

## Assessment of Professional Ethics Practiced By Nurses Working In Primary Health Care Centers in Port Said

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**Abstract:** Nursing ethics is an important part of nursing profession to keep nurses accountable of patient care in frame of laws. The aim of this study was to assess nurse's knowledge and practice regarding professional ethics that practiced in primary health care centers in Port Said. This descriptive study was conducted at primary health care centers in Port Said that selected randomly according to govern ate map, study sample composed of 80 staff nurses who worked in family planning, antenatal, pediatric and vaccination clinics. Data were collected using two tools self administered written questionnaire sheet and observational checklist. The study results revealed that studied nurses' knowledge regarding professional ethics was deficient, with 46.3% of them had satisfactory knowledge. Meanwhile, 78.8% had adequate practice of professional ethics. Also, there was statistically significant relation between nurses' knowledge and practice regarding professional ethics. Higher satisfactory knowledge was associated with older age. Based on this study findings, the investigator recommended on-job training and continuous education in order to enhance nurses knowledge about professional nursing ethics. Encourage nurses to up date their knowledge, engage in workshop and training program periodically especially training programs about professional nursing ethics, patient rights and ethical behavior when dealing with patients. Also, develop evaluation sheet about professional nursing ethics for community health nurse during providing health care services, which reflect the weak point of professional ethics that need improvement further researches on professional nursing ethics and patient rights should be carried out.

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### 1. Introduction

Nursing is a highly respected profession that origin can be traced back to ancient civilizations, it is a helping profession that provides services contribute to the health and well being of people when working with multiple population in the health care environment (Timby, 2009).

Ethics is a systematic study of what person's conduct and actions should be with regard to self, other humans, and environment, also refers to principles that guide a person's actions in regard to right and wrong and in regard to one self and society at large (Marquis & Huston, 2009). Ethics also means a well founded standard of right and wrong that prescribe what humans ought to do, usually in terms of rights, obligations and benefits to society (Jane, 2011).

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 (Jane, 2010). 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 (Sanjari et al., 2008). By learning ethics, the nurse learned the moral duties and rules expected and could be relied on to engage in certain ethical behaviors (Fry, 2004).

Ethical principles provide foundation for nursing practice and basis for nurses' decisions on consideration of consequences and of universal moral principles when making clinical judgments (Jane, 2011). Common ethical principles that provide guidance to nurse in making decisions regarding clients care the first principle is autonomy, which form of personal liberty action where the individual determines his own course of action in accordance with the plan chosen (Maurer & Smith, 2005).

Another ethical principle for nurses is veracity, relates to practice of telling the truth, duty to tell truth and not lie or deceive others (Burkhardt & Nathaniel, 2007). Beneficence, is the third nursing principle it states that people ought to do good, avoid doing harm, and prevent evil (Bosek & Savage, 2007). Non

malfeasance, is fourth nursing principle related to beneficence which require to act in such manner to avoid causing harm to patients, risk for harm, and harm occurs during performance of beneficial acts (*Stanhope & Lancaster, 2008*).

Fidelity, fifth nursing principle that relates to the concept of faithfulness and practice of keeping promises the principle of fidelity requires being faithful in relationships and matters of trust (*Burkhardt & Nathaniel, 2007*). Finally, justice, is a nursing principle where people all have the right to equal access to available health services for maintenance and promotion of health (*Cowley et al., 2008*)

The code of ethics for nurse provides a framework for nurses responsive to current and other future changes in the health care environment (*Butts, 2006*). The first formal code was adopted by the American Nursing Association (ANA) house of delegates in 1950 and the latest complete revision of the code occurred in 2001 (*Kraft, 2010*).

Patient's bill of rights is designed to protect such basic rights as privacy, confidentiality, informed consent, and right to refuse the treatment (*Sullivan & Decker, 2005*). All people have basic rights such as equal protection, religious freedom and freedom of express so, the patient's bill of rights was created to try to reach 3 major goal as stated by (*Doyle, 2009*) ethical dilemma might be defined as a situation that gives rise to conflicting moral claims, resulting in disagreements about choices for action, ethical dilemma usually described in terms of right or wrong, duty or obligation, rights or responsibilities, and good or bad (*Perrin & McGhee, 2008*).

