



CLINICAL ETHICS, KNOWLEDGE, ATTITUDES AND PRACTICES OF NURSES: A SINGLE CENTER STUDY FROM TURKEY

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Abstract

Objective: The aim of this cross-sectional study was to evaluate nurses' knowledge, attitudes and practices regarding clinical ethics.

Methods: The study was conducted with 300 nurses working in inpatient treatment units of Kocaeli University Hospital in Turkey between January 2023 and April 2023. No sample selection was made. The survey evaluated knowledge (16 questions), attitudes (14 questions) and practices (14 questions) regarding clinical ethics. Data were analyzed using SPSS version 25.0 and the $p < 0.05$ was considered significant.

Results: A total of 207 nurses participated in the study, a response rate of approximately 70%. The mean age of the participants was 33.81 ± 7.23 years. The mean ethical knowledge score of the respondents was $9.87.2 \pm 2.45$ (3-16), the attitude score was 8.87 ± 1.62 (5-13), and the implementation score was 10.35 ± 2.47 (3-14). Nurses' clinical ethics knowledge, attitude and practice scores was above average. Nurse managers who were satisfied with their profession had higher clinical ethics practice scores. Nurses who did not need to receive ethics-related counseling or were able to access ethical counseling had better ethical knowledge and practice scores. There was a moderate positive correlation between ethical knowledge and ethical practice ($r = 0.109$ $p < 0.001$).

Conclusion: Respondents reported significant knowledge about clinical ethics, but they lacked knowledge of some issues. As the ethical knowledge of the participants increased, their ethical practice scores also increased. These findings highlight the importance of increasing the knowledge of nurses about clinical ethics through training programs which should result in improved ethical practice.

Keywords: Ethical problem, nurse, knowledge, practice, clinical ethics.

Introduction

Ethical issues in nursing practice may be quite complex. Ethics in health services are standard principles that distinguish right from wrong and guide the appropriate behavior. Clinical ethics deals with the professional behavior, duties and responsibilities of health professionals.¹ An understanding of clinical ethics helps to anticipate, cope with and resolve ethical dilemmas that may be encountered in daily practice. Nurses have many ethical obligations to patients during clinical practice.^{2,3} Ethical codes guide nurses in fulfilling these obligations. The ethical code includes ethical principles such as “usefulness, non-harm, loyalty and responsibility, honesty, justice and respect for human rights and dignity”.⁴ Professional ethical codes serve as a guide to providing quality care, accepting the rights of patients, ensuring patient safety, respecting the dignity of individuals, and exhibiting the desired professional behavior. For all these reasons, it is very important for nurses to have a good knowledge, attitude and practice concerning clinical ethics.⁵ However, various studies have drawn attention to the weaknesses of nurses in applying ethical knowledge and attitude. For example, a study Iran reported that nurses' knowledge of ethical codes was moderate.⁶ In a study conducted in Egypt, it was shown that only 63.3% of nurses had sufficient knowledge about professional ethics.⁷ A study conducted among student nurses in Turkey reported that the most violated ethical value was human dignity, and the most violated ethical principle was the ‘do no harm-beneficial’ principle. In addition, 17% of the students reported that when they encounter an ethical problem, they do not have a solution as to how to manage the problem.⁸ It has been stated that nurses experience serious reservations when faced with ethical problems, their motivation towards their job and profession decreases, and they experience problems because of conflict between health personnel, patients and their families.⁹

When nurses have sufficient ethical knowledge and apply it to practice, they will be able to make ethically independent decisions, transfer their decisions to practice, and take appropriate and safe actions for the patient.⁷ There are few studies that evaluate nurses' knowledge, practices and attitudes about clinical ethical practices together.^{10,11}

The aim of this study was to assess nurses' knowledge and practice regarding clinical ethics in inpatient clinics at Kocaeli University Hospitals in Turkey.

