

Enhancing Nurses' Knowledge and Practice Toward Professional Ethics and its Effect on Patient Outcome

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Abstract

Background: Professional ethics inform nurses to provide care to their patients based on ethical regulations and rules and achieved best patients' outcome. **Aim:** This study aimed to enhancing nurses' knowledge and practice toward professional ethics and its effect on patient outcome (patients' satisfaction). **Design:** A quasi-experimental design was utilized. **Setting:** Conducted in all medical departments /units at Benha University Hospital. **Subjects:** Two subjects: I- nurses group: a proportion a location sample was taken from the above-mentioned setting and consisted of 30% from total number of nurses, the final number was (60) and II- patients group: convenience sample of patient according to formula was (74). **Tools:** Three tools were used to collect data: I. Professional ethics knowledge questionnaire, II. Professional ethics observational checklist, III. Patient outcome assessment (patient satisfaction). **Results:** Most of nurses (78.3%&73.3%) had satisfactory knowledge level regarding professional ethics at immediate post and follow up program phases (after 3 months) respectively than preprogram phase was (40%). Most of nurses (75%& 73.3%) had a good practice level regarding professional ethics at immediate post program and follow up phase (after 3 months) respectively than preprogram phase was (43.3%). The majority of studied patient (90% & 83.8%) had satisfied level regarding professional ethics at immediate post program and follow up phase (after 3 months) respectively than preprogram phase (63.5%). **Conclusion:** Implementation of educational program on professional ethics for nurses was effective There was a highly statistical significance positive correlation between nurses' total knowledge, total practice regarding professional ethics and their total patient outcome (patient satisfaction). **Recommendations:** In-service education and training programs must be continuous process for refreshing nurses' knowledge and practice regarding professional ethics and conduct study about professional ethical application strategies focusing on nurses that enhancing patient's outcome.

Keywords: Educational program, Nurses, patient outcome, patients' satisfaction, Professional ethics

Introduction

The health sector spends a lot of costs to deal with the most recent health care technologies and the residents' expectations with regard to the services presented. Currently staff are easily reach to technology, information, the professions and mainly

nursing are confronted with the need to improve their work with a view to guaranteeing high-quality care provision to the patients (Freitas et al., 2019).

Ethics is an important part of nursing practice and an imperative attribute of good

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nursing. The nursing mission is to offer high-quality health care to the patient, maintaining and improving society and community health. To practice ethically, nurses need to have ethical knowledge and self-confidence to decide what is good and what is bad, help nurses to know the good things to do, practicing ethically needs and prepared them to put them into action (**Bakry, 2018**).

Professional ethics are linked with individuals' beliefs as members of a profession about the appropriateness and desirability of something. Furthermore, ethics are central factors of what motivates and rewards nurses. Professional ethics often lead to development of the personal values. ethics play a vital role in guiding the ethical behaviors in providing the patient with safe care and considered as a predictors of quality of care, motivation, job satisfaction and loyalty (**Poorchangizi et al., 2019**).

Nurses should respect the patient rights as a purpose for transforming the profession in particular and the broader society at large. They must be committed to high ethical and professional standards and are anticipated to instill in themselves high ethical values at the various health services. It is therefore prudent for nurses to adhere to these laid down ethical standards to ensure an increase in productivity. Ethical and professional principles are meant for correcting perceived ethical flaws or failures and to avoid the re-occurrence of such flaws (**Yeboah, 2015**).

Patient satisfaction is considered one of the most important predictors in measuring health outcome and quality of services' that hospital provided. It is connected with a good patient-nurse relationship and as a result a good fulfillment. There are many factors can be used to measure the patient satisfaction as

educational, technical professional, privacy and confidence domains which are generally reported by the patient and the results would be evaluated by the hospital ethics committee to establish new policies and programs which confidently would improve the patients' satisfaction for good outcomes (**Owaidh et al., 2018**).

This study was performed to determine the effect of professional ethics program on patient outcome (patient satisfaction).

Significance of the study

Applying professional ethics is essential for hospitals to assess the quality of care given and it promotes effective interaction between nurses and patients by focusing on ethical behavior in the workplace which is necessary for healthy working relationships and may have a positive effect on patient outcomes (**Engelbrecht et al., 2017**).

