

**UNIVERSITY OF GHANA**

**ADHERENCE TO PROFESSIONAL ETHICS IN NURSING  
PRACTICE: A CASE STUDY OF SUNYANI MUNICIPAL HOSPITAL**

**BY**

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## DECLARATION

I do hereby declare that this study is the result of my own research except for the references of other people's work which have been duly acknowledged. This study or no part of it has been presented in any form to the University of Ghana or elsewhere.

I bear sole responsibility for any errors.

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**CERTIFICATION**

I hereby certify that this thesis was supervised in accordance with procedures laid down by the University of Ghana, Legon.

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**DATE**



## DEDICATION

This work is dedicated to the Most High God for the strength and grace to complete this work. Lord, I am very grateful. Glory be to God for how far I have come!



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**LIST OF ABBREVIATIONS**

ACN.....	Australian College of Nursing
DHD.....	District Health Directorate
FET.....	Fisher's Exact Test of Independence
GHS.....	Ghana Health Service
ICN.....	International Council of Nurses
MHD.....	Municipal Health Directorate
NMC.....	Nursing and Midwifery Council
RHD.....	Regional Health Directorate
SMH.....	Sunyani Municipal Hospital

## ABSTRACT

The study assessed nurses' adherence to their professional codes of ethics in the course of their practice using the Sunyani Municipal Hospital (SMH) as the case for the study. As a mixed method study, seventy-nine nurses were purposively selected from various departments in the SMH. Seventy-one nurses filled questionnaires on adherence to professional ethics in nursing practice. Eight nurses took part in the in-depth interviews on adherence to nursing ethics. Descriptive statistics were used to establish the patterns of responses from the frequency distributions. The Fisher's Exact Test (FET) of independence was performed to find out the influence of gender, religion, professional ranks and monitoring and sanctions on adherence to professional codes of ethics. Interviews were recorded and grouped into themes for the narrative. The study results showed that nurses have knowledge on their professional codes of ethics. The main source of knowledge is school (84.5%, n=60) followed by in-service training and workshop attendance. Findings of the study also indicated that nurses have a positive outlook on their professional codes of ethics. Again, from the FET, it was found that nurses' gender and religion have no influence on adherence to nurses' professional codes (P-value=0.300; P-value=0.300 respectively). However, monitoring and sanctions and professional ranks have influence on adherence (P-value=0.047; P-value=0.040 respectively). It was found that nurses at the SMH are monitored to ensure adherence to their professional ethics. Based on the findings, it is recommended that name tags should be made for nurses for easy identification by patients. This will enable clients to identify a nurse and report to authorities for appropriate measures to be taken if the nurse is found not to adhere to the prescribed ethical standards. Nurses across the ranks should be given the chance to attend workshops to increase their knowledge on ethics

## CHAPTER ONE

### INTRODUCTION

#### **1.0 Background to the study**

In recent times, the showcasing of professional ethical standards at workplaces has become an imperative issue of interest in almost all professions such as the health profession. This is due to its numerous implications for the activities of those professionals (Chattov, 1980; McLagan, 1989; Thompson, 1993; Wazana, 2000). Overtime, the demand for the need to strictly adhere to such professional ethical standards has manifested in various ways depending on the profession. Typically, a number of countries and professions worldwide, including the Ghanaian nursing profession has not been an exception to the need to adhere to professional ethical standards. This is partly due to people's in-depth knowledge on their basic rights and responsibilities (Plange-Rhule, 2013; Seneadza & Plange-Rhule, 2009). This stems from the argument that people who visit health facilities have been criticising the health professionals on their inability to adequately adhere to ethical standards in line with their professional practice (Plange-Rhule, 2013).

One can validly state that the health profession is among the many professions which require a constant regulation of the conduct of nurses through the enforcement of codes of ethics. It has been noted that the nursing profession is of vital importance in terms of ensuring strict adherence to ethical professional standards. These codes of ethics basically aim to ensure that nurses perform their duties diligently in such a manner that could meet the highest ethical standards in their professional practice. This would ensure that patients are medically treated well.

Several ethical issues have been raised in the practice of various health professions. In the health profession, the ethical issues that are of concern are patients' informed consent (Dyer, 1999; Kassirer, 2005; Green, 2008), conflict of interest (Green, 2008; Thompson, Brookins-Fisher, Kerr & O'Boyle, 2012), privacy and confidentiality (Pellegrino, 2000; Kluge, 2001; Kurban, Savas, Cetinkaya, Turan & Kartal, 2010) and non-maleficence or not causing harm to patient (Kurban *et al.*, 2010). These ethical issues are similar to those of the nursing ethical standards.

In nursing practice, there are a number of obligations expected of nurses to perform. These obligations expected of nurses include: obligations to the nurses themselves; patients; colleagues; and to the community. These core obligations are subsumed under the core ethical issues (ACN, 2002). However, the concentration of this work is on nurses' commitments to the patient. Some fundamental ethical issues deliberated and expected to be perceived are privacy and confidentiality (Oberle & Tenove, 2000). Empathy (Halpern, 2003), informed consent (Kassirer, 2005), conflict of interest (Green, 2008), veracity (Beauchamp & Childress, 2009), fidelity, autonomy, justice and beneficence (Fieser, 2009) are other ethical considerations worth noting.

These ethical considerations and standards are to guide nurses on the activities they can do and what they cannot do and the standards they are required to meet. The need for nurses to have knowledge on their professional codes of ethics has brought to fore the importance of educating nurses on the various ethical concerns in their profession.

The ethical concerns in the nursing practice to be considered in this study are: informed consent; privacy and confidentiality; and non-maleficence. These three ethical issues have been chosen because they have direct link with nurses, patients and their relatives as compared to the other ethical issues in the codes of standards and practice of the

Nursing and Midwifery Council of Ghana. That is not to say that the other ethical issues are not important, on the contrary they are. It is all because they are more oriented towards other health professionals, colleague nurses, the nursing profession and the hospital as an institution.

Behrens and Fellingham (2013) argued that in contributing to the well-being of patients, the respect of their privileges are the basic obligations expected of nurses to perform. Nurses should have respect for human rights as a goal for transforming their profession in particular and the broader society at large. They must be committed to high ethical and professional standards and are expected to instil in themselves high moral values at the various health facilities. It is therefore prudent for nurses to adhere to these laid down ethical standards to ensure an increase in productivity. These ethical and professional standards are meant for correcting perceived ethical flaws or failures and to prevent the re-occurrence of such flaws.

The question of showcasing nursing ethical standards has attracted lots of discussions because any action taken by a nurse goes a long way to impact on the patients under his or her care. It has been identified that the act of giving attention to clients is of paramount importance to the nursing profession (Bishop, 1990). Awareness of ethical standards in the nursing career is up-and-coming and importance is being attached to the ethical standards in healthcare. This has resulted in an increased emphasis on ethical practice in the nursing career (Dierckx de Casterlé, Meulenbergs, Vijver, Tanghe & Gastmans, 2002).

Although, nurses are projected to be ethical when dealing with patients in their facilities, studies have shown that they have not been able to. It has been discovered that a major area in which nurses often come into conflict or disagreement is ethics. Differences in

perception and views in the process of care giving are what trigger some major disagreements amongst nurses and between nurses and other health experts (Edward & Preece, 1999). This is due to the applicability attached to what is professed to be in the patients' best interests or differences in professional value systems. Many ideas have been expressed on the moral complaint of proficient nurses. A detailed explanation has been accessed on how nurses are recurrently faced with ethical concerns in their profession. The use of wisdom and understanding are the tools needed to deal with such concerns. This requires serious and constant education to enhance nurses' knowledge of ethics in line of their professional practice. This will call for the need to ensure that proper monitoring is done in various health facilities.

Monitoring is a major tool needed to ensure compliance to the professional ethical standards in the nursing practice. When proper monitoring procedures are implemented, they will lead to proper adherence to nursing ethics. Nurses' knowledge of available monitoring procedure will force them to comply. Monitoring plays important roles by helping nurses to establish an understanding of their own role in health care delivery. Nurses' professional virtues in care giving and professional identity are also established (Casto, 1994).

A typical example is the apartheid system in South Africa. This was a system where no monitoring and proper sanctions were meted out to some nurses who abused the human rights of some patients in the course of performing their duties. This was seen as a major issue in the profession that pushed stakeholders to press for nurses' adherence to ethical standards. The shortcomings of the past practices were said to be the rationale for the need for ethical and human rights adherence in healthcare in South Africa (Behrens & Fellingham, 2013).

In Ghana, the issue of nursing ethics has attracted great concern. There have been a lot of calls for debates from stakeholders on the need to streamline the professional practice of nursing in the country (Plange-Rhule, 2013). Plange-Rhule argues that the question of nurses' adherence to ethical issues has brought to the limelight the awareness of the ethical issues in nursing practice and the expectations of people from nurses. Some of the several issues that have been raised by stakeholders include limited information on medication given to patients, failure to seek informed consent before administering medication, treatment or performing surgery and the use of undue influence to obtain patients' consent in order to administer medication.

### **1.1 Problem Statement**

Nurses are required to administer care and manage the conditions of the sick or the injured under the supervision of a physician. They also play the role of advocacy, management of care and helping patients learn about their health, medications and treatments (Atinga, Abekah-Nkrumah & Domfeh, 2011; ICN, 2006; Yeh, Wu & Che, 2010). Ensuring that patients get the best of care is very paramount to the nursing profession. Therefore, there are laid down ethical standards nurses are expected to follow. These ethical standards are to educate nurses on exactly what they are expected to do in relation to caring for patients (Poikkeus, Numminen & Suhonen, 2013; Yeboah, Ansong, Appau-Yeboah, Antwi & Yiranbon, 2014).

The Nursing and Midwifery Council (NMC) of Ghana for example, has code of ethics that spell out how nurses are to behave and interact with patients, clients and their families (NMC, 2006). In spite of these ethical codes, patients still complain of poor relationship between them and their nursing caregivers. There is empirical evidence that

some nurses adhere to these ethical provisions while others do not (Stellenberg & Dorse, 2014; Sasso, Stievano, Jurado & Rocco, 2008).

In Ghana, lack of proper adherence to code of ethics leads to poor quality of care provided by nurses and this has been found to be one of the integral reasons behind the unwillingness of people to seek healthcare from health facilities (Atinga *et al.*, 2011; Avotri, Beke & Abekah-Nkrumah, 2011; Turkson, 2009). Non-adherence to ethical standards in nursing practice has huge rippling effects. Apart from trampling on the rights and dignity of the patients leading to costly law suits and other legal charges, it may also result to irreparable damages to patients. These could lead to deaths that might be costly not only to the service provider but significantly to the society and the nation as a whole.

Many studies in recent times have emphasized on the poor quality of healthcare including lack of adherence to ethical standards resulting in loss of lives of patients. These studies indicate that hospitals also lose revenue, material resources, time, morale, staff recognition, trust and respect (Yue & Turkson, 2009; Turkson & Gunning, 2013; Offei, Sagoe, Owusu Acheaw, Doyle & Haran, 2010; Doyle & Haran, 2000). To many of these scholars, the loss of lives of patients and decline in the credibility of the healthcare providers result in individual and community apathy towards health services contributing to reduced effectiveness and efficiency in health care systems.

Even though, today's clients are much informed and sensitive to poor medical treatments and services which make them often walk away and never return for repeated services, the economic hardships, lack of education, proximity and other challenging circumstances confronting many Ghanaian health seekers are more than enough to render them vulnerable. These make it difficult for the patients to argue out the circumstances

under which their rights are violated, hence discouraging patients from accessing healthcare at the right places.

In spite of all the negative effects non –adherence to nursing ethics creates; many reasons have been offered to explain the inability of nurses to adhere to the professional codes of practice in nursing. In real sense, nurses are not supposed to defend their inability to adhere to their ethical standards. These reasons include poor remuneration, inadequate resources, poor monitoring, low level of knowledge on ethical standards and unclearly defined sanctions for ethical breaches (Haegert, 2000). Inadequate administrative and leadership support available to nurses, nurses' lack of social acceptance and inadequate recognition in the administration of care and enormous workload are cited as additional reasons why nurses do not adhere to their professional ethical standards (Makaroff, Storch, Pauly & Newton, 2014; Svensson, 1996; Holyoake, 2011). It is worthy to know that all these reasons given does not make adherence to nursing ethics in Ghana impossible.

Other factors such as culture, religion and orientation of nurses also account for lack of adherence to ethical standards in the nursing profession (Yeh *et al.*, 2010). These factors affect adherence because nurses' outlook on issues are heavily constrained by these social determinants and they tend to influence how nurses perceive the ethical standards in their practice. Due to these factors, nurses may have difficulties or may be reluctant in adhering to some particular codes of their professional ethics. Nurses in effect tend to relay their frustrations on patients and clients who visit the hospital for healthcare (Holland & Roxburgh, 2012).

The growing concern of nurses' exhibition of negative attitudes in Ghana leaves much to be desired with regards to their adherence to the ethical standards in their profession.

With these problems in the known, the key issues at stake are to find out the level of knowledge that Ghanaian nurses have on their ethical standards, the perceptions that these nurses have and the influence of cultural and religious factors on adherence to their ethical standards. Again, Ghanaian nurses are to identify the effectiveness of the monitoring mechanisms available and the various sanctions applied to these ethical breaches.