Methods

Study Design and Participants

The study was cross-sectional. The research was conducted with nurses working in inpatient treatment units of Kocaeli University Hospitals between January 2023 and April 2023. The population of the study consisted of 300 nurses working in inpatient treatment units. It was planned to survey the full population of nurses working in these units without using any sample selection method. Nurses who volunteered to participate in the study, who had at least six months of work experience, and who directly cared for and treated patients were included. Nurses who were on annual leave, work leave and sick leave did not participate in the study.

Assessment Instruments

The introductory characteristics form consisted of 12 questions asking about gender, age, years of work in the profession, the clinic they worked in, marital status,

satisfaction with their profession, where they learned about ethics, sources of information about ethics in the institution, what happens when advice is needed about clinical ethics and how the process of getting this advice works in the institution. The clinical ethical knowledge, attitudes towards this and practice section consists of 44 questions prepared by the researcher, measuring knowledge, attitude and ethical practices in nursing practices. The tool was developed from the ethical guidelines of the Turkish Nurses Association and previous empirical literature.⁹⁻¹³ In this section, the participants answered yes and no to the questions. Nurses were given 1 point for correct answers and 0 points for incorrect answers in this section. High scores indicate better performance in the fields of knowledge, attitude and practice.

Ethics Committee Permission

Ethics committee approval (approval no: 2023/ E.352809) and official permission from the hospital were obtained before starting the study. We informed nurses on the first page of the questionnaire and included information about the aim and content of this study. This study was conducted in accordance with the principles set forth in the Declaration of Helsinki.

Statistical Analysis

IBM SPSS versions 25.0 (IBM Inc., Armonk, NY, USA) was used in the analysis of the data. The conformity test for normal distribution was evaluated with the Shapiro-Wilks Test. Scores were analyzed using descriptive statistics, including mean± standard deviation (SD) and median and interquartile range (IQR). Pearson's correlation analysis was used to investigate relationship between ethical knowledge, attitudes and practices. A $p < 0.05$ was considered significant.

Results

The response was 69% with response received from nurses. The mean age of the nurses participating was 33.81 ± 7.23 years. The majority ($n=145$; 70%) were female. More than two-thirds (77.3%) were graduates or had Masters degrees. Most had been working for more than 10 years. Just over a tenth (11.1%) were manager nurses and more than half (56.5%) were satisfied with their profession. Almost half (49.8%) had learned about ethics both from the nursing school and during work. A majority (60.9%) felt they needed ethical counseling. (See Table 1). Nurses stated that they received the most ethical counseling from training nurses (48.9%) and nurses who managed other nursing staff (37.8%).

There was no difference between older and younger nurses, male or female, unit worked in, educational status, marital status, working year, where they learned the ethical information, and whether the respondent felt the hospital provided sufficient ethical information or not in terms of the practice and attitudes towards clinical ethics. However, a significant correlation was observed in terms of being satisfied with their job, being satisfied with their profession, feeling the need for ethical counseling, and having the opportunity to receive consultancy in the institution. Nurses who worked as clinical managers/administrators and were satisfied with their profession reported higher clinical ethics practice scores. Nurses who did not feel they needed ethical counseling or who had access to ethical counseling reported higher knowledge and practice scores (Table 1).

Table 1. The relationships between nurses' sociodemographic characteristics and clinical ethical knowledge, attitudes and practices (n = 207)

