KNOWLEDGE AND APPLICATION OF NURSING ETHICAL PRINCIPLES BY NURSES AT ONANDJOKWE INTERMEDIATE HOSPITAL, OSHIKOTO REGION, NAMIBIA

A THESIS SUBMITTED IN FULFILMENT OF THE

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BY

OTTILIE NDAFIMANA NIIKONDO

9416153

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SUPERVISOR: DR. KRISTOFINA AMAKALI (UNIVERSITRY OF NAMIBIA)

ABSTRACT

The role of nurses in health care settings has become more challenging and demanding in contemporary times, compounded by shortage of resources for quality service delivery. Nurses often find themselves in situations that demand knowledge and competency in the application of ethical principles to provide professional care to clients. The objectives of this study were therefore to assess and describe the knowledge and application of ethical principles of respect for a person, non-maleficence, beneficence and justice by nurses in providing care to patients and clients and to determine the association between sociodemographic variables of the respondents and the knowledge and application of these principles.

Two hundred and fifteen nurses consisting of 102 Registered and 113 Enrolled Nurses working at Onandjokwe hospital participated in a quantitative, descriptive, analytical and cross-sectional study. Majority (90%) of the respondents reported being trained on ethics during their basic nursing training, 52% trained over 5 years ago, while about 10% received training on ethics during induction on employment and as in-service training.

The study revealed poor knowledge of ethical principle of respect for a person or autonomy by nurses regarding all variables assessed, except for the variable on the provision of all information needed for the patient to make informed decision which scored 70.2%. The average knowledge of ethical principle of respect for person by the respondents in the current study is 42.0%. Correspondingly, the findings indicate poor application of ethical principle of respect for person by the respondents with an average of 27.9%.

The average knowledge of ethical principle of non-maleficence among the respondents was low at (45.4%) aside that registered nurses demonstrated higher level of

knowledge of the ethical principle of non-maleficence than enrolled nurses/midwives. Longer working experience was also associated with higher knowledge of the ethical principle of non-maleficence as indicated by a p-value of 0.01(p=0.01). The average application of non-maleficence by the respondents was 54.8%. Although the registered nurses/midwives appeared more knowledgeable than enrolled nurses/midwives on the ethical principle of beneficence, the study findings revealed poor knowledge (48.8%) and poor application (38.8%) of ethical principle of beneficence among the study respondents. The average knowledge of ethical principle of justice among the respondents was poor (40.5%), supported its poor applications (average 43.4%) among the respondents, except for the variable about *nurses' personal attitudes which should not influence patients' care* for which the respondents scored 60%. In conclusion, the findings revealed poor knowledge of and poor application of ethics in practices by nurse respondents at the study site.

The researcher therefore recommended regular refresher training of nurses on ethical principles related to patient care, and strong leadership and support, by health care management, including regular supervision and mentoring of nurses to provide ethically sound care to patients and clients. The role of leadership and mentoring in enhancing ethical-based care are areas for further studies on the subject.

Key words: Knowledge, Application, Ethical principles, Autonomy, Non-maleficence, Beneficence, Justice, Nurse.

DECLARATION

*I, Ottilie Ndafimana Niikondo***,** hereby declare that this study "Knowledge and application of nursing ethical principles by nurses at the Onandjokwe Intermediate Hospital, Oshikoto Region, Namibia'' is a true reflection of my own research work and that this work, or any part thereof has not been submitted for any degree at any institution.

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DEDICATIONS

This work is dedicated to my family for their unconditional support and words of encouragement towards achieving my goals. I also dedicate this work to the untiring effort of the nursing staff of Onandjokwe Hospital for their commitment, unwavered attitude and desire to provide ethical nursing care to the patients and clients accessing services at the hospital. May you continue on the path to professionalism in your duty of care to the patients, clients and the community at large.