Last but not least, even though ethical issues in nursing practice have been heavily researched into (Scanlon, 2000; Doyle & Haran, 2010; Doyle & Haran, 2000, Stellenberg & Dorse, 2014; Sasso, Stievano, Jurado & Rocco, 2008), much has not been done on ethics and its adherence in nursing practice in Ghana (Asamani, Amenorpe, Babanawo & Ofei, 2014; Donkor & Andrews, 2011).

## **1.2 Objectives of the study**

### **1.2.1 General objective**

The general objective of the study is the assessment of nurses' adherence to their professional codes of practice in the course of performing their duties, using the Sunyani Municipal Hospital as a case.

### **1.2.2 Specific Objectives**

The study had the following specific objectives:

1. Assess nurses' knowledge on professional ethics in nursing practice.
2. Explore the perceptions of nurses on professional ethics in nursing practice.
3. Assess the influence of gender, religion, professional ranks and monitoring and sanctions on adherence to professional ethics in nursing practice.
4. Find out how professional ethics in nursing practice are monitored.

### **1.3 Research Questions**

In order to achieve the objectives of this study, the following research questions were asked:

1. How much do nurses know regarding professional ethics in nursing practice?
2. What are the perceptions of nurses on professional ethics in nursing practice?
3. Does gender, religion, professional ranks and monitoring and sanctions have influence on adherence to professional ethics in nursing practice?
4. How are professional ethics in nursing practice monitored?

### **1.4 Significance of the Study**

The health service is mainly concerned with the provision of services in the area of patient care and satisfaction. This study indeed is of relevance to health service delivery because it seeks to examine whether nurses adhere to their professional codes of conduct and to significantly draw attention to possible ways of addressing the problem if they are not adhering. Findings from the study can contribute immensely towards health care fraternity and nursing and midwifery council's activities. This is in view of the fact that the findings will facilitate the activities of the council by providing adequate knowledge to both the new and the old nursing professionals. The study elaborates on the unethical and unprofessional attitude of nurses towards patients which has a long list of negative implications. It is therefore imperative to mention that the outcome of the study goes a long way to inform nurses on how to administer treatments and give care to patients according to their professional ethical codes thereby reducing the number of mortalities which have resulted due to poor adherence to ethical standards (Turkson & Gunning, 2013).

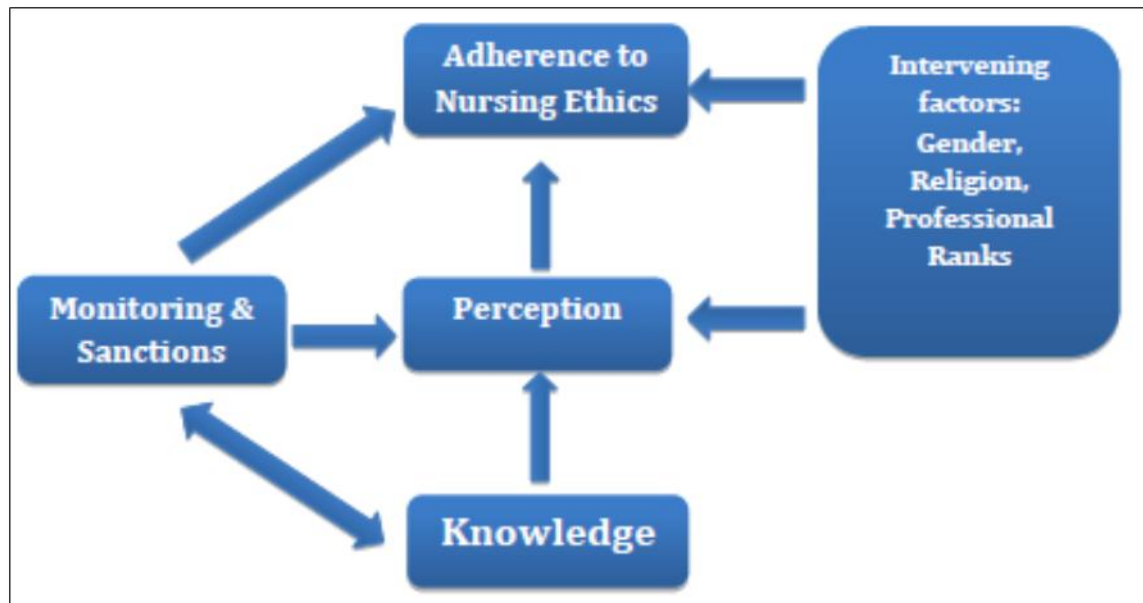
Furthermore, the findings of the study may inform policy makers, professional bodies, government and other quasi-governmental and civil society organisations on the need to widen the scope of training for nurses on ethical concerns and their implications so as to promote professional standards in nursing practice. Again, the study explored how ethics are monitored; whether monitoring is done properly to ensure that nurses adhere to their professional ethics. This will go a long way to influence management decision on how to make sure ethical and desirable behaviours are been exhibited by nurses.

Also, the findings of the research may serve as a credible source of secondary data to other researchers conducting similar research into this same area but using another case study. For example, health experts, postgraduate students, polytechnic students and other field researchers may depend on the findings of this study as well-resourced data to advance their research studies.

In this vein, the study may add to the literature on nursing and professional ethical adherence. The study therefore hopes to provide new insights into the knowledge of nurses on ethical issues, the degree to which they uphold these ethical issues and how monitoring of ethics are conducted in nursing practice.

### **1.5 Conceptual Framework of Factors That Influence Adherence to Nursing Ethics.**

This subsection identifies the factors that influence adherence to nursing ethics. It demonstrates the relationship among the factors that influence nurses' adherence to their professional code of ethics. These factors are knowledge, perception, monitoring and sanctions together with the intervening factors such as workload, gender and remuneration that influence nurses' adherence to their professional ethics.

**Figure 1: Conceptual Framework****Source: Author's construct**

It is expected of nurses to understand and observe fully their professional codes of practice and their standard operating procedures. From Figure 1, nurses must have knowledge about their professional ethics because they are taught in the course of their training. Several intervening factors such as gender, religion and professional ranks among others have influence on their knowledge to influence how they perceive the ethical standards in their professional practice. This in turn informs their compliance or otherwise. This means that the intervening factors have an influence on whether the nurses comply with the ethics and if they do, whether they are adhering partial or fully. With regards to monitoring and sanctions, when nurses are supervised by their supervisors to ensure that they follow their ethics in their professional practice, they will observe them. Similarly, nurses will adhere when they have knowledge about sanctions that could be meted out to them should they breach any of the ethical provisions. Monitoring and sanctions also influence how nurses perceive and adhere to their professional ethics. This monitoring is ultimately oriented towards the goal of making sure that all nurses adhere to the ethical standards in their professional practice.

## **1.6 Chapter Outline**

The study is organized into five (5) chapters. Chapter one introduces the study by presenting the background to the study, the problem statement, the objectives of the study, the research questions, significance of the study and the conceptual framework. Chapter two covers a review of empirical literature on adherence to ethics in nursing practice and a theoretical framework on factors that influence adherence to nursing ethics.

Chapter three discusses the research methods used for the study. First, it presents the research design, the study area and the population of the study. The sampling technique, sample size, data collection methods and instruments, sources of data, ethical considerations, research process and data analysis are discussed. The fourth chapter contains the results and a discussion of findings. Lastly, chapter five comprises the summary of findings, conclusion, recommendations, limitations of the study and suggestions for further studies.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.0 Introduction

This chapter reviews literature that is relevant to the study of ethics in nursing practice and its adherence. Specifically, the various definitions by different studies on ethics, the importance of ethics in nursing practice, the dimensions of ethics in nursing practice, the knowledge and perception of nurses on ethics in nursing practice, factors influencing nurses' adherence to their professional standards and monitoring and sanctions meted out to nurses when they deviate from their professional codes of ethics. The chapter also contains the theoretical framework within which the study was situated. The Principal-Agent and Deontological theories were adopted and addressed in the study.

#### 2.1 Definition of Professional Ethics in Nursing Practice

The concept of professional ethics has been used extensively in literature and scholars have developed various perspectives about it. Creasia and Parker (2001) define ethics as an expected standard and behaviour of a group as described in a professional group's code of conduct. Pera and van Tonder (2011) corroborate this by describing ethics as being focused around words such as right, wrong, good, bad, ought and duty. To the latter, some individuals within a professional or occupational arena would come together to define what should be and what should not be, what duties are bad and even good and these would have to be the standard way of doing things amongst them. These ethics are often codified into a body of knowledge and referred to as the professions' code of ethics.

Within nursing practice, the Code of ethics is a set of normative principles that underlie a nurse's purpose and associated values. These codes of ethics are meant to explain the

professional tasks and responsibilities and the obligation of nurses towards patients. They are also meant to guide the actions of nurses and the decisions they take in line of their duties as well as inform the public of the intent of nursing (Vanlaere & Gastmans, 2007; Verpeet, Dierckx de Casterlé, Lemiengre & Gastmans, 2006). Gastmans (2002) affirms this by defining nursing as the total skills and attitudes used in providing care to a fellow person.

Nursing, like many other professions has ethics that are to orient the professional conduct and behaviour of practitioners. Johnstone (2004) explains nursing ethics to be the examination of all bioethical and ethical issues from the view of theory and practice taking into consideration culture, environment and other factors. Ethics thus becomes the foundation of committed service to people within nursing practice.

In this study, ethics in nursing is defined as a set of expected standards and behaviour which governs the nursing profession with regard to morality and acceptable conduct of professional nurses.

## **2.2 The Relevance of Ethics in Nursing Practice**

Ethics can be described as value systems that are embedded in the profession. It is thus cast in the mould of a determinant of social behaviour in the same way as social values also influence behaviour, job satisfaction, motivation and commitment. It also consciously or unconsciously influences people's personal and professional lives (Lin, Lu, Chung & Yang, 2010). Verpeet et al. (2006) argue that whether or not a code of ethics will be effective depends on some three factors – whether nurses know that a specific code exists; whether nurses understand the contents of the code and whether the dissemination and implementation of the code is supported by the work environment.

This means ethics will only be observed if nurses have knowledge on the ethics and know what they mean and also have a receptive environment to enforce ethical adherence.

Nursing practice has seen an increased scope of activities and responsibilities with nurses presently being required in the line of their professional practice to perform many roles and functions ranging from care provision, decision making, advocating for patients' rights and providing information. This used not to be the case (Kurban et al., 2010; Woods, 2005; Dierckx de Casterlé, Izumi, Godfrey & Denhaerynck, 2008). These obligations are owed to the larger health care team of which the nurse is a functional member and to the patient as well. In fact, nurses are on the frontline of healthcare since they have the most direct role in the care of patients (Yang, Chen, Chao & Lai, 2010). There is therefore the need for nurses to have bio-sensitivity, which is explained by Yang et al. (2010) as the ability to consider clearly and understand common clinical dilemmas as well as the decision-making process to enable them to maintain dialogue with other health care team members on behalf of patients. There is thus the need for ethics to clarify the boundaries between personal values and professional responsibilities.

Ethics used not to be an issue of concern in nursing practice but the increase in nursing responsibilities and the diversification of their roles have led to the need for a proper streamlining of the practice in order that there will be consistency in how nurses generally handle patients and react to situations (Dinç, & Görgülü, 2002). Ethics in nursing practice presently put nurses in positions where they are required to make critical decisions that sometimes have lives at stake. Such roles make it necessary for some homogeneity to be introduced into the protocols of their professional practice so as to ensure consistent articulation and explication of shared values and norms within the nursing profession (Verpeet et al., 2006).

Professional ethics in nursing practice has attracted a lot of attention in recent times. Seneadza and Plange-Rhule (2009) emphasized that it is of essence for health professionals to have in-depth knowledge about the various ethical issues in their field of work and their implications. It is also important for health professionals to learn to correctly administer ethics in the line of duty. They maintain that when patients are giving the right to know all that there is to know about their ailment, treatment process and the outcome, patients will be adequately informed about the likely and possible complications of a procedure. This means that when complications occur, it becomes so much easier to handle the situation than when the patient is taken completely unawares.

Yeboah et al. (2014) support the need for ethical standards in nursing practice by arguing that public awareness of general medical knowledge is not limited to medical services only but also how nurses and other health professionals express respect, empathy, and concern, as well as more traditional items, such as professional skills and service attitude. In an opposing view, Brecher (2013) argues that professional ethics is of no relevance. He states that professionalism and ethics are two ambiguous concepts which are practically unachievable, giving that ethics are idealistic and utopian since it is impossible to separate nurses from their peculiarities. Notwithstanding, Poikkeus et al. (2013) argue that there is no need denying the role of professional ethics in healthcare delivery since ethics are means of streamlining nursing practice and standardising nursing practice. In daily practices, nurses are expected to be proficient, competent, up to the task and also ethical, that is, working to meet standards required by the profession.

By way of corroborating the need for ethical standards in nursing practice, Sherwood and Zomorodi (2014) argued that nurses are obliged by the tenets of their profession to be patient-centric, ensure teamwork and collaborative care in their working relations with other health professionals, conduct their diagnosis on evidence-based practice, use data to

monitor the outcome of care processes, minimize risk of harm to patients and also use appropriate standards to mitigate errors in the line of their professional practice. The International Council of Nurses (ICN) Code for Nurses (2006) posits that the main responsibility of nurses is to promote health, prevent illness, restore health and alleviate suffering. In the pursuit of these fundamental responsibilities, nurses are required to respect human rights, cultural rights, right to life and choice, respect for dignity and to be treated with respect. In the conduct of these responsibilities, Walton and Barnsteiner (2012) found out that there is the need to ensure ethical standards that are consistent with the tenets of the nursing practice.

