. By learning ethics, the nurse learns the moral duties and rules expected and could be relied upon to engage in certain ethical behaviors [10].

### **Significance of the study**

Nurses are one of the largest groups of professionals working in the health care system and are responsible 24 hours of the day in the ward. Their presence in the health care system plays a very important role and helps in decreased the patients' length of stay. Since ethical context of care is important for all nurses - because it focuses concern on the rights of patients and the quality of care they receive and the final responsibilities of the ward management is on the nurse - a nurse should therefore be well- versed in legal and ethical aspects of care and treatment of patients [11]. Nursing ethics provides the standards of professional behavior for nurses and the principles of knowledge right from a wrong conduct during the implementation of nursing duties and responsibilities [12]. Therefore this study was undertaken to assess nurses' knowledge and practice regarding professional ethics in outpatient clinics at Mansoura University Hospitals.

### **Aim of the study**

The aim of this study is to assess nurses' knowledge and practice regarding professional ethics in outpatient clinics at Mansoura University Hospitals.

### **Research questions**

1. What is the nurses' knowledge level regarding the professional ethics?
2. What is the nurses' practice level regarding the professional ethics?
3. Is there a relationship between nurses' knowledge and practice regarding their personal and job characteristics?
4. Is there a relationship between nurses' knowledge and their practice regarding the professional ethics?

## **II. Subjects and Methods**

### **Study design**

A descriptive research design was used in the current study.

### **Setting**

The study was implemented in the outpatient clinics in Mansoura University Hospitals as the following; Medicine specialist hospital, Ophthalmic hospital, GIT hospital, Pediatrics hospital, Oncology hospital, Main university hospital, and Urology &nephrology center. These clinics are medicine clinic, surgery clinic, ENT clinic, gynecology clinic, pediatric clinic, neurology clinic, psychiatric clinic, urology clinic, oncology clinic, GIT clinic, and ophthalmic clinic.

### **Subject**

A sample of the present study consisted of all nurses (300) who are working in the outpatient clinics in the above mentioned hospitals during the time of data collection. Nurses who accepted to participate were included in the study, no age limit, and they had at least one year of experience in nursing.

### **Tools of data collection**

Two tools were used to collect the data for the study, namely self-administer knowledge questionnaire sheet and an observational checklist.

### **TOOL (I): Self-administer Knowledge Questionnaire Sheet:**

This tool was used to assess nurses' knowledge level regarding professional ethics. It is divided into two parts.

### **First Part: Personal and job characteristics data sheet**

This part was developed by the researcher and includes data related to the personal and job characteristics of the studied nurses such as age, marital status, educational levels, years of experience in the nursing profession, training courses in each of different nursing practice and training courses specified in nursing ethics.

### **Second Part: Self-administer knowledge questionnaire sheet**

A modified tool based on [13]. It was used to assess nurses' knowledge regarding the professional ethics. It consisted of 30 items regarding nurses' knowledge of professional nursing ethics covering eight dimensions namely: Beneficence to Patient( 3 items), Honesty and Candor(6 items), General Patients' Rights ( 4 items), Sincerity and Integrity(3 items), Professionalism(5 items), Equity (3 items), Respect(3 items) and Privacy (3 items) .

#### **Scoring System:**

Subjects responses were measured by giving a score of (1) for the correct answer and (zero) for the wrong answer. For each area of knowledge, the scores of the items were summed-up and the total was divided by the number of the items, giving a mean score for each part. These scores were converted into a percentage score. Knowledge was considered satisfactory if the percent score was 60% or more and unsatisfactory if less than 60%.

### **TOOL (II): Observational checklist**

An observational checklist adapted from [13].It was used to evaluate nurses' practice regarding the professional nursing ethics. It consisted of 65 items that were categorized under 10 clusters, namely; Respect for human dignity (9 items), Justice (5 items), Patient's rights (9 items), Veracity (5 items), Fidelity (8 items), Double effect (4 items), Beneficence (6items), Documentation (7items), Self-evaluation (6items) and Confidentiality& privacy (6 items).