LIST OF ABBREVIATIONS AND ACRONYMS

ELCIN:	Evangelical Lutheran Church in Namibia
E/N/M:	Enrolled nurse midwife
E/N:	Enrolled nurse
HPCNA:	Health Professional Council of Namibia
HREC:	Health Research and Ethical Committee
ICN:	International Council of Nurses
IHO:	Intermediate Hospital Onandjokwe
MoHSS:	Ministry of Health and Social Services
NICU:	Neonatal Intensive Care Unit
OREC:	Onandjokwe Hospital Research and Ethics Committee
HREC:	Health Research and Ethics Committee

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CHAPTER 1

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 INTRODUCTION

Ethical principles are moral principles that provide a basis of reasoning in rendering reasonable nursing care and therefore guides nurses' decisions and the consequences of their decisions (Haddad & Geiger, 2020; Pera et al., 2018). Nurses are expected to behave in an exemplary ethical manner greater than would be expected of an "ordinary person" (Timilsina & Bhagwati, 2017). The application of ethical principles by nurses ensures optimal safety and care for the patient in a meaningful and consistent manner, and must be adhered to in all aspects of care. Nurses face many challenges at work due to various reasons which include lack of professional empowerment, poor monitoring and increased demands of quality care which are associated with current ethical and moral dilemmas (Timilsina & Bhagwati, 2017).

Recently, the health care facilities are more dynamic, and the nurses' roles have expanded swiftly as they are faced with ethical issues for which difficult decisions must be made based on determination of what is right or wrong. These ethical issues are related to various ethical principles (Burkhardt & Nathaniel, 2013). The knowledge of ethical principles equips nurses to recognise the ethical implications of all their nursing actions and empowers them to apply ethical principles and therefore, be moral agents in providing safe and ethical-based care to patients (Millikinen, 2018).

This study focuses mainly on the knowledge and application of four ethical principles of nursing by nurses, namely: the principle of respect for person or autonomy, principle of beneficence, principle of non-maleficence, and principle of justice.

The principle of respect for person or autonomy refers to treating patients as persons with individual rights and respect their dignity in making informed choice regarding their treatment

plans (Shahriari, 2013). Individuals with diminished autonomy due to illness, injury or mental disorder need to be considered in this principle. The principle of beneficence implies promotion of goodness, kindness and charity for the clients (Moodley, 2017). This principle urges nurses to prioritize the benefits above the disadvantages to patients under their care.

Non-maleficence principle advocates for diligent nursing actions to avoid harm to patients deliberately or non-intentionally (Burkhardt & Nathaniel, 2013). This principle urges nurses to prevent harm and remove conditions that cause harm to patients under their care.

Justice implies fairness, equal and appropriate treatment of patients regardless of race, religion, sex or age (Beauchamp & Childress, 2019).

In Namibia, the Nursing Act, Act No.8 of 2004, Government Notice10 of 1999, and Notice 206 of 2014, respectively stipulate the scope of practice for various categories of nurses, the nursing rules and conditions of practice to ensure quality care to patients and clients at all times. Moodley (2017), stated that the act of commission or omission by nurses have potential negative outcomes for the patients including harm to the patient. Malpractice and negligence as a result of lack of duty of care may result in deterioration of patient's condition, increased morbidity and death. It is of utmost importance for the nurses to embrace and apply these ethical principles in their duty of care whilst observing the rules and regulations and their scope of practice. Nurses need to understand the interrelationship between nursing, law and ethics that enable them to make appropriate decisions (Timilsina & Bhagwati, 2017).

1.2 BACKGROUND OF THE STUDY

Nurses in every health care setting are tasked to fulfil their roles and responsibilities which include: the promotion of health, prevention of illnesses, restoring of health, alleviating of suffering through the care of the ill, disabled and the dying people (Government Notice 206, 2004).

In this regard, Hadad and Geiger (2018) concluded that ethical practice is a foundation for nurses in dealing with daily ethical dilemmas and as such, nurses are expected to find a balance while delivering ethical-based patient care. Therefore, nurses are expected to have the knowledge of, and apply nursing ethical principles namely: the principle of respect for person, the principle of beneficence, the principle of non-maleficence and the principle of justice. The background of this study examines trends on nurses' knowledge and applications of the above-mentioned ethical principles in practice which are described in subsequent sections.