Ethics are meant to provide a framework of professional conduct in order that nurses would not handle their responsibilities by relying on their own personal and individual beliefs and values with an influence from religion, race, sex, nationality, or political or social status (Dinc & Gorgulu, 2002). Within the profession itself, nurses acknowledge the importance of ethics, acknowledging it as a prerequisite to the performance of high quality nursing care (Numminen, Leino-Kilpi, Arend & Katajisto, 2011). Ethics provide the basis for the provision of direction and the elimination of ambiguities in the execution of nursing obligations. They do not tell nurses what to do but they are a guide and a moral reference point to nurses (Scanlon, 2000; Creel & Robinson, 2010). Ethics can therefore be described as an index of accountability to which nursing practice and the conduct of nurses are measured (Peterson & Potter, 2004).

To Stellenberg and Dorse (2014), ethical care of patients is dependent on seven primary values that are essential to ethical nursing. These include “nurses valuing the health and well-being of patients or persons, respecting and promoting the autonomy of patients or clients and helping them to select their choice of health services, valuing and advocating the dignity and self-respect of human beings, maintaining confidentiality and

safeguarding the trust of clients or patients, applying and promoting the principles of equity and fairness to ensure unbiased treatment, being accountable and consistent in maintaining professional responsibilities and standards of practice and advocating practice environments that promote organisational and human support, to provide safe, competent and ethical nursing. These values summarize the obligations of nurses towards patients.

Nursing ethics provide direction in the performance of nursing obligations and is an important standard for nursing practice. The practising nurse has an obligation to know these standards whilst working diligently to ensure optimal standards of practice at the local, regional, state, national, and international levels of healthcare systems (Scanlon, 2000; Milton, 2005).

In Africa, the essence of ethics in the nursing practice has been emphasized by various authors (Uwakwe, 2000; Haegert, 2000; Searle, 1986; Singh, Nkala, Amuah, Mehta & Ahmad, 2003). A common argument from these authors is that, ethics in nursing practices are not the preserve of developed societies alone but also a demand on developing societies to enhance good healthcare standards (Abekah-Nkrumah, Manu & Atinga, 2010). By way of highlighting the urgency of ethics in nursing practice, Haegert (2000) reiterate the African proverb that says “*A person is a person through other persons*, or its alternative rendering: *I am because we are: we are because I am*”. This means that African nurses are equally required to observe ethical standards in their practice not just in line with their profession but also as a response to societal expectations. Therefore, nurses’ approach to ethical dilemmas involving any of the four sections of the code which include nurses obligations to people, to practice, to the profession, and to co-workers needs to have the appropriate balance between their professional ethical knowledge base and professional practice.

The norms that are spelt out in nursing ethics are very broad and these sometimes pose a challenge for nurses as they seek to apply them in their practice. Some situations literally challenge the nurses to choose the lesser of two evils when ethical challenges of varying nature face-off each other. It is important to note that the existence of a code of ethics does not necessarily resolve complexities and dilemmas that arise in nursing practice. In situations where ethical dilemmas arise, such nurses are often at a loss as to the appropriate decision that ought to be taken. These limitations and difficulties notwithstanding, ethics provide a basis for understanding the requirements of the nursing profession in the right actions to take and appropriate decisions to make (Scanlon, 2000).

Despite the seeming large support that ethics in nursing practice have found in the literature, there are dissenting views that question the place of ethics in nursing practice. Nursing ethics have also been criticized by some as a result of the changing context of nursing practice that is increasingly influenced by the dominance of economic discourse, the growing multidisciplinary nature of nursing practice and an intensified legal framework (Aitamaa, Leino-Kilpi, Puukka & Suhonen, 2010). It is therefore difficult to find a universally acceptable moral code of professional conduct as the factors mentioned condition nursing practice into a legally-regulated profession rather than an ethically-guided profession.

Vanlaere and Gastmans (2007) also posit that nursing ethics do not necessarily coach nurses to provide good care. They argue that what matters most in the provision of quality care is an intrinsic moral attitude that motivates a nurse to offer a complete range of care that is not limited to the treatment of a patient's ailment. Nursing ethics have again been criticised for being too idealistic and abstract in their guidance of nursing practice. They have the tendency to cause anxiety among nurses as they strive to meet the tenets spelt out by the codes (Numminen et al., 2009). It has been argued that even

though these ethics represent the moral ideals and values of the profession, nurses in the line of duty mostly utilise and rely on their personal, practical and environmentally related experiences when taking decisions that bother on ethical issues.

These contrasting positions about the place of ethics in nursing practice, given the variety of context and influences on motivation, make it necessary that issues bothering on ethics in nursing practiced are well researched into.

### **2.3 Dimensions of ethics in nursing practice**

Ethical provisions that nurses are expected to adhere to in their line of practice include *non-maleficence, beneficence, respect for others, justice and equality, informed consent, anonymity and privacy and confidentiality* (Kurban et al., 2010; Numminen, Arend & Leino-Kilpi, 2009; Schopp et al., 2003; Peterson & Potter, 2004).

Informed consent in nursing ethics is explained by Schopp et al. (2003) as allowing patients to make decisions on their health and to make sure they understand the need, outcomes and possible side-effects of the health care interventions they have agreed to undergo. It is therefore of essence that informed consent is observed by nurses to seek patient's permission and approval before commencing treatment procedure. This is asserted by Sharp (1998) to be a very vital in nursing ethics. It is needed with regards to patients treatment. It is only fair that clients become aware of their health conditions and agree fully to whatever treatment procedure available before treatment.

Beneficence or non-maleficence in nursing ethics is explained as that which requires of professionals as an obligation to do good, facilitate health, and prevent harm to clients. Nurses are by this expected to consider the welfare and interests of people who use their services to be paramount (Kenny, Lincoln, Blyth & Balandin, 2009). Autonomy in

nursing ethics is the recognition of a client's right of choice. This is expected to be made manifest in the recognition of an individual's position on an issue with respect to clients' race, age, religion, culture, sexual orientation and gender (Kenny et al., 2009). The sensitivity towards these essentially makes the nurse desist from imposing choices on the client.

#### **2.4 Knowledge of Nurses on Ethics in Nursing Practice**

It is known that nurses need more preparation with knowledge, skills and the ethical competencies to fully assume their place in making healthcare system safer (Seneadza & Plange-Rhule, 2009; Myjoyonline.com, 2014). According to Cannaerts, Gastmans and Dierckx de Casterlé (2014), nurses have been found to be deficient in their ability to demonstrate the competencies necessary to engage in ethical reflection, ethical decision making, and ethical behaviour. This raises issues with how well nurses are able to perform their professional duties in ways consistent with the requirements of the nursing profession. Some of the difficulties encountered in the training of nurses in their professional ethics have to do with the mode of teaching orientation (Cannaerts et al., 2014; Woods, 2005; Dinc & Gorgulu, 2002; Numminen et al., 2009; Vynckier, Gastmans, Cannaerts & Dierckx de Casterlé, 2014; Lin et al., 2010; Numminen et al., 2011). This makes Clark (1983) and Forster and Khan (2002) suggest that there is the need to have a formal process for ethics education handled by professionals who are well trained and have full authority in ethical issues to ensure that students grow to understand ethics for professional use.

It has been suggested that health workers should be trained in order for them to have better knowledge in legal issues as well (Seneadza & Plange-Rhule, 2009). This goes a long way to alert and inform nurses of possible legal issues failure to do the appropriate

thing. Studies have shown that identifying and understanding ethical issues surrounding patient care is the first step in making ethical decisions in nursing practice. The need for support and proper education of nurses or health workers in ensuring in-depth knowledge in patient care is very important. Lack of support, education and skill on the part of nurses reduced safety and effective care (Reed & Fitzgerald, 2005). A cardinal requirement to improve care and nurses attitudes is a positive experience promoted through education and support.

Vynckier et al. (2014) suggest that some nurses believe that they are not adequately prepared to handle ethical problems in the line of their professional practice because of the issue of sufficiency of ethics education during nursing training. Such nurses go on to practice without having acquired the capacity to meet the necessary ethical challenges that the profession presents. This is supported also by Marks and Shive (2006) that the study of ethics and its application is not well taught as a formal subject in current health education although formally, it is studied more in public health and nursing schools.

A study by Smith, Witt, Klaassen, Zimmerman and Cheng (2012) revealed that trainee nurses often prioritised the clinical aspects of their training over the ethical aspects. This does not make them well versed in the ethical issues in their profession, hence they suffering in that line. Yang et al (2010) also found nurses complaining about the burden that was created by ethics courses. These findings suggest a seeming lack of prominence or interest that is attached to the place of ethics in nursing practice by trainee nurses who go on to become professionals. Meanwhile, as health professionals with the responsibility of handling sensitive cases and dealing with serious health matters, knowing and prioritising standards of practice ought to be of paramount interest.

Shive and Marks (2008) state however that the most preferred way of getting nurses to gain a higher awareness of ethical standards is to have ethics education infused throughout the curriculum of nursing training. They believe that this is a way of getting nurses to engage in ethical reflection to enhance their professionalism. This position is shared by Vanlaere and Gastmans (2007) who argue that ethical education of nurses is important for empowering nurses to act in difficult or stressful situations in which objective guidelines are not available. Gastmans (2002) believes that it is important that nurses are given the requisite education in ethics in order that they will develop ethical sensitivity. This he believes will make them develop the capacity to discern the ethical meanings of a particular situation and know the appropriate response strategy. The depth of nurses' knowledge of ethics in their profession is worth knowing given that it forms an important aspect of acceptable standards in the line of their conduct as professionals.

### **2.5 Perceptions of Nurses on Ethics in Nursing Practice**

Perception is defined by Motamed-Jahromi, Abbaszadeh, Borhani and Zaher (2012) as the ability to see, hear, or understand certain event and apply assumptions about the world's arrangement to integrate sensory information. Perception of ethics in nursing practice is influenced by the social context within which the nurses are found. The role of perception of ethics and its influence on the conduct of nurses regarding how they handle patients has been established by Välimäki, Haapsaari, Katajisto and Suhonen (2008) and Pang (2003).

Leino-Kilpi et al. (2003) compared the perceptions of nurses' and elderly patients' perceptions of the realization of autonomy, privacy and informed consent in five European countries and found out that there are varied opinions about how well ethical provisions are maintained. The nurses who were surveyed in that research scored themselves higher on their adherence to ethical standards. However, there was a

significant difference between the scores the patients gave the nurses on their conduct and what the patients gave them. This raises issues about how well these ethical provisions are maintained in the nurses' professional practice. Schopp et al. (2003) in a related study also found that the social relations and interaction patterns also influence the perceptions that nurses and patients have about the use of ethics in the care regime. A study by Reed and Fitzgerald (2005) in rural Australia on mental health revealed that nurses have less access to management support and education. Little is however known about how these factors influence attitudes and the care of people with mental illness in rural hospitals and by extension, other categories of patients.

Yeh et al. (2010) suggest that there should be a connection between traditional ethical education and students' perceptions of clinical reality through the development of operative curricula to ensure students' clear understanding of the ethical issues in their profession. Culture serves as a conflicting link between nurses' knowledge and perception. In Chinese culture for instance, it is a taboo to discuss death and families play significant role in medical decision making. This practice would go a long way to affect observance to ethical issues in the nursing profession due to its conflicting obligations. This is corroborated by Donkor and Andrews (2011) that in Ghana, cultural practices and beliefs contribute to ethical dilemmas.

## **2.6 The influence of Gender, Religion, Professional ranks and Monitoring and Sanctions on Adherence of Ethics in Nursing Practice**

Nurses in a number of countries are required to adhere to ethical standards set by their national regulatory bodies as well the International Council of Nurses (Kurban et al., 2010; Aitamaa et al., 2010; Verpeet et al., 2006; Scanlon, 2000). These ethics can be classified into three categories. These are concerns relating to patient care, staff and the

organization (Aitamaa et al., 2010). However, most of the focus of ethical discourse is related to ethics that affect patient care. Health professionals including nurses are required to give humane care that meets professional standards to their patients (Abekah-Nkrumah et al., 2010).

A modern health system that ensures high quality care has a positive effect on the quality of life of the individuals who access that health system and the overall economic development of the country. Since patient care is the primary purpose for healthcare delivery, the satisfaction of clients within the framework of healthcare delivery therefore ought to be the primary aim of every hospital and healthcare facility. The need to care for people with different ailments has increased in healthcare. Nurses constitute the major resource of service deliver, yet, nurses attitudes shown during service delivery have been found to be poor (Reed & Fitzgerald, 2005).

The gradual rise in global living standards and better-educated population has brought about a heightened knowledge about patient rights and the need for nurses to adhere to the stipulated ethical standards of their profession. The extent to which patients are pleased and fulfilled with their health care providers may be an essential factor underpinning their health seeking behaviour and health care utilization. Those who are satisfied are more likely to seek health care from the centres from which they received their satisfaction and those who are not satisfied will be less likely to visit again (Rakin et al., 2002; Hadorn, 1991). This serves as a form of discouragement to patients to seek health services.

Park et al. (2014) state that the nursing profession is an ethically related practice which cannot be conducted on the basis of one's whims and caprices lest one exposes himself or herself to serious sanctions from ethical breaches or medical malpractice. Ethical

breaches are not cast in the mould of medical malpractice. While the latter is an act of omission or commission that results in harm or injury to the patient and therefore a breach of codified laws that could lead to civil and or criminal liability, the former usually amounts to a disregard of professional standards which may not directly affect the health condition of the patient (Seneadza & Plange-Rhule, 2009; Plange-Rhule 2013; Gündogmus, Özkara & Mete 2004). Either of them is however met with strong sentiments and disdain from professional colleagues and the broader society. Professional ethics are thus by their nature a sort of a generic moral code designed to standardize professional practice and make professionals more effective and efficient in the discharge of their duties across time and space. The idea is that nurses are required to be ethical in their daily practices without compromise.

