



Knowledge and Performance about Nursing Ethic Codes from Nurses' and Patients' Perspective in Tabriz Teaching Hospitals, Iran

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ARTICLE INFO

Article type:
Original Article

Article History:
Received: 9 May. 2013
Accepted: 12 Jun. 2013
ePublished: 28 Agu. 2013

Keywords:
Nurse
Patient
Knowledge
Performance
Code of ethics

ABSTRACT

Introduction: Nursing profession requires knowledge of ethics to guide performance. The nature of this profession necessitates ethical care more than routine care. Today, worldwide definition of professional ethic code has been done based on human and ethical issues in the communication between nurse and patient. To improve all dimensions of nursing, we need to respect ethic codes. The aim of this study is to assess knowledge and performance about nursing ethic codes from nurses' and patients' perspective.

Methods: A descriptive study conducted upon 345 nurses and 500 inpatients in six teaching hospitals of Tabriz, 2012. To investigate nurses' knowledge and performance, data were collected by using structured questionnaires. Statistical analysis was done using descriptive and analytic statistics, independent t-test and ANOVA and Pearson correlation coefficient, in SPSS₁₃.

Results: Most of the nurses were female, married, educated at BS degree and 86.4% of them were aware of ethic codes also 91.9% of nurses and 41.8% of patients represented nurses respect ethic codes. Nurses' and patients' perspective about ethic codes differed significantly. Significant relationship was found between nurses' knowledge of ethic codes and job satisfaction and complaint of ethical performance.

Conclusion: According to the results, consideration to teaching ethic codes in nursing curriculum for student and continuous education for staff is proposed, on the other hand recognizing failures of the health system, optimizing nursing care, attempt to inform patients about Nursing ethic codes, promote patient rights and achieve patient satisfaction can minimize the differences between the two perspectives.

Introduction

Ethics, which is taken from the Greek word "ethos", meaning character, most relevant to responsibility and community¹ and deals with words like right, wrong, good, bad, ought and duty.² Nursing profession requires knowledge of ethics to guide performance.³ Nursing ethics is professional ethics of care.⁴ The nature of this profession necessitates ethical care more than routine care.⁵ Ethical concepts are one of the basic elements in this profession and the important indicator of its

progress.⁶ Ethical performance is critical aspects of nursing care and development of moral competence, is essential for nursing practice in present and future.^{7,8} In this regard, any gaps in nursing ethics can affect the most scientific and the best nursing care.⁹ Promote the principles of professional practice by emphasizing ethical foundations are the only way to strengthen trusting on medical group.¹⁰ Today, worldwide definition of professional ethic codes has been done based on human and ethical issues in the communication between nurse and

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 This article is extracted from the MSc thesis in nursing (with research project number: 333)

patient.^{11,12} International Council of Nurses began compilation of ethic codes in 2000 and it has been proposed as an indicator of professional nursing.¹³ In this regard, professional and international organizations, have written codes despite some apparent differences, their goal is accreditation of the nursing profession by providing good quality care to patients.^{14,15}

Iranian Nursing ethic codes is codified in 2011 for all employees of nursing professionals in the fields of education, research, management, and clinical care to shape the ethical behavior of nurses, directly focuses on nurses' performance to care patient.¹⁶ Based on the International Association of Nurses' Codes and also Codes in other countries the first professional responsibility of nurses emphasizes patients' needs and to provide an environment in which the values, beliefs, human rights and dignity are respected.¹⁷ To improve all dimensions of nursing, we need to respect ethic codes.¹⁸ Furthermore, nurses must understand and apply ethic codes in every dimension of nursing practice.¹⁹ However, because nurses are in moral variable positions, extensive research would be necessary on ethical issues in nursing profession.²⁰ For ethical practice in professional nursing, nurses should recognize all ethical aspects of this profession and then execute moral sensitivity in all nursing communications and interventions.¹¹