The principle of respect for patient's autonomy advocates for the right of every individual who is mentally fit to make own decisions, right to privacy and confidentiality (Shahriari et al., 2013; Moodley, 2017). As a result, nurses have to respect human dignity, and this includes respect of individual persons, their families and the right to make informed decision for treatment (Shahriari et al., 2013.) Patients' beliefs have to be respected and their dignity and privacy should be preserved during all clinical procedures, while maintaining effective communication with their patients at the same time.

Incidence of violation of principle of respect of a person were revealed in a study conducted in Botswana whereby patients' confidentiality and privacy were violated during nursing consultations (Isaksson & Suedengren, 2008). Moreover, the same principle was also infringed upon in Namibia as revealed by the findings of the presidential inquiry (2013), and in a study conducted in Rundu in 2019, both of which reported nurses' unethical behaviours towards patients that included shouting and scolding of patients (Tomas et al., 2019). Furthermore, a report from Onandjokwe hospital reported incidences of violation of respect for a person, including calling patients by their medical conditions, and failure to give clear and adequate information to patients and their families (Onandjokwe Intermediate Hospital Customer Care Annual Report, 2017-2019). These incidences of violation of the principle of respect for a

person may also translate into harm to patients. The Namibian Presidential Enquiry Commission into health matters conducted in 2013, reported ethical issues involving nurses shouting and using vulgar languages towards patients and their colleagues, which is a violation of the principle of respect for a person (MoHSS, 2013).

The principle of non-maleficence involves avoiding causing an intentional or non-intentional harm to the patients (Beauchamp & Childress, 2019). Prevention of harm to patients includes helping those who are incapacitated and prevention of possible medico–legal hazards (Haddad & Geiger, 2020). Instances of violation of this principle were highlighted in Namibia and includes hitting and slapping of women in labour as well as failure to provide basic nursing care such as feeding and bathing the incapacitated patients (MoHSS, 2013).

The principle of beneficence obliges nurses to promote the well-being of the patients through a well-structured nursing care regime (Edwards, 2017). Patients could inevitably be at risk of harm which may be occasioned by attempt or nursing action to help them; therefore, nurses should balance the benefits and risks of every nursing care plan for their patients (Beauchamp and Childress, 2019). Isaksson and Suedenberg (2008), in their study in Botswana alluded to the unhygienic environment or situation where patients were cared for, which had negative impact on their health. The Namibian Ministry of Health and Social Services [MoHSS], 2013), and the Health Professions Council of Namibia [HPCNA], (2018-2019) have also noted incidence of lack of care, improper attitudes towards patients and incompetence among the nurses in Namibia. The violation of the principle of beneficence was also observed at Onandjokwe Intermediate Hospital (OIH) which entails the ignorance of providing the due care for patients (Onandjokwe Customer Care Annual Report, 2017-2019).

The principle of justice entails the fairness, equitable and appropriate treatment of patients depending on their health care needs (Burkhardt & Nathaniel, 2013). Social justice focuses on

equal access to health services and treatment, and care for all, regardless of their socio-economic status (Shahriari et al., 2013). Equally, violations of ethical principle of justice were reported in Namibia as characterized by shortage of staff and equipment and turning away sick people (Onandjokwe Intermediate Hospital Customer Care Annual Report, 2017-2019). Shortage of resources and improper monitoring of patients translate into violation of ethical principle of justice (Isaksson & Suedenberg, 2008).

1.3 STATEMENT OF THE PROBLEM

Nurses are expected to provide health care to all patients within the legal and ethical framework provided by the regulatory authorities regardless of the patients' socio-economic status (Pera, et al., 2018). Nurses need the knowledge and application of ethical principles for them to provide appropriate and safe nursing care interventions, which are legal-bound and ethical-based (Shahriari et al., 2013).