A study conducted by Raines (2000) to assess ethical decision making by nurses also reveals that nurses are bounded by ethical standards in their practice. In a related study by Walton and Barnsteiner (2012), it was found out that the complexity of health care makes it more imperative for strict obedience to the ethics of the practice. The authors further argued that nurses are constantly present with patients and have an important role in coordinating all the other caregivers. At the same time, (Mill & Ogilvie 2003) uncovered that adherence to the ethics of nursing practice engenders competence, trust, loyalty teamwork and smooth delivery of service and proactivity.

Delobelle et al. (2009) reveal however that nurses in countries in the developing world such as some in Africa face a myriad of challenges in trying to observe the ethical standards of the nursing profession. It is said that nurses adherence to ethical standards such as privacy, confidentiality, informed consent and non-maleficence, remains contentious. There is empirical evidence that some nurses adhere to these provisions while others do not (Stellenberg & Dorse, 2014). The study further discloses that nurses

face challenges within the organizational environment and external environment in conducting their service. In Ghana, nurses are reminded frequently to work according to international standards of nursing practice to ensure proper adherence to the ethical codes (Donkor & Andrews, 2011). Compliance to the code of ethics is a factor that identifies nurses as professionals and even though ethics in nursing education has been given attention increasingly, research suggests that nurses do not always exhibit the abilities necessary to engage in ethical decision making and ethical behaviour (Sasso et al., 2008). A study by Purtilo, Jensen and Royeen (2005) reveal that many students, both new and old graduates, slowly let go of the ethical principles that were taught them during their training.

In recent times, the Ghanaian health sector has seen a number of nurses being confronted with lawsuits and other forms of sanctioning proceedings with regard to ethical breaches. More recent among the many public brouhaha on nursing and ethics is the issues about the loss of a still-born at the Komfo Anokye Teaching Hospital in 2014 and also a woman who has been rendered barren as a result of a towel left in her abdomen after a caesarean section (myjoyonline.com, 2014). However, these are just a instances of patient care issues that could expose nurses to legal suits and other serious sanctions as the effort is made to establish professionalism in health care and to alleviate suffering through ethical standards (Seneadza & Plange-Rhule, 2009).

The growing concern of health workers including nurses' exhibition of negative attitudes in line of their duties confirms the issue of adherence to nursing ethics not being at its peak in Ghana. Improvement in their attitude will result in a vast improvement in the nurse-patient relationship (Turkson, 2009).

Nonetheless Haegert (2000) asserted that these standards are always not met due to a number of constraints. Asamani et al (2014) corroborate the position of Haegert (2000) by further highlighting that nurses are constrained with regards to their adherence to ethics of their practice due to reasons such as inadequate resources, low level of knowledge on their code of ethics, poor monitoring on ethical standards, and unattended motivation to outstanding ethical nurses and also clearly stated sanctions for unethical nurses. Often, emphasis is placed on adequate resources as a panacea to sound healthcare delivery. Studies have shown that these constraints cannot be blamed wholly on the inadequacy of resources. According to Health Sector Support Office (HSSO) of Ghana (2001), treatment of patients must be done with seriousness and sophisticated equipments and resources. According to ICN (2006), the function of the Code of ethics for nurses is to guide nurses' actions and decision making and to enlighten the public of nurses values and standards. Yeh et al. (2010) indicates that one of the difficulties in adhering to ethical standards in nursing is the use of several principles such as non-maleficence, beneficence together to ensure the patient's best interest is quite difficult for nurses. Lack of coordination between these various ethical issues can lead to the rise of ethical dilemmas.

Aitamaa et al. (2010) found that nurse managers at middle and strategic management levels were more likely than ward in-charges to adhere to use ethics in their practice. Even though there was the possibility of that occurring as a result of nurse managers' higher education, the evidence was inconclusive to make that a reason. It however raises an issue worth investigating about the relative levels of education of nurses working at various levels of patient care and how that impacts on their adherence to professional ethics in their practice.

Some of the provisions in the nursing code of ethics such as privacy, confidentiality and autonomy sometimes run parallel to the collectivist cultures of the socio-cultural milieu within which nurses and the patients in Ghana find themselves. These ethical frameworks are constructs that have come into the fold of nursing practice largely as a result of the influence of western cultures, particularly American values through publications and cultural influences of various kinds (Davis, 1999; Yang et al., 2010; Jegede, 2009). The applicability of ethics in its entirety therefore becomes a challenge in non-Western societies. Within societies that emphasise strong family relations such as the traditional Ghanaian society, the family as a group is often emphasized as against the individual in decision making within healthcare. This is so sometimes even when the decision is about a particular individual (Nukunya, 2003). Quintana (1993) found a similar trend in the Mediterranean countries where families assume decision making roles on behalf of patients. Given that both the nurses and patients are from a society that does not consider privacy, confidentiality and autonomy in the same ways as western societies may do, there is always the likelihood that some of these ethical provisions may be overlooked in nursing practice. This occurs because of the influence that cultural values hold over attitudes and behaviour. As a result of cultural differences between the west and collectivist societies as found in Ghana, these ethical provisions are sometimes considered as manifestations of antisocial tendencies of selfishness and self-centredness.

Kenny et al. (2009) argue that for increased adherence to professional ethics to be attained, it will be necessary that the code of ethics is instilled into the daily working lives of professionals in ways that will make them identify and share in the essence of ethics in healthcare and also learn how to manage the changing healthcare practices and the ethical issues arising.

### **2.6.1 Factors influencing adherence to professional codes of ethics**

Numerous factors have been associated with nurses not adhering to their professional codes of ethics. Stellenberg and Dorse (2014) mentioned strict measures to reduce costs by hospitals and having to set targets for nurses, shortage of nurses, the burden of disease and the lack of professional skills as factors hindering adherence to ethical issues in nursing since they put pressure on nurses as against giving proper care to patients and respecting their basic human rights as the factors hindering nurses adherence to ethical standards in South Africa.

It has been observed in New Zealand that the ethical problems in nursing are caused by lack of trained staff. This is a major cause of anxiety for nurses and yet nurses feel powerless to combat this alarming situation (Woods, 1999). This is corroborated by Iecovich (2014) and Ulrich et al. (2010) who argued that the demand for nursing services is rising, thereby overloading the nurses available at work. This hinders their ability to give the necessary attention to the needs and personal requests of their patients

In Ghana, the Patient Charter insists on the rights of the health care user. The Health service of Ghana requires collaboration between health workers, patients, and society. The health worker, particularly the nurse must be sensitive to patients' socio-cultural and religious backgrounds as well as patients with disabilities (Patients' Charter, 2002). In summary the patient charter of the Ghana Health Service is person-centred, where the dignity and value of each person is respected. Studies have shown that the relationship between healthcare workers and patients at public hospitals is very poor. This mostly makes it look like patients are totally at the mercy of the healthcare workers at these hospitals (Poon, Calabrese, Scapagnini & Butterfield (2004): Laroche, Ueltschy,, Abe, Cleveland, & Yannopoulos (2004): Furrer, Liu & Sudharshan, (2000) ; Alrubaiee & Alkaa'ida, 2011).

Additionally, lack of confidentiality and poor communication between patients and the healthcare workers has augmented the problems (Boshoff & Gray, 2004). This creates the impression that patients do not see nurses as accommodating enough to even discuss their health issues with them. This goes a long way to discourage patients from seeking health service.

## **2.7 Monitoring of Ethics in Nursing Practice**

Several studies have looked at monitoring of ethical adherence in nursing practice. Abekah-Nkrumah et al. (2010) state that hospital administrators in a bid to improve the quality of care of patients have policies and programmes designed to get health professionals to work up to standards required of their respective professions. These policies and programmes are what can be said to be the principles with which professionals such as nurses are to follow and work with to avoid any unfair treatment and risks of patients.

Some of the governing bodies of health professions have produced documents which contain the codes of ethics which professionals are expected to adhere to. The Nurses and Midwives Council of Ghana in their professional codes of conduct specify various activities and roles that are expected of their workers. It shows clearly how nurses and midwives should behave when attending to patients, when relating to colleagues in the line of their professional practice and when they are relating to relations of patients under their care (NMC, 2006). These guidelines are meant to encourage and remind nurses to be professionals. They will also ensure that nurses have in-depth knowledge of what to do at any given time. These codes of professional practice in a way monitor the activities of nurses in that they provide internal and external frames of reference against which the nurses will by themselves measure their own professional conduct.

Conversely, Leuter et al. (2013) state that many nurses face persistent ethical problems but the institutions within which they work are not always able to effectively support nursing staff on these ethical challenges. This reveals a subtle disconnection at certain times between the nurses, the institutions within which they work and the professional bodies' governing councils that are to monitor professional practice.

Even though previous studies variously argue that nursing ethics is very important to ensuring better healthcare delivery, there appears to be a lackadaisical posture towards monitoring nurses to adhere to the tenets of the practice. As opined by Donkor and Andrews (2011), there also appears to be little attempt on assessing the knowledge base of nurses on the ethics of their practice, low level of monitoring on ethics of the nurses practice, poor motivation for ethical nurses and unprinted sanctions for violators of nursing ethics. According to Makaroff et al. (2014), some nurses acknowledge the existence of administrative support whilst others indicate the existence of very little support from management and leadership. Very few leaders are responsible for ethics as part of their portfolio. Nonetheless, many expressed the belief that ethics is central to their leadership. Nursing managers have a responsibility to work towards helping nurses deal with the ethical challenges they face. Nursing managers again should support their juniors to enable them to make good ethical decisions while ensuring that the appropriate environment is created for the maintenance of ethical standards (Aitamaa et al., 2010).

Gastmans (2002) expressed the need for nursing managers to provide nurses with a good working environment within which the professional nurse would be transformed from passive contractual employee into well motivated member of health care team. He adds that it is the managers who can create conditions that may either facilitate or prohibit the use of ethical standards in the line of their professional practice.

## **2.8 Theoretical framework**

There are lots of theories that explain professional ethics. The theoretical orientations this study adopted were the Deontological and Principal-Agent theories of ethics.

### **2.8.1 Deontological Theory**

The deontological theory of ethics was propounded by Immanuel Kant, a German philosopher who considered ethics as an essential component of human life. He observed ethics to be a law of morality with which an individual ought to act as a sense of duty (Christie, Groarke & Sweet, 2008). Deontological ethics advocates tend to make assumptions that nurses should base their work on duties, rights and respects for individuals. More emphasis is placed on the intentions of the individual instead of the outcomes of the action. The deontological theory requires that nurses totally conform to laid down ethical obligations and act towards these obligations with a sense duty (Kurtz & Burr, 2009). When nurses understand and perceive their ethical standards as a duty then they will adhere to them.

To the deontological theory advocates, patients who are old should be given the respect to make their own decisions regarding their health based on their own values. The health professional owes it as an obligation and duty to respect that decision.

Deontology is relevant in this work due to the fact that it supports the need for nurses to see adherence to ethical practices as a moral duty and a right of patients. If this understanding is established, there would be no complaints from patients as well as clients visiting health facilities. Nurses would get to understand what is expected of them and know the right attitudes and behaviours to exhibit in the process of treatment or giving of care to patients.

### 2.8.2 Principal-Agent Theory

The Principal-Agent theory has been used in a number of fields by economists, political scientists and sociologists. This theory basically focuses on two entities; namely the *principal* and the *agent*. This theory is explained by presenting the main character as the principal who is the superordinate and sets broad and specified objectives for another, the subordinate (agent) to achieve. The principal delegates rights and accountability to a subordinate called the agent. The agent is expected to work and achieve the objectives of the principal to attain organisational output (Bossert, 1998; Andoh-Adjei, 2011). In this theory, the principal is seen to be in a contractual relationship with the agent. This relationship involves an establishment or one or more persons engaging another in the provision of some services on their behalf and often accompanied by some given authority (Leruth & Paul, 2006; Buchanan, 2007).

It is important to note that a lot of conflicts arise from this agreement when the agent as the subordinate uses the authority delegated to him to advance his personal ambitions at the expense of the principal. The subordinate gets to have much more information than the superior and seeks to work towards their own interest to the disregard of the interest of the superior or principal (Bossert, 1998; Ekpo, 2007; Andoh- Adjei, 2011). This results in information asymmetry which the principal finds it difficult to accept (Katorobo, 2004; Leruth & Paul, 2006). Hence, the principal tries to achieve the objectives in line with those of the agent and uses some monitoring mechanisms to ensure compliance. In his attempt to ensure compliance of goals by the agent, the principal introduces carrots and sticks (rewards and punishments) to get agents to fully commit themselves in the implementation of organisational policies leading to the achievement of the objectives of the principal (Bossert, 1998).

The principal-agent theory can rightly be used in the context of ethical issues in healthcare (Buchanan, 2007). The theory applies where the Nursing and Midwifery Council (NMC) is seen as the principal and the nurses and other health workers are seen as the agents. The only expectation of the NMC is to ensure that the nurses and other health workers achieve the objectives of adhering to their professional codes of ethics. This can be done through the local health authorities (agents) in realising these objectives. An arrangement is therefore made with the Municipal Health Directorate (MHD) and resources are given to them to act on behalf of the NMC to achieve these objectives (Bossert, Bowser & Beauvais, 2000). However, the area of major concern is how NMC monitors the activities and performances of the MHD and the motivation which is provided to aid the MHD in the realization of these set objectives.