Nurses come to health care profession with misunderstanding of patients' expectations and outcomes of nursing service quality. Ignoring or misunderstanding of these expectations and outcomes from nurses is equivalent to sending them to the competition with patients. Patient satisfaction is considered as one of the most important predictors when measuring patient outcomes and quality of services provided by any health care facility (**Swayne et al., 2015**).

Aim of the study

Assess the effect of professional ethics program and assess its impact patient outcome (patient satisfaction).

Research hypothesis:

Proposed Professional ethics educational program will increase patient satisfaction.

Subjects and Method

Research Design: A quasi experimental design (pre and post - test) was used in this study.

Research Setting: This study was conducted at the medical departments and units at Benha University Hospital.

Research Subject: consists of two groups namely: **1) nurses group:** A proportion allocation sample of nurses was taken from the above mentioned study setting consisted of 30% from total number of nurses. The final number was (60). **2) Patient group:** Convenience sample included the available patients admitted according to certain criteria and to the sample size at the time of study was calculated using the formula. This sample met the following criteria:

Inclusion criteria:

Include (Both sexes, age >18 years, conscious, agreement of the patients for participation, read and written and his long stay one week).

Exclusion criteria:

Include (their ages below 18 years old, Unconscious, illiterate and whose long stay less than one week).

Tools of Data Collection:

The data collected using the following tools:

Tool (I): Professional Ethics Knowledge Questionnaire: was developed by the researcher & consisted of two parts:

Part 1)- Socio-demographic data: Personal data included (age, sex, marital status, educational qualification, years of experience, hospital ethics committee and attending professional ethics courses and number of attending courses about professional ethics).

Part II: Included different items consisted of (69) questions to assess nurses' knowledge about professional ethics at work through program phases .

Scoring system:

For answers in each question, scores were allocated as follows: (1) correct answer and

(0) incorrect answer. So, the total score was (69) degrees and was assumed and converted into percent score .

- **Good knowledge level** $\geq 75\%$ equal or more than 51 point score

- **Average knowledge level** = 60 % to 75 % equal from 41 to 51 point score.

- **Poor knowledge level** < 60 % less than 41 point score

Tool (II): Professional Ethics Observational Checklist: This tool aimed to assess nurses' practice regarding professional ethics. It consisted of five dimensions which contained 25 sub-dimensions.

Scoring system:

The questions were scored as "2" degree for always , "1" degree for sometimes and "zero" for never. So, total score was(50) degree was assumed and converted into percent score.

- High practice level $\geq 75\%$ equal or more than 38 point score

- Moderate practice level = 60% to 75% equal 30 to 37 point score

- Poor practice level < 60% less than 29 point score

Tool (III): Patient Outcome Assessment: It included different items to assess patients outcome (patient satisfaction) and **consisted of two parts: Part (1):** Personal data about patients included (age, sex, marital status, educational level, duration of stay and numbers of hospital admission).

Part (2): Included different items to assess the patient satisfaction. It consisted of four elements which contained 26 items.

Scoring system:

For answers in each question, scores were allocated as follows:

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(1) satisfied and (0) not satisfied. So, total score was (26) degree was assumed and converted into percent score .

-Satisfied score $> 80\%$ more 20 point score.

-Unsatisfied score $\leq 80\%$ equal or less than 20 point score

Content Validity:

These three tools were tested for face validity and content through distribution of the tool to a Jury of five Experts on field of Nursing Administration consisting of three Professors of Nursing Administration from Tanta University and two Assistant Professor of Nursing Administration from Benha University. Modifications were done in the light of their valuable comments for example which of the following before "importance of ethics in nursing are except, after (All of the following are importance of ethics in nursing except).

Reliability:

Test-retest reliability was applied for tool. The tools proved to be strongly reliable. It was measured by using cronbach's alpha test. The cronbach's test of professional ethics knowledge questionnaire was (0.781), The cronbach's test of professional ethics observational checklist was (0.864) and the cronbach's test of patient outcome assessment was (0.701).

Pilot Study:

A pilot study was conducted on 10 % form the subject (6) nurses and (7) patients were included in the main study subject because there no modifications are required. To evaluate the effectiveness of the proposed data collection tools and assess the feasibility of the study. In addition to estimating the time required to fill the different appendices that

approximately was 35 minutes ranged for 15 minutes for professional ethics knowledge questionnaire, 10 minutes for professional ethics checklist and 10 minutes for patient outcome assessment (patient satisfaction).

