ENSIGN COLLEGE OF PUBLIC HEALTH, KPONG EASTERN REGION, GHANA

NURSES' ADHERENCE TO THEIR PROFESSIONAL CODE OF ETHICS: A CASE STUDY ON THE PERSPECTIVE OF PATIENTS AT THE EASTERN REGIONAL HOSPITAL, KOFORIDUA.

by

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DECLARATION

I hereby certify that except for reference to other people work, which I have duly cited, this Project submitted to the Department of Community Health, Ensign College of Public Health, Kpong is the result of my own investigation, and has not been presented for any other degree elsewhere.

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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 is to God for how far I have come!

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DEFINITION OF TERMS

Ethics: moral principles and rules of behaviour for a professional group.

Monitoring: is supervising activities in progress to ensure they are on-course and meeting objectives or performance targets.

Sanctions: are penalties or other means of enforcement used to provide incentives for obedience with the law, or with rules and regulations.

Knowledge: is a familiarity with someone or something, which can include facts, information, descriptions, or skills acquired through experience or education

Perception: is the ability to see, hear, or understand certain event and apply assumptions about the world's arrangement to integrate sensory information.

ACRONYMS / ABBREVIATIONS

A & E	**Accident and Emergencies**
AICU	**Adult Intensive Care Unit**
CHAG	**Christian Health Association Ghana**
DHD	**District Health Directorate,**
DDNS	**Deputy Director of Nursing Services**
GHS	**Ghana Health Service**
GRNMA	**Ghana Registered Nurses and Midwives Association**
JHS	**Junior High School**
MHD	**Municipal Health Directorate**
MOH	**Ministry of Health**
MPH	**Master of Public Health**
NMC	**Nursing and Midwifery Council of Ghana**
NICU	**Neonatal Intensive Care Unit**
SHS	**Senior High School**
SPSS	**Statistical Package for Social Sciences**
U.K	**United Kingdom**
U.S.A	**United States of America**
W.H.O	**World Health Organization**

ABSTRACT

The study investigates patient's perspective on Nurses' adherence to their Professional Codes Ethics in the course of performing their duties, using Eastern Regional Hospital, Koforidua as a case study. The study also seeks to find out patients' knowledge on nurses' professional code of ethics in nursing practice, explore the perceptions of patients on nurse's adherence to their Professional Code of Ethics in nursing practice and find out how nurses professional code of ethics in nursing practice is monitored at the Eastern Regional Hospital, Koforidua.

STUDY DESIGN: A cross sectional research design was used for the purpose of this study because the data was collected once from the sampled population. The sampling technique employed in the research was convenient sampling. A case study under descriptive design was also used to help give a detailed insight into the issue at hand. The population of the study consists of patients of the Eastern Regional Hospital, Koforidua of a total population of 400. Data from the questionnaires administered were coded and analyzed using SPSS software, bar graphs and tables to depict the results obtained from the respondents on the factors as far as the objectives are concerned.

RESULTS: The finding revealed that most of the respondents did not have any knowledge about nurses' professional code of ethics, majority of nurses introduce themselves with name, title and professional role to patients, nurses also produce gentle behavioral and verbal communication towards patients, and on the part of the nurses, ward in-charges are employed to ensure nurses conduct themselves accordingly and deliver quality service to patient through supervisory responsibilities. Recommendation were more efforts should be made by the ministry of health to educate more Ghanaians on the activities of health workers and media promotions especially on television and radio should be giving more credence especially by the health sector and NGOs

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CHAPTER ONE

1.0 Introduction

This chapter 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.

1.1 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 including the health profession. This is due to its numerous implications for the activities of those professionals (Chattov, 1980; McLagan, 1989; Thompson, 1993; Wazana, 2000).

Within nursing practice, the Code of ethics is a set of normative principles that underlie a nurse's purpose and associated values. 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.

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 when properly enforced 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, *et al*, 2012), privacy and confidentiality (Pellegrino, 2000; Kluge, 2001; Kurban, *et al* 2010) and non-malfeasance or not causing harm to patient (Kurban et al., 2010). These ethical issues are similar to those of the nursing ethical standards.

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 criticizing 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.

In nursing practice, there are a number of obligations expected of nurses to perform. These include; obligations to themselves, the patient, their colleagues, and to the community at large. These core obligations are subsumed under the core ethical issues (ACN, 2002). However, the concentrations of their commitments to the patient stand supreme. 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.

The objective of following these ethical considerations and standards is to guide the 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.

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 do that. 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.

The ethical concerns in the nursing practice to be considered in this study are: informed consent; privacy and confidentiality; and non-malfeasance. 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.

1.2 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, *et al.* 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, *et al.* 2013; Yeboah, *et at.* 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, *et al.* 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; *Abekah et al.* 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, *et al.* 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. 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, *et al.* 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.

Coincidentally and in the real sense of practice, nurses are not supposed to defend their inability to adhere to their ethical standards.

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, *et al*. 2008), much has not been done on ethics and its adherence in nursing practice in Ghana (Asamani, *et al*., 2014; Donkor & Andrews, 2011).

1.3 Rationale 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 organizations 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.

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 other case studies. 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 regards, 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.

1.4 Conceptual Framework

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.