#### **Aim of Study:**

To assess nurses' knowledge and practice regarding professional ethics that practiced in primary health care centers in Port Said.

## **2. Subject and Methods:**

### **Design:**

This is a descriptive study in which the investigators tried to assess nurse's knowledge and practice regarding professional ethics that practiced in primary health care centers in Port Said.

### **Sample and Setting:**

The sample consisted of all eligible nurses (80) were recruited during working in primary health care centers affiliated to all zones at Port Said. The criteria for subjects' inclusion were: female nurses aged from 18 years and more working in family planning, antenatal, pediatric and vaccination clinics. The primary health care centers affiliated to all zones at Port Said City Centers has been selected according to Port Said governorate map. Nurses were

interviewed to assess fulfillment of inclusion criteria and working in all the following clinics family planning, antenatal, pediatrics and vaccination clinics at that centers.

### **Tools of data collection:**

#### **Data were collected using the flowing tools:**

#### **Self-administered written questionnaire sheet: (Ibrahim, 2006)**

It was modified and revised by nurse's experts for content validation, to assess knowledge. It consisted of first part including items concerning socio demographic characteristics of studied nurses such as age, marital status, and level of education ect. As well as the second part including seven items of questions and each item include sub-items such as items related to nurses' knowledge regarding professional nursing ethics as Professionalism (definition or principles of Professional nursing ethics, .....), Beneficence to Patient (providing health education, .....), General Patients Rights (explaining importance of informed consent for procedures, .....), Sincerity and Integrity (keeping promises, behaving according patient complain, .....).

Honesty and Candor (honesty in equipment, hand washing...), Equity (priorities, continuous assessment of health status), Privacy (client file, and information), Respect (apparatus defect and advising in abortion). For scoring, (for each area of knowledge) one was given to correct response of knowledge, while zero for incorrect. As well as Knowledge was considered satisfactory if the percent score was 60% or more and unsatisfactory if less than 60%.

Observational checklist questionnaire sheet: (Ibrahim, 2006), for assessing nurse's practice of ten professional ethical principles such as (Autonomy, Justice, Patient's rights, Veracity, Fidelity, Double effect, Beneficence, Confidentiality, Documentation, and Self evaluation). Score one for done observed, zero for not done and the practice was considered adequate if the percent score was 60% or more, and inadequate if less than 60%.

### **Procedures:**

Permission was granted to proceed with the purposed study, potential subjects were approached, interviewed, and at that time purpose and nature were explained. The questionnaires of the tools were completed by nurses by given the self administered written questionnaire sheet and asked them to fill it out. Observational checklist was fulfilled in every clinic using observational techniques for 3 different sessions to verify the result. As well as to verify objectivity the 1st tool (knowledge assessment) was completed after 2nd tool for each subject included in the present study.

**Pilot Study:**

A pilot Study was carried out using the data collection tools on 10 nurses at primary health care centers. Some modifications in the questionnaire sheet were made based on the results of this pilot. Those subjects in the pilot study were not included in the final study.

**Ethical Consideration:**

The aim of the study has been explained to directors, head nurse and staff nurses at primary health care centers before asking nurse's to participate in the study, stressing on confidentiality of the collected information. The researcher emphasized that participation were absolutely voluntary and each nurse have the right to withdraw from the study at any time with no questions asked as well as confidentiality was assured.

**Statistical Design**

Statistical analysis was performed using SPSS 14.0 statistical software package. Descriptive statistics in the form of frequencies and percentages for qualitative variables, and means and standard deviations for quantitative variables. Qualitative categorical variables were compared using chi-square test. Pearson correlation analysis was used for assessment of the inter-relationships among quantitative variables, and Spearman rank correlation for ranked ones. Statistical significance was considered at p-value <0.05.