Some studies have revealed that some nurses lack the knowledge of these ethical principles and do not apply them when providing nursing care. Osingada et al., (2015) in their study conducted in Uganda revealed that nurses had low ethical knowledge about basic concepts of ethics in nursing care including informed consent, confidentiality and other ethical principles, because only 16% of the respondents scored more than 50% on the above-mentioned ethical concepts. Dangyangs and Afonne (2016), in their study carried out in Nigeria, noted reports of unethical issues that included negligence of responsibilities, delayed and inappropriate health care rendered to patients which could result in patients' negative outcomes. Incidences of forced sterilization were documented in countries such as Chile, Mexico, Dominican Republic and others and it was estimated that 40 of 230 Human Immunodeficiency Virus (HIV)-positive women were forced to be sterilised to prevent mother–to-child transmission of

the HIV. Similar incidence of violation of patient's rights to autonomy was observed in Namibia when 16 HIV–positive women were reportedly sterilised without their consent (Guterman, 2014).

The Onandjokwe Intermediate Hospital Customer Care Annual Reports (2017-2019) highlighted thirty (30) complaints, about unacceptable behaviour of nurses towards patients. These complaints include the use of vulgar language towards patients, lack of obtainment of informed consent from the patients, lack of maintenance of confidentiality of patients' information, and refusal to attend to patients because they came late to the hospital (Onandjokwe Customer Care Annual Report, 2017- 2019). These complaints indicated lack of respect of the ethical principle of respect of persons, and violated the principle of beneficence, as well as principle of non-maleficence and principle of justice. However, the knowledge of ethical principles and their application thereof to care by nurses at Onandjokwe Intermediate Hospital is not known as no known studies have been conducted or reported on this.

Moreover, the researcher as a nurse supervisor had noted during supervision in the wards complaints from the patients about the unresponsiveness of nurses towards patients' health needs, delayed administration of medications and poor attention given to patients in severe pain as nurses implied that the patients are too much demanding and seek the attention of nurses. These incidences of poor application of ethical principles by nurses at Onandjokwe Intermediate Hospital during care affected patients negatively and compromised their due care, and thus prompted the researcher to conduct the study on the knowledge and application of ethical principles by nurses at the hospital.

1.4 PURPOSE OF THE STUDY

The purpose of the study was to assess the knowledge and application of ethical principles of nursing by nurses in rendering the care to patients at Onandjokwe Intermediate Hospital.

1.5 OBJECTIVES OF THE STUDY

The objectives of this study were to:

- Determine the knowledge and application of ethical principles by nurses.
- Determine the relationship between the knowledge and application of ethical principles and socio-demographic characteristics of the nurses.

1.6 RESEARCH QUESTIONS

- What is the knowledge of nurses regarding the nursing ethical principles in rendering care to patients in Onandjokwe Intermediate Hospital?
- How do nurses apply the nursing ethical principles when rendering the care to patients at Onandjokwe Intermediate Hospital?
- What is the association between knowledge and application of nursing ethical principles by nurses and their socio-demographic characteristics?

1.7 SIGNIFICANCE OF THE STUDY

The findings from the study provide insight about the knowledge and application of ethical principles by nurses when providing nursing care. Nurses' demographic factors that influence application of ethical principles during care would be illuminated. The findings might also assist the Onandjokwe Intermediate Hospital management and the Ministry of Health and Social Services as well as the Health Professions Council of Namibia to identify nursing

aspects or perspectives that need intervention to improve the quality of care to patients and clients in health facilities and in the community.

1.8 DELIMITATION OF THE STUDY

The study focused only on the knowledge and applications of ethical principles of nursing by nurses and at the Onandjokwe Intermediate Hospital only.

1.9 DEFINITION OF KEY CONCEPTS

1.9.1 Knowledge

Knowledge is the" fact or condition of knowing something with familiarity gained through experience or association" (Merriam –Webster dictionary, no date). In this study, knowledge referred to the level of understanding of nursing ethical principles by nurses.

1.9.2 Application

Application is the act of putting a phenomenon to a specific use or the capacity of "being so used" (Medical Dictionary for Health Professions and Nursing, 2012). In this study, application implies the understanding and utilisation of ethical principles as guidelines in taking appropriate nursing actions during nursing care delivery.

1.9.3 Ethical principles

Ethical principles are the basis of all nursing practice that provide a framework to help the nurse in ethical decision –making (Lockwood, 2021). These ethical principles include respect for a person or autonomy, non-maleficence, beneficence and justice for this study.