Characteristic	n(%)	Knowledge About ethics	p	Use of Ethics	p	Attitude towards Ethics	p
		Mean±SD:		Mean±SD		Mean±SD	
Age							
23-33	103 (49.8)	9.71±2.52	0.661	10.29±2.35	0.566	8.82±1.64	0.708
34-50	104 (50.2)	10.02±2.37		10.41±2.59		8.93±1.62	
Gender							
Female	145 (70.0)	9.82±2.29	0.589	10.52±2.32	0.224	8.92±1.67	0.669
Male	62 (30.0)	9.98±2.79		9.95±2.76		8.77±1.53	
Clinic where he/she works							
Surgical	31 (15.0)	10.03±2.58	0.765	10.45±2.32	0.838	8.48±1.72	0.507
Internal	89 (43.0)	9.79±2.45		10.46±2.45		8.91±1.45	
Intensive care	87 (42.0)	9.89±2.42		10.20±2.56		8.98±1.75	
Educational Status							
High school & Assoc. Degree	47 (22.7)	9.68±2.45	0.541	10.21±2.46	0.620	8.76±1.74	0.589
Bachelor or above	160 (77.3)	9.93±2.45		10.39±2.48		8.91±1.59	
Marital Status							
Married	134 (64.7)	9.96±2.38	0.649	10.28±2.52	0.676	8.88±1.64	0.999
Single	73 (35.3)	9.71±2.57		10.47±2.38		8.87±1.59	
Years of study							
1-10	103 (49.8)	9.74±2.64	0.817	10.17±2.42	0.202	8.96±1.70	0.483
11 and above	104 (50.2)	10.00±2.25		10.52±2.52		8.79±1.54	
Duty/Responsibility							
Clinical Nurse	184 (88.9)	9.78±2.45	0.084	10.22±2.50	0.042	8.88±1.66	0.904
Executive Clinical Nurse	23 (11.1)	10.60±2.33		11.34±12.00		8.82±1.33	
Are you happy with your job?							
Yes	117 (6.5)	9.96±2.24	0.650	10.66±2.45	0.019	8.75±1.55	0.346
No	90 (43.5)	9.75±2.70		9.94±2.45		9.04±1.71	
Where did you learn about ethics?							
Nursing School	60 (29.0)	9.81±2.25	0.160	10.51±2.27	0.097	9.06±1.61	0.583
Work	44 (21.2)	9.38±2.56		9.77±2.22		8.72±1.61	
Nursing School and work	103 (49.8)	10.11±2.50		10.50±2.66		8.83±1.64	
Does your institution provide information about ethics?							
Yes	131 (63.3)	10.08±2.32	0.159	10.54±2.47	0.089	8.71±1.62	0.071
No	76 (36.7)	9.51±2.64		10.02±2.44		9.15±1.60	
Do you need ethical counseling?							
Yes	126 (60.9)	9.44±2.27	0.001	10.04±2.46	0.013	8.83±1.64	0.603
No	81 (39.1)	10.54±2.58		10.82±2.42		8.95±1.60	
Do you have the opportunity to receive ethical consultancy in your institution?							
Yes	54 (26.1)	10.48±2.29	0.014	11.48±1.91	≤0.001	8.83±1.45	0.614
No/don't know	153 (73.9)	9.66±2.47		9.95±2.53		8.89±1.69	

Almost all of the nurses (91.3%) claimed that they knew the definition of ethics. However, less than two-thirds (60.4%) stated that they knew the basic principles of medical ethics and only 37.7% could write at least one of the professional ethical rules. The rate of nurses who felt that they knew all of the patient's rights was 38.2%. More than half of the nurses (59.4%) had doubts about the appropriateness of solutions to the ethical problems they faced, and almost half (40.1%) thought that everything in the law was ethically and morally appropriate. In addition, very few nurses (12.1%) knew that nurse specific ethical principles and responsibilities have been defined and published in Turkey (Table 2).

Most nurses (87.9%) believed that malpractices should be reported and recorded, and 87% believed that the consent of the patient should be obtained before nursing practices. Only 35.7% cared that facts can be hidden from the patient in order to provide treatment. One third of the nurses (35.3%) thought that patients' complaints were unnecessary. Moreover 32.9% of the nurses think that all the information about of the

patients should be shared with their close relatives. In addition, 26.1% of the nurses believe that every wish of the patient should be fulfilled, 22.7% believed that the treatment of a terminal patient may be interrupted, and 14% believed that if the patient wanted to die, they should be helped. Less than a fifth (18.4%) thought that ethical behavior is necessary to avoid legal actions (Table 3).

Almost all of the nurses (95.7%) stated that they respected the patient's body privacy, 91.3% that they protected the privacy of the patients, 85.0% prevented patients from being harmed, but only 44.4% would report it if they encountered an ethical violation, and most of them (23.2%) stated that they would notify the administration and the nurse in charge (Table 4).