**3. Results:**

Regarding work site, result indicates that studied subject were working in 4 clinics, 40% of studied subject were working in vaccination clinics, meanwhile 13.8% of studied subject were working in pediatric clinics, 22.7% of studied subject were working in family planning clinics, and 23.5% of studied subject were working in antenatal clinics.

Studied nurse's age ranged between 20 to more than 40 years old. About one third (31.3%) of studied nurses their age constitute 40 and more years old. While 6.3% fall in range between 20 to <25 years old. It was found that most of studied subject (98.8%) was married and only one nurse (1.3%) was unmarried. All nurses in this study had nursing school diploma. Regarding experience in nursing field, the result showed that more than half (53.8%) of studied subject had 10<20 experience years, with a mean  $16.8 \pm 6.8$ . While two third (63.8%) of studied nurses had 5<10 years experience in current job, with mean  $8.6 \pm 4.2$ .

The majority of nurses (83.8%) had studied nursing ethics at school. They all confirmed having training courses in each of different nursing practice and the number of these courses ranged from 1 to 6 course with a mean  $2.5 \pm 1.4$ . While all the studied subject did not have training course specified in professional nursing ethics. Most of studied subject

(92.5%) agrees about beneficial of training courses in each of different nursing practice. **Table (1)** indicates that most of nurses (98.8%) had correct knowledge about equity. About two third (67.5%) had correct knowledge about privacy. At the other extreme, deficiency was particularly evident in most of areas. 13.8% of studied subject had identified general patient rights. Additionally, nurse's knowledge about Sincerity and integrity was 23.8%, while their knowledge about respect was 42.5%. The result also found that 46.3% of studied nurses had a satisfactory knowledge about professional ethics, while the rest had unsatisfactory knowledge

**Table (2)** shows, 98.8% of studied subject had adequate practice of documentation and 47.5% of studied subject had adequate practice of confidentiality and privacy.

This table also, indicate that, 78.8% of studied nurses had adequate practice, while 21.3% of them had in adequate practice of professional ethics

**Table (3)** clarifies the relation between nurse's knowledge about professional ethics and their personal characteristics. The table shows that, there was statistically significant relation evident between nurses knowledge regarding professional ethics and nurses age  $P= 0.02$ .

**Table (4)** shows the relation between nurse's practice of professional ethics and their personal characteristics. The table reveals that, there is no statistically significant associations between nurses' practice of total professional ethics and any of the examined characteristics. The results shows that, there was a statistically significant relation between nurses knowledge scores of total professional ethics and primary health care center where the work  $p=0.04$ , also statistically significant relation revealed between nurses knowledge scores of total professional ethics and their working site  $p=0.006$ .

Result revealed that there was a statistically significant relation between nurses' practice scores of total professional ethics and primary health care center where they work  $p=0.03$ .

**Table (5)** indicates relation between nurses' knowledge and practice of total professional ethics. As shown in this table, there was a statistically significant relation between nurse's total knowledge and practice of total professional ethics  $P= 0.008$ .

**Figure (1)** displays correlation between nurse's knowledge and practice scores of total professional ethics. This figure shows that, there was a moderate positive statistically significant correlation between nurses knowledge scores and practice scores of total professional ethics  $r=0.44$ .

**Table (1):** Distribution of nurse's knowledge about professional ethics in the study sample (n=80)

Knowledge about ethics	Frequency	Percent
Benevolence to patient	37	46.3
Honesty and candor	45	56.3
General patient rights	11	13.8
Sincerity and integrity	19	23.8
Professionalism	44	55.0
Equity	79	98.8
Respect	34	42.5
Privacy	54	67.5
<b>Total knowledge:</b>		
*Satisfactory	37	46.3
**Unsatisfactory	43	53.8