Ethical consideration:

Approval: A written letter was issued from the Dean of Faculty of Nursing, Benha University to obtain the approval for data collection from the director of Benha University Hospital.

Ethical Consideration: Before conducting the study the participants were assured about confidentiality and anonymity of their obtained information throughout the study. They were informed about their right to refuse to participate in the study and the right to withdraw from the study at any time.

Field work:

1- Planning phase:

This phase aimed to designing for the professional ethics program through setting educational objectives, preparing the professional ethics nursing program, designing the methodology and audio-visual aids was used.

Development of professional ethics program :

The professional ethics program was developed by the researcher after a thorough review of the related literatures and after making the pilot study. The professional ethics program aimed to enhancement nurses' knowledge and practice. This program has a set of general objectives, and specific objectives for each session. The number of program's sessions was 5 sessions. Based on the results obtained from the assessment tools and review of literature, the program content was developed by the researcher in the form of a booklet, which was revised and approved by

the supervisors, after that the final booklet is distributed for nurses in the first session.

2- Implementation Phase:

This phase was beginning by data collection then implementation of professional ethics program.

□ In this phase the educational program was initiated in November 2020 to December 2020 and continued for a period of one months. Program targets were nurse's working at Benha University Hospital. It was aimed to prepare and develop an educational program of the professional ethics at work. Different instructional strategies, method of teaching, media and method of evaluation were selected to suit the learner's needs, and achieve the objectives and contents of the program. The teaching sessions about professional ethics were 12 hours distributed as the follows: 6 sessions, 2 hours for each session, three days per week achieved by using available resources, relevant contents and instructional strategies for each session. Different methods of teaching were used such as lecture, group discussion and brain storming. Instructional media included, handout prepared by the researcher and distributed to participants in the first day of the program implementation.

□ The subjects were divided in to 6 groups according to their departments/ units. Professional ethics educational program took about 12 days. The duration of each session was two hours depending on workload and including periods of discussion according to their achievement, progress and feedback. The average number of completed sheets daily ranged approximately 6 nurses per day. It done at morning and afternoon shift. At the beginning of each sessions an orientation to the training and its aims took place. Feedback was given at the beginning of each session about the previous one and at the end of each session about the current session.

3- Evaluation Phase (post-test):

This phase aimed to estimate the effect of professional ethics program on patient outcome (patient satisfaction). Fill in post - test.

Statistical analysis:

The collected data were organized, computerized, tabulated and analyzed by using the Statistical Package for Social Science (SPSS) version 20. Data analysis was accomplished by the use of number, percentage distribution, mean, and standard deviation. Paired t-test was used to compare means within group, and t-test was used to compare two independent means. A significant level value was considered when $p\text{-value} \leq 0.05$.

Results:

Table (1) shows, that less than half (48.3%) of studied nurses their age from 31- 40 years old with mean \pm SD (35.24 \pm 3.52), the majority of them were female and married respectively. About two fifth (43.3% & 40%) had associated degree in nursing and had 11-20 years of experience respectively, all of them didn't have a hospital ethics committee, the minority of them attend training courses about professional ethics and (70%) out of them attend one training courses about professional ethics.

Table (2) clarifies that, there was a highly statistical significant difference of studied nurses total knowledge levels at ($p < 0.000^{**}$) between pre and immediately post program and between preprogram and follow up(after 3 months) phase of program, which indicated that the program had a positive improvement of nurses' knowledge scores throughout immediate post and follow-up program phases compared with preprogram phase, while the highest mean and standard deviation of nurses knowledge regarding to items" concepts of ethics" was (11.30 \pm 1.35 & 10.28 \pm 1.87) throughout immediate post and

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follow-up phases (after three months) of the program respectively than the preprogram phase (5.23 ± 2.31).

Figure (1) The program had a greater affection in improving nurses' knowledge about professional ethics at immediate post and at follow up (after three months) compared to preprogram phase. Most of the studied nurses (78.3% & 73.3%) had good knowledge level in immediate post program and at follow up program phase (after three months) than preprogram phases (36.7%).

Table (3) clarifies that, there was a highly statistically significant difference of studied nurses' total practices score ($p < 0.000^{**}$) between pre and immediately post program and between preprogram and follow up phase of program, which indicated that the program had a positive improvement of nurses' practice throughout immediate post and follow-up program phases compared with preprogram phase. The highest mean and standard deviation was (18.21 ± 1.52 & 17.91 ± 1.78) in nurses' practices regarding items patients' rights throughout immediate post and follow-up phases (after three months) of the program was than the preprogram phase was (12.96 ± 2.69).