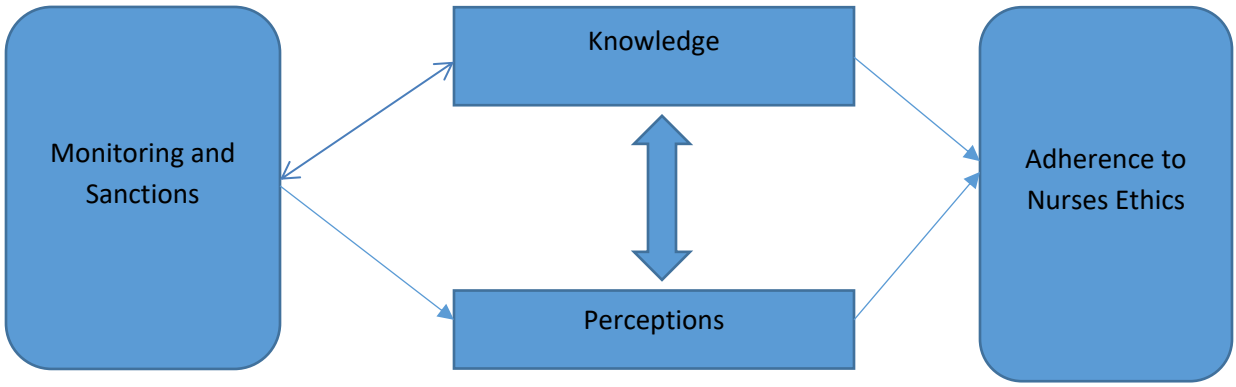

Figure 1: Conceptual framework (author's own construct)

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. 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.

1.5 Research Questions

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

1. How much do Patients know regarding Nurses Professional Code of Ethics in nursing practice?
2. What are the perceptions of Patients on Nurse's adherence to their Professional Code of Ethics in nursing practice?
3. How is Nurses Professional Code of Ethics in nursing practice monitored?

1.6 General objective

The general objective of the study is to assess patient's perspective on nurses' adherence to their Professional Codes of Ethics in the course of performing their duties, using Eastern Regional Hospital, Koforidua as a case study.

1.7 Specific Objectives

The study had the following specific objectives:

1. Assess patients' knowledge on nurses' Professional Code of Ethics in nursing practice.
2. Explore the perceptions of patients on nurses' adherence to their Professional Code of Ethics in nursing practice.
3. Find out how Nurses Professional Code of Ethics in nursing practice is monitored.

1.8 Profile of Study Area

The Eastern Regional Hospital, Koforidua was established in 1926. It is a Ghana Health Service Secondary Level referral centre for the entire eastern region with a population of about 2.6million. The 340 bed capacity hospital with a Nursing Staff strength of 295 serves as a referral center for the 26 (twenty-six) hospitals as well as CHAG and private facilities in the region. The hospital offers the following services: Internal Medicine including Anti-Retroviral Therapy, Pediatrics, Surgery, Medicine, Dental, Ophthalmology, Physiotherapy, Ear, Nose, and Throat, Pharmacy, Laboratory, X-ray, Ultrasound, Catering and Hospitality, Laundry, Mortuary and Primary Healthcare Services.

The hospital also benefitted from the 2013 Government re-tooling programme with the establishment of a CT Scan Centre, Mammogram and a fully equipped Neonatal Intensive Care Unit and Adult Intensive Care Unit.

The Vision is ***"To Become a Leading Medical Centre of Excellence in Quality Healthcare Provision in Ghana"*** and its Mission is ***"To Provide Comprehensive Secondary Level In-***

Patients and Out Patients Healthcare Service of High Quality in a Friendly Atmosphere by a Motivated, Contended and Competent Staff in a Well Maintained Hospital Infrastructure''.

1.9 Scope of the Study

This study was limited to Eastern Regional Hospital, Koforidua and nurses and patients are the focal point. The nurses and patients constitute an important body of the Hospital, which holds a population of the study. A critical survey of the situation should have involved all or a significant number of Hospitals in the Koforidua Municipality or Ghana.

The study is looking at Nurses' adherence to their Professional Codes Ethics from patient's perspective because; patients are seen and considered as the best people to describe the situation under the study. In addition, the content mainly focused on patient's perspective on patients' knowledge on nurses' professional code of ethics, perceptions of patients on nurse's adherence to their professional code of ethics in nursing practice and how nurse's professional code of ethics in nursing practice is monitored.

1.10 Organization of the Study

The study is organized into Six (6) 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 findings of the study. Chapter five dealt with the discussion of findings.

Lastly, chapter six 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 patients on ethics in nursing practice, 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, *et al*. 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 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.

2.2.1 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, *et al.* 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.

2.2.2 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 delegate's 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, *et al* 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.

2.3 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 *et al*. 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, *et al.* 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, *et al*. 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, *et al.* 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, *et al.* 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, *et al.* 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.

2.4 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, *et al.* 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 patient's 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, *et al* 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.

2.5 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, *et al*. 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, *et al.* 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, *et al.* (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.

2.6 Perceptions of Nurses on Ethics in Nursing Practice

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 tointegrate 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, *et al. (*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.

2.7 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 least 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, et al. 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 find 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-malfeasance, remains contentious. There is empirical evidence that some nurses adhere to these provisions whiles 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, *et al*. (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 nurse's 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 mangers 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.

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 whiles 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.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presented the methods used for the study. It described 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

A Cross-sectional study design was used for the study. It involved an in-depth and detailed examination of the subject. Both quantitative and qualitative methods were used and descriptive in nature. This study design was used to allow for a detailed study of Nurses' adherence to their Professional Code of Ethics in their practice from the perspective of patients.

3.2 Study Area

The study was conducted at the Eastern Regional Hospital, Koforidua.

The Eastern Regional Hospital, Koforidua was established in 1926. It is a Ghana Health Service Secondary Level referral centre for the entire eastern region with a population of about 2.6million. The 340 bed capacity hospital with a Nursing Staff strength of 295 serves as a

referral centre for the 26 (twenty-six) hospitals as well as CHAG and private facilities in the region. The hospital offers the following services: Internal Medicine including Anti-Retroviral Therapy, Paediatrics, Surgery, Medicine, Dental, Ophthalmology, Physiotherapy, Ear, Nose, and

Throat, Pharmacy, Laboratory, X-ray, Ultrasound, Catering and Hospitality, Laundry, Mortuary and Primary Healthcare Services.