\* More than 60%+

\*\* Less than 60%

**Table (2):** Practice of total professional ethics as observed among nurses in the study sample (n=80)

Total practice of ethics	Adequate practice	
	No.	%
Respect of human dignity	53	66.3
Justice	76	95.0
Patient rights	49	61.3
Veracity	75	93.8
Fidelity	40	50.0
Double impact	78	97.5
Patient beneficence	65	81.3
Documentation	79	98.8
Self-evaluation	65	81.3
Confidentiality and privacy	38	47.5
<b>Total practice:</b>		
*Adequate	63	78.8
** Inadequate	17	21.3

\* More than 60%+; \*\* Less than 60%+

**Table (3):** Relation between nurses' knowledge of total professional ethics and their personal characteristics

5	Knowledge				X <sup>2</sup> Test	p-value
	Satisfactory		Unsatisfactory			
	No.	%	No.	%		
<b>Primary health center:</b>					--	--
Al-Kuwait	1	2.7	6	14.0		
Omar el kahtab	3	8.1	5	11.6		
Fatma Alzahraa	4	10.8	2	4.7		
Algawhara	5	13.5	2	4.7		
Alarab	4	10.8	5	11.6		
Seha-OUla	3	8.1	3	7.0		
Almanakh	1	2.7	7	16.3		
Port-Fouad (1)	3	8.1	7	16.3		
Port-Fouad (2)	9	24.3	1	2.3		
Osman ben afaan	4	10.8	5	11.6		
<b>Age (years):</b>					7.71	0.02*
<30	3	8.1	14	32.6		
30- 40+	19 15	51.4 40.5	19 10	44.2 23.3		
<b>Worksite:</b>					3.91	0.27
Vaccination	13	35.1	19	44.2		
Family planning	11	29.7	7	16.3		
Antenatal care	10	27.0	9	20.9		
Pediatrics	3	8.1	8	18.6		
<b>Experience in nursing (years):</b>					0.04	0.98
<10	3	8.1	4	9.3		
10- 20+	20 14	54.1 37.8	23 16	53.5 37.2		
<b>Experience in current job (years):</b>					1.91	0.38
<5	0	0.0	2	4.7		
5- 10+	25 12	67.6 32.4	26 15	60.5 34.9		
<b>Studied nursing ethics at school</b>					0.38	0.54
No	5	13.5	8	18.6		
Yes	32	86.5	35	81.4		
<b>Courses were beneficial</b>					Fisher	0.21
No	1	2.7	5	11.6		
Yes	36	97.3	38	88.4		