Nurses are expected to observe their professional ethics but if they are allowed to do so without adequate monitoring and proper supervision, the assumption is that they will do what suits them as against what the ethical codes require of them. In view of this, some form of authority is delegated to the District Health Directorate (DHD), the Municipal Health Directorate (MHD) and to the very administrative heads in the various hospitals to ensure adherence. Thus, if there are any issues of ethical breaches, the solution starts from the very bottom before it rises to the very top.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter presents the methods used for the study. It describes the research design, study area, study population, sampling technique, sample size, data collection methods and instruments, sources of data, limitation of the study, ethical considerations, data analysis and the research process.

#### **3.1 Research Design**

The case study design was used for the study. It involves an in-depth and detailed examination of a subject. The case study design was used to allow for a detailed study of nurses' adherence to professional ethics in their practice. The case selected for the study was the Sunyani Municipal Hospital in the Brong Ahafo Region of Ghana.

#### **3.2 Study Area**

The study area is the Sunyani Municipal Hospital (SMH) which is situated in the Sunyani East Municipality of the Brong Ahafo Region. The Hospital was built in 1927 and was used then as the Regional Hospital until October, 2004 when its status was changed to a Municipal Hospital. This is because a new and bigger Hospital was built and is being used as the regional hospital. It is a 63 bed Hospital offering services such as out-patient and in-patient care, general surgery, ultrasound/ X-Ray and Anti-Retroviral Therapy. The facility is managed by a 6 member team comprising the Medical Superintendent, Head of Administration, Head of Finance, Head of Nursing, Head of Pharmacy and the Clinical Coordinator. Currently, there are over 100 nurses working in the various departments in the facility (SMH Half Year Report, 2014).

The SMH was selected because research on ethical standards among health professionals in health facilities in mostly on tertiary or primary facilities does not include most of the secondary health facilities (Seneadza & Plange-Rhule 2009; Plange-Rhule, 2013; Agyepong, Ansah, Gyapong, Adjei, Banish & Evans, 2002).

### **3.3 Study Population**

The target population for the study were all nurses at the Sunyani Municipal Hospital (SMH). They were selected for their knowledge on the study topic. Furthermore, all nursing supervisors in all the departments of the SMH who had worked with the hospital for a year or more were selected for the investigation on monitoring of nurses' adherence to professional ethics and the sanctions available to non-adherents.

### **3.4 Sampling Technique and Sample Size**

Purposive sampling technique was used in the selection of the respondents both the questionnaire and the in-depth interviews. The sample nurses selected for the study were nurses in all departments who had worked for more than a year at the SMH. This was also due to the fact that they had worked in the hospital long enough and had more knowledge on the research issue and might have been fitted well into the ethical culture and climate of ethical practice in the hospital. The nurses selected included Staff Nurses, Community Health Nurses and Enrolled Nurses in the SMH.

In all, seventy-nine (79) respondents were sampled for the study. Out of this number, seventy-one (71) nurses took part in answering questionnaires and eight (8) other nurses were selected for in-depth interviews.

The 8 other nurses were nursing supervisors in the various departments at the SMH who were selected for the in-depth interview. They included the District Director of Nursing Services (DDNS), the Deputy to the DDNS, the Maternity Ward-In-Charge, the Assistant Maternity Ward-in-Charge, the Theatre Ward-In-Charge, the Assistant Theatre Ward-In-Charge, the Female Ward-In-Charge and the Assistant Female Ward-In-Charge. They were selected to give additional information given that they are senior officers at the SMH.

### **3.5 Data Collection Methods and Instruments**

The mixed method approach which involved both quantitative and qualitative methods was used to collect data on nurses' adherence to their professional codes of ethics. The quantitative method involved the use of questionnaires to collect data from 71 nurses. The questionnaire was divided into five parts: the first part sought the demographic information of respondents. The second part was to find out nurses' knowledge on professional ethics in nursing practice, the third part dealt with nurses' adherence to nursing ethics, the fourth part dealt with nurses' perception on ethics in nursing practice and the fifth part dealt with monitoring of ethics in nursing practice (See Appendix I).

The qualitative method involved the use of an interview guide which was used to collect data from the interviewees. The in-depth interviews were used to get key and in-depth information that the questionnaires could not provide. They were selected to give detailed explanations into the study subject to complement the responses from the questionnaire. The in-depth interviews were focused on nurses' knowledge on their professional codes of ethics, importance of ethical standards, the role of nursing supervisors on maintenance of nursing ethics and sanctions mechanisms available to ethical breaches (See Appendix II).

### **3.6 Ethical Considerations**

Since the study involved human subjects, necessary ethical principles were observed. Before conducting the fieldwork, an introductory letter was taken from the Department of Public Administration and Health Services Management of the University of Ghana to the Administrator of the Sunyani Municipal Hospital. Permission was therefore sought from the hospital authorities before nurses were interviewed. Nurses were required to read and sign a consent form before taking part in the study. All respondents were given assurance that any information they provided was going to be used for academic purposes only. Also, interviews were conducted with confidentiality and privacy at a time which was fixed by the respondents. Respondents were also encouraged to spontaneously give data without fear or favour since they were assured of anonymity throughout the research process. Finally, all information adopted for the study were duly acknowledged.

### **3.7 Research Process**

A pre-test of the questionnaire and interview guide was done to ensure reliability and validity of the instruments. This was to ensure that the questionnaire and interview guide conveyed the same message as intended by the researcher for the purposes of the study. The pre-test was done at the Berekum District Hospital. After the pre-test, some questions were removed because some of the issues they addressed seemed to be repetition of other questions. Some other questions were rephrased to give clarity and to make them more understandable. This was because respondents did not seem to understand some of the key words in the questions well enough to answer them. The research was conducted in two parts. In the first part, questionnaires were administered to nurses. The second part covered the qualitative aspect where in-depth interviews were

conducted with 3 nursing supervisors of their various wards to get in-depth information for the study.

### **3.8 Data Analysis**

#### **3.8.1 Analysis of Quantitative Data**

The quantitative data were analysed using the Statistical Package for Social Sciences (SPSS) version 18.0. Responses from the questionnaire were coded and entered into the SPSS software for analysis. The analysis of the quantitative data was done in two parts.

The first part was a simple analysis using descriptive statistics was done with respect to the demographic characteristics of respondents, nurses' knowledge of their professional codes of ethics, nurses' perception of their professional codes of ethics and monitoring of professional ethics in nursing practice. This was done to help describe the characteristics of respondents and the patterns of their responses.

Secondly, the Fisher's Exact Test of independence (FET) was used to test for the existence of statistically significant relationship between gender, religion, professional ranks and monitoring and sanctions which were the independent variables and adherence to privacy and confidentiality, informed consent and non-maleficence which were the dependent variables. The FET was used because the contingency tables for the distribution used for the statistical test had cells with values less than 5. Therefore, the FET of independence which is an extension of the Chi-square Test of independence was performed (Healey, 2013). The statistical test were conducted at 0.05 level of significance.

### **3.8.2 Analysis of Qualitative Data**

The in-depth interviews were recorded with a digital voice recorder and transcribed in English language. All responses were translated exactly how they were said to reduce errors. Notes were also taken from the field to complement the transcribed responses. Themes were built from the qualitative responses and grouped under the main objectives of the study. The responses were discussed under the main themes to depict the nurses' opinions on their knowledge of the ethical standards in nursing practice, nurses' adherence to their professional codes of ethics and how nurses are monitored to ensure adherence.

## CHAPTER FOUR

### PRESENTATION OF RESULTS AND DISCUSSIONS

#### 4.0 Introduction

This chapter presents the results and the discussion of the study findings. The findings included the demographic characteristics of the respondents, knowledge of nurses on their professional code of ethics, their perception on the ethics, the influence of gender, religion, professional ranks and monitoring and sanctions on adherence to professional ethics in nursing practice and how ethics in nursing are monitored in the Sunyani Municipal Hospital.

#### 4.1 Demographic Characteristics of Respondents

Table 4.1 indicates the demographic characteristics of the respondents. There were more females 60.6% (n=43) than males 39.4% (n=28). Majority of the respondents were staff nurses 67.6% (n=48), 16.9% (n=12) were enrolled nurses and 15.5% (n=11) were community nurses. The ages of the respondents ranged between 23 and 50 years. The age class 21-30 had 71.8% (n=51) of the nurses. Only 3 nurses (4.2%) were in the 41–50 age group. Christians made up 84.5% (n=60) of the respondents and 15.5% (n=11) of the nurses were Muslim.

**Table 4.1: Demographic Characteristics of Respondents**

<b>Variable</b>	<b>Category</b>	<b>Frequency</b>	<b>Percent</b>
<b>Gender</b>	Male	28	39.4
	Female	43	60.6
<b>Total</b>		71	100
<b>Age (Group)</b>	21 - 30 years	51	72.0
	31 - 40 years	17	24.0
	41 - 50 years	3	4.2
<b>Total</b>		71	100
<b>Religion</b>	Christian	60	84.5
	Muslim	11	15.5
<b>Total</b>		71	100
<b>Marital status</b>	Married	26	37.1
	Single	44	62.9
<b>Total</b>		70	100
<b>Professional Rank</b>	Staff Nurse	48	67.6
	Community Health Nurse	11	15.5
	Enrolled Nurse	12	16.9
<b>Total</b>		71	100

*Source: Fieldwork, 2015*

#### **4.2 Knowledge on Professional Ethics in Nursing Practice and Sources of Knowledge**

Table 4.2 presents the findings on nurses' knowledge on professional ethics. Majority of respondents (98.6%, n=70) attested that they had knowledge of their professional standards by admitting to the existence of ethical standards in the nursing profession. The nurses' main source of knowledge on their ethical standards was nursing training school (84.5%, n=60). Other sources of knowledge that the nurses mentioned included in-service training and workshops. However, these were not as popular as training schools given that they were chosen by 16.9% and 11.3% respectively. The nurses'

responses indicate that a number of them know about *Confidentiality* and *Respect* (57.7%, n=41) and (38.0%, n=27) respectively.

When interviewed, the nurses explained that they had knowledge of their professional standards and their activities are largely guided by these standards. These standards include patients' privacy, confidentiality, non-maleficence, respect for clients or patients, informed consent, empathy, teamwork, infection prevention among others. The study further revealed that respondents obtained the knowledge on ethical standards basically from school and workshops. Again, some of the standards were communicated to nurses upon completion of their nursing training to guide their practice within and outside of the health facilities. The District Director of Nursing Services (DDNS) of the SMH explained that:

*“There are laid down standards expected of every nurse to follow. Some of these standards are respect for patients, keeping patients' medical information between the patients and the nurses and so on and so forth. These standards are all in our code of ethics book from the Nursing and Midwifery Council. These books are given to new graduate nurses so they are all supposed to know”* (DDNS, SMH).

On the reason why workshop attendance as a source of knowledge is very low, a respondent opined that:

*“I have never attended a workshop before. The older nurses and our seniors are the only ones who have the opportunity to attend. We the juniors and younger nurses are often left out except when you are seen as very respectful. When workshops are organized, the older nurses want to go because of the food and the allowances they receive for attending. This does not help because we don't benefit from the workshop because they are already leaving the system and it is only a few of them who come and teach us what was discussed there”* (Enrolled nurse, SMH).

**Table 4.2: Nurses' Knowledge on Professional Ethics**

Variable	Category	Frequency	Percentage
<b>Existence of ethical standards</b>	Standards exist	70	98.6
	Standards do not exist	1	1.4
<b>Sources of knowledge on ethical standards</b>	Taught at School	60	84.5
	In-Service training	12	16.9
	Workshops	8	11.3
<b>Examples of ethical standards</b>	Confidentiality	41	57.7
	Respect	27	38.0
	Non-maleficance	7	9.8
	Teamwork	5	7.0
	Integrity	10	14.1
	Others	2	2.8
<b>Total</b>		71	100

*Source: Fieldwork, 2015*

#### 4.2.1 Nurses' Knowledge on Non-Maleficance

The results in Table 4.2.1 depict nurses' knowledge on non-maleficance. It is observed that the majority of the respondents claimed they had knowledge on non-maleficance (95.8%, n=68). Their sources of knowledge were nursing training school (80.3%, n=57), in-service training (23.9%, n=17) and workshop (5.6%, n=4). The nurses indicated that non-maleficance is important to ensure that nurses avoid causing harm to the patients (47.9%, n=34). The nurses also added that non-maleficance is important to ensure confidentiality, quality care and faster recovery of patients.

**Table 4.2.1: Nurses' Knowledge on Non-Malfeasance**

<b>Variable</b>	<b>Category</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Knowledge on non-malfeasance</b>	Yes	68	95.8
	No	3	4.2
<b>Source of knowledge</b>	Taught at School	57	80.3
	In-Service training	17	23.9
	Workshops	4	5.6
<b>Is non-malfeasance important?</b>	Yes	66	93.0
	No	1	1.4
<b>Importance of non-malfeasance</b>	Avoid causing harm to patients	34	47.9
	Ensures confidentiality	4	5.6
	Quality care	3	4.2
	Faster recovery	3	4.2
	Others	6	8.5
<b>Sample Size</b>		<b>71</b>	<b>100</b>

*Source: Fieldwork, 2015*

#### 4.2.2 Nurses' Knowledge on Informed Consent

Knowledge on informed consent is presented in Table 4.2.2. From the table, all the respondents (100%, n=71) indicated that they were knowledgeable on informed consent. The sources of knowledge of respondents were school (70.4%, n=56), in-service training and workshop attendance. Their responses on the importance of informed consent was that Consent is given to the patients mainly to avoid law suits (23.9%, n=17), build health workers credibility and trust (14.1%, n=10), avoid health complications (12.7%, n=9), to encourage client cooperation (8.5%, n=6) and communicate health information to clients by the nurses to update their clients (8.5%, n=6).

