

Research Article
Level of Knowledge and Practice of Patient Care Ethics
among Nurses in Pokhara

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Abstract

Ethics deal with standards of conduct and moral judgment. Every day nurses require to make ethical decisions during patient care. They should have good knowledge and adequate practice of ethics to make ethical decisions. The aim of this study was to identify the knowledge and practice of patient care ethics among nurses. A descriptive cross sectional research design was used to conduct the study. Simple random sampling method was adopted to select 108 nurses among 133 nurses working in a regional hospital, Pokhara. Self-administered structured questionnaire schedule was used for data collection and analyzed using IBM SPSS Version 20. Descriptive and inferential statistics such as frequency, percentage, mean, standard deviation, Chi-square test was used to analyze the data. The findings revealed that 65.1 percent of nurses had satisfactory level knowledge and 76.4 percent had adequate practice level of patient care ethics. There was significant association between nurses knowledge level and professional qualification ($p < .001$). The level of practice does not have significant association with socio-demographic and job related variables. Similarly, no significant association between knowledge and practice level of patient care ethics was found. It concludes that the nurses with satisfactory level of knowledge and adequate level of practice are more than the nurses with unsatisfactory knowledge level and inadequate

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practice level of patient care ethics. Their practice of ethical principle is better than their knowledge in all principles except in the principle of justice. Nurses' knowledge and practice of patient care ethics should be upgraded through educational and awareness programme.

Keywords: *Ethical principles, knowledge, nursing ethics and practice*

Introduction

Nurses are one of the health service providers and members in health system, so are responsible for giving care to the clients and patients based on ethical issues. Ethics deals with standards of conduct and moral judgment. Nurses are expected to behave with exemplary ethical behavior, greater than that would be expected of an “ordinary person”. In nursing profession, ethical values are inseparable (Johnstone, 2004). Nursing ethics refers to ethical standards that govern and guide nurses in everyday practice such as “being truthful with clients”, “respecting client confidentiality” and “advocating on behalf of the client” etc. In order to conduct their appropriate function to manage situations and to give safe and proper legal and ethical care in today's changing world Nurses need ethical knowledge (Chitty & Kittrell, 2007).

In order to meet the criteria to be considered a profession, nurses must demonstrate ethical behavior and regulation by its own code of ethics. Nursing ethics research provides the opportunity to discover and explain the moral nature of nursing knowledge and practice (Woods, 2005). When making clinical judgments, ethical principles provide foundation for nursing practice and basis for nurses' decisions on consideration of consequences and of universal moral principles (Jane, 2011). In order to make appropriate decisions, nurses require an understanding of how laws, ethics and nursing interface (Furlong, 2006).

Nursing profession is facing many challenges due to various reasons such as globalization, lacking professional empowerment, privatization of nursing education, lacking nursing sector policies, poor monitoring in health institutions, consumer demand for quality care etc. These challenges

have been associated with incumbent ethical and moral dilemmas which are born out in the daily practices of nurses (NHRC, 2010). In a developing country like Nepal, all the hospitals may not have continuing nursing education facility or the ethical aspects are not highlighted. But the public awareness is increasing as a result of advancement in science and technology. Therefore, nurses working in the hospital also need to be updated with present knowledge on ethical aspects in patient care. There seems a lack of study on knowledge and practice of ethical principles among nurses in Nepal. Moreover, there is too little research conducted related to ethical knowledge and practice among nurses in Nepalese scenario. The general objective of this study is to identify the level of knowledge and practice of patient care ethics among nurses.

Data and Methods

A descriptive cross-sectional research design was conducted to assess the knowledge and practice of patient care ethics among nurses. The study site was Western Regional Hospital (WRH), a government hospital of Nepal which is located in Ramghat, Pokhara (approximately 200 KM west from Kathmandu, the capital city of Nepal). A probability simple random sampling method was used to select 108 nurses from the sampling frame of 133 nurses using lottery method.

A self-administered questionnaire schedule was developed to collect quantitative data on the basis of objectives of the study. The questionnaire consisted of three parts with 31 questions. The developed instrument included full range of response options, designed to identify the respondent's level of knowledge and practice towards patient care ethics. The part I of the questionnaire consisted of demographic variables such as nurses' age (Q1), marital status (Q2) and job related variables such as qualification (Q3), current position (Q4) and duration of work experience (Q5).

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The part II of the questionnaire comprised of questions regarding the knowledge of ethics (Q6), code of ethics set by (Q7), importance of knowledge of ethics to work (Q8), the source of knowledge of ethics (Q9), presence of ethical committee in the institution (Q10), meaning of ethical principle (Q11), list of ethical principles (Q12), knowledge of autonomy (Q13, Q14, Q20.1, Q20.2, Q20.3, Q20.5), knowledge of beneficence (Q15, Q20.4 & Q20.6), knowledge of non-maleficence (Q16 & Q17), knowledge of justice (Q18 & Q19), meaning of ethical issue (Q21), list of ethical issues (Q22) and meaning of ethical dilemma (Q23). The part III of the questionnaire comprised of questions related to the "practice of ethical principle" such as frequency of ethical problem encountered (Q24), practice of autonomy (Q25, Q26, Q30.1, Q30.2, Q30.3, Q30.5 & Q30.7), practice of beneficence (Q26 & Q30.4), practice of non-maleficence (Q27) and practice of justice (Q28 & Q29). The part I, part II and part III were developed by the researcher herself on the basis of literature review and consultation with advisors, faculties and subject matter expert.