Analysis of ethic codes in several U.S., European and Asian countries shows, respect for patient is the highest priority in professional nursing practice. According to these codes, patient's right to receive information regarding medical treatments and privacy is an important priority in nurses' ethical practice.¹⁷ Today we can say that ethical problems in nursing are abundant. Lack of attention to patients' needs and their rights also lack of respect for human dignity is found.²¹ One study on knowledge and attitudes of nurses and midwives about ethical issues in Zanjan (a

city in Iran) was conducted and showed a 70.8% of participants need training in ethical issues.²² Suhonen and colleagues in their study concluded, nurses in five European countries believed that they give sufficient information to their patients about patient' rights and participate them in therapeutic decision making process.²³ In contrast to these findings, Billey and McKinstry in other studies have showed, patients' autonomy not respected well in nursing care and nurses pay attention to ethical issues less.²⁴ If we neglect ethic codes, legal issues and standards of nursing care in practice, it makes nursing not professional and others will not look at nursing with perspective of profession.¹¹ Nowadays, Nursing in Iran has some ethic codes and researches on the effectiveness of these codes are necessary. The aim of this study is to assess nurses' knowledge and performance about Iranian nursing ethic codes.

Materials and methods

This descriptive study was conducted in Tabriz teaching hospitals, 2012. The study population was all nurses and inpatients in medical and surgical wards in six teaching hospitals of Tabriz. According to some books, thesis and articles nurses with bachelor or higher degree in nursing, minimum 6 months work experience, lack of responsibility in managerial positions with informed consent, selected. Patients inclusion criteria were intention to participate in the study, older than 18 year old, Hospitalized for at least 72 hours in medical-surgical wards, Literate, appropriate communication skills and consciousness (speaking and listening) with informed consent.

We investigated the nurses' performance about ethic codes from nurses' and patients' perspective. Furthermore, nurses answered about ethic codes knowledge from.

After getting permission from the Regional Ethics Committee of Tabriz University of Medical Sciences, pilot study was conducted for both 30 nurses and 30 patients to

determine sample size, by using mean and standard deviation of nurses' performance from viewpoint of patients and nurses to determine the sample size, including the loss of 20% of the sample, the final sample size was calculated. 360 nurses and 530 patients were selected by using convenience sampling for the study. Explanation on how to fill questionnaire was given individually and in group. Finally 345 nurses' and 500 patients' questionnaires were completed correctly and carefully and returned.

At first, Iranian nursing ethic codes was studied then questionnaires were structured by the study researchers consisted of 35 statements for nurses and 30 statements for patients were designed in 5 domains including nurses and community, nurses and professional commitment, nurses and clinical services, nurses and health team Colleagues, nurses and education & research.

Nurses' questionnaire has three parts includes, A) demographic characteristics, B) nurses' knowledge about Nursing Ethic Codes from nurses' perspective including 35 statements based on 3-item Likert scale (Yes, No, and I do not know) scored from 0 to 2. In data analysis, we considered "Yes" as score 1 and "I do not know" and "No", as score zero.

Therefore, the total score of this questionnaire was from 0 to 35. Nurses' performance about Nursing Ethic Codes from nurses' perspective including 35 statements based on 6-item Likert scale (always, often, sometimes, rarely, never and I do not know) scored from 0 to 5. Therefore, the total score of this questionnaire was from 0 to 175. In nurses' knowledge and performance questionnaire, 31 statements were related but 4 statements were not related to Iranian nursing ethic codes. These questionnaires were filled by nurses.

Patients' questionnaire has two parts includes, A) demographic characteristics, B) nurses' performance about Nursing Ethic Codes from patients' perspective including 30 statements based on 6-item Likert scale (always, often, sometimes, rarely, never and I

do not know) scored from 0 to 5. Therefore, the total score of this questionnaire was from 0 to 150. These questionnaires were filled by patients.

Face and content validity of the questionnaires was assessed by faculty members of medical ethics, community medicine, Islamic sciences and nursing. The reliability of these questionnaires were calculated by Kuder - Richardson for nurses' knowledge 1.012, by Cronbach's alpha for nurses' performance from nurses' perspective 0.79 (n=30) and by Cronbach's alpha for nurses' performance from patients' perspective 0.74 (n=30).