Figure (2) shows that, the most (75.0% & 73.3%) of studied nurses had high total practice level in immediate post program and in the follow up phase than preprogram phase (21.7%).

Table (4): Shows that, more than half 56.8% of the studied patients $30 < 45$ with the mean age

of the studied sample were 40.51 ± 2.74 , less than two third were female and married, slightly more than two fifth of them had above intermittent education and the half of them (50.0%).

Table (5) illustrates that, the majority of the studied patients (90.5%) were satisfied regarding nurses' technical professional domain, Privacy domain and Confidence domain in post program and 82.4%, 89.2%, 87.8% of them were satisfied regarding the same domains in the follow up phase respectively than preprogram phase were unsatisfied (47.3%, 33.8%, 35.1%) were unsatisfied regarding the same domains.

Figure (3) shows that the majority (90.5% & 83.8%) of the studied patients were satisfied regarding professional nursing ethics in post program and in the follow up phase after 3 months than preprogram phase was (63.5%).

Table (6) show that there was a highly statistical significant positive correlation between studied total knowledge, total practices and total satisfaction at immediate post program and follow up program than preprogram, and there was no correlation between patient total satisfaction and total knowledge and practice.

Table (1): Frequency distribution of studied nurses regarding their personal characteristics at studied setting (n=60).

Personal characteristics items	No.	%
Age		
From 23< 30years	25	41.7
From 30<40year	29	48.3
≥ 40 years	6	10.0
Mean ±SD	35.24±3.52	
Sex		
Female	48	80.0
Male	12	20.0
Marital status		
Married	55	91.7
Unmarried	5	8.3
Educational qualifications		
Diploma degree in nursing	18	30.0
Associated degree of nursing	26	43.3
Bachelor degree in nursing	16	26.7
Years of experience		
From 3<5 years	14	23.3
5<10 years	18	30.0
10<20 years	24	40.0
≥ 20 years	4	6.7
Have an hospital ethics committee		
No	60	100.0
Attended a training courses about professional ethics		
No	50	83.3
Yes	10	16.7
No of training courses about professional ethics (n=10)		
1	7	70.0
2	3	30.0



Figure (1): Total nurses' knowledge levels about professional ethics through the program phases (n=60)

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Table (2): Total mean and standard deviation of studied nurses' knowledge items through the program phases (n=60).

Knowledge items	Preprogram phase	Immediately Post program phase	Follow-up(after 3 months) program phase	t1	p-value	t2	p-value	t3	p-value
	Mean ± SD	Mean ± SD	Mean ± SD						
Concepts of ethics	5.23 ± 2.31	11.30 ± 1.35	10.28 ± 1.87	16.34	.000	3.43	.001**	12.84	.000
Importance of professional ethics	0.80 ± 0.63	1.51 ± 0.53	1.43 ± 0.64	7.51	.000	0.68	.497	5.81	.000
Code of ethics	2.15 ± 1.11	3.83 ± 1.04	3.51 ± 1.04	8.37	.000	1.59	.115	6.06	.000
Principles of ethics	6.13 ± 2.56	10.95 ± 1.91	8.15 ± 2.37	11.64	.000	3.06	.003*	8.34	.000
Relationship and communication	1.38 ± .64	2.30 ± 0.61	2.15 ± 0.73	6.78	.000	1.11	.268	6.53	.000
Ethical dilemma	1.88 ± 1.24	3.83 ± 0.97	3.66 ± 0.98	9.51	.000	0.86	.392	8.65	.000
Ethical decision making	1.33 ± .68	2.35 ± 0.79	2.15 ± 0.81	7.62	.000	1.24	.219	5.76	.000
Ethical mal-practice	4.06 ± 1.59	7.11 ± 1.23	6.80 ± 1.27	12.55	.000	1.51	.136	11.12	.000
Patient rights and ethics	5.16 ± 2.24	8.86 ± 1.26	8.30 ± 1.39	11.02	.000	2.48	.016*	10.24	.000
Ethics committee	5.91± 1.85	10.60 ± 1.47	9.15 ± 3.56	15.31	.000	1.01	.315	5.80	.000
Total Knowledge	34.06 ± 8.73	62.66 ± 3.84	61.60 ± 6.53	23.21	.000	1.74	.621	17.86	.000