#### **Scoring System:**

The items observed to be done were scored "1" and the items not done were scored "0". For each area, the scores of the items were summed-up and the total was divided by the number of the items, giving a mean score for each part. These scores were converted into a percentage score. The practice was considered adequate if the percentage score was 60% or more and inadequate if less than 60%.

### **Method**

- Approval to do the study was obtained from the medical and nursing directors of Mansoura University Hospitals.
- Ethical issues were raised by taking verbal consent for participation from every nurse after explaining the aim of the study and confirming confidentiality of their data.
- Tools were submitted to a panel of five experts from nursing administration, community and family health nursing and medical surgical- department to be tested for its validity and the experts agreed on the tools items and they had no negative comments.
- Reliability of the tools was checked by testing its internal consistency using Cronbach Alpha reliability test. Reliability of the self-administer knowledge questionnaire sheet was found 0.76. Reliability of the observational checklist was found 0.78.
- The researchers have emphasized that the participation is voluntary and the participants have the right to withdraw at any time.
- Eligible nurses completed the interview questionnaire. The observational checklist was fulfilled in every clinic using observational techniques for 3 different sessions to assure and verify the result and calculate the average score of each item in the observational checklist.
- Data collection period extended for 3 months from May to July 2015. The time needed for filling the Knowledge questionnaire ranged between 20 to 30 minutes.
- The researcher visited the previously mentioned hospitals 5 days a week from 8.30 a.m. to 1.30 p.m.
- All data will remain confidential and be anonymous using a series of research codes. All recordings or transcripts will contain corresponding codes. Research codes are only known by the researcher.
- A pilot study was carried out on 10% of the studied sample with a total number of 30 in order to test clarity and applicability of the tool, also to estimate the needed time to fill it. Tools were reformed and presented in the final form. Those who took part in the pilot study were included in the study.

### **Data analysis**

Data was coded, computerized and then analyzed using the Statistical Package for Social Science (SPSS) software package version 20.0.Using frequency & percentage for qualitative data, mean and standard deviation for quantitative data,  $\chi^2$  Test and Spearman's correlation coefficient were used, statistical significance was considered at the 0.05 level.

III. Result

Table (1): Personal and job characteristics of the nurses in the study sample (n=300).

Personal and job characteristics	No.	%
<b>Age (years):</b>		
< 30	103	34.3
30 to < 40	177	59.0
40+	20	6.7
Range	26-58	
Mean±SD	32.8 ± 8.7	
<b>Marital status:</b>		
Married	294	98.0
Unmarried	6	2.0
<b>Educational levels:</b>		
Secondary nursing diploma	280	93.3
Bachelor degree	20	6.6
<b>Experience years in nursing:</b>		
<10	27	9.0
10 to <20	143	47.6
20+	130	43.3
Range	5.0-40.0	
Mean±SD	16.8±6.8	
<b>Study nursing ethics:</b>		
Studied nursing ethics at school:	260	86.6
Had training courses in each of different nursing practice	300	100.0
Had training courses specified in nursing ethics	0.00	0.00

Table (1) shows personal and job characteristics of nurses. As regard to age group, the table indicates that more than half of the nurses (59.0%) were in the age group 30 to < 40 years old, 98.0% of them were married. Concerning educational levels, the majority of them (93.3%) had a secondary nursing diploma, 47.6% of them had experience in nursing less than 20 years. Regarding studying nursing ethics, none of the nurses had training courses specified in nursing ethics.

Table (2): Nurses' knowledge percentage about the professional ethics in the study sample (n=300).