(\*) Statistically significant at p&lt;0.05

(--) Test result not valid

**Table (4):** Relation between nurses' practice of total professional ethics and their personal characteristics

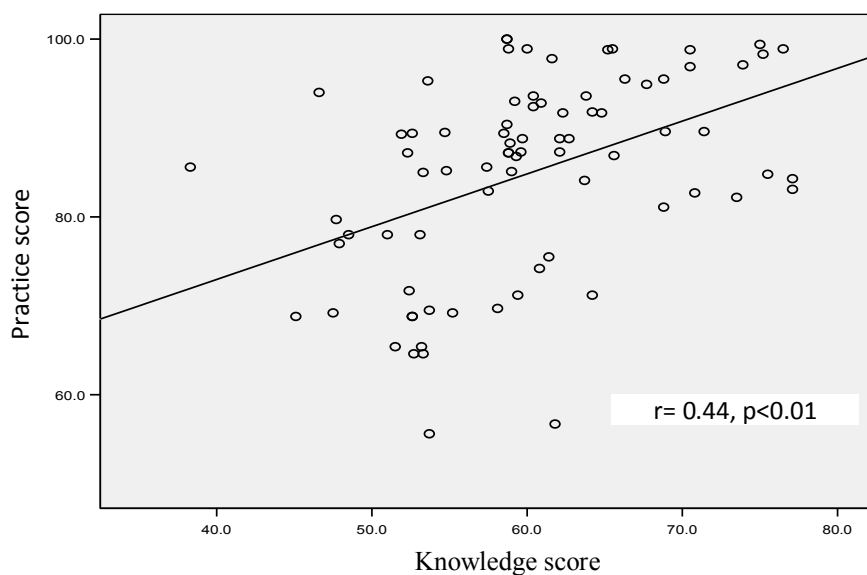
Variables	Practice				X <sup>2</sup> Test	p-value
	Adequate		Inadequate			
	No.	%	No.	%		
<b>Primary health center:</b>						
Al-Kuwait	2	3.2	5	29.4	--	--
Omar el kahtab	7	11.1	1	5.9		
Fatma Alzahraa	5	7.9	1	5.9		
Algawhara	4	6.3	3	17.6		
Alarab	5	7.9	4	23.5		
Seha-OUla	5	7.9	1	5.9		
Almanakh	6	9.5	2	11.8		
Port-Fouad (1)	10	15.9	0	0.0		
Port-Fouad (2)	10	15.9	0	0.0		
Osman ben afaan	9	14.3	0	0.0		
<b>Age (years):</b>						
<30	12	19.0	5	29.4	2.84	0.24
30-	33	52.4	5	29.4		
40+	18	28.6	7	41.2		
<b>Worksite:</b>						
Vaccination	26	41.3	6	35.3	--	--
Family planning	17	27.0	1	5.9		
Antenatal care	12	19.0	7	41.2		
Pediatrics	8	12.7	3	17.6		
<b>Experience in nursing (years):</b>						
<10	7	11.1	0	0.0	5.14	0.08
10-	36	57.1	7	41.2		
20+	28	31.7	10	58.8		
<b>Experience in current job (years):</b>						
<5	2	3.2	0	0.0	0.56	0.75
5-	40	63.5	11	64.7		
10+	21	33.3	6	35.3		
<b>Studied nursing ethics at school</b>						
No	11	17.5	2	11.8	Fisher	0.72
Yes	52	82.5	15	88.2		
<b>Courses were beneficial</b>						
No	4	6.3	2	11.8	Fisher	0.60
Yes	59	93.7	15	88.2		

(--) Test result not valid

**Table (5):** Relation between nurses' knowledge and practice of total professional ethics

Items	Practice				X <sup>2</sup> Test	p-value
	Adequate		Inadequate			
	No.	%	No.	%		
<b>Total Knowledge:</b>						
Satisfactory	34	54.0	3	17.6	7.10	0.008*
Unsatisfactory	29	46.0	14	82.4		

(\*) Statistically significant at p&lt;0.05



**Figure (1):** correlation between nurses' knowledge and practice of total professional ethics

#### 4. Discussion

This study was carried out with the goal of filling a gap of important information regarding nurses' professional ethics that practiced in primary health centers. It was an attempt to answer questions of how much those nurses are knowledgeable of professional ethics, to what extent is their related practice adequate, and whether their knowledge and practice influenced by their socio demographic characteristics. This study rationale evolved from the increasing concern of professional nursing ethics which consider essence for both nursing practice and nursing education. *Wood (2005)* stated that community health nurse consider part of the largest group of health care workers, they should be aware of their impact on health care in the wider social context, also from the view point of ethics.

The present study findings revealed that around one third of studied nurses their age was 40 and more years old. This could be explained that those age group prefer to work morning shift only. It also revealed that, the majority of studied nurses were married and about two third of their age was in the bearing period so that, they prefer to work in primary health centers due to having morning shift only. Thus, could explain that two third and about one third of studied nurses had 5 to less than 10 and 10 to less than twenty respectively their years of experience in current job at time of data collection.

The current study also revealed that all the studied nurses had attended training courses in each of different nursing practice, this may be due to keen of ministry of health to improve nurse knowledge and skills through

training programs, *Hamilton (2005)* emphasized necessity for nurses to maintain knowledge and skills in their fields through training programs. In addition *Hagbager et al. (2004)* stated that health care providers needs years of education, training and clinical experience to be able to identify, recognize, plan intervention and make ethical decision.

The result also showed that all nurses hadn't training courses specified in nursing ethics, this may be due to ministry of health did not provide such training programs, focusing more on nurse's practical skills training programs. The finding is in line with *Heikkinen et al. (2006)*; *Numminen et al. (2009)* who agreed that teaching ethics is difficult and perhaps sticking to traditional methods feel safe, particularly in the integrated teaching in which most of the educators are not professionals in ethics.