Tool was finalized on the basis of objectives of the thesis research. Content validity of the instrument (tool) was ascertained by consultation with colleagues, research advisors, faculties and subject experts. Pretesting of the tool was done in a Hospital which is similar in setting to assess the clarity, feasibility and appropriateness of tool among 11 (10% of the sample) nurses in Gandaki Medical College, Pokhara, Nepal. Necessary modification was done after pretesting in order to ascertain the relevancy, consistency and completeness of instruments. Similarly, sentence structure was made more simplified after pretesting with the help of language expert. Since the respondents were homogenous, reliability has not been completed.

The study was carried out after the approval of research proposal from the Institutional Review Board (IRB), Tribhuvan University (TU), Institute of Medicine (IOM) and Research Committee of Pokhara Campus, TU, IOM, for ethical clearance. Nursing director of the hospital and ward in-charges were briefed about the objectives, duration, time and process of data

collection of the study. The data was collected by the researcher herself from January 01 to January 27, 2017. In order to protect the right of nurses, informed consent (both verbal and written) was taken from each nurse before collecting data. The anonymity of the information was maintained by asking not to write their names in the questionnaire. The participation in the study was voluntary and was free to withdraw at any time of data collection. All information obtained was treated with confidentiality and was used for the sole purpose of research. Prior the data collection, the researcher introduced herself and explained the objective of the study and the time required to fill the questionnaire form.

To enhance the response rate, the self-administered questionnaire attached to the envelope was hand delivered to the individual nurse by the researcher herself. All the questionnaires were collected on the same day of distribution. During the time of collecting data, the researcher gave some informal information about ethical principles to the nurses as per need and queries. A total of 106 nurses returned the questionnaires, representing 98.15% response rate.

Data was arranged and tabulated in computer to present the findings and was analyzed and interpreted by employing both descriptive (frequency, percentage, mean and standard deviation) and inferential statistical method (Chi-square test). The level of significance was set as 5% with p value <0.05 and 95% confidence interval. Regarding knowledge, each of the correct answer was given the weightage score 1. Total score was converted into percentage. On the basis of score percentage obtained by the nurses, knowledge level was categorized as 'satisfactory' if the percent score was 60% or more and 'unsatisfactory' if less than 60% (Hassan et al., 2012). Practice was also measured on the basis of score obtained by the nurses on practice related questions. Each of the correct answer was given the weightage score 1. Total score was converted into percentage. On the basis of score percentage obtained by the nurses, practice level was categorized as 'adequate' if the percent score was 60% or more and 'inadequate' if less

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than 60% (Hassan et al., 2012). Linearity was checked for knowledge and practice of patient care ethics which followed normality so mean \pm SD exist.

Results and Discussion

Table 1

Respondents classified according to selected background characteristics (n=106)

Variables	Number	Percentage
Age in years		
Below 21	11	10.4
21-30	67	63.2
31-40	12	11.3
More than 40	16	15.1
Mean Age \pm SD in years	28.86 \pm 9.52	
Marital status		
Unmarried	54	50.9
Married	50	47.2
Widowed	2	1.9
Professional qualification		
PCL Nursing	68	64.2
BN	27	25.5
B.Sc. Nursing	11	10.4
Current position		
Volunteer Staff Nurse	32	30.2
Staff Nurse	61	57.5
Ward In charge	13	12.3
Duration of work experience in years		
Below 5	69	65.1
5-10	16	15.1
11-15	3	2.8
More than 15	18	17.0

Source: Field survey 2017

Table 1 shows the distribution of socio-demographic and job related characteristics of nurses in which the overall mean and standard deviation of age of the nurses was 28.86 \pm 9.52. Among the nurses 63.2 percent were

in 21-30 years group. As regard to marital status, about a half (50.9%) of the nurses were married. Concerning professional qualification, 64.2 percent of the nurses had completed Proficiency Certificate Level in Nursing. More than half (57.5%) of the nurses were working as “Staff Nurse”. Regarding the work experience, 65.1 percent of the nurses had experience of 1-5 years.

Table 2
Respondent’s classified according to sources and level of Importance of Ethical Knowledge (n=106)

Characteristic	Number	Percentage
Sources		
Nursing curriculum	84	79.2
Work experience	14	13.2
Self-reading	6	5.7
In-service training	2	1.9
Level of importance		
Very important	96	90.6
Moderately important	6	5.7
Least important	4	3.8

Source: Field survey 2017

Table 2 presents that 79.2 percent of the nurses considered nursing curriculum as the main source of knowledge of ethics to nurses. It also reveals that more than 90 percentile (90.6%) of the nurses considered knowledge of ethics to nurses as very important. Only 3.8 percent of them considered as least important.