Knowledge of professional ethics	Knowledge percent (60%+)	
	No.	%
Beneficence to patient	237	79.0
Honesty and candor	245	81.6
General patient rights	111	37.0
Sincerity and integrity	119	39.6
Professionalism	244	81.3
Equity	279	93.0
Respect	134	44.6
Privacy	154	51.3
<b>Total knowledge:</b>		
*Satisfactory	190	63.3
**Unsatisfactory	110	36.7

\* Satisfactory knowledge (more than 60%)

\*\* Unsatisfactory knowledge (less than 60%)

Table (2) displays the nurses' knowledge percentage about the professional ethics. It is clear from the table that most nurses (93.0%) had satisfactory knowledge about equity, followed by 81.6% of them with satisfactory knowledge about honesty and candor, while the lowest percentage of nurses (37.0 %) had a correct answer in the general patient rights. The table also shows 63.3% of nurses had satisfactory knowledge about the professional ethics.

**Table (3):** Practice percentage of professional ethics as observed among the nurses in the study sample (n=300).

Practice of professional ethics	Practice percent (60%+)	
	No.	%
Respect for human dignity	145	48.3
Justice	276	92.0
Patient rights	149	49.6
Veracity	275	91.6
Fidelity	150	50.0
Double impact	278	92.6
Patient beneficence	265	88.3
Documentation	279	93.0
Self-evaluation	165	55.0
Confidentiality and privacy	138	46.0
<b>Total practice:</b>		
*Adequate	223	74.3
** Inadequate	77	25.7

\* Adequate practice (*more than 60%*)

\*\* Inadequate practice (*less than 60%*)

**Table (3):** illustrates the practice percentage of professional ethics as observed among nurses. It is noticed that the highest percentage of the studied nurse (93.0%, 92.6%, and 92.0 % respectively) had an adequate practice of documentation, double impact and Justice. On the other hand, it is observed that less than half (46.0%) of them were committed to confidentiality and privacy. Additionally, the table shows that the majority of nurses (74.3%) have an adequate practice of professional ethics.

**Table (4):** The relation between total knowledge and total practice of professional ethics among the nurses in the study sample (n=300).

Items	Total Practice				X <sup>2</sup> Test	p-value
	Adequate		Inadequate			
	No.	%	No.	%		
<b>Total Knowledge</b>						
Satisfactory	150	67.3	40	51.9	7.10	0.004*
Unsatisfactory	73	32.7	37	48.1		

(\*) *Statistically significant at p<0.05*

**Table (4):** demonstrates the relation between total knowledge and total practice of professional ethics among the nurses. It is clear from the table the majority of nurses who have satisfactory knowledge have adequate practice (67.3%) with a statistically significant relation between them (p=0.004\*).

**Table (5):** Correlation between the nurses' knowledge and practice scores of professional ethics and their personal and job characteristics.

	Spearman's rank correlation coefficient	
	Knowledge scores	Practice scores
Practice	.418*	-----
Age	.160*	0.84
Educational levels	0.68	0.43
Years of experience	0.04*	0.09
Work setting	.128*	.172
Studied nursing ethics	0.38	0.72

(\*) *Statistically significant at p<0.05*

**Table (5)** presents the correlation between the nurses' knowledge and practice scores of professional ethics and their personal and job characteristics. The table indicates that there is a statistically significant correlation between nurse knowledge and practice scores. Concerning their relationship to personal and job characteristics. It is evident that the knowledge scores has statistically significant correlation with the years of experience, work setting and age (r= 0.04\*, r=.128\*, r=.160\* respectively). The table also demonstrates no statistically significant correlation between the practice score and any of personal and job characteristics.