The hospital also benefitted from the 2013 Government re-tooling programme with the establishment of a CT Scan Centre, Mammogram and a fully equipped Neonatal Intensive Care Unit and Adult Intensive Care Unit.

The Mission of the hospital is ***"To Provide Comprehensive Secondary Level In-Patients and Out Patients Healthcare Service of High Quality in a Friendly Atmosphere by a Motivated, Contended and Competent Staff in a Well Maintained Hospital Infrastructure "*** and their Vision is ***"To Become a Leading Medical Centre of Excellence in Quality Healthcare Provision in Ghana".***

3.3 Study Population

Patients at the Eastern Regional Hospital, Koforidua were the target population.

3.4 Study Variables

Independent variable: Patients perspective

Dependent variable: Nurses adherence to their profession code of ethics

3.5 Sampling Technique and Sample Size

Convenient sampling technique was used in the selection of the Patients to respond to the questionnaire. The Patients were selected for the study from all the wards at the Hospital.

Inclusion criteria: All patients who are Not terminally ill and can communicate well with the researcher.

Exclusion criteria: All patients who are terminally ill and cannot communicate with the researcher.

In all, a sample size of 400 participants were selected and one (1) Deputy Director of Nursing Services (DDNS) who was selected for in-depth interview to give additional information on how nurses are monitored in regards to their adherence to their professional code of ethics.

This sample size was estimated using Leslie Kish formula ($n = z2P\ (1 - P)/d2$) given that there is no previous studies on the perspective of patients on nurses' adherence to their professional code of ethics, I assumed that 50% prevalence ($P = 0.5$) a Margin of Error of 5% at a 95% Confidence Interval (standard z of 1.96) will be used.

3.6 Data Collection Methods and Instruments

The mixed method approach which involved both quantitative and quantitative methods was used to collect data on patient's perception on nurses' adherence to their Professional Codes of ethics.

The quantitative method involved the use of questionnaires to collect data from 400 patients. The questionnaire was divided into three (3) parts: the first part sought the demographic information of respondents. The second part was to find out patients knowledge on nurses professional code ethics in nursing practice, and the third part assessed patients perception on nurse' adherence to their professional code of ethics.

The qualitative method involved the use of in-depth interview of one (1) DDNS to give additional information on how nurses are monitored in regards to their adherence to their professional code of ethics.

3.7 Ethical Considerations

Since the study involved human subjects, necessary ethical principles were observed. Before conducting the fieldwork, an introductory letter was taken from the Ethical Review Committee of the Ensign College of Public Health. Permission was asked from the Hospital Authorities, Nurse Manager, and the facility GRNMA President of which an approval letter was given.

Oral Consent was obtained from all respondents. They were also given assurance that any information they provided was going to be used for academic purposes only. Respondents were encouraged to spontaneously give data without fear or favour since anonymity was ensured throughout the research process.

Finally, all information adopted for the study was duly acknowledged.

3.8 Pretesting of Instruments

A pre-test of the questionnaire was done to ensure reliability and validity of the instruments.

This was to ensure that the questionnaire conveyed the same message as intended by the researcher for the purposes of the study.

The pre-testing was done at the St Joseph's Catholic Hospital, Koforidua. After the pre-test, some questions were removed and corrections made where necessary. Some other questions were rephrased to give clarity and to make them more understandable to respondents.

3.9 Data Analysis

The quantitative data was analysed using the Statistical Package for Social Sciences (SPSS) version 20. Responses from the questionnaire were coded and entered into the SPSS software for analysis

Qualitative Data which was collected through in-depth interview was recorded with a digital voice recorder and was transcribed in English language. All responses were translated exactly as how they were said to reduce errors.

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 patients' opinions on their knowledge of the ethical standards in nursing practice, nurses' adherence to their professional codes of ethics from patient's perspective and how nurses are monitored to ensure adherence.

3.10 Limitations of the Study.

The researcher is a student with limited financial strength hence has faced financial difficulties.

Also, there was unwillingness of some patients to partake in the study because of the fear of being victimized by the nurses.

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. However, the findings from the study can inform health policy formulation and implementation.

CHAPTER FOUR

RESULTS AND FINDINGS

4.0 Introduction

This chapter presents results and findings of the study. The results were examined in line with the objectives. The issues looked at include the socio-demographic characteristics of respondents, patients' knowledge on nurses' professional code of ethics in nursing practice, perceptions of patients on nurses adherence to their professional code of ethics in nursing practice and how nurses professional code of ethics in nursing practice is monitored. It subsequently discusses these findings in line with relevant literature.

4.1 Socio-demographic characteristics of respondents

Females dominated the study **(66.8%)** and majority **(44.0)** were between the age cohort 21-30 as presented on table 4.1. 24.5% were within the age group 31-40 and only **6.5%** above the age 60. The dominant religious group was Christianity **(80.5%),** unmarried people were more **(52.5%)** and most **(42.3%)** have attended basic school. Tertiary graduates were **(18.9%)** and only **(9.0%)** had no formal education.