1.9.4 Nurse

A nurse is a person who has completed a program of basic, general nursing education and is authorised by the appropriate regulatory authority to practice nursing, including promotion of health, prevention of illnesses and caring for the physically and mentally ill as well as the disabled people (International Council of Nurses, [ICN], 1987). In this study a nurse is a health care provider who is registered or enrolled by the Nursing Council of Namibia to practice nursing.

1.10 CHAPTERS' ARRANGEMENT

The study is presented in six (6) chapters, which are arranged as follow:

Chapter 1- Introduction and Background of the study

Chapter 2-Literature review

Chapter 3- Research methodology

Chapter 4- Presentation of the findings

Chapter 5- Discussion of the findings

Chapter 6- Limitations, conclusion and recommendations

1.11 SUMMARY

This chapter has presented an overview of the research study which include the introduction and background of the study, components of the knowledge and application of nursing ethical principles by nurses. The purpose and objectives of the study were defined and the significance of the study outlined. Study limitations and delimitations were stated. The next chapter presents the literature review, related to the current study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In the previous chapter, the introduction and background to the study was stated, and the problem statement, significance of the study, aim and objectives of the study were discussed. This chapter presents a review of the literature related to the aim and objectives of this study.

According to Brink et al. (2018), literature review is a critical summary of an existing knowledge on the topic under study in order to contextualise the research problem for the current study.

Literature review helps to lay the foundation of the study, shapes the research question and contributes to the argument about the need for a new study, helps in suggesting the methods, and points to a conceptual or theoretical framework (Polit & Beck, 2017). A thorough literature review enables the researcher to determine how best to contribute to the existing evidence or identify gaps in a body of existing knowledge.

In this study, the literature review serves to unpack ethical principles of nursing which are principles of respect for a person or autonomy, principle of beneficence, principle of non-maleficence and principle of justice, and their application by nurses as well as a review of the previous studies about the relationship between the knowledge and application of ethical principles and nurses' socio-demographic characteristics. Following are the discussions of the literature about the four ethical principles of nursing and their applications in nursing.

2.2 THE NURSING ETHICAL PRINCIPLES

2. 2.1. Principle of respect for person or autonomy

Moodley (2017), defined autonomy as self–rule, whereby every individual has the right to make his or her own decisions. In health care situations, this principle entails allowing a patient to make the final decisions regarding his or her treatment after the provision of necessary and relevant information. Patients are autonomous individuals who can make decisions about their lives, based on information given to them to make informed decisions as advocated for by the Nuremberg code of ethics, and the Helsinki declaration and code of ethics (Varkey, 2020; Rahmani et al., 2010).

Pera et al. (2018) alluded that by seeking medical or nursing assistance, patients entrust their body to health care practitioners but it does not make them surrender their personal autonomy and privacy. It is further expressed that although experienced and conscientious nurses may be knowledgeable and usually better than the patient to make objective judgements, this principle does not allow them to force decision on the patient. Moreover, this principle should not apply to persons who are not autonomous based on their conditions of being immatures, incapacitated, the ignorant or those coerced to take the decision. This includes infants and young children, suicidal people, some drug dependent patients, and those with severe psychiatric diseases as they are regarded to be incompetent to make informed decisions about their treatment plans.

Patients' beliefs have to be respected, their dignity be preserved, and they should be adequately informed to make free and independent choices regarding their treatments (Pera et al., 2018; Beauchamp & Childress, 2019). The principle of respect for a person or autonomy obliges both nurses and doctors to observe the following rules: confidentiality, privacy, truth telling or veracity, informed consent and effective communication (Moodley, 2017). The clinical

applications of these underlying rules for the principle of autonomy are discussed in the next sections.