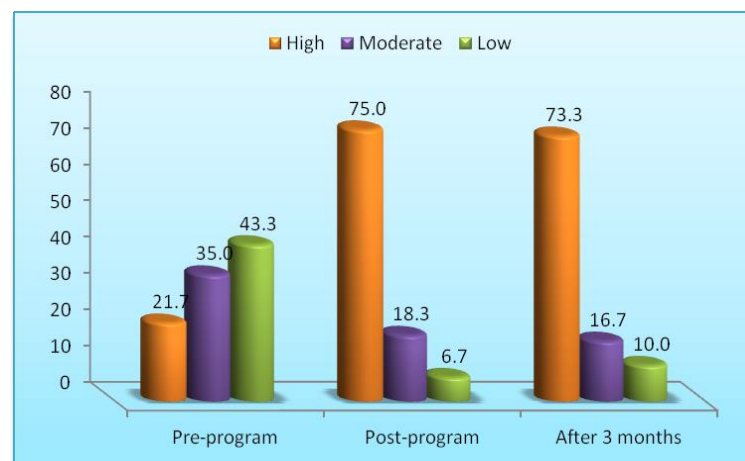


Figure (2): Total practices levels about professional ethics through the program phases (n=60).

Table (3): Mean and standard deviation of studied nurses' total practices items scores through the program phases (n=60).

Total practice items	Preprogram phase	Immediate Post program	Follow-up(after 3 months) program phase	t1	p-value	t2	p-value	t3	p-value
	Mean ±SD	Mean ±SD	Mean ±SD						
Privacy	6.31 ±1.65	8.00 ± 1.00	7.91± 1.12	6.677±	.000	0.863	.430	4.522	.000
Confidentiality	9.85 ± 2.18	16.16 ± 1.32	15.96 ± 1.41	17.856±	.000	0.782	.437	16.748	.000
Patient rights	12.96 ± 2.69	18.21±1.52	17.91± 1.78	12.256±	.000	0.838	.406	13.280	.000
Informed consent	7.98 ± 1.92	13.60 ±1.27	13.26 ± 1.42	15.303±	.000	1.168	.316	15.409	.000
Quality of documentation	6.88 ±1.91	10.43 ± 1.08	10.36 ±1.14	12.298±	.000	1.170	.247	12.498	.000
Total	44.00 ± 7.74	64.50± 3.31	63.43 ± 3.29	18.868±	.000	1.499	.139	18.596	.000

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Table (4): Frequency distribution of studied patients regarding their demographic characteristics (n=74).

Personal characteristics	No	%
Age		
From 20-<30	16	21.6
From 31<35	21	28.4
From 36<45	21	28.4
≥ 45+	16	21.6
Mean ±SD	40.51±2.74	
Sex		
Male	29	39.2
Female	45	60.8
Marital status		
Unmarried	25	33.8
Married	49	66.2
Educational level		
Illiterate	4	5.4
Read and write	14	18.9
Intermittent education	19	25.7
Above intermittent education	30	40.5
Bachelor degree	7	9.5
Long of stay { weeks}		
1.00	27	36.5
2.00	37	50.0
3.00	10	13.5
Mean ±SD	11.00±2.92	

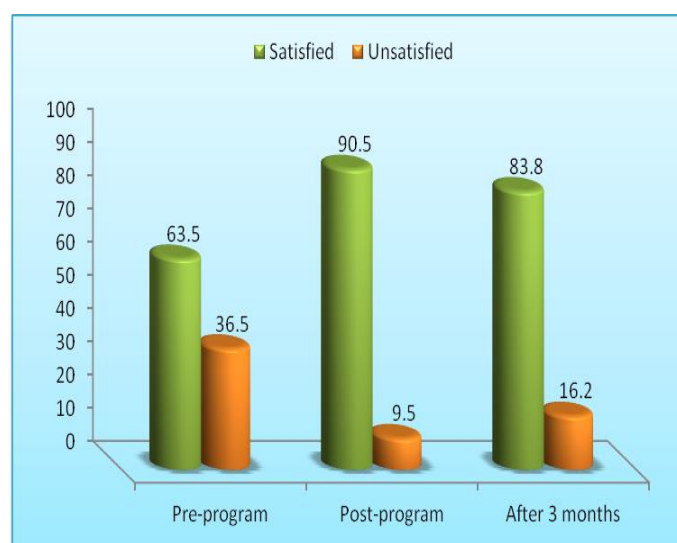


Figure (3): Percentage distribution of studied patients' satisfaction levels through the program phases (n=74).