#### IV. Discussion

Nowadays, there are many challenges facing nursing as an expansion in technology, consumer demand for quality care, pressure for cost containment, decreased a length of stay in hospitals, an aging population,

complex disease processes and increased patient acuity. These challenges have been associated with incumbent ethical and moral dilemmas which are borne out in the daily practice of nurses [14]. In health care organizations nurses are held responsible to comply with the standards of ethical practice and to ensure that other nurses also comply [8]. In the scope of dealing with the professional ethics, it is very important to focus on the nurses' knowledge and practice. This study was carried out with the goal of filling a gap of important information regarding nurses' professional ethics that practiced in outpatient clinics in Mansoura University Hospitals. It was an attempt to answer questions of how much those nurses are knowledgeable of the professional ethics, to what extent is their related practice adequate, and whether their knowledge and practice are correlated and influenced by their personal and job characteristics. This study rationale evolved from the increasing concern of professional nursing ethics which is considered the essence of both nursing practice and nursing education.

The present study findings revealed that more than half of the nurses had satisfactory knowledge about professional ethics (table,2). This result was parallel to [3] who concluded that (51% and 4% respectively) of nurses having good and excellent knowledge regarding legal and ethical concept. Also, [8] found that 45% of nurses had satisfactory knowledge about ethical principles. On contrary with [15] who showed that only 25% of nurse respondents knew about their codes of ethics. Also, [16] found that 77.6% of nurses in Nigeria had a knowledge deficit in legal aspects of nursing practice. Meanwhile, [17] concluded that most nurses had satisfactory knowledge about professional ethics. It is apparent from the present study result that nurses' knowledge about professional ethics was variable among specific areas; it was deficient in some areas, as respect, patient rights, and sincerity & integrity. This could be resulted from a deficiency of training programs about professional nursing ethics. Also, it could be approved by the result of present study (table 1) which shows an absence of training courses specified in nursing ethics. This is the same viewpoint of [18] who reported that nurses with both professional ethics, education, and in-service or continuing education is confident in their moral judgments and is more likely to use ethics resources and take moral actions. The result of this study is in accordance with [19] who found out that knowledge of the basic concepts of ethics that are relevant to nursing care such as; confidentiality, veracity, principles of ethics and ethical theories was low.

Regarding nurses' knowledge about general patient rights, the present study showed that most of the studied nurses had unsatisfactory knowledge compared to 37.0% of them who had satisfactory knowledge (table2), this may be due that they did not have training courses specialized in patient rights, although they already studied before graduation. As well as, the nursing ethics course was often ignored, nursing students were becoming insensitive to ethical issues in day-to-day nursing work. Additionally, perhaps many members of the nursing staff think that the patients' wishes should not be adhered to at all times. This is the same viewpoint of [20] who found out that the fact that many senior level staff did not feel that the patient's wishes should be adhered to at all times and showed the lack of knowledge of the basic principles of medical ethics. This shows that the curricular training regarding ethics and law pertaining to work is either inadequate or ineffective. From another perspective, [21] emphasized that patients' rights are one of the fundamentals of health care, and their significance extends to many areas of human life. In the same stream, [22] mentioned that nurse's awareness of patients' rights is regarded essential to provide patients with legal rights in issues concerning their care and made health care workers legally responsible for treatments of their patients. In this respect, [23] found that about three- quarters of nurses agree that seeking informed consent to treatment is very important.

Concerning nurses' knowledge about sincerity and integrity, it was found that the minority of the studied nurses had satisfactory knowledge (table2). This is in agreement with [13] who reported that the majority of the studied nurses tried to correct the mistake and scarify to keep a promise. Also, [20] found that most respondents agreed to the importance of informed patient about wrongdoing in treatment. The results of the present study also indicated that regarding equity, most nurses had high knowledge scores, which was considered important for health care. And all patients regardless their age, religion, gender should have equal treatment, this result goes in the same line with [24] who reported that nurses must provide fair access to resources based on patient needs regardless their characteristics.