2.2.1.1 Confidentiality and privacy

Confidentiality means keeping and handling the patients' information that are given and needed for their optimal care in a confidential manner. Health professionals are legally obliged to handle patients' information privately and securely that enable the development and maintenance of trust, positive relationship and to ensure patients' safety (Tegegne et al., 2022). Access to patients' medical records and information is limited to only those who need to know, and with the main aim of providing quality care to that individual patient (Burke, 2021). If it is noted that nurses share patient's information with unauthorised persons intentionally due to lack of judgement, they must be warned to critically think before they act or speak (Burke, 2021). Hartigan et al., (2018), in their study in Ireland on patients' perception of privacy and confidentiality in the emergency department of a busy obstetric unit, affirmed that the physical layout of departments affected confidentiality and privacy, in which patients could overhear others, view them, and hear personal information of other patients. Therefore, the same study revealed that 49% of surveyed patients overheard other patients' conversations with the staff members. This adversely affect patients' trust and can lead to a breakdown in the relationship between them and their healthcare team.

Patient's confidentiality and privacy are also protected when nurses do not share and respond to telephonic calls enquiries about the patient, unless the enquiry is from health professionals who are providing either direct or indirect health care to the patient (Burke, 2021; Funmilola & Aina, 2020). Tegegne et al. (2022), in their study conducted in Ethiopia on health professionals' knowledge and attitude towards patient confidentiality and associated factors revealed that patients' medical records' confidentiality is jeopardised which involved handling

by unauthorised staff without consent and moving them to other departments. The same study found out that an average 59.8% of the respondents had good knowledge about confidentiality, and 87.3% respondents indicated that access to medical records should be governed by law, and 71% of the health professionals were aware that patients should consent for access to their medical examination results by insurance companies. Therefore, nurses should be well informed to uphold and maintain patient privacy during any nursing procedure (Pera et al., 2018). Confidentiality and privacy of patients' information do not only apply when providing health care but is extended to when patients are involved in research study. Providing patient's information, their photo via various social media is also prohibited.

However, the Health Act of Namibia, Act No.2 of 2015, and the Nursing Act No. 8 of 2004 stipulate the conditions under which the nurses may divulge private and sensitive information of the patient, and this includes when ordered by the court of law, and when the competent patient gives a written consent for information disclosure. Moreover, information disclosure to a third party is sometimes permissible and at other points is obligatory if there is a high probability of major harm to an identifiable or known individual, for instance in the case of potential transmission of HIV infection (Khan, 2016).

2.2.1.2 Truth telling (Veracity)

Truth-telling refers to the objective transmission of information as well as the way in which the professional fosters the patient's understanding (Pera et al, 2018). This ensures respect for a patient and enables open communication between the nurse and the patient. Truthful information enables a patient to make correct, informed, and conscious decisions that benefit their overall health (Zolkefli, 2017). Veracity is required in maintaining the confidence and trustful relationship between the patient and the nurses. Zolkefli (2017) further argues that lying to patients is a breach of autonomy of person, and contradicts concepts of patient

empowerment, shared decision-making and patient-centred care and thus makes them more vulnerable. A study conducted in Iran in 2020 with the aim of exploring the nurses' experience on white lie during patient care concluded that nurses at times do not provide whole truthful information to their patients due to a variety of factors related to patients such as culture and beliefs, nurses' knowledge, experience and communication skills, as well as the organisational issues which includes policies and procedures (Nasrabadi et al., 2020). Varkey (2020), and Moodley (2017) emphasised the importance of telling the truth and not to deceive the patients as the requirement of the principle of respect for a person. This means telling the patient the truth about their illness unless the patient does not wish to know.

Varkey (2020) indicates that full disclosure is a current practice norm in the United States of America whereby 98% of the physicians who participated in a survey conducted in 1979 favoured it compared to 88% of physicians in support of full disclosure in 1961. Knowing the truth about their illnesses enables the patients to make plans for their future. However, full disclosure needs to be practised or reinforced in a sensitive and trustful manner when dealing mostly with vulnerable patients.

2.2.1.3 Informed consent

Moodley (2017) described informed consent as a process of obtaining the agreement from the patient before commencement of any medical investigation or treatment.