Table (5): Total satisfaction domains among studied patients through the program phases (n=74).

Total satisfaction	Pre program		Post program		Follow-up(after3 months)		X ² 1	p-value	X ² 2	p-value	X ² 3	p-value
	No.	%	No.	%	No.	%						
Educational domain												
Satisfied	50	67.6	64	86.5	61	82.4	7.48	0.006*	0.46	0.496	4.360	0.037*
Unsatisfied	24	32.4	10	13.5	13	17.6						
Technical professional domain												
Satisfied	39	52.7	67	90.5	61	82.4	26.06	0.000**	2.08	0.149	14.92	0.000**
Unsatisfied	35	47.3	7	9.5	13	17.6						
Privacy domain)												
Satisfied	49	66.2	67	90.5	66	89.2	12.91	0.000**	0.07	0.785	11.27	0.000**
Unsatisfied	25	33.8	7	9.5	8	10.8						
Confidence domain)												
Satisfied	48	64.9	67	90.5	65	87.8	14.07	0.000**	0.28	0.597	10.81	0.001**
Unsatisfied	26	35.1	7	9.5	9	12.2						

Table (6): Correlation matrix between total nurses' knowledge, practices and patient satisfaction through the program phases

Phases			Total knowledge about professional ethics	Total practices about professional ethics	Total patient satisfaction
Pre program	Total knowledge about professional ethics	r	1	0.574	0.068
		p-value		0.000**	0.614
	Total practices about professional ethics	r	0.574	1	0.250
		p-value	0.000**		.054
	Total patient satisfaction	r	0.068	0.250	1
		p-value	0.614	.054	
Immediately Post program	Total knowledge about professional ethics	r	1	0.769	0.702
		p-value		0.000**	0.016*
	Total practices about professional ethics	r	0.769	1	0.684
		p-value	0.000**		0.000**
	Total patient satisfaction	r	0.702	0.684	1
		p-value	0.016*	0.000**	
Follow-up program (after 3 months)	Total knowledge about professional ethics	r	1	0.546	0.508
		p-value		0.000**	0.041*
	Total practices about professional ethics	r	0.546	1	0.591
		p-value	0.000**		0.021*
	Total patient satisfaction	r	0.508	0.591	1
		p-value	0.041*	0.021*	

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Discussion

Nursing ethics provides the standards of professional behavior for nurses and the principles of knowledge right from a wrong conduct during implementation of nursing duties and responsibilities. Nurses enable individuals, families and groups to maintain, restore and improve their health status, all nurses regardless of their specialty encounter ethical challenges during providing care to patients. So, ethics is very important to nursing because nurses practice ethics on a daily basis work and they need assistance in ethical decision making as they practice in both traditional and expanded nursing roles (**Hoseinialiabadi et al ., 2022**).

So, the current study aimed to assess nurses' knowledge and practice toward professional ethics and its effect on patient outcome (patient satisfaction) at Benha University Hospital.

The present study findings showed that less than half of studied nurses their age from more than 30 years old, the majority of them were female and married respectively. About two fifth had associated degree in nursing and had 11-20 years of experience respectively, all of them didn't have a hospital ethics committee, the minority of them attended training courses about professional ethics and out of them attend one training courses about professional ethics. From researcher opinion these may be due to the greater fraction of the nurses in Egypt were females and may also related to the studying of nursing in Egyptian universities and schools were exclusive for females only till few years ago

Concerning total knowledge level about professional ethics through the program phases, the study findings revealed that the

program had a greater affection in improving nurses' knowledge about professional ethics at immediate post and at follow up (after three months) than pre program phase. Most of the studied nurses had satisfactory knowledge level in immediate post program and at follow up program phase (after three months) than preprogram phases. From researcher opinion these might be due to the greater effect of the education program in improving the studied nurses' knowledge.

The results of the current study agreed with **Hassan et al., (2019)** they carried out their study about "Effect of an educational program on enhancing nurses' knowledge and their compliance with ethics in maternity health services" and confirmed that nurses' knowledge about professional ethics before the ethical education program was low, while the educational intervention had improved nurses' knowledge with respect to ethical care items.