Respect for human dignity is a foundation ethical principle in patient care and a hallmark of excellence in the caring practice of nurses. The present study revealed that less than half of nurses had adequate practical behavior about respect of human dignity (table, 3). This may be due to the unprepared environment to respect human dignity, increased flow rate of clients in most clinics of university hospitals, and nurses may feel undervalued and contrast material isn't enough in front of their efforts. Harmonious with the researchers' perspective, [25] inferred that within the challenges facing health care delivery in resource-limited settings, nurses acknowledge the need for continuous ethics education as a strategy to transform their attitudes and approaches toward the provision of nursing care amidst the high patient load and limited facilities for health care. Besides, [26] noticed that only one-third of nurses practice with respect of human dignity.

Confidentiality always requires communication with patient privately, details with a nurse and patient and measures should be taken to protect patient confidentiality [27]. Regarding practicing confidentiality and

privacy the result also showed that less than half of nurses had an adequate practice of confidentiality (table 3), this is supported by the current study result that was shown previously that just half of nurses had satisfactory knowledge about privacy (table2). This finding might be due that the aspect of confidentiality was ranked less important than the other human relationships. This interpretation was bolstered by [28] who elucidated that although the concepts of confidentiality and privacy were highlighted, the law regarding confidentiality was very moderately taught. This may imply again that the wider aspect of confidentiality isn't seen as important as that related to the immediate human relationships. In this respect, [29] showed that the health care providers do not understand their respective responsibility toward medical confidentiality. In contrary, the study result of [30, 20] demonstrated that the majority of nurses agreed to the view that patient confidentiality is very important and shouldn't be abandoned.

Regarding the nurses' practice toward patient rights, the study results revealed that less than half of the nurses had an adequate practice of patient rights (table 3). This could be attributed to those nurses might have poor knowledge regarding patient rights as mentioned previously (table2). This is supported by [31] who reported that patients' rights were observed in only 56.2% of nurses. On contrary with [32] who found that the majority of nurses had adequate practice of patient rights. On the same line, [33] assess the attitudes towards patient autonomy and asserted that UK nurses had a greater commitment to patient autonomy than did any of the US groups, showing that there may be regional variations. Meanwhile, [34] asserted that the level of consideration of patients' rights and privacy provided by nurses was reported to have occurred in only 22.15% of nurses. Also, the results demonstrated that about one-half of the nurses had an adequate practice of fidelity (table 3) this may be due that some nurses share health information of patients with other health care workers and nurses weren't aware of the duties and obligations of her profession. In contrast [13] reported that majority of nurses had an adequate practice of fidelity.

Concerning nurses' practice of documentation, the study result showed that most nurses were committed to documentation (table 3). This could be related to the importance of documentation as used as evidence of the course of the patient's illness and treatment during hospitalization, which assists in protecting the legal interests of the patients, health organization, and health care providers. This interpretation is supported by [35] who reported that nursing documentation is an important component of nursing practice reflecting the nursing care that is provided to patients and nurses are accountable for ensuring that their documentation is accurate and organized. This is in agreement with [36] who mentioned that documentation of nursing activities is very important as it is the legal tender for any nursing interaction and care. Nursing documentation is usually treated as a legal issue which the nurse must take very serious. Moreover, [37] stated that proper documentation is another common source of litigation in Nigeria. A proper documentation of the date, time and history (in brief), positive physical findings, investigations, treatment and instructions to the junior staff and the patient are necessary.

As regarding nurses' total practices of professional ethics, the present study findings revealed that three-quarters of the nurses had adequate practice of professional ethics; this conveys that their practice is better than their knowledge, this may be due to ethical consideration that reflects the actual Egyptian society which depends mainly on religious values and beliefs. In accordance with [38] who claimed similar findings among advanced practice nurses, and showed that nurses exhibited high levels of confidence during their practice in the USA. On contrary with [8] who assessed knowledge & practice of nursing ethics and laws among nurses working in a teaching hospital in Nepal and found that 50% of respondents had an adequate practice of nursing ethics and laws.