There was no significant relationship between nurses' ethical knowledge and ethical attitudes. However, there was a moderate relationship between ethical knowledge and ethical practice. As the ethical knowledge of nurses increased, their reported ethical practices also increased (Table 5).

Table 2. Clinical ethical knowledge of nurses (n=207)

Knowledge	Yes		No	
	n	%	n	%
Do you know the definition of ethics?	189	91.3	18	8.7
Do you know the purpose and benefits of acting in accordance with professional ethics?	186	89.9	21	10.1
Can you distinguish ethical issues?	174	84.1	33	15.9
Do you know under what circumstances the confidential information of patients may be shared with third parties?	163	78.7	44	21.3
Should a serious diagnosis, poor prognosis, always be hidden from the patient?	48	23.2	159	76.8
Should patients be treated without their consent to preserve life in emergencies?	148	71.5	59	28.5
Should healthcare professionals apply emergency treatments if they are exposed to violence?	143	69.1	64	30.9
Can you define the ethical dilemma?	132	63.8	75	36.2
If malpractice occurs, should the patient be informed?	127	61.4	80	38.6
Do you know the basic principles of medical ethics?	125	60.4	82	39.6
Is what exists in the law always ethically and morally appropriate?	83	40.1	124	59.9
Do you know the roles and duties of the clinical ethics committee in your institution?	108	52.2	99	47.8
Do you doubt the appropriateness of the solution to the ethical problem?	123	59.4	84	40.6
Can you write what the professional ethical rules are?	78	37.7	129	62.3
To protect privacy	42	20.3	165	79.7
To be fair	42	20.3	165	79.7
To prevent damage	33	15.9	174	84.1
Being honest	32	15.5	175	84.5
Be useful	28	13.5	179	86.5
to be respectful	11	5.3	196	94.7
Autonomy	9	4.3	198	95.7
Inform	6	2.9	201	97.1
Telling the truth	1	0.5	206	99.5
Can you list all the patient rights?	79	38.2	128	61.8
Are the ethical principles and responsibilities of nursing defined and announced in Turkey?	25	12.1	182	87.9
Who announced the ethical principles and responsibilities of nursing in Turkey?				
Turkish Nurses Association	10	4.8		
Ministry of Health	5	2.4		
Education unit	1	0.5		

Table 3. Nurses' attitudes towards clinical ethical practice (n=207)

Attitudes	Yes		No	
	n	%	n	%
I care about reporting and recording faulty applications.	182	87.9	25	12.1
I consider it necessary to obtain consent from patients in nursing practices.	180	87.0	27	13.0
I believe that healthcare professionals should always do the best for the patient, even if the patient does not want it.	146	70.5	61	29.5
I believe that the priority is to protect the rights of the patients if there is a conflict of interest of the healthcare professional and the patient.	141	68.1	66	31.9
I believe that medical facts should not be hidden from the patient under any circumstances.	133	64.3	74	35.7
I believe that children should be enlightened and involved in decisions.	132	63.8	75	36.2
I believe that healthcare professionals should not refuse to have abortions because the law allows for abortions.	115	55.6	92	44.4
I care about hiding the facts from the patient who refuses to be treated on religious grounds.	74	35.7	133	64.3
I think that patients who complain are unfair in their complaints.	73	35.3	134	64.7
I care that all information of patients is always shared with their close relatives.	68	32.9	139	67.1
I think that every request of patients should be fulfilled in clinical practice.	54	26.1	153	73.9
I believe that the treatment of the patient on his deathbed can be interrupted.	47	22.7	160	77.3
I think ethical behavior is only important to avoid legal action.	38	18.4	169	81.6
If the patient says he wants to die, I care about helping him/her die.	29	14.0	178	86.0

Table 4. Clinical ethical practices of nurses (n=207)