The nurses in the interviews indicated that informed consent is a means of taking permission from patients before medical procedures were administered. According to the

respondents, informed consent in a way secured them against any future complications such as law suits, dismissals and being blamed for the passing away of a patient. One nurse had this to say:

*“Informed consent is very necessary in nursing practice. It saves the nurse from court issues and complication. I do not want any problem so I tell patients everything and then ask them if they accept before doing anything”* (Enrolled Nurse, SMH).

Another nurse on the same issue also reiterated that informed consent is:

*“...telling patients of the medical procedure and seeking approval from them to prevent future problems. Just last week a patient died here and always when patients die, the family blames the health workers for not doing their work well. In Ghana, patients do not die naturally o. So you see if you are not keen on some of these ethical issues, you will definitely be in trouble.”* (Staff Nurse, SMH).

**Table 4.2.2: Nurses’ Knowledge on Informed Consent**

Variable	Category	Frequency	Percent
<b>Knowledge on informed consent</b>	Yes	71	100.0
	No	0	0
<b>Sources of knowledge on informed consent</b>	Taught at School	56	70.4
	In-Service training	18	16.9
	Workshops	1	1.4
<b>Is informed consent important?</b>	Yes	71	100.0
	No	0	0
<b>Importance of informed consent</b>	Avoid law suits	17	23.9
	Build health workers' credibility and trust	10	14.1
	Avoid health complications	9	12.7
	Client cooperation	6	8.5
	Information on health issues	6	8.5
<b>Sample Size</b>		<b>71</b>	<b>100</b>

Source: Fieldwork, 2015

### 4.2.3 Nurses' Knowledge on Privacy and Confidentiality

From Table 4.2.3, all the respondents (100%, n=71) reported that they have knowledge on confidentiality and this to them was a key aspect of ethical standards which they professionally adhered to. The nurses from their responses explain that confidentiality is adhered to in order to build trust among health workers (39.4%, n=28), build healthy rapport between the patients and health workers (7.0%, n=5), it was also to ensure a complete adherence to their core values (5.6%, n=4), to strongly prevent stigmatisation (5.6%, n=4) and assure them the possible prevention of lawsuit (4.2%, n=3).

Nurses' response during the interviews revealed that the nurses of SMH understand the relevance of confidentiality in attending to clients or patients. They emphasized that patient's information was supposed to be kept in a way that a third-party could not have access to it. All patients' information was kept discreet between the health worker and the patient. A staff nurse explained the relevance of confidentiality as:

*“As a nurse, you do not just reveal a patient's information to relatives or friends. It is only when the information will help the patient to recover that we inform the relatives, and even with that the patients should give the nurse the permission to disclose information before”*(Staff Nurse, SMH).

Another nurse stressed that:

*“It is very important to observe confidentiality as a nurse because it prevents stigmatisation. As nurses, we are expected to be able to keep patients' information to ourselves. This will let the patient have trust in you that you are really a professional.”* (DDNS, SMH).

**Table 4.2.3: Nurses' Knowledge on Privacy and Confidentiality**

<b>Variable</b>	<b>Category</b>	<b>Frequency</b>	<b>Percent</b>
<b>Knowledge on confidentiality</b>	Yes	71	100
	No	0	0
<b>Sources of knowledge on confidentiality</b>	Taught at School	61	85.9
	In-Service training	12	16.9
	Workshops	4	5.6
<b>Is confidentiality important</b>	Yes	71	100
	No	0	0
<b>Importance of confidentiality</b>	Builds trust	28	39.40
	Builds healthy rapport between patients and health workers	5	7.00
	Core values	4	5.60
	Prevents stigmatisation	4	5.60
	Prevents lawsuits	3	4.20
<b>Sample Size</b>		<b>71</b>	<b>100</b>

Source: Fieldwork, 2015

### 4.3 Nurses' Perception on their Professionals Codes of Ethics

From Table 4.3, 94.4% (n=67) of the nurses think they should not treat patient differently according to their social status. The nurses' response indicates that they are very ethical on their opinion of treating patients of different social classes equally. This is due to the high proportion of nurses who strongly disagree or disagrees to the thought of treating patients equally according to social status. 74.3% (n=52) strongly disagree or disagree to working with unethical colleagues during caregiving. This implies that they believe that they do not have to work with unethical colleagues. This shows the high ethical standards they would want to maintain. The table furthermore depicts that 84.5% (n=60) of the nurses believe that confidentiality can still be maintained in modern care and

should not be abandoned. This score asserts the nurses' adherence to ethical standards. In addition, 90.1% (n=64) of the nurses disagree that nurses should refuse to treat patients who behave violently. They seem to believe that patients should still be treated when they behave violently.

**Table 4.3.: Nurses' Perception on their Professional Codes of Ethics**

Variable( Proxy for Perception)	Strongly Disagree		Disagree		Not sure		Agree		Strongly Agree		Total
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	
<i>Ethical conduct is important only to avoid legal action</i>	24	34.3	27	38.6	1	1.4	14	20	4	5.7	70
<i>Treating patients differently according to social status</i>	43	60.6	24	33.8	2	2.8	2	2.8	0	0	71
<i>Working with unethical colleagues</i>	17	24.3	35	50	9	12.9	9	12.9	0	0	70
<i>Acting against your personal or religious values</i>	21	29.6	34	47.9	5	7.0	9	12.7	2	2.8	71
<i>Ignoring patients autonomy</i>	27	38.0	30	42.3	5	7.0	8	11.3	1	1.4	71
<i>Restraining patients physically or with medication</i>	21	29.6	30	42.3	1	1.4	14	19.7	5	7.0	71
<i>Nurses should do what is best irrespective of patient's opinion</i>	13	18.3	16	22.5	0	0	28	39.4	14	19.7	71
<i>Confidentiality cannot be kept in modern care and should be abandoned</i>	44	62.0	16	22.5	4	5.6	6	8.5	1	1.4	71
<i>Close relatives must always be told about a patient's condition</i>	20	28.6	30	42.9	3	4.3	15	21.4	2	2.9	70
<i>Nurses should refuse to treat patients who behave violently</i>	28	39.4	36	50.7	4	5.6	2	2.8	1	1.4	71

Source: Fieldwork, 2015

#### **4.4 The influence of Gender, Religion, Professional Rank and Monitoring and Sanctions on Adherence of Nurses to their Professional Ethics.**

This section explores the influence of gender, religion, professional ranks and monitoring and sanctions on adherence to professional ethics in nursing practice. Statistical test were done to find out the relationship between gender, religion, professional ranks and monitoring and sanctions and nurses' adherence to privacy and confidentiality, informed consent and non-maleficence (the ethical issues used as proxy for adherence).

##### **4.4.1 Adherence to Privacy and Confidentiality**

From Table 4.4.1, there was no statistically significant relationship between gender and adherence to privacy and confidentiality (P-value=0.300). The table depicts no statistically significant relationship between religion and adherence to privacy and confidentiality (P-value =0.300). Again, there was no statistically significant relationship between professional rank and adherence to privacy and confidentiality (P-value =0.100). The table further shows that, there was a statistically significant relationship between monitoring and sanctions and adherence to privacy and confidentiality (P-value =0.047). Clearly, gender, religion and professional ranks do not influence the adherence or otherwise to privacy and confidentiality in nursing practice. However, monitoring and sanctions influence adherence to privacy and confidentiality.

**Table 4.4.1: Adherence to Privacy and Confidentiality**

Variable	Category	NOT ADHERENT		ADHERENT		TOTAL	P-VALUE
		Freq.	%	Freq.	%	Freq.	
Gender	Male	26	40.6	2	33.3	28	0.300
	Female	38	59.4	4	66.7	42	
	Total	64	100	5	100	70	
Religion	Christian	53	82.8	6	100	59	0.300
	Muslim	11	17.2	0	0	11	
	Total	64	100	6	100	70	
Pro. Rank	Staff Nurse	42	65.6	5	83.3	47	0.100
	Community Health Nurse	10	15.6	1	16.7	11	
	Enrolled Nurse	12	18.8	0	0	12	
	Total	64	100	6	100	70	
Monitoring and sanctions	Yes	21	84	44	97.8	65	0.047*
	No	4	16	1	2.2	5	
	Total	25	100	45	100	70	

Source: Fieldwork, 2015: Fisher's Exact Test of Independence for the relationship between Gender/Religion/Professional Rank and adherence to privacy and Confidentiality

#### 4.4.2 Adherence to Informed Consent

Table 4.4.2 demonstrates there was no statistically significant relationship between gender and adherence to informed consent (P-value =0.200). The table further portrays there was no statistically significant relationship between religion and adherence to informed consent (P-value=0.100). Also, there was no statistically significant relationship between professional rank and adherence to informed consent (P-value =0.090). On monitoring and sanctions the (P-value=0.700) indicates that there was no statistically significant relationship between monitoring and sanctions and adherence to informed consent.

**Table 4.4.2: Adherence to Informed Consent**

Variable	Category	NON-ADHERENT		ADHERENT		TOTAL	P-VALUE
		Freq.	%	Freq.	%	Freq.	
Gender	Male	3	60	25	38.5	28	0.200
	Female	2	40	40	61.5	42	
	<b>Total</b>	5	100	65	100	70	
Religion	Christian	3	60	56	86.2	59	0.100
	Muslim	2	40	9	13.8	11	
	<b>Total</b>	5	100	65	100	70	
Pro. Rank	Staff Nurse	3	60	44	67.7	47	0.090
	Community Health Nurse	0	0	11	16.9	11	
	Enrolled Nurse	2	40	10	15.4	12	
	<b>Total</b>	5	100	65	100	70	
Monitoring and sanctions	Yes	5	100	60	92.3	65	0.700
	No	0	0	5	7.7	5	
	<b>Total</b>	5	<b>100</b>	65	<b>100</b>	<b>71</b>	

Source: Fieldwork, 2015: Fisher's Exact Test of Independence for the relationship between Gender/Religion/Professional Rank and adherence to informed consent

#### 4.4.3 Adherence to Non-Malfeasance

Table 4.4.3 shows there was no statistically significant relationship between gender and adherence to non-malfeasance (P-value=0.100). The table again reveals there was no statistically significant relationship between religion and adherence to non-malfeasance (P-value=0.200). On monitoring and sanctions, the (P-value=0.200) pointed out that there was no statistically significant relationship between monitoring and sanctions and adherence to non-malfeasance. However, the table depicts that there was a statistically significant relationship between professional ranks and adherence to non-malfeasance (P-value=0.040).

**Table 4.4.3: Adherence to Non-Malfeasance**

Variable	Category	NON-ADHERENT		ADHERENT		TOTAL	P-VALUE
		Freq.	%	Freq.	%	Freq.	
Gender	Male	10	35.7	18	45	28	0.100
	Female	18	64.3	22	55	40	
	Total	28	100	40	100	68	
Religion	Christian	24	85.7	33	82.5	57	0.200
	Muslim	4	14.3	7	17.5	11	
	Total	28	100	40	100	68	
Pro. Rank	Staff Nurse	21	75	25	62.5	46	0.040*
	Community Health Nurse	3	10.7	7	17.5	10	
	Enrolled Nurse	4	14.3	8	20	12	
Total		28	100	40	100	68	
Monitoring and sanctions	Yes	25	89.3	38	95	63	0.200
	No	3	10.7	2	5	5	
Total		28	100	40	100	68	

Source: Fieldwork, 2015: Fisher's Exact Test of Independence for the relationship between Gender/Religion/Professional Rank and adherence to Non-malfeasance

#### 4.5 Monitoring of Ethics in Nursing Practice

Table 4.5 shows nurses' response to whether they believed that their superiors were fulfilling their roles adequately in monitoring of nurses' adherence to ethics in the line with their practice. Ninety-three Percent which is (n=66) of the nurses responded in the affirmative and 5.6% (n=4) were not sure about their superiors doing their work effectively as overseers. Only 1.4% (n=1) responded that superiors are not doing their work.

Furthermore, 91.4% (n=64) indicated that appropriate standards have been put in place to guide their practice. The rest of the respondents, 7.1% (n=5) and 1.4% (n=1) were not sure and no respectively.

On the issues of whether performance appraisal was done in the area of adherence to ethics within the facility, nurses responses were such that 91.5% (n=65) indicted that performance appraisal does take place. Only 1.4% (n=1) answered in the negative to the effect that performance appraisal does not take place in the facility. Five (5) nurses, making up 7% of the sample were not sure if performance appraisal takes place.

On whether the management of the facility demonstrate clear guidelines about what ethics are and how nurses are required to comply, 88.6% (n=62) responded that management does that, 4.3% (n=3) were of the opinion that management does not demonstrate such clear guidance about what is right and wrong and 7.1% of the nurses (n=5) were not sure about the management role in this direction.

On the other hand, 88.2% (n=60) of the nurses believed that corrective actions are indeed taken in response to deviations from ethical breaches. Those who were not sure about the occurrence of corrective actions in response to ethical standards were 11.8%. None of the nurses responded in the negative that no corrective action is taken in response to ethical breaches.