Table 3 illustrates the nurses’ knowledge and practices of ethical principles. It is clear that the highest score on knowledge (76.8%) and practice (96.2%) was obtained on non-maleficence. The lowest score was obtained on the principle of justice that is, on knowledge 51.8 percent and 30.6 percent on practice. The table also reveals that the score on practice was higher than on knowledge on all the ethical principles except on the principle of justice.

Table 3
Respondents classified according to level of Knowledge and Practice on Ethical Principles (n=106)

Principles	Knowledge n (%)	Practice n (%)
Autonomy	161 (75.9)	100 (94.3)
Beneficence	64 (60.3)	66 (62.2)
Non- maleficence	163 (76.8)	102 (96.2)
Justice	110 (51.8)	65 (30.6)

Source: Field survey 2017

Table 4
Respondents classified according to Level of Knowledge on Patient Care Ethics (n=106)

Level of knowledge	Number	Percentage
Satisfactory (60 and above)	69	65.1
Unsatisfactory (<60)	37	34.9
Total	106	100.0

Source: Field Survey 2017

Note: Cut off score was set as per (Hassan et al., 2012).

Table 4 depicts the level of knowledge of study nurses' that 65.1 percent of them had satisfactory level of knowledge on patient care ethics

Table 5
Respondents classified according to the Level of Practice on Patient Care Ethics (n=106)

Level of practice	Number	Percentage
Satisfactory (60 and above)	81	76.4
Unsatisfactory (<60)	25	23.6
Total	106	100.0

Source: Field survey 2017

Note: Cut off score was set as per (Hassan et al., 2012).

Table 5 shows that 76.4 percent of the nurses had satisfactory level of practice on patient care ethics.

Discussion

While dealing with the professional ethics, it is important to focus on the nurses' knowledge and practice. The current study attempts to answer the questions of how much the nurses are knowledgeable on patient care ethics focusing on ethical principle, to what extent they are practicing in clinical practice, and whether their knowledge and practice are correlated and influenced by their socio-demographic and job related variables. The study rationale evolved from the increasing concern of patient care professional ethics.

The findings of this study reveals that nearly two-third (65.1%) of nurses have satisfactory level of knowledge and more than three quarters (76.4%) of them have adequate level of practice of patient care ethics. There is statistically significant relation between nurses "level of knowledge on patient care ethics and professional qualification ($p<.001$). The level of practice does not have statistically significant relationship with socio-demographic and job related variables. Similarly, there is no statistically significant association between knowledge and practice level of patient care ethics.

This study shows that 65.1 percent of nurses have a satisfactory level of knowledge of patient care ethics. The result might be because of incorporation of nursing ethics in nursing curriculum. This finding is in line with previous study conducted at Egypt by Hafez et al. (2016). On contrary, a study conducted in a teaching hospital in Nepal conclude that 45 percent of nurses had an adequate knowledge of nursing ethics and law (Shrestha & Jose, 2014). The discrepancy behind this might be because of more provision of capacity building training and exposure regarding patient care ethics by government hospital nurses. Moreover, the majority of nurses working in government hospital has long work experience and exposure

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than of private hospital nurses where staff-turnover is more as private hospitals are less attractive than the government-run hospital (Adhikari, 2014).

In this study, the knowledge score is least on justice (51.8%) and highest on non-maleficence (76.8%). This result contrast with Hassan et al. (2012) which showed that the highest score on knowledge was obtained on beneficence (98.8%). The reason behind the highest score on non-maleficence in this study is because of the nurses' perception that they should not harm patient, is well accepted in their context. The present study also concludes that majority (90.6%) of the nurses perceived that knowledge of ethics to nurses is very important. This finding is similar to the findings of other studies (Iglesias & Vallejo, 2014; Hariharan et al., 2006). This study also finds that the major source of knowledge about ethics is reported as nursing curriculum 79.2 percent which is similar with the finding of Mohajjel-Aghdam et al. (2013).

This study further reveals that 76.4 percent of the study nurses have adequate level of practice of patient care ethics. This finding is similar to findings of the study conducted at Egypt by Hafez et al. (2016). This conveys that the practice of study nurses is better than their knowledge. On contrary, a study conducted in a teaching hospital in Bhairahawa, Nepal found that only half (50%) of nurses had an adequate practice of nursing ethics and law (Shrestha & Jose, 2014). This discrepancy can be because of nurses working in government hospital had long working experience and exposure than that of private hospital nurses which refines practice with repeated exposure. Regarding the frequency of ethical problem encountered during their clinical practice, more than one-third (34.9%) of the study nurses encountered daily. Whereas only 4.7 percent of them have encountered daily. The contradictory findings was noted in a study conducted at Spain by Iglesias & Vallejo (2014), which showed that only 11.6 percent of the study nurses encountered ethical problem daily and 32.6 percent had encountered annually.

Conclusion

The findings of this study conclude that the nurse with satisfactory level of knowledge and adequate level of practice are more than the nurses with unsatisfactory and inadequate level of knowledge and practice of patient care ethics. The nurses' practice of ethical principles on patient care is better than their knowledge but it is still inadequate in principle of justice. Nurses' knowledge is influence by job related characteristics like professional qualification, while their practice is not influence by those characteristics.

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