Table 4.1: Socio-demographic characteristics of respondents (n=400)

Socio-demographic Characteristics	Frequency (n)	Percentage (%)
Gender		
Male	133	33.3
Female	267	66.8

Age		
21-30	176	44.0
31-40	98	24.5
41-50	63	15.8
51-60	37	9.3
>60	26	6.5
Religion		
Christianity	322	80.5
Islam	61	15.3
Traditional	17	4.3
Marital status		
Unmarried	210	52.5
Married	190	47.5
Level of education		
No formal education	36	9.0
Basic School	169	42.3
SHS/Technical/vocational	120	30.0
Tertiary	75	18.8

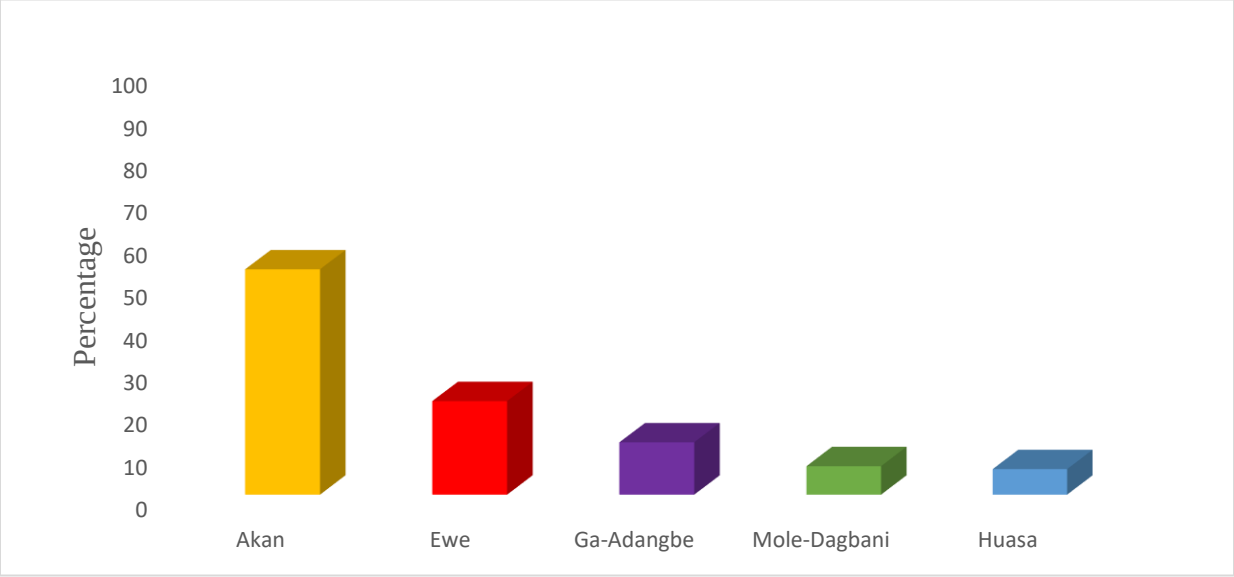

Figure 1: Ethnicity of respondents

Majority **(53.0%)** of the respondents were Akans and **(22.0%)** were Ewes. Ga-adangbe were **(12.3%),** Mole-dagbani **(6.7%)** and Huasa **(6.0%)** as shown on figure 1.

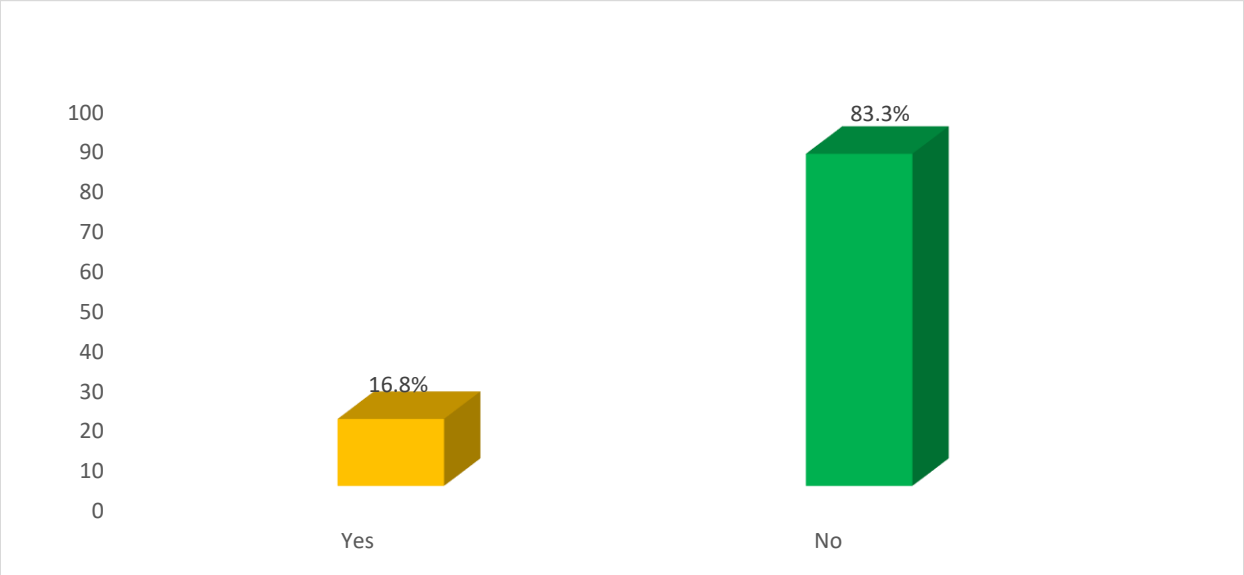

Figure 2: Have any knowledge about nurses' professional code of ethics

Table 4.2 Sources of knowledge on nurses' professional code ethics

Sources of knowledge	Frequency (n)	Percentage (%)
From health worker	35	66.0
On radio	3	5.8
On television	5	9.4
In school	5	9.4
By observation	5	9.4
Total	53	100

Table 4.3: **Patience perception of nurses' adherence to professional code of ethics (%)**

Perceptions	Yes, always	No	Sometimes
Attending nurses introduce themselves	20.0	59.8	20.3
Nurses carry out all their nursing interventions and procedures	60.3	9.5	30.3
Nurses consider your demands regardless	45.3	24.0	30.8