The responses to the questions on monitoring suggest that the superiors are engaged in active monitoring of nurses behaviour in order that the nurses would adhere to ethics in their practice. Similar findings came out of the in-depth interviews when all eight (8) respondents confirmed that there are appropriate monitoring mechanisms available in the hospital. The female ward in-charge in response to the question on monitoring indicated thus:

*“As a supervisor, sometimes I ensure that nurses do the right thing when they are working on clients by going there to make sure everything is fine. For instance, when I hear any noise I go there to ask what the issue is and later reprimand the nurse the nurse if she is at fault because we are dealing with human beings and need to have patience”.* (Female Ward-in-Charge, SMH)

On the same issue, one Staff nurse responded thus:

*“Here in this hospital, we have morning meetings everyday where we are reminded to respect patients and exercise patience in all things. Our supervisors allow us to air out challenges so that they can help us. But the issue is that we are from different places so some of us will do things on the contrary so the supervisors are always on us to do the right thing.”* (Staff nurse, SMH)

Responses from the interviews revealed that, performance appraisal is done in order that conduct of nurses will be streamlined. Nurses who are found to be unethical in their practice are sanctioned. On this, a Community Health Nurse said:

*“...performance appraisal is done annually for us in this hospital to evaluate us and how we work and when we gos wrong, we are called and advised. After several pieces of advice, we are queried and it is put on our files so it follows you wherever you go”.* (Community Health Nurse, SMH)

**Table 4.5: Monitoring of Ethics in Nursing Practice**

<b>Variable</b>	<b>Freq.</b>	<b>Percentage</b>
<b>Do you believe your superiors are doing their work?</b>		
YES	66	93.0
NOT SURE	4	5.6
NO	1	1.4
<b>Total</b>	71	100
<b>Have appropriate standards of practices been established and adequately communicated to you by your superiors?</b>		
YES	64	91.4
NOT SURE	5	7.1
NO	1	1.4
<b>Total</b>	70	100
<b>Are performance appraisal done often to monitor adherence to nursing ethics in this facility?</b>		
YES	65	91.5
NOT SURE	5	7.0
NO	1	1.4
<b>Total</b>	71	100
<b>Does management demonstrate clear guidance about what is right and wrong and compliance to nursing ethics?</b>		
YES	62	88.6
NOT SURE	5	7.1
NO	3	4.3
<b>Total</b>	70	100
<b>Are appropriate corrective actions taken in response to deviations from approved ethical standards?</b>		
YES	60	88.2
NOT SURE	8	11.8
<b>Total</b>	68	100

Source: Fieldwork, 2015

## **4.6 Discussion of Findings**

This section presents the discussion of findings based on the objectives of the study. This discussion focuses on nurses' knowledge of their professional codes of ethics, nurses' perception on their professional codes of ethics, factors that influence adherence and monitoring of nurses' adherence to their professional codes.

### **4.6.1 Demographics of Respondents**

The nursing profession is seen to be a profession for women. The involvement of males in the nursing profession has been minimal over the years. From the results, the gender distribution of the respondents was such that there were more female nurses as compared to male nurses in the SMH. This supports the notion that the nursing profession is a female dominated profession and it is in recent times that more male are entering into the profession (Kelly, 2010; Ozdemir, Akansel & Tunk, 2008; Porter, 1992). Also, most of the nurses fell within the least age group which had the highest percentage out of the total age groups. This is an indication that most of the nurses at the SMH are young. The distribution of professional ranks of nurses at the SMH shows that, there are more Staff nurses than the auxiliary nurses that is the Community Health nurses and Enrolled nurses.

### **4.6.2 Nurses' Knowledge of their Professional Codes of Ethics**

Knowledge and practices of nurses on their ethical standards is very important both as a prerequisite for good nurse-patient relationship and for maintenance of high standards in nursing practice. Nurses are therefore expected to have in-depth knowledge of their professional ethical codes in order that they will use it as a guide in the management of

healthcare relationships and conditions. Aside all the sources of knowledge nurses may have, nurses acquire a lot of their knowledge from the nursing training schools (Smith et al., 2012). This supports the idea that nurses have knowledge of their professional codes of ethics or standards. The findings from the study show that the nurses were generally knowledgeable on the ethical issues dwelt on in this study. The nurses acquire their knowledge from the nursing training schools where they are taught the various ethical issues. From the study, an appreciable number of nurses acknowledged the importance of professional ethics in their practice and the need to have knowledge on it.

However, nurses' knowledge on what they claimed to know and what they actually know were inconsistent after further probing. This was found in the in-depth interviews when nurses gave detailed explanations to what the ethical issues meant. Their explanations varied from each other when they were asked to explain or define some of the ethical issues such as non-maleficence. A similar finding is made by Vynckier et al. (2014) and Yang et al. (2010). The true depth of their knowledge of ethics was influenced by their professional ranks and the number of years of practice and this came out clearly when they were asked to explain some of the ethical issues.

The Staff Nurses seemed to be more knowledgeable than the Community Health Nurses and the Community Health Nurses seemed to be more knowledgeable than the Enrolled Nurses. Several factors may account for this. This is may be due to the rigorous entry requirements that a prospective training nurse ought to have before entering into the various nursing training schools. The entry requirements of the nursing training schools are such that those students who are seen to be more knowledgeable are admitted into the nursing programs such as midwifery and general nursing.

The community health nurses and the enrolled nurses are admitted into the auxiliary programs such as community health training program and health assistant training school program which is not as intense as the general nursing training programs. This means that trainee nurses in some of the programs are given intense training than others. This is consistent with what Vynckier et al. (2014) found about some nurses believing that they are not adequately prepared to handle ethical problems in the line of their professional practice.

Also, the nurses focus more on the clinical aspects of their training and not so much on the ethical protocols when they are in nursing training school. They see the clinical aspects of their training as their core area of specialty and being able to perform well will qualify them as nurses than the ethical protocols. The priority given to the clinical phase makes the nurses lack knowledge in the ethical or protocol phase. This finding corroborates what Smith et al. (2012) found when they stated that trainee nurses often prioritised the clinical aspects of their training over the ethical aspects. This does not make them well versed in the ethical issues in their profession.

Sources of the nurses' knowledge on their professional codes of ethics were identified to be school, in-service training and workshop. The findings from the data indicated that school was the leading source of their knowledge. This is because they are first taught ethics in nursing practice in their various nursing training schools before they come out as qualified nurses. Courses on ethics are designed to fit into the syllabus of nursing training schools as established by Shive and Marks (2008). These courses are approved by the Ghana Education Service and the Nurses' and Midwives council which also operates under the Ministry of Health. Nurses are also given hard copy booklet of their professional codes of ethics and practice which they are expected to use as reference

materials when they complete their training. These materials are given to nurses after they have passed their licensure exams and registered with the Nurses and Midwives council. The nurses further revealed that in-service training was also another source of ethical knowledge. In-service training is the training nurses acquire on the job when nurses are out of school and are practising.

It was found that every ward has a meeting day during which all the nurses of the ward meet to discuss issues concerning their work. During such meetings the nurses mostly remind themselves of their professional codes of ethics and the need to apply them often. Also, the wards in-charges help to teach new nurses all the protocols they need to know. When the in-charges attend workshops they share their knowledge with the nurses who could not make it.

Finally, workshop was mentioned as the additional source of knowledge of their professional codes of ethics. These workshops are mostly organised by either the management of the hospital or external organizations. A number of the nurses mentioned that most of the workshops are attended by older nurses who are seniors and have been in the hospital for long. The junior nurses claimed that the seniors are more likely to attend the workshops because of the motivation involved and some material benefits attached to attendance. This is to the disadvantage of the younger and junior nurses who have just come out of school and need more experience and training.

Whether a young nurse will be nominated to attend a workshop is dependent on how well that nurse performs on the job or how respectful that nurse is seen to be by her superiors. What this means is that it is possible that one nurse would be nominated to attend several training programs which would mean a duplication of knowledge thereby depriving the other nurses who may be the ones who need training.

#### **4.6.3 Nurses' Perception of their Professional Codes of Ethics**

The perceptions nurses form about their professional codes of ethics is as a result of their levels of awareness of the ethics and their knowledge which is acted upon by other social determinants. The perception of nurses on their ethical codes is influenced by the social context within which they found. These social determinants and contextual variables include culture, religion, gender, social relations and interaction patterns (Schopp et al., 2003; Välimäki et al., 2008). Perception is defined by Motamed-Jahromi et al. (2012) as the ability to see, hear, or understand certain event and apply assumptions about the world's arrangement to integrate sensory information. By this, nurses form their impressions about the ethics on the basis of information available to them and their idiosyncratic experiences.

The findings from the study indicate that nurses at the Sunyani Municipal Hospital have positive ethical outlook with regard to their professional codes of ethics. When asked how they perceive their ethical standards, their responses show that they had high ethical awareness with their seeming readiness to adhere to ethics in the course of their practice. This is consistent with findings from Leino-Kilpi et al. (2003) which show that nurses present themselves as professionals who are eager and committed to meeting and maintaining ethical standards in their practice.

To find out how nurses at the SMH see their ethical standards, they were asked whether ethical conduct is important only to avoid legal act. The responses indicated that of the nurses disagreed. This point out that the nurses believe ethical standards should be maintained not only to avoid legal actions. Further probing depicted that of the nurses believe that confidentiality can still be maintained in modern care and should not be abandoned. Also, more than half of the nurses disagreed to work with an unethical

colleague during treatment. These responses are indicative of the progressive stance nurses have on nursing ethics and adherence to ethical standards.

The answers of the nurses on their perceptions about ethics are only responses to scenarios that were given them however as to whether they will adhere when faced with real situations is a different matter. Some nurses gave these responses when they were probed further on their perceptions about professional ethics of nurses and whether that will make them adhere to the ethical standards or otherwise. More than half of the nurses indicated that culture, religion and social status may influence the way they perceive their ethical standards. One nurse argued that a chief and an ordinary person cannot be given the same kind of treatment. Since the former by tradition is to be accorded with lots of respect. The response that patient should not be treated differently according to their social status is a fly in the face. This affirms Donkor and Andrew's (2011) view that cultural practices and beliefs in Ghana contribute to the ethical dilemmas nurses go through. This is because the nurses are torn between following the professional standards during caregiving and conforming to the cultural values that they are socialised into.

#### **4.6.4 Nurses' Adherence to their Professional Codes of Ethics**

Adherence to nursing ethics is of essence since the nursing profession focuses on providing services to save human lives and remediate debilitating conditions. How well they are able to do this to a large extent depends on their ability to work and conform to the guidelines set out for them as professionals. There is therefore the need for standards to be set to direct the activities of nurses and to maintain these standards to achieve safe practices and bring satisfaction to the patient (Cherie, Mekonen and Shimelse, 2006; Abekah-Nkrumah et al., 2010). Findings from this study revealed that 83.3% of staff nurses adhere to their professional codes of ethics in general than the community nurses

and enrolled nurses. The variations in the nurses' adherence is as a result of a number of influences.

The results from the Fisher's Exact Test of Independence (FET) show that there were no statistically significant relationships between gender, religion and professional ranks and adherence to privacy and confidentiality. However, there was a statistically significant relationship between monitoring and sanctions and adherence to privacy and confidentiality. This is an indication that the above factors do not influence nurses' adherence to privacy and confidentiality except the availability of monitoring and sanction mechanisms at the SMH.

Again, the results from the FET indicate that there were no statistically significant relationships between gender, religion, professional ranks and monitoring and sanctions and adherence to informed consent. This means that all the factors do not have any influence on nurses' adherence to informed consent at the SMH.

Similarly, the results from the FET indicate that there were no statistically significant relationships between gender, religion and monitoring and sanctions and adherence to non-maleficence. However, there was a statistically significant relationship between professional ranks and adherence to non-maleficence. The explanation for this test is that, the ranks of nurses at the SHM do have influence on the nurses' adherence to non-maleficence. Therefore, staff nurses are seen to adhere more than the other auxiliary nurses or otherwise. Most of the results from the FET indicated that there was no statistically significant relationship between nurses' adherence to informed consent, non-maleficence and privacy and confidentiality and other factors that influence adherence such as gender, religion and professional ranks of nurses. This means adherence to nursing ethics is not influenced by the above mentioned factors. This is contrary to the

view of Yang et al., 2010 that the applicability of ethics in its entirety has become a challenge in non-western societies due to the cultural factors that influence adherence to ethics.

Tables 4.4.1, 4.4.2 and 4.4.3 show that the proportions of non-adherence to privacy and confidentiality, informed consent and non-maleficence are quite high. This is a sign that nurses do not adhere to professional ethics in their practice. Their admission to non-adherence should raise some concerns. The responses of the nurses on adherence to ethics in relation to their responses on perception appear to be contradictory. The nurses' responses present them as professionals who have positive outlook on their professional ethics. Their responses indicate that they will adhere to professional ethics but the admission of non-adherence to privacy and confidentiality, informed consent and non-maleficence by nurses is serious enough to indicate their non-adherence.

Some reasons the nurses assigned to not observing their professional codes of ethics was that when emergencies are reported late they are sometimes in a hurry to attend to the patient hence they forget to follow their ethical standards. Again, when patients seem naïve and ignorant there is no need wasting time to go through ethical processes. This draws attention to the fact that some of the nurses do not really place much emphasis on their ethical standards but on patients' care and not the moral aspect of treating patients (Reed & Fitzgerald, 2005). Nurses ought to be concerned with patients' rights. In other words, the physiological and moral care of patients should be accorded adequate importance.