With regard to the relation between nurses' knowledge of professional ethics and their personal and job characteristics, there was statistically significant relation evident between nurses' knowledge about professional ethics and age & years of experience (table 5). This could be explained that age plays a significant role with nurses' knowledge regarding ethics by an accumulation of experience. This interpretation is supported by [39] who reported that there is an association between nurses' knowledge and their age. In this context, [2] asserted that years of experience had noticeable effects on nurses' knowledge about legal and ethical aspects of nursing practice. Moreover, [3] found a statistically significant relation between nurses' knowledge about ethics and their age and working experience. On the contrary, study results conducted by [40] found no correlation between nurses' knowledge of ethics and age, sex, marital status, and designation of nurses. Additionally, [41] illustrated that nurses' age did not seem to contribute to their knowledge in nursing ethics. It is obvious that there was statistically significant relation between nurses' knowledge of professional ethics and their work setting (table 5), this relation may be due to nurse managers' abilities to organize work and nurses as a team work exchanging information and knowledge.

With regard to the relation between nurses' total practice of professional ethics and their personal characteristics, no statistically significant relations were found between staff nurses' practice and age, educational qualification, years of experience, work setting and attendance of training (table 5). In comparison with [42], their result demonstrated a positive relationship between nurses' characteristics and scores of practice. He illustrated that nurse's characteristics have influence up on high levels of optimal competency in

performance. Moreover, [20] asserted that job experiences should be used to reinforce ethical practice and knowledge.

Knowledge in ethics has been shown to enhance nursing practice in identification of ethical questions within practical problems, development of innovative solutions for prevalent problems and development of sound ethical beliefs and practices [43]. In this context, the results of the present study pointed out that there is a positive statistically significant correlation between nurses' knowledge and practice regarding professional ethics (table 5). This finding was harmonious with [44] who confirmed that that professional practice of nursing ethics has a deep and organic relationship with nursing knowledge and nursing values and intervention. In this respect, [19] found that the majority (93%) of the nurses agreed that continuous nurses' ethics education was important for a sustainable high standard of ethics knowledge among nurses providing health care in Uganda. Also [25] asserted the Ugandan nurses need for ethics education sessions to support them to cope with the challenges facing their nursing practice. Moreover, [20] observed that 90% of the nurses in Barbados reported that knowledge of ethics was important in their work as health care providers. Similarly, [45] concluded that in China, 89% of nurse respondents reported that medical ethics education was necessary for all medical staff. Finally, nurses are responsible for the well-being and quality of life for patients and ethics is considered an essential dimension of clinical care [46]. Therefore, nurses must acquire and apply professional ethics in the work place which involve principles that have universal applications and standards of conduct that must be upheld in all situations.

## V. Conclusion

In view of the findings, we can conclude that 63.3% of nurses had a satisfactory knowledge, and about three-quarters of them had an adequate practice regarding the professional ethics. Although their practice of professional ethics is better than their knowledge, it is still inadequate, especially regarding dignity, patient rights, fidelity, confidentiality and privacy. Nurses knowledge influenced by nurses' age, years of experience and work setting, while their practice wasn't influenced by their personal characteristics. Finally, there was statistically significant correlation between nurses' knowledge and their practice of professional ethics.

## VI. Recommendations

**Based on the foregoing research, the following points are recommended:**

1. In-service training and educational opportunities about professional nursing ethics should be conducted.
2. Orientation programs should be applied about ethical principles, code of ethical guide lines and factors which influence on the legal and ethical issues in the care of patients, they have proved satisfactory impact on developing the knowledge and practice skills among nurses starting out the career.
3. Practical education in ethics, particularly in a multidisciplinary setting, could assist in bridging the gap in ethical approaches between nurses and physicians.
4. Creating awareness regarding code of ethics, ethical principles and standards of nursing practice in clinical areas.
5. Nursing syndicate should have an effective role in regular monitoring and evaluating nurses' performance regarding ethical behavior to ensure its application through following specific evaluation sheet for professional ethics.
6. Further researches on professional nursing ethics and patient rights should be carried out.

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