Refused treatment based on age, sex, income etc	11.8	78.5	9.8
Nurses produce gentle behavioural & verbal communication	58.8	7.3	34.0
Consent is obtained before performing nursing intervention	66.0	19.5	14.5
Provide sufficient information about intervention rendered	49.3	24.8	26.0
Inform you about disease condition, outcomes & expectations	53.3	19.3	27.5
Prevent you from other harm during treatment	65.5	9.0	25.5
Information given/obtained is considered professional secret	72.0	19.3	8.8
Respect your privacy when performing any nursing intervention	75.0	8.0	17.0
Respect your right to change a nurse	38.5	42.0	19.5

Table 4.4: Patients' perception on the level nurses adherence to professional code of ethics (%)

Perceptions	Yes, all of them	A few of them	Majority of them	Not applicable
Do all attending nurses introduce themselves	10.3	11.5	6.0	72.3
Do all the nurses carry out all their nursing interventions and procedures	34.3	16.0	14.5	35.3
Do all the nurses consider your demands regardless	27.3	14.5	11.5	446.8
Do all the nurses refuse to give treatment based on age, sex, income etc	8.8	6.3	3.5	81.5
Do all the nurses produce gentle behavioural & verbal communication	34.5	15.5	14.8	35.3
Do all the nurses obtain your consent before performing nursing intervention	37.5	12.3	19.3	31.0
Do all the nurses provide sufficient information about intervention rendered	28.3	13.3	11.5	47.0
Do all the nurses inform you about disease condition, outcomes & expectations	34.3	11.0	10.8	44.0
Do all the nurses prevent you from other harm during treatment	46.5	10.5	10.5	32.5
Do all the nurses consider information given as professional secret	52.3	6.3	16.3	25.3
Do all the nurses respect your privacy when performing any nursing intervention	61.3	4.3	11.5	23.0

CHAPTER FIVE

DISCUSSION OF RESULTS

5.0 Introduction

This chapter discusses the results and findings of the study in line with relevant literature. The issues looked at include the patients' knowledge on nurses' professional code of ethics in nursing practice, perceptions of patients on nurses adherence to their professional code of ethics in nursing practice and how nurses professional code of ethics in nursing practice is monitored. The results and findings were discussed in line with the objectives.

5.1 Patients' Knowledge on Nurses Adherence to Code of Ethics

The primary objective of the study was to assess patients' knowledge on nurses' professional code of ethics in nursing practice. To achieve this objective, patients were asked if they have any knowledge about nurses' professional code of ethics, what they understand about nurses' code of ethics and the medium through which they gained knowledge about nurses' code of ethics. As presented on figure 2, most **(83.3%)** of the respondents indicated not to have any knowledge on nurses' professional code ethics **16.8%** did have.

5.2 Sources of Knowledge on Nurses' Professional Code Ethics

Those who indicated to have any knowledge of nurses' code of ethics were further given the opportunity to show their source of information.

66.0% had knowledge on nurses' professional code of ethics from a health worker, through television **(9.4%),** in school **(9.4%),** by observation **(9.4%)** and on radio **(5.8%).**

The above results are consistent with the views of (Cannaerts *et al*., 2014; Smith *et al*., 2012), that knowledge is central to the practical exhibition of professional work ethics. Knowledge predisposes a person to be efficient, reliable and consistent in professional work delivery. In recent times, the nursing industry has been fragmented with individuals to deliver services and this has been influenced by modernisation, population growth and the need for customised medical care (Motamed-Jahromi *et al*., 2012).

The 21st century patient has also become more alert and demanding for quality service delivery (Smith *et al*., 2012). Patients expect their nurses to be responsive, empathic, respectful and truthful in their quest to deliver services. Many patients are also knowledgeable of the dos and don'ts of the nursing career, hence could hold their nurses accountable for wrong delivery of services. Stellenberg and Dorse (2014) argue that nurses in recent times face more legal issues due to the ability of patients to decipher what is wrong and right for a nurse to perform. Nurses also face a greater percentage of being corrected by patients because of less ignorance on the responsibilities of the nurse.

In a diverse view, Creel and Robinson (2010) state that even though patients are noted to be knowledgeable on the ethics of nurses, this phenomenon is highly recognised in the developed world and less noticed in the developing world. Unlike developed nations, developing countries are still engulfed with high illiteracy, poverty and primitive health delivery services especially in the rural areas (Abekah-Nkrumah *et al*., 2010; Aitamaa *et al*., 2010). Developing countries are associated with many rural areas indicating a high level of rural service delivery and mostly

people within these areas are not educated enough to understand what is expected of a nurse. Even in urban areas, illiteracy is still glaring hindering the understanding of basic nursing work ethics.

Gaining knowledge on nurses' professional code of ethics was mostly from health workers. This phenomenon is possible because over the years the government of Ghana has prioritised the nursing sector especially the community health nursing system (Myjoyonline.com, 2014). This has facilitated the enlightenment of communities on nurses' work through outreach programmes by nurses from these institutions. It is part of the curricula of the community nurses to educate and hold community based discussions with people and through that many people have gained ample knowledge on the activities of nurses, hence accounting for it being the major source of knowledge on nurses' professional code of ethics by patients. Television and radio did not constitute the major sources of knowledge possibly because the study found most of the respondents to be females with lower level of education.