#### **4.6.5 Monitoring of Nurses' Adherence to their Professional Codes**

In general, hospital administrators in their effort to improve health care of patients have procedures and programmes to ensure that nurses treat patients right and conform to the requirements and protocols of their profession. These have been put in place to ensure that the management of patients' conditions within the hospital and beyond is done not in a haphazard manner but in accordance with strict protocols that have human welfare at their centre (Abekah-Nkrumah et al, 2010).

The findings of the study revealed that monitoring is done at the SMH to ensure that nurses adhere to the ethical codes in the profession. The six wards at the SMH are managed by ward in-charges who have supervisory responsibilities over nurses at the wards. The ward in-charges see to the day to day running of the ward. They make sure nurses work to standards of their profession. Nurses in the various wards therefore report directly to their in-charges. The ward in-charges again solve daily ethical challenges of the nurses and help them make proper decisions when ever the need arises. This finding supports the position of Aitamaa et al. (2010) who argued that nursing managers have a responsibility to work towards resolving ethical problems faced by nurses and also offer support to their subordinates in their ethical decision making whiles ensuring that the appropriate environment is created for the maintenance of ethical standards.

These ward in-charges again assess the knowledge base of nurses on the ethical codes. Where nurses do not have much knowledge, they discuss them during their ward meetings to ensure thorough knowledge (Donkor & Andrews, 2011). New issues in nursing practice are also communicated to nurses through the in-charges. These meetings are held weekly to discuss issues pertaining to the ward. Nurses are encouraged to report any challenge in line with their work in order that they will be helped. Interestingly, Leuter

et al. (2013) have a contrasting view that institutions are not always able to effectively support nursing staff on their ethical challenges.

These ward in-charges in turn report to senior nursing officers who also have supervisory roles over the ward in-charges. These senior nursing officers are mostly of higher ranks than the ward in-charges. The senior nursing officers in turn report to the Matron of the hospital who is also a District Director of Nursing Services (DDNS). The DDNS is the overall head of the nursing services. The office of the DDNS ensures that nurses observe the codes of ethics through the various levels of nurses. This clearly shows how monitoring is done at the Sunyani Municipal Hospital as opposed to what Donkor and Andrews (2011) view that there appears to be low level of monitoring on ethics in nursing practice.

Performance appraisal is conducted annually to assess nurses on their strengths and challenges regarding their performance in general and on their attitudes towards patients and colleagues. Nurses who conducted themselves appropriately are rewarded to encourage good practices and behaviours. Selection for workshop attendance and provision of new uniforms are some of the rewards provided to encourage nurses. However, due to financial challenges the provision of uniforms and other material items that were given to highly performing nurses as reward packages has stopped.

Deviation from ethical codes attracts sanctions of various forms such as verbal caution, denial of opportunities to attend workshops, query letters and nightshift assignment. Verbal caution is mostly giving by ward in-charges to nurse. This is either in a form of advise or warning to refrain from such incidents. Failure to conform to verbal cautions results in the ward in-charge reporting the issue to the senior nursing officers who in turn will issue a verbal caution. The next stage is the DDNS who will either issue a query

letter, night shift assignments or refuse the nurse the opportunity to attend any workshop. These sanctions depend on the level of the ethical breached caused. The nightshift assignment even though it is mandatory for every nurse, it is used as a sanction procedure. Nurses with this sanction method are not allowed to go for either morning or afternoon shifts. This method of sanction is a punishment for nurses who have not been ethical but it does not address the core or fundamental problem of nurses being unethical as nurses may not change after the nightshift. Thus, there should be another form of punishment that will have the proper effect on nurses to adhere to their professional codes.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.0 Introduction

This chapter concludes the study by drawing on the previous chapters. It presents a summary of the study, its relevance and recommendations. The chapter focuses on nurses' knowledge on their professional ethics, nurses' perception of their professional ethics, the factors that influence adherence and monitoring of nursing ethics.

#### 5.1 Summary

Adherence to nursing ethics has become a major issue of concern in our world today. This is because people have in recent times started asking questions about their health and been taken serious their basic rights and benefits, availability of materials on ethics and the quest of people to make sure the right things are done. People who visit the health facilities have been criticising nurses on their inability to adequately adhere to ethical standards in line with their practice. This has led to calls from stakeholders of hospitals and clinics to ensure that nurses adhere to their professional codes of ethics.

Using the case study design, the study sought to find out nurses' adherence to their professional codes of ethics in the course of performing their duties. The objectives of the study were addressed using the case of the Sunyani Municipal Hospital. Questionnaires were administered to 71 nurses and in-depth interviews were conducted for 8 key hospital managers.

#### 5.2 Findings

- Nurses have knowledge on their professional codes of ethics. The sources of knowledge are school (84.5%, n=60), in-service training (16.9%, n=12) and workshop attendance (11.3%, n=8).

- The Staff nurses are more knowledgeable on nursing ethics than the Community Health nurses. The Community Health nurses are more knowledgeable than the Enrolled nurses.
- Gender and religious affiliation of nurses have no influence on nurses' adherence to privacy and confidentiality, informed consent and non-maleficence.
- Nurses' professional ranks have influence on nurses' adherence to non-maleficence. The senior nurses are more likely to adhere to professional ethics than the junior nurses.
- Monitoring of nurses adherence and the sanctions available to offenders have influence on their adherence to privacy and confidentiality.
- Nurses are monitored to ensure adherence to their professional codes of ethics. Monitoring is done through frequent supervision by the various ward-in-charges at the Sunyani Municipal Hospital.
- Nurses are appraised annually to assess performance and adherence to their professional codes.
- Nurses are sanctioned when they go contrary to their professional ethics at the SMH. Some sanctions meted out to nurses who do not adhere to ethics include admonishment or warning, query letter which is put on the offenders' file and nightshift which was used as a sanctioning instrument.

### **5.3 Recommendations**

- To solve the challenge of a small section of nurses being favoured to participate in workshop, management should ensure that equal opportunities are given to all nurses to attend training workshops to enhance their knowledge.
- In dealing with the challenge of some nurses having limited knowledge of their professional ethics, there should be regular in-service training for nurses. This can be done by indulging the help of knowledgeable nurses.

- Promotions should be tied to performance appraisal so that only serious and knowledgeable nurses are recommended for promotion. This could help solve the challenge of some nurses not taking their professional code of ethics serious.
- To ensure that nurses conduct themselves in an ethical manner, name tags should be given to them for easy identification by patients. Nurses are expected to conduct themselves in an appropriate manner when they know patients can easily identify and report them.

#### **5.4 Conclusion**

Nurses' observance of their professional ethical standards to ensure proper health care of patients has been the expectation of many stakeholders in Ghana. The study revealed that nurses at the Sunyani Municipal Hospital adhere to their professional standards. The study as again revealed that 84.5% of the nurses have knowledge of their professional ethics due to the ethical training provided at school. 16.9% also acquire knowledge from learning when they come out of school to practice and 11.3% acquire knowledge from workshops. Nurses' perceptions on their ethical codes is a function of the society in which they live, gender, their cultural and religious values, their knowledge on these codes and monitoring procedures put in place to ensure adherence to their ethical codes. Furthermore, nurses of the SMH indicated that they observe their ethical codes but more needs to be done. In addition, nurses are frequently monitored to ensure that they observe their professional ethics so as to enhance patients' satisfaction. The outcomes from the study have useful implications for healthcare managers and key stakeholders involved in healthcare services provision in Ghana in particular. More attention should be directed towards training nurses on their professional codes of ethics.

### **5.5 Limitations of the Study**

The fact that the study is a case study research does not allow the findings to be generalized beyond the study population and sample selected. Despite this shortcoming theoretical generalization is possible. The findings from the study can inform health policy formulation and implementation.

### **5.6 Suggestion for Future Research**

The study assessed adherence to professional codes of ethics in nursing practice. The study could not exhaust all issues on adherence to nursing ethics. Further studies could focus on ethical education in the training of nurses. Specifically, it can look at their curriculum and the course content used in teaching student nurses.

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Christian [ ] Muslim [ ] Animist [ ] Other [ ] specify.....

4. Marital Status

Married [ ] Single [ ] Widow(er) [ ] Separated [ ] Divorced [ ]

5. Number of Children .....

6. Number of Years of Professional Practice .....

7. Professional Rank .....

**Section B – Knowledge of Ethics in Nursing Practice (Please select the appropriate response from the response scale [ √ ])**

8. Are there some professional standards in your practice as a nurse? Yes [ ] No [ ]

9. How important are these professional standards to you? Very Important [ ] Important [ ] Somewhat Important [ ] Not Important at all [ ]

10. How did you get to know about them? .....

11. Can you mention some of the professional standards in your practice?  
.....

12. Do you know about privacy in nursing practice? Yes [ ] No [ ]

If yes, what does it mean to you .....

13. How did you know about privacy in nursing practice? .....

14. How long have you known about privacy in nursing practice? .....

15. Is privacy in nursing practice important to you? Yes [ ] No [ ]

Please explain response.....

16. Do you know about minimising risks to patients, clients and their relatives during treatment in nursing practice? Yes [ ] No [ ]

If yes, what does it mean to you .....

17. How did you know about minimising risks to patients, clients and their relatives in nursing practice? .....

18. How long have you known about minimising risks to patients, clients and their relatives in nursing practice? .....

19. Is minimising risks to patients, clients and their relatives in nursing practice important to you? Yes [ ] No [ ]

Please explain response .....

20. Do you know about informed consent in nursing practice? Yes [ ] No [ ]

If yes, what does it mean to you .....

21. How did you know about informed consent in nursing practice? .....

22. How long have you known about informed consent in nursing practice?

.....

23. Is informed consent in nursing practice important to you? Yes [ ] No [ ]

Please explain response .....

24. Do you know about confidentiality in nursing practice? Yes [ ] No [ ]

If yes, what does it mean to you .....

25. How did you know about confidentiality in nursing practice?.....

26. How long have you known about confidentiality in nursing practice?

.....

27. Is confidentiality in nursing practice important to you? Yes [ ] No [ ]

Please explain response .....

**Section C – Adherence to Nursing Ethics (Please select the appropriate response from the response scale [ √ ])**

28. Do you sometimes discuss patient's information with colleagues or even patient's relatives in your practice as a nurse?

Yes [ ] Not Sure [ ] No [ ]

Please explain response .....

30. Do you inform patients of their sickness, the treatment processes, the outcome and ask for their permission to continue with treatment?

Yes [ ] Not Sure [ ] No [ ]

Please explain response .....

31. Do you sometimes prevent patients from any harm during treatment? Yes [ ]

Not Sure [ ] No [ ]

Please explain response .....

**Section D – Perception about Ethics in Nursing Practice (Please select the appropriate response from the response scale [ √ ])**

**1- Strongly Disagree, 2-Disagree, 3-Not sure, 4-Agree and 5-Strongly Agree.**

<b>Ethical Issue</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
32. Ethical conduct is important only to avoid legal action					
33. Treating patients differently according to social status					
34. Working with unethical colleagues					
35. Nurses are guided by their own personal beliefs					
36. Reporting unethical health care practices of colleagues					
37. Each nurse decides for themselves what is right and wrong					
38. Acting against your personal or religious values					
39. Acting against patients personal or religious values					
40. Ignoring patients autonomy					
41. Restraining patients physically or with medication					
42. Patient's wishes must always be adhered to					
43. Nurses should do what is best irrespective of patient's opinion					
44. Patient should always be told if something is wrong					
45. Confidentiality cannot be kept in modern care and should be abandoned					
46. Close relatives must always be told about a patient's condition					
47. Patients only need to consent for operations but not for tests or medications					
48. Children should never be treated without the consent of their parents or guardians (except in an emergency)					
49. Nurses should refuse to treat patients who behave violently					

**Section E – Monitoring of Ethics in Nursing Practice (Please select the appropriate response from the response scale [ √ ])**

50. Do you believe your superiors are doing their work?

Yes [ ] Maybe [ ] Not Sure [ ] No [ ]

Please explain response.....

51. Have appropriate standards of practices, conflict of interest and codes of ethics been established and adequately communicated to you by your superiors?

Yes [ ] Maybe [ ] Not Sure [ ] No [ ]

Please explain response .....

52. Are performance appraisal done often to monitor adherence to nursing ethics in this facility?

Yes [ ] Maybe [ ] Not Sure [ ] No [ ]

Please explain response .....

53. Does management demonstrate clear guidance about what is right and wrong and compliance to nursing ethics?

Yes [ ] Maybe [ ] Not Sure [ ] No [ ]

Please explain response .....

54. Are appropriate corrective actions taken in response to deviations from approved ethical standards?

Yes [ ] Maybe [ ] Not Sure [ ] No [ ]

55. What are some of the corrective actions taken by management?

.....

## **Appendix II: Interview Guide for Nursing Supervisors**

1. How long have you practiced as a nurse?
2. Are you aware of the professional standards in your practice as a nurse?
3. What are the professional standards in your practice as a nurse?
4. How did you get to know about it?
5. How important are these professional standards to you as a nurse?
6. Being a superior, do you have regular discussions with your subordinates on their ethical conducts?
7. How often are these discussions held?
8. How well are these discussions received?
9. What is the nurses' understanding of such discussions?
10. What particular matters are discussed at such discussions?
11. What role do the supervisors play in the maintenance of nursing ethics?
12. How are the nurses evaluated based on their compliance to ethics in nursing practice?
13. How decisions are made (procedures) when a subordinate breaches the standard of professional practice?
14. What are the possible sanctions to ethical breaches?