Finally, data were analyzed by using descriptive statistics, including number, percentage, mean and standard deviation and analytical statistics, including independent t-test, ANOVA and Pearson correlation coefficient, in SPSS for Windows (version 13; SPSS Inc., Chicago, IL., USA) with 95% confidence level and significance level of 0.05.

Results

The results of this study indicate, the majority of nurses were female, married, educated at BS degree, work as a nurse in medical wards and with rotating shifts. Also 79% of nurses had studied ethics in nursing school and 53.6% of them had passed continuous education during their employment. 40.5% stated that ethic codes are given, 91.3% of them had no complaint about their ethical performance and 68.1% had job satisfaction.

Table 1 shows relationship between nurses' demographic characteristics and knowledge and performance about nursing ethic codes. The results showed that there is a significant difference between knowledge about ethic codes and variables such as job satisfaction and complaint of ethical performance. There is a significant difference between knowledge about ethic codes and work shift as well as

between nurses' performance of ethic codes and ward.

Pearson correlation coefficient showed a significant relationship between nurses' ethical performance and their age also, between ethical performance and information resources such as participating in seminars, continuous education and regulation but no significant relationship with work history and marital status (Table 1).

86.4% of nurses were aware of ethic codes and 91.9% of them stated they act ethically (Table 2).

The majority of patients were male, married, with high school education, with previous history of hospitalization, in surgical wards and in Imam Reza(AS) hospital admitted (Table 3), finally 41.8% of these patients represented nurses respect ethic codes (Table 4).

In this study the most of nurses, 97.4% were aware of this ethical code: "I try to respect for secrecy, privacy, individual autonomy and the patient's informed consent". The fewest of nurses, 15.1% were aware of this ethical code: "If patients and family did not cooperate in the training students, I will not affect services". Also 68.7% of nurses act ethically related to this code: "I avoid accepting any gift or privilege of patient or relatives" and 21.7% of nurses act ethically related to this code: "In emergency situations outside the workplace I care for sick or injured".

According to patients' Perspective, most of the nurses act ethically related to this code: "Nurse respects to other staff, faculty and nursing students" and the fewest of nurses act ethically related to this code: "Nurse introduces themselves by name, role and his job duties to patients".

Discussion

The present study investigated knowledge and performance of nursing ethic codes from nurses' and patients' perspective in six teaching hospitals of Tabriz and the effect of demographic characteristics on the levels of

nurses' knowledge and performance was conducted. Finding showed, nurses that were aware of ethic codes, had job satisfaction and no ethical complaints. Nurses, who work at night, were aware of ethic codes more than the others. Nurses in surgical ward act more ethically. Older nurses are also increased their ethical performance. The result of this study showed that 86.4% of nurses were aware of nursing ethic codes and 91.9% of nurses and 41.8% of patients stated that nurses act ethically. There was significant difference between patients' and nurses' perspective about this matter. Unlike patients, nurses believed that they always act based on nursing ethics codes.

Against this study, Hariharan and colleagues in one study revealed that 11% of nurses daily and more than 35% of nurses faced with ethical dilemmas every week that a quarter of them were not aware of nursing ethic codes. 34% of nurses did not know the codes. 29% of physicians and 37% of nurses had no knowledge of any hospital ethics committee. Doctors had a stronger opinion than nurses regarding ethical performance and more than half of Participants were aware of ethics and law from multiple sources. Nurses acquired their knowledge of ethics and law during training. More than 70% of doctors and nurses acquired their knowledge of ethics during work.²⁵ In the present study, the 79.1% of nurses acquired their knowledge of ethics in nursing school, and 53.6% of them acquired their knowledge of ethics during work also 40.5% of nurses stated that nursing ethic codes is formally given them.