5.3 Patience Perception of Nurses' Adherence to Professional Code of Ethics

Another objective of the study was to assess patients' perceptions of nurses' adherence to professional code of ethics. Several perceptual statements were outlined in relation to nurses' adherence to professional code of ethics for patients to indicate their views as presented on table

Regarding nurses introducing themselves with name, title and professional rank to patients, **59.8%** said No**, 20.3%** indicated sometimes and **(20.0%)** said yes, always. Nurses' carry out all their nursing interventions and procedures with respect to preserving patients' dignity, **(60.3%)**

said yes always, **30.3%** said sometimes and only **(9.5%)** said No. On the issue of nurses considering patients demands regardless of age, sex, race, economic status, lifestyle and physical abilities, **45.3%** indicated yes always, **30.8%** said sometimes and **24.0%** said No. **78.5%** of patients said to refuse treatment based on age, sex or income level, **9.8%** said sometimes and **11.8%** said yes always. Majority **(58.8%)** of respondents said yes always to nurses producing gentle behavioural and verbal communication, 34.0 said sometimes and **7.3%** said no. Regarding obtaining your consent before performing any nursing intervention, most **(66.0%)** said yes, always, **14.5%** said sometimes and **19.5%** said No. Nurses provide sufficient information about interventions rendered (**49.3%,** Yes, always), (**26.0%,** sometimes) and **(24.8%,** no), informing patients about disease condition, outcomes and expectations (yes always, **53.3%),** (Sometimes, **27.5%)** and (No, **19.3%). 75.0%** said yes always to nurses respecting their privacy when performing any nursing intervention, **17.0%** said Sometimes and few **(8.0%)** said No respect the right to change a nurse **38.5%** said Yes, always, **19.5%** indicated sometimes and majority **(42.0%)** indicated No.

To give a deeper understanding of patient's perceptions of nurse's adherence to professional code ethics, the study gave the opportunity for respondents who indicated yes to statements on table 4.3 to give details on the population of nurses who really exhibit such practices and this presented on table 4.4

As to whether nurses introduce themselves with name, title and professional, **11.5%** of respondents indicated few of them; yes all of them **(10.3%)** and majority of them **(6.0%). (34.3%)** indicated yes all nurses carry out all their nursing interventions and procedures with respect and regard for patients' dignity, **16.0%** acknowledged few of them and **14.5%** for majority of them. **27.3%** of respondents also indicate all nurses consider their demands regardless of age, sex or income level and **14.5%** said few of them do that. This view expressed by participants is in tandem with the view of professional code of ethics

promotes standards and guide behaviour of people (Creasia & Parker, 2001). In nursing, standards are imperative to safeguard against loss if human lives. The personal behaviour of nurses can also promote satisfaction and reduces stress and depression associated with illness (Lin, *et al.* 2010; Kurban *et al.* 2010). For instance, Brecher (2013) found more patients to be hopeful of their health conditions in the United States of America due to the role of nurses. Most patients observe how nurses demonstrate professionalism with regards to how they introduce themselves, carry out all nursing interventions, and consider patient demands regards to social class among others. It was observed that majority of the nurses did not exhibit professionalism in terms of introducing themselves with name, title and profession to patients. Yeboah *et al.* (2014) argue that the ratio of a nurse to a patient in Africa is about 1-20 making difficult or almost impossible for a nurse to introduce him/herself to every patient in a day. With the pressure emanating from patients, nurses cannot 'waist' time rather to provide a quicker services to patients. This possibly accounted for less number of patients indicating yes to nurses introducing themselves. In every circumstance, nurses uphold human dignity as the core peripheral of their profession. Nurses ensure that all their actions are geared towards protecting human life and solving human problems as their oath of office demands hence not strange that most of the nurses indicated they carry out their nursing interventions and procedures with respect to preserving patients' dignity. This finding is line with Yeboah *et al*. (2014).

In recent times discrimination in society based on age, gender or social class has been widely spoken against. The media and Non-Governmental Organisations globally have made several efforts to address discrimination among human race (UNDP, 2012). This has attracted attention in all fields including nursing. The nurses' profession is a profession that is open to all people of different ages, gender, race, class among others. Nurses in Ghana have been trained to eschew all forms of discrimination in the delivery of services accounting for majority of patients not refused treatment based on their age, sex or

income level. Nurses however provided tailored services to meet patients' demands regardless of age, sex, race, economic status or physical disabilities.

As to whether all nurses prevent you from other harm during treatment, **46.5%** said yes all them, **10.5%** answered a few of them likewise **10.5%** for a majority of them. Little above half **(52.3%)** of the respondents indicated yes to all nurses considering informational given as professional secrete. Only **(6.3%)** answered a few of them. Majority **(61.3%)** of respondents are of the few that nurses respect their privacy when performing any nursing intervention whereas **4.3%** said a few of them. Do all the nurses produce gentle behavioural and verbal communication (yes all of them **34.5%),** (a few of them **15.5%)** and (majority of them **14.8%).** Do all the nurses obtain your consent before performing any nursing intervention (yes all of them **37.5%),** (few of them **12.3%)** and (majority of them **19.3%).**

This view expressed by participants is in agreement with the view of (Poikkeus *et al*. 2013), that the general behaviour of nurses is paramount in providing care and attention to patients. Nurses require modesty, patience and love to be able provide the necessary care and behaviour to patients. In some Ghanaian hospitals, it has been observed that nurses do not exhibit the best of behaviour. Patience held the view that nurses disrespect them and talk to them in a way that is not appreciating (Myjoyonline.com, 2014). Some patients even become afraid to approach a nurse when they have issues of concern based on fear of public ridicule. This study however found a contrary view as respondents indicated nurses produce a gentle behavioural and verbal communication. Likewise patients acknowledged nurses obtained their consent before performing any nursing intervention, provide information about interventions rendered and informed patients about disease condition, outcomes and expectations which affirms the finding of (Zomorodi, 2014; Walton & Barnsteiner, 2012).