Practices	Yes		No	
	n	%	n	%
Do nurses respect patients' body privacy?	198	95.7	9	4.3
Do nurses protect the confidentiality of patients' personal information, such as diagnosis and treatment?	189	91.3	18	8.7
Does the patient's having a different belief, culture or race affect your approach to the patient?	29	14.0	178	86.0
Do nurses prevent patients from all kinds of psychological and physical harm?	176	85.0	31	15.0
Do you think that nurses communicate effectively with patients based on trust?	174	84.1	33	15.9
Do nurses in your institution treat patients fairly in terms of time and health care?	157	75.8	50	24.2
Do you think nurses provide evidence-based care?	155	74.9	52	25.1
Do patients receive care appropriate to their personal needs in a timely and respectful manner?	154	74.4	53	25.6
Do you think that nurses can defend the rights of patients?	150	72.5	57	27.5
Does the patient's being of the opposite sex cause difficulties in patient care?	62	30.0	145	70.0
Do you think that patients who speak different languages can receive less care?	69	33.3	138	66.7
Do you think that patients/parents are included in the care plan and treatment decisions in your institution?	133	64.3	74	35.7
Do you think nurses report ethical violations?	104	50.2	103	49.8
Do you know which authority to report if you encounter an ethical violation?	92	44.4	115	55.6
Which authority do you notify if you encounter an ethical violation during your duty?				
To the administration	48	23.2	159	76.8
Responsible nurse	40	19.3	167	80.7
Patient rights	17	8.2	190	91.8
Hospital ethics committee	9	4.3	198	95.7

Table 5: The relationship between nurses' ethical knowledge, attitudes and beliefs ($r(p)$)

	Ethical Attitude Mean \pm SD: 8.87 \pm 1.62	Ethical Application Mean \pm SD: 10.35 \pm 2.47
Ethical Knowledge Mean \pm SD: 9.87 \pm 2.45	0.109 (0.118)	0.109 (<0.001)

Discussion

The aim of this study was to investigate the knowledge, attitudes and practices of nurses working in inpatient treatment units at a tertiary hospital in Kocaeli, Turkey concerning clinical ethics. Our findings showed that there was a significant relationship between the practice scores of nurses who worked as clinical managers and who were satisfied with their profession. In addition, nurses who do not feel they needed ethical counseling or nurses who had access to ethical counseling reported higher scores for both knowledge and practice.

It has been suggested that better ethical practices of manager nurses may be beneficial in terms of counseling their subordinates and being role models.¹ The scores of participants in these more senior nursing roles were generally higher in the present study. This may be because executive nurses face a wide variety of ethical problems related to patients, clinical nurse colleagues, doctors, and themselves.¹⁴ In a study conducted with nurses, it was shown that professional degrees affect the level of ethical knowledge.¹⁰ Furthermore, it has been shown that many nurses prefer to consult their supervisor about ethical problems so that nurse managers or nurses in a more senior position are likely to have experienced more ethical dilemmas than their more junior colleagues.¹³

In study, scores for ethical practice of the nurses who felt satisfied with their profession were higher. Thus improving job satisfaction amongst nurses may reduce staff turnover but may also have ethical benefits too. A report from Ethiopia found that healthcare professionals with greater job satisfaction have more ethical practice, thus reflecting the findings of the present study.⁵ Moreover, the present study found that nurses who do not feel they need ethical counseling or who had easy access to such counseling had better scores for both knowledge and practice.

The mean knowledge score of the nurses who responded in our study was 9.87 \pm 2.45 (3-16) which is slightly above the mean. Similarly, a study conducted in Nepal revealed that more than half of the nurses had sufficient knowledge of professional ethics.¹¹ In a study conducted in Ghana, it was shown that 77.7% of nurses have a good level of ethical knowledge.¹² One reason why the knowledge score was only slightly above the mean in the present study may be that nurses had knowledge gaps in ethical issues, and perhaps more importantly, more than half (60.9%) of them reported needing counseling on ethics. Another reason may be that the ethics course in Turkey is given by lecturers with different specializations other than ethics.¹⁵ An earlier study from Turkey showed that nurses need additional education on ethics.¹⁶ In the present study, the subject that nurses had the poorest scores on was 'defining and announcing the ethical principles and responsibilities of nursing in Turkey'. This is disappointing and appears to show that nurses in the present study had not improved from the findings reported by Eren 10 years ago and also that they were unaware of the ethical codes published on the page of the Turkish Nurses

Association, where the ethical principles and responsibilities of nursing in Turkey are listed. Thus the presence of these ethical guidelines should be made more widely known in the nursing profession in Turkey and, furthermore it appears to be important to prioritize these issues in nursing education.