According to one study that conducted by Gastmans and Verpeet, three common problems in nursing ethic codes are; Lack of effectiveness in daily clinical practice, the difference between the moral code and realities of clinical and actually, some of the nurses are not aware of the content of ethical codes.²⁶

Table 1: Relationship between nurses' demographic characteristics and their knowledge & performance about nursing ethic

Variable	Knowledge				Performance			
	Mean (SD)	t or F	df	P	Mean (SD)	t or F	df	P
Sex		t= -0.98	343	0.32		t= -1.14	343	0.25
Male	0.85 (0.09)				4.11 (0.40)			
Female	0.82 (0.16)				4.00 (0.45)			
Marital status		F= 0.24	2	0.78		F= 0.16	2	0.85
Single	0.82 (0.17)				3.99 (0.38)			
Married	0.82 (0.15)				4.02 (0.48)			
Widow	-				-			
Divorced	0.87 (0.05)				4.07 (0.05)			
Education		t= 0.38	343	0.70		t= 1.39	343	0.16
Bachelor	0.82 (0.15)				4.01 (0.45)			
Masters	0.80 (0.07)				3.73 (0.43)			
Ward		t= -0.60	343	0.54		t= -2.20	343	0.02
Internal	0.82 (0.15)				3.96 (0.44)			
Surgical	0.83 (0.16)				4.07 (0.45)			
Institutional responsibility		t= -0.29	342	0.76		t= -1.47	342	0.14
Nurse	0.82 (0.15)				4.00 (0.45)			
Head nurse	0.83 (0.17)				4.15 (0.32)			
Work shifts		F= 2.92	2	0.03		F= 1.15	2	0.32
Morning	0.77 (0.21)				4.07 (0.46)			
Evening	0.78 (0.19)				3.82 (0.46)			
Night	0.87 (0.05)				4.13 (0.39)			
Rotatory	0.83 (0.13)				4.00 (0.44)			
Academic education		t= 0.58	343	0.55		t= -1.40	343	0.16
Yes	0.82 (0.15)				4.03 (0.45)			
No	0.83 (0.15)				3.94 (0.41)			
Continuing education during employment		t= -1.18	343	0.23		t= -1.72	343	0.08
Yes	0.83 (0.15)				4.05 (0.43)			
No	0.81 (0.16)				3.97 (0.46)			
Codified notification		t= -1.10	343	0.26		t= -0.88	343	0.37
Yes	0.83 (0.14)				4.04 (0.46)			
No	0.81 (0.16)				3.99 (0.44)			
History of complaints		t= 4.43	343	0.000		t= 1.66	343	0.09
Yes	0.70 (0.23)				3.88 (0.42)			
No	0.83 (0.14)				4.02 (0.45)			
Job satisfaction		t= -2.22	343	0.02		t= -1.19	343	0.23
Yes	0.83 (0.13)				4.03 (0.47)			
No	0.79 (0.18)				3.97 (0.40)			
Age	32.91 (7.21)	r= -0.004		p= 0.94	32.91 (7.21)	r= 0.12		P= 0.02
Work history	8.76 (6.62)	r= -0.05		P= 0.32	8.76 (6.62)	r= 0.07		p= 0.17

Table 2: Nurses' knowledge and performance about nursing ethic codes from Nurses' Perspective

Scores	Nurses' knowledge			Nurses' performance		
	0-12	13-24	25 and upper	0-59	60-118	119 and upper
Levels	First	Second	Third	First	Second	Third
Frequency	298	40	7	317	28	-
Percent	86.4	11.6	2	91.9	8.1	-
Mean (SD)	2.84 (0.41)			2.91 (0.27)		

Table 3. Patients' demographic characteristics about nursing ethic codes in medical - surgical wards in Tabriz teaching hospitals, 2012

Variable	N (%)
Sex	
Male	356 (71.2)
Female	144 (28.8)
Marital status	
Single	129 (25.8)
Married	354 (70.8)
Widow	11 (2.2)
Divorced	6 (1.2)
Education	
Elementary	125 (25.0)
Guidance	97 (19.4)
High school	151 (30.2)
Academic	127 (25.4)
Ward	
Internal	221 (44.2)
Surgical	279 (55.8)
Previous history of hospitalization	
Yes	297 (59.4)
No	203 (40.6)
History of complaints	
Yes	30 (6.0)
No	469 (93.8)
Hospital	
Imam Reza (AS)	236 (47.2)
Madani	106 (21.2)
Shohada	104 (20.8)
Sina	52 (10.4)
Razi	2 (0.4)
Ghazi	-
Age	40.88 (17.44)*
Duration hospitalization	7.36 (7.52)*