As well as, total mean and standard deviation scores of studied nurses regarding their total knowledge items through the program phases, the current study findings clarified that, there was a highly statistical significant difference of studied nurses total knowledge scores between pre and immediately post program and between preprogram and follow up(after 3 months) phase of program, which indicated that the program had a positive improvement of nurses' knowledge level throughout immediate post and follow-up program phases compared with preprogram phase.

Concerning total practices level about professional ethics through the program phases, the present study finding showed that, most of the studied nurses had high total practice level in immediate post program and

in the follow up phase than preprogram phase. From researcher opinion this might be due to the different example and case study used by researcher to train and educate the studied sample.

The study finding supported by **Adhikari et al. (2016)** who revealed that more than two thirds of the studied nurses had adequate practice in immediate post program and in the follow up phase than preprogram phase. The study finding incongruent with **Hassan et al., (2012)** they carried out their study about “assessment of professional ethics practiced by nurses working in primary health care centers in Port Said” and revealed that majority of studied nurses had adequate practice, while more than one fifths of them had in adequate practice of professional ethics.

Regarding mean and standard deviation scores of studied nurses regarding their total practices items through the program phases, the present study findings clarified that, there was a highly statistical significant difference of studied nurses total practices score between pre and immediately post program and between preprogram and follow up phase of program, which indicated that the program had a positive improvement of nurses' practice throughout immediate post and follow-up program phases compared with preprogram phase. The highest mean and standard deviation was in nurses' practices regarding items patients' rights throughout immediate post and follow-up phases (after three months) of the program was than the preprogram phase.

This finding was supported by **Esmailpourzanjani et al., (2016)** they carried out their about “evaluation of professional ethics observance in nursing practice from nurses and patients' point of

view in Shahid Beheshti” and illustrated that the highest mean was in nurses' practices regarding items patients' rights throughout immediate post and follow-up phases of the program.

Concerning distribution of studied patients regarding their demographic characteristics, the present study findings showed that, more than half the studied patients thirty to forty-five years old, less than two third were female and married, slightly more than two fifth of them had above intermittent education and the half of them were admitted to hospital from seven days.

The study finding similar with **Khandan et al., (2015)** who conducted their study about “Effect of Education on Nurses' Knowledge about and Attitude Toward Nursing Ethics Codes in south east of Iran” and indicated that less than three fifths of the studied patients aged from thirty-five to forty-six years old, more than half of them were female and more than three fifths were married.

The study finding disagree with **Akbari, & Taheri., (2008)**, who revealed at their study about “Scrutinizing the level of patients' rights charter from the working nurses' points of view in educational hospitals in Shahr-é-Kord in 2007. In second international conference on Iran medical ethics” that more than one thirds the studied patients thirty to forty-six years old, less than three fifths were male, nearly more than two thirds of them had above intermittent education.

Regarding distribution of studied patients regarding their total satisfaction level through the program phases, the present study findings showed that the majority of the studied patients were satisfied regarding nurses' performance in post program and in the

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follow up phase after 3 months than preprogram phase. From researcher opinion these may due to deficit in their knowledge in the preprogram phase that influence on their practice and patient satisfaction and improved after program.

The present study was consistent with **Izadi et al., (2020)**, who founded that the level of satisfaction of the patients in the intervention group was significantly higher immediately after intervention.in the same line with **Hassan et al., (2019)** who showed that more than three fifths of the studied patients were satisfied about nurses' practices in post program and in the follow up phase.

Concerning total satisfaction domain among studied patients through the program phases, the study results illustrated that, the majority of the studied patients were satisfied regarding nurses' technical professional domain, Privacy domain and confidence domain in post program and most them were satisfied regarding the same domains in the follow up phase than preprogram phase were unsatisfied were unsatisfied regarding the same domains.

The study result agreed with **Asare et al., (2022)** who conducted their study about "Ethics in healthcare: Knowledge, attitude and practices of nurses in the Cape Coast Metropolis of Ghana" and indicated that minority of the studied patients were dissatisfied about nurses' technical professional domain and confidence domain in post program.