Another issue that nurses had little knowledge about was professional ethics. Although the majority of respondents (83.6%) stated that they knew what professional ethical rules were, very few of them were able to write at least one of these rules. Interestingly, only one person wrote that the truth should always be told. These findings suggest that nurses will experience problems in practice and decision-making processes in terms of meeting expected minimum professional standards. Once again, there is a need to re-emphasize amongst nursing staff the importance of professional ethical rules through regular reinforcement in order for staff to meet their expected level of professional standards.

Ethical attitude in nursing care is an important factor in managing patient expectations. However, these findings showed that scores were even lower for the attitude towards ethics than the scores for knowledge and practice. It is concerning that, for example, only 22.7% of the nurses agreed that the treatment of the dying patient could be interrupted especially as more than 40% worked in the intensive care unit where these issue arise often. However, although worrying, these findings are not unique. Only 22% of pediatricians in Nepal stated that it is ethically appropriate to discontinue enteral nutrition from a patient who is "recalcitrantly vegetative".¹⁷ Having knowledge about end-of-life treatments will help with the practice of allowing patients to die according to their own wishes when terminal.¹⁸

These findings suggest that there is a worrying lack of knowledge about futile treatment and that respondents were unaware that they can support patients to die with dignity. In the present study the mean scores for application of ethics was higher than the means for knowledge about and attitude towards ethics scores. This is in line with the results of studies conducted in Ghana¹⁰ and Egypt⁷, which showed that nurses have good ethical practice. Although the clinical ethical practices of the nurses were better, more than 30% stated that they were ethically inadequate when caring for patients who do not speak the same language or are of the opposite sex. This result is somewhat worrying as most nurses in Turkey are still female while around half of the patient population is male. If ethical violations are encountered during clinical practices, ethics specialists and hospital ethics committees can provide guidance on what to do. When nurses encounter any ethical violation, they usually consult the executive nurse.¹⁴

In the present study, although nearly 90% cared about reporting and recording malpractice, there was a general lack of knowledge about the process of this reporting. Only 4.3% said they would consult the ethics committee of the hospital. This may be due to a lack of awareness of ethical committees. It may be helpful to explain to nurses that they can consult ethics specialists such as hospital ethics committees when they encounter ethical problems.

In the present study, it was observed that scores in ethical knowledge correlated positively with scores in ethical practice. This result suggests that teaching nurses about ethics is beneficial and those with good ethical knowledge can transfer their knowledge into practice exhibiting positive behaviors for both patients and themselves, find the best solution for patients, and thus provide high quality care.¹⁹ Similar to our findings, another study showed a significant

relationship between nurses' knowledge and practice scores.⁷ These findings pointed to the need to increase the knowledge and practices of nurses about ethics through educational programs and to raise awareness about ethical rules, ethical principles and nursing practice standards in clinical areas.

Conclusion

The study revealed that nurses who did not need to receive ethics-related counseling or were able to access ethical counseling had better ethical knowledge and practice scores. In addition, it was concluded that the ethical practices of the participants who love their profession and work as executive clinical nurse are high. It may be beneficial to ensure that people do the profession they love and to increase the ethical practices of clinical nurses. Also nurses' knowledge and practices regarding ethics should be increased through training programs and they should be provided with the opportunity to receive the necessary consultancy when they need it.

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Conflict of Interest

The author have no conflicts of interest to disclose.

Compliance with Ethical Statement

Ethics committee approval (approval no: 2023/ E.352809) and official permission from the hospital were obtained before starting the study. We informed nurses on the first page of the questionnaire and included information about the aim and content of this study.

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