According to Pera et al., (2018), informed consent has two meanings. The first meaning is that the patient does not only express agreement or comply with proposed intervention but must actually authorise such intervention through an act of informed or voluntary consent. The second meaning is tied up with the formal procedures health facility must follow before proceeding with diagnostic, therapeutic or research procedures. The Health Professions Council of Namibia [HPCNA], 2010) emphasises on the importance of respecting the patients'

rights through the provision of complete and accurate information about the nature of their illnesses, diagnostic procedures, the proposed treatment and the cost involved. The close and overlapping relationship between ethics and law necessitate the legal requirement underlying informed consent to be considered (Pera et al., 2018). This includes factors that should be considered when obtaining informed consent such as age, competence and mental capacities of the patient, and the roles and responsibility of nurses in obtainment of an informed consent as discussed in the next section.

Literature revealed some requirements that are integral in obtainment of informed consent. According to Moodley (2017) and HPCNA (2010) informed consent has to be provided by a competent person. The competency includes the patient's age of 18 and above, mental capacity to understand, and voluntariness of the patient as allowed by the effective communication between the patient and the nurse. The nurses should ensure that a patient is competent to understand the information about his or her medical condition and the plan of care as well as the ability to reason about the possible risks and benefits of their choice (Moodley, 2017). However, exception is made for persons with diminished autonomy which include the mentally handicapped, unconscious and patients with brain damage, minor children, the aged and imprisoned people. In case of a minor child, a parent or legal guardian has the legal right to give informed consent. In the Namibian context, a child is defined as every human being below the age of 18 years as enshrined in the Constitution, and the Child Care and Protection Act (Act No.3 of 2015; Government of the Republic of Namibia [GRN], 1990; Government of the Republic of Namibia, 2015). This Act enables a person of 18 years and above to give the consent for the performance of a surgical operation and medical intervention provided that he/she has the mental capacity to understand the benefits, risks and the implications of such surgical or medical intervention. The Namibian Child Care and Protection Act further empowers the Hospital Medical Superintendent to give consent in the cases of emergency

medical care to save the life if no parent or legal guardian is available to do so. In the instances when the parent or legal guardian refuses to consent for child' surgical or medical intervention, the Minister on the request of a person interested in the wellbeing of the child can give the consent (GRN, 2015).

Patients should voluntarily give their consent without any coercion or being influenced based on the full disclosure of the information. Pera et al., (2018) concurred that patients have the right to accept, refuse, and stop the treatment, provided that sufficient information was given to the patient. As a result, the nurse is responsible to ensure autonomy of the patient and determine the reasons for refusal of the planned treatment, in order to find the solutions.

The literature indicates frequent violation of patients' autonomy, which involve the treatment of patients without their consent, and at times treatment was given based on socio-economic and socio-demographic status (Jafree et al., 2015). Incidences of forced sterilization were documented in countries such as Chile, Mexico, Dominican Republic and others and it was estimated that 40 of 230 HIV positive women were forced to be sterilised to prevent mother – to-child transmission of the HIV. Similar incidence of violation of patient's rights to autonomy was observed in Namibia when 16 HIV – positive women were sterilised without their consent (Guterman, 2014).

Likewise, the Onandjokwe Hospital Customer Care annual report (2017-2019) raised similar ethical related concerns, where patients' autonomy was not applied as treatment decisions were made without informed consent from the patients and caregivers and lack of privacy and failure to keep confidential information, all of which infringed on patients' autonomy.

2.2.1.3.1 The roles and responsibility of the nurse in obtainment of informed consent from the patient

Legally, the doctor has the obligation to obtain a consent from the patient for the planned medical or surgical intervention. Nurses are obliged to ascertain that the patient understands all the treatment options and their outcomes before he or she signs the consent form. Nurses should inform the treating doctor if the patient still needs more information. The nurse presents a consent form for the patient, parent or legal guardian to sign, and may then sign as a witness. Therefore, this procedure does not transfer the legal liability for an informed consent to the nurse (Searle et al., 2014). An accountable nurse should be convinced that autonomous decision-making requirements are met and guards against the exploitation of the patients at all times.