*Values are expressed as Mean (SD)

Table 4. Nurses' Performance about Nursing Ethic Codes from Patients' Perspective

	Nurses' Performance		
	0-50	51-101	102 and upper
Scores	0-50	51-101	102 and upper
Levels	First	Second	Third
Frequency	209	259	32
Percent	41.8	51.8	6.4
Mean (SD)		2.35 (0.59)	

Findings of another study showed that nurses deal with ethical problems not always based on ICN code for nurses. In addition they are informed by local ethical performances related to some institutional and cultural environment in Ghana. Nurses face ethical issues were affected by the conflict and nurses worked with local ethical

performance and attitudes. Also Donkor referred to Gold and colleagues in 1995, Miller and colleagues in 1991 and stated that concern about ethical competence of nurses is rising. In fact, nurses' application of available ethic codes in research has revealed that their knowledge about and their use of ethic codes was incomplete.²⁷

In another study, Numminen and colleagues referred to Tadd et al., Verpeet et al., Verpeet et al., Emile et al., Numminen et al. and stated that nurses' knowledge and use of the codes are deficient. However, the nurses think that ethic codes are required to guide nursing practice and provide professional status and identity.²⁸

Adams and Miller found, only half of the nurses used ANA code of ethics or some other ethical frameworks for their performance and stated there is a definite need for continuing education about ethical issues that enable nurses to use ANA code of ethics as a framework for action.²⁹

The result of another study showed that 8% of social workers versus, 23% of nurses had no ethics training and only 57% of participants had ethics training in their professional education programs. Those with professional ethics training or in-service or continuous education were more confident in their moral judgment, use ethics resources to act ethically. Social workers, who were trained in ethics dimension, had higher confidence and moral action scores and use ethics resources, more than nurses.³⁰

These differences between the results of these studies can be due to lack of nursing ethics codes of these countries, their different cultures, environments, method and measurement tools. In different countries and even different parts of one country academic education programs and in-service or continuous education in nursing ethics codes may vary. According to findings of this present study, the effect of existence ethic codes on nurses' knowledge and performance is evident and differences can indicate weakness in moral education in schools and hospitals or weakness in writing and promoting nursing ethic codes.

Although, some Iranian nursing ethic codes has been written in accordance with Islamic culture, differences between nurses' and patients' perspective about nurses' performance of ethic codes, need more attention to ethics education of students and

promotion or supervisory programs for nurses performances. Since nursing ethics is not taught as a course at nursing schools in Iran, can be effective in these different perspectives. However, it cannot be claimed nurses knowledge and performances will be upgraded by only a course or training. Perhaps, patients may not have sufficient knowledge or reasonable expectations of the areas of nurses' ethical performance.

A limitation of this study is data were collected using self-report comments that may not reflect actual results. The questionnaires were long and because of its emphasis on 5 domains it was not possible to summarize.

It is suggested, barriers and factors influencing nurses' knowledge and performances of ethic codes investigate in qualitative researches also design and standardization of nurses' ethical knowledge and performance measurement tools regarding Iranian nursing ethic codes should be conducted in extensive researches.

Conclusions

In this study 86.4% of nurses were aware of nursing ethic codes and 91.9% of nurses and 41.8% of patients stated that nurses act ethically. Due to differences in nurses' and patients' perspective about application of nursing ethic codes, consideration to teaching ethic codes in nursing curriculum for student and continuous education for staff is proposed, on the other hand recognizing failures of the health system, optimizing nursing care, attempt to patient education, promote patient rights and achieve patient satisfaction can minimize the differences between the two perspectives.

Ethical issues

None to be declared.

Conflict of interest

The authors declare no conflict of interest in this study.

Acknowledgments

The present study has been scientifically approved and financially supported by Faculty of Nursing and Midwifery, Tabriz

University of Medical Sciences. Researchers would like to thank all of dear nurses and patients who participated in this study.

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