5.4 Interview Response

5.4.1 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 Eastern Regional Hospital, Koforidua to ensure that nurses adhere to the ethical codes in the profession. According to the Deputy Director of Nursing Service (DDNS), all the wards and units at the Eastern Regional Hospital, Koforidua are managed by ward in-charges who have supervisory responsibilities over nurses at the wards/units. 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 solve daily ethical challenges of the nurses and help them make proper decisions whenever the need arises. These ward in-charges also assess the knowledge base of nurses on the ethical codes and where nurses do not have much knowledge, they discuss them during their ward meetings to ensure thorough knowledge (DDNS).

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. However, the ward in-charges in turn report to the DDNS (Matron of the hospital) who have supervisory roles over the ward in-charges. 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 Eastern Regional Hospital, Koforidua. Monitoring is also done through Performance appraisal which 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 behaviour. Selection for workshop attendance and provision of new uniforms are some of the rewards provided to encourage nurses in adhering to their professional code of ethics. Deviation from ethical codes attracts sanctions of various forms such as verbal caution, denial of opportunities to attend workshops, query letters and nightshift assignment and this is line with Stellenberg and Dorse (2014) argument that performance appraisals are an effective way of monitoring work performances.

Verbal caution is mostly giving by ward in-charges to nurse. This is either in a form of advice or warning to refrain from such incidents. Failure to conform to verbal cautions results in the ward in-charge reporting the issue to the DDNS who 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 breaches caused. The nightshift assignments even though mandatory for every nurse, are also 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 SIX

CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

The chapter presents the conclusions and recommendations of the study. It also makes suggestions for future studies in relation to patients' perceptions of nurses' adherence to professional code of ethics.

6.1 CONCLUSION

6.1.1 Socio-demographic characteristics of respondents

- Females dominated the study **(66.8%)**
- Majority **(68.5%)** of respondents are between the ages 21- 40
- Dominant religious group was Christians **(80.5%)**
- **52.5%** of respondents are unmarried
- **42.3%** had their education up to basic school
- **53.0%** forming majority of respondents are Akans.

6.1.2 Sources of Knowledge on Nurses' Professional Code Ethics

- Most of the respondents **(83.2%)** did not have any knowledge about nurses' professional code of ethics. The few **(16.8%)** who had knowledge mostly had information from health workers.

6.1.3 Patience perception of nurses' adherence to professional code of ethics

- Majority **(59.8%)** of nurses do not introduce themselves with name, title and professional role to patients,
- Most nurses **(60.3%)** carry out all nursing interventions and procedures with respect to preserving patient's dignity.
- Majority of nurses **(78.5%)** do not discriminate in attending to patients
- The respondents also indicated that, Nurses also produce gentle behavioural and verbal communication towards patients, provide sufficient information about interventions rendered and inform patients about disease condition, outcomes and expectations.
- Most nurses **(66.0%)** obtain consent of patient before any nursing intervention is performed

6.1.4 Monitoring of Nurses' Adherence to their Professional Codes

- Ward in-charges are employed to ensure nurses conduct themselves accordingly and deliver quality service to patient through supervisory responsibilities.
- Performance appraisals are conducted annually to assess nurses' strengths and challenges regarding their performance.
- Reward schemes are instituted to motivate nurses with high obedience to professional code of ethics and punishment is given to low performed nurses as well as those who do not obey professional code of ethics.

6.2 Recommendations

- The **Ministry of Health** should educate Ghanaians on the activities of health workers. Public sensitisation by health workers should be enforced especially in the rural communities. This will help more people understand the roles of their health service providers and by extension promotes good patient-nurse relationship.
- The **Nurses and Midwifery Council of Ghana (NMC)** should put in place periodic supervision and monitoring activities for nurses in the country to ensure that nurse adhere to their code of ethics after completion of training.
- The **DDNS** and the **Hospital Management** of the Eastern Regional Hospital, Koforidua should organise **Refresher courses** periodically for nurses on their professional code of ethics.
- The **DDNS** and the **Hospital Management** of the Eastern Regional Hospital, Koforidua should ensure that, apart from the annual work appraisal, monthly appraisals should also be done especially with the ward in-charges. Also, well performed and well behaved nurses should be recognised. For instance, best nurse of the month award could be instituted to motivate nurses.

6.3 Suggestions for Future Studies

A longitudinal study of patients' perceptions of nurses adherence to professional code of ethics needs to be conducted to examine the variation of perceptions with time.

Regional comparative studies can also be conducted using nurses as the respondent so that, a comparism can be made between the perception of patients and that of the nurses.

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APPENDICES I:

NURSES' ADHERENCE TO THEIR PROFESSIONAL CODE OF ETHICS: A CASE STUDY ON THE PERSPECTIVE OF PATIENTS AT THE EASTERN REGIONAL HOSPITAL, KOFORIDUA.

QUESTIONNAIRE

DATE: ……. SURVEY NUMBER: ……..

My name is **Augustine Kumah**. I am a graduate student of the Ensign College of Public Health, Kpong. The following questions will be used as a basis to assess **Nurses' adherence to their Professional Code of Ethics; A case study on the Perspective of Patients at the Eastern Regional Hospital, Koforidua**. You are assured that your information will be kept confidential. Please be as frank and accurate as possible.