Regarding nurse's knowledge about patient rights, the study showed that, most of studied subjects had unsatisfactory knowledge and the rest had satisfactory (table1), this may be due to, they did not have training courses specialized in patient rights training, although they already studied before graduation. As well as, the nursing ethics course is often ignored so; nursing students were becoming insensitive to ethical issues in day-to-day nursing work. *Sundman (2000)* emphasized that patients' rights are one of the fundamental of health care, and their significance extends in to many areas of human life.

On the other hand, there is a study was in congruent with the present study findings which was conducted by *Simula (1998)*, who reported that, nurses

have adequate knowledge and aware of patients rights and regarded their implementation in nursing care as positive. Also, *Rynn & Myllykangas (2000)* who clarified that nurse's awareness of patients rights is regarded essential to provide patient with legal rights in issues concerning their care and made health care workers legally responsible for treatments of their patients.

Regarding nurses' knowledge about sincerity and integrity, it was found that about three quarters of studied subject had un satisfactory knowledge (Table1). On other hand, there was a study which was conducted by *Ibrahim (2006)* which was in congruent with the present study, she reported that, the majority of studied nurses tried to correct the mistake and scarify to keep promise. Regarding nurses knowledge about equity it was found that, most of nurses had correct knowledge about equity (Table1) which consider important for health care, all patients regardless their age, religion, sex should have equal treatment, this result goes in the line with *Watson et al. (2008)* who reported that nurses must providing fair access to resources based on patient needs regardless their characteristics.

As regard nurses knowledge about professional nursing ethics, the result indicated that more than half of studied nurses had un satisfactory knowledge about professional ethics (Table 4), this result was in congruent with *Helmy & Soliman (2003)* who reported that most of nurses had satisfactory knowledge about professional ethics. The present study indicated that nurse's knowledge about professional ethics was variable among specific areas, it was generally deficient in most of areas, and this could be result from deficient of training programs about professional nursing ethics in primary health care centers. Also, it could be approved by the result of present study which showed absence of training courses specified in nursing ethics.

The present study revealed that, two third of studied nurses had adequate practical behavior about respect of human dignity (Table,2) this may be due to unprepared environment to respect human dignity ,increase flow rate of clients in most of health centers and nurses may feel undervalued and contrast material isn't enough in front of her efforts.

Respect of human dignity is a foundation ethical principle in patient care and a hallmark of excellence in caring practice of nurses. The result found that, two third of studied nurses had adequate practice of respect human dignity, while other study conducted by *Kalb & Oconner (2007)*, who reported that only one third of nurses practice with respect of human dignity.

Confidentiality always requires communication with patient privately; details with nurse and patient health care team and measures should be taken to protect patient confidentiality (*Adams, 2006*). Regarding practicing confidentiality and privacy the result also showed that, less than half of studied nurses had adequate practice of confidentiality (Table 2), this is approved of total knowledge scores which presented in (Table1). The researcher also, refer the previous result may be due to un prepared environment to interviewing patients privately, in addition to increase flow rate of clients in most of health centers included in this study as well as shortage of staff nurses as presented at time of data collection . In contrary, the study result of *Nejad et al. (2011)* indicated that the highest level of performance (95.51%) was in area of right to preserve privacy and being ensured about confidentiality of all patient information.

Although the concepts of confidentiality and privacy were highlighted, the law regarding confidentiality was very moderately taught.

This may imply again that the wider aspect of confidentiality isn't seen as important as that related to the immediate human relationships (*Numminen et al., 2010*).

Regarding practicing patient rights the result also showed that, less than two third of studied nurses had adequate practice (Table 2), in addition to poor knowledge regarding to patient rights (Table1).The result goes in line with *Malekshahi (2008)* who reported that patient's rights were observed in only 56.2% of nurses. While *Rahmani & Qahremani (2008)* study result indicated that the level of consideration of patients' rights and privacy provided by nurses were reported to have occurred in only 22.15% of nurses.