Concerning correlation matrix between total knowledge, total practices, and total patient satisfaction through the program phases, the present study findings showed that there was a positive relation between studied

total knowledge and total practices in preprogram and there was a positive relation between studied total patient satisfaction and total knowledge and practices about professional ethics in post program and follow up program while there was no relation between total knowledge, total practice and satisfaction at preprogram .

The study finding congruent with **Funmilola & Aina (2020)**, who revealed that there was statistically significant relationship between the level of knowledge of ethical principles and their application to nursing practice. The study finding consistent with **Belal et al., (2017)**, who revealed at their study about "Impact of Integrated Ethics Program on Nurses Knowledge and Performance at Rural Areas in Fayoum Region, Egypt" that there was a positive relation between studied patient satisfaction and knowledge and practices about professional ethics in post program and follow up program.

Conclusion

Most of nurses had a satisfactory knowledge level regarding professional ethics at the immediate post and follow up program phases than pre program phase. Most of nurses had a good practice level regarding professional ethics at the immediate post and follow up program phases than pre program phase. The majority of studied patients were satisfied level regarding professional ethics at the immediate post and follow up program phase than pre program phase. This mean that when nurses' knowledge and practice about professional ethics improved this increases patients' satisfaction.

Recommendations:

1. Repetition of the same study at a wide health care sector is highly recommended to achieve generalizable results.
2. Conducting training program and workshops periodically for nurses about professional ethics to improve their practice at health care setting.
3. Publishing posters containing tips for professional ethics that lead to best patients' outcome (patients' satisfaction).
4. Professional ethics can be added to course especially of post graduate nursing curriculum.
5. Conduct study about the effect of ethical application strategies on staff nurses' quality of nursing care and its effect on patients' outcome.

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تعزيز المعرفة و الممارسه للمرضين تجاه آداب المهنة وتأثيرها على نتائج المرضى

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تساعد آداب المهنة الممرضين فى تقديم رعاية لمرضاهم بناءً على اللوائح والقواعد الأخلاقية لتحقيق أفضل النتائج للمرضى. هدفت الدراسة إلى تعزيز المعرفة و الممارسه للمرضين تجاه آداب المهنة وتأثيرها على نتائج المرضى. تم استخدام تصميم بحث شبه تجريبي لتحقيق هدف هذه الدراسة. أجريت الدراسة فى أقسام و وحدات الباطنه بمستشفى بنها الجامعى. تضمنت عينة الدراسة مجموعتين ١ (مجموعه الممرضين : تضم ٠٣ % من إجمالى الممرضين والعدد النهائى ٦٠ ممرضا وممرضة. ٢- (مجموعه المرضى : وتم تحديد حجم العينة أثناء وقت الدراسة حسب المعادلة وعددهم (74) تم اختيارهم من الوحدات المذكورة أعلاه. واطهرت النتائج ان غالبية الممرضين (٤٠%) لم يكن لديهم معلومات كافية فى مرحلة ما قبل البرنامج ، لكنها تحسنت لتصبح (78.3) % & 73.3% (معلومات كافية فى مرحلة ما بعد البرنامج والمتابعة الفورية. معظم الممرضين لديهم مستوى جيد 75 % & 73.3% (فيما يتعلق بممارسه آداب المهنة فى مرحلة ما بعد البرنامج ومرحلة المتابعة) بعد 3 شهور (مقارنة بمرحلة ما قبل البرنامج 43.3) % (و أغلبيه المرضى لديهم مستوى مرضى عن ممارسه الممرضين (83.8% & 90%) فيما يتعلق بآداب المهنة فى مرحله ما بعد البرنامج و مرحله المتابعه) بعد 3 شهور (مقارنه بمرحله ما قبل البرنامج. (63.5%) وخلصت الدراسة بأن تطبيق البرنامج التعليمى عن آداب المهنة له فاعليه كبيره حيث وجد أن هناك إرتباط إيجابى ذو دلالة إحصائية عالية بين إجمالى الرضا للمرضى وإجمالى المعلومات و الممارسه للممرضين حول آداب المهنة فى مرحلتي ما بعد البرنامج والمتابعة بعد ثلاثه شهور مقارنه بمرحله ما قبل البرنامج. وأوصت الدراسة بعقد برامج تدريبية وورش عمل بشكل دورى للممرضين حول آداب المهنة لتحسين ممارستهم فى أماكن الرعاية الصحية و تطبيق استراتيجيات اداب المهنة التى تركز على الممرضين وتعزز نتائج المرضى.