SECTION [A]

DEMOGRAPHIC INFORMATION

Please tick [√] as appropriate or provide answer in space provided

1. Gender
- **(a)** [ ] Male
- **(b)** [ ] Female

2. Age ……

3. Which religion do you belong to?
- **(a)** [ ] Christianity
- **(b)** [ ] Islam
- **(c)** [ ] Traditional
- **(d)** [ ] Other Specify…..……...…

4. What is your current Marital Status?
- **(a)** [ ] Single
- **(b)** [ ] Married
- **(c)** [ ] Widow(er)
- **(d)** [ ] Separated
- **(e)** [ ] Divorced

5. What is your highest level of education attained?
- **(a)** [ ] None
- **(b)** [ ] Primary
- **(c)** [ ] Middle School/JHS
- **(d)** [ ] SHS/ Technical/ Vocational
- **(e)** [ ] Tertiary

6. What is your Ethnicity?
- **(a)** [ ] Akan
- **(b)** [ ] Ewe
- **(c)** [ ] Ga-Adangme
- **(d)** [ ] Mole-Dagbani
- **(e)** [ ] Other Specify…..……..…

SECTION [B]

PATIENT'S KNOWLEDGE ON NURSES PROFESSIONAL CODE OF ETHICS.

Please tick [√] as appropriate or provide answer in space provided.

7. Do you have any knowledge on the Nurse's Professional Code of Ethics in Ghana?
- **(a)** [ ] Yes
- **(b)** [ ] No

If <u>YES</u> to the above, answer Questions 8 and 9

8. What is the Nurses' Code of Ethics about?

……

……

……

……

9. How did you get to know about the Nurses' Code of Ethics?

……

……

……

……

……

SECTION [C]

NURSES ADHERENCE TO THEIR PROFESSIONAL CODE OF ETHICS (PATIENT'S PERSPECTIVE)

Please tick [√] as appropriate or provide answer in space provided.

10. Do the attending nurses **introduce themselves** with Name, Title, and his or her Professional role to you any time you visit this facility?

(a) [ ] Yes, always
(b) [ ] No
(c) [ ] Sometimes

11. If **YES**, do all the nurses do this?

a) [ ] Yes, all of them
b) [ ] A few of them
c) [ ] Majority of them.

12. Do the nurses carry out all their Nursing interventions and procedures **with respect to you and preserving your dignity**?

(a) [ ] Yes, always
(b) [ ] No
(c) [ ] Sometimes

13. If **YES**, do all the nurses do this?

a) [ ] Yes, all of them
b) [ ] A few of them
c) [ ] Majority of them.

14. Do the nurses **consider your demands** regardless of your age, sex, race, economic status, lifestyle, culture, religion, political beliefs, or physical abilities?

(a) [ ] Yes, always
(b) [ ] No
(c) [ ] Sometimes

15. If **YES**, do all the nurses do this?

a) [ ] Yes, all of them
b) [ ] A few of them
c) [ ] Majority of them.

16. Have you ever **been refused treatment** based on your age, sex, race, economic status, lifestyle, culture, religion, political beliefs, or physical abilities from any nurse in this facility before?

(a) [ ] Yes, always
(b) [ ] No
(c) [ ] Sometimes

17. If **YES**, do all the nurses do this?

a) [ ] Yes, all of them
b) [ ] A few of them
c) [ ] Majority of them.

18. Do the nurses **produce a gentle behavioral and verbal communication**, in a way that attracted your trust, and that your needs and concerns could be met and understood?

(a) [ ] Yes, always
(b) [ ] No
(c) [ ] Sometimes

19. If **YES**, do all the nurses do this?

d) [ ] Yes, all of them
e) [ ] A few of them
f) [ ] Majority of them.

20. Before performing any Nursing interventions, do the nurses **obtained your consent** or your guardian's informed consent?

(a) [ ] Yes, always
(b) [ ] No
(c) [ ] Sometimes

21. If **YES**, do all the nurses do this?
a) [ ] Yes, all of them
b) [ ] A few of them
c) [ ] Majority of them.

22. Do the nurses **provides sufficient information** about the nursing interventions rendered to you?

(a) [ ] Yes, always
(b) [ ] No
(c) [ ] Sometimes

23. If **YES**, do all the nurses do this?
a) [ ] Yes, all of them
b) [ ] A few of them
c) [ ] Majority of them.

24. Do the nurses **inform you about your disease condition, the Outcomes, Expectations** or Risks of all the nursing interventions rendered to you?

(a) [ ] Yes, always
(b) [ ] No
(c) [ ] Sometimes

25. If **YES**, do all the nurses do this?
a) [ ] Yes, all of them
b) [ ] A few of them
c) [ ] Majority of them.

26. Do you think the nurses **prevent you from any other harm** during treatment or when rendering their nursing interventions and procedures?

(a) [ ] Yes, always
(b) [ ] No
(c) [ ] Sometimes

27. If **YES**, do all the nurses do this?
a) [ ] Yes, all of them
b) [ ] A few of them
c) [ ] Majority of them.

28. Is all the information you have given or have been obtained from you during the care process **considered as the professional secrets** and were not revealed to any other person without your permission or consent?

(a) [ ] Yes, always
(b) [ ] No
(c) [ ] Sometimes

29. If **YES**, do all the nurses do this?
a) [ ] Yes, all of them
b) [ ] A few of them
c) [ ] Majority of them.

30. Do the nurses **respects your privacy** when performing any nursing intervention?

(a) [ ] Yes, always
(b) [ ] No
(c) [ ] Sometimes

31. If **YES**, do all the nurses do this?
a) [ ] Yes, all of them
b) [ ] A few of them
c) [ ] Majority of them.

32. In case of your dissatisfaction or other problems, do the nurses **respects your right to change a nurse** or other healthcare providers and, to the extent possible, tries to satisfy your needs?

(a) [ ] Yes, always
(b) [ ] No
(c) [ ] Sometimes

33. If **YES**, do all the nurses do this?
a) [ ] Yes, all of them
b) [ ] A few of them
c) [ ] Majority of them.

THANK YOU

APPENDICES II:

INTERVIEW GUIDE FOR NURSING SUPERVISOR (DDNS)

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 you 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 you 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?

THANK YOU