Regarding practicing fidelity ,the study result showed that about one half of studied nurses had inadequate practice of fidelity (Table 2) this may be due to some nurses share health information of patient with other health care workers and nurses weren't aware of duties and obligations of her profession. In contrast *Ibrahim (2006)* reported that majority of studied nurses had adequate practice of fidelity. Also, the study result showed that about one half of studied nurses sterilize instrument and thermometer probably this may be due to increase pressure of work on nurses and absence of close observation from nurse manager and physician.

Regarding nurses practice of documentation, the study result showed that the majority of studied nurses had adequate practice of documentation (Table 2), this may be due to continuous inspection and following up nursing documentation through responsible manager .This result is congruent with *Guido & Watson (2006)* who reported that nursing documentation is an

important component of nursing practice reflecting the nursing care that provided to clients and nurses are accountable for ensuring that their documentation is accurate and organized.

Concerning total practices of studied nurses regarding professional ethics, the present study findings demonstrated that more than three quarters of nurses had adequate practice of professional ethics this means that their practice is better than their knowledge, this may be due to ethical consideration that reflect actual Egyptian society which depend mainly on religious values and beliefs.

As regard relation between nurse's knowledge of total professional ethics and their personal characteristics the present study findings revealed that there was statistically significant relation evident between nurses' knowledge regarding professional ethics and nurses' age (Table 3).

This could be explained that age play significant role with nurses' knowledge regarding ethics by accumulation of experience. In the same line, there was a study conducted by *Solminen et al. (2011)* that congruent with present study findings, they reported that there is a relation between nurse's knowledge and their age and working experience.

Regarding relation between nurses knowledge scores of total professional ethics and their workplace, the present study findings revealed that, there was statistically significant relation between nurses total knowledge about professional ethics and their working area, this relation may be due to nurses manager abilities to organize work and nurses as team exchange information and knowledge , this findings is on line with *Nejad et al. (2011)*, who found that there was statistically significant and direct association between level of knowledge and working place ( $P= 0.01$ ).

Findings also showed that, there is a moderate positive statistically significant correlation between nurses' knowledge and practice score of total professional ethics (Table 5, Fig 1). This result is on line with, *Risjord (2011)* who asserted that professional practice of nursing ethics has a deep, organic relationship with nursing knowledge and nursing values and intervention. As regard relationship between nurse's practice of total professional ethics and their personal characteristics, the result showed that, there is no statistically significant association between nurse's performance of total professional ethics and any of examined characteristics (Table 4). On other hand, there is a study conducted by *Vanaki & Memarian (2009)* who wasn't congruent with present study findings, their study showed that nurse's characteristics have influence up on high levels of optimal competency in performance.

### Conclusion:

In view of the findings, the study concluded that nurses working in primary health care centers in Port Said had un satisfactory knowledge about professional ethics particularly regarding general patient rights, Sincerity and integrity, respect, beneficence to patient. Although their practice of professional ethics is better than their knowledge, it still inadequate, especially regarding fidelity, confidentiality and privacy. Nurses knowledge influenced by nurses age, while their practice didn't influence by their personal characteristics. Finally, there was statistically significant relation between nurse's knowledge and practice of professional ethics.

### Based upon the study findings, the following could be recommended:

On-job training and continuous education will lead to enhance nurses' knowledge and practices about professional nursing ethics. Encourage nurses to up date their knowledge; engage in workshop and training programs periodically especially training programs about professional nursing ethics, patient rights and ethical behavior when dealing with clients/patients. Develop evaluation sheet about professional nursing ethics for community health nurse during providing primary health care services, which reflect the weak point of professional ethics that need improvement. Nursing syndicate should have effective role in regular monitoring and evaluating nurses' performance regarding ethical behavior to ensure its application through following specific evaluation sheet for professional ethics. Further researches on professional nursing ethics and patient rights should be carried out.

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