2.2.1.4 Effective communication

Another obligatory rule enshrined in the principle of respect for a person or autonomy is effective communication. According to Searle et al. (2014) communication means to share, to impart, to take part in, to join, to connect, to unite, and is a bond of humanness that makes man one with his fellow men; communication plays a fundamental role in all aspects of nursing practice. Good communication between nurses and patients is important as it contributes to the successful results of individualised care of each patient (Kourkouta & Papathanassiou, 2014). These researchers further agreed that nurses have to understand the concerns and experiences of the patient, be courteous, kind and sincere as well as to be confident and convey the information to the patient in a trusted and acceptable manner. Effective communication obliges nurses to always put their patients first, and this facilitates nurses to respect and understand the patient as an individual and unique person which in turn promotes a sense of acceptance and comfort for the patient under the care (Seal & Wiske, 2018). Listening

attentively to the content, intention and feeling of the patient without judgement and interruption as well as paying attention to non-verbal cues enable nurses to gather accurate and needed information which are required for proper nursing diagnosis and interventions (Searle et Al., 2014; Seal & Wiske, 2018). Nurses need to be empathetic towards their patients and be able to acknowledge the patient's attitudes and feelings of fear, as well as to use the right words at the right time to the right patient in the right place and in the right manner (Searle et al., 2014). Effective communication is of cardinal importance in collaborative and safe patient care and requires good communication skills among the nurses and proper professional relationship with families and patients (Haddad & Geiger, 2020).

2.2.2 The principle of beneficence

Beneficence is the act of doing good and the active promotion of goodness, kindness and charity. Nurses are responsible to render beneficial treatment and minimise harm to the patient (Moodley, 2017; Butts & Rich, 2020). This principle of beneficence designates nurses to act in manners that benefit the patients and promote the welfare of patients (Burkhardt & Nathaniel, 2013). Nurses are urged to do good for the patients, to protect them and defend their rights, help persons with disabilities, prevent harms and remove conditions that could potentially harm the patient, and rescue persons in danger (Butts & Rich, 2020). These are moral rules and obligations underlying this principle of beneficence.

Butts and Rich (2020) further alluded to how important it is for the nurses to have their patients' interests and well-being as a primary concern and to act according to this principle of beneficence. Facilitating the well-being of the patients and doing good towards them is an utmost important part of being a moral nurse.

However, the ethical concern related to the principle of beneficence as reported in Onandjokwe Intermediate Hospital Annual Report was when patients were poorly managed for pain relief,

as their pain medications were not given on time, and some patients were called attention seekers when complaining of severe pain and turning away patients without attending to their health care problems.

Haddad and Geiger (2020) pointed out that nurses have the responsibility of assisting patients with the tasks they are unable to do on their own and give medication in a timely manner. It is against this principle that the nursing profession in Namibia is regulated by the Nursing Council to ensure that nurses are clinically competent and skilled to provide legal and ethical-based care. These would guarantee the protection, safety and interest of the patients and as a result, ensuring quality nursing care (Government of the Republic of Namibia, 2004).

Nurses are obliged to promote the well-being of their patients and ensure that nursing care regimens are structured in the manner that benefit the patient (Edwards, 2017). Beauchamp and Childress (2019) pointed out that patients could inevitably be at risk of harm in any attempt carried out to help them. As a result, it is important for the nurses to balance the benefits and risks of every nursing care plans for their patients.

Medical and nursing science are dynamic, and nurses need to keep on developing their skills and knowledge through lifelong learning and continuous professional development to strengthen clinical competence and enhance professional judgement (Beauchamp & Childress, 2019). Nurses should be aware of their abilities and limitations to ensure acceptable and appropriate standard of care. Nurses at times experience ethical conflict when confronted with situations when a choice has to be made between respecting a patient's right to self-determination and doing what is good for a patient (Butts & Rich, 2020). Another issue that needs to be considered regarding the principle of beneficence is paternalism. Paternalism refers to the intentional overriding of a person's known preferences or actions by another person, where the person who overrides justifies the action by the goal of benefiting or avoiding harm to the person whose preferences or actions are overridden (Moodley, 2017).

In the situation whereby patients' decisions are overridden, conflict would arise between the ethical principle of respect for person and doing what is good for the patient's well-being. Therefore, nurses are required to have moral decision-making skills to resolve difficult situation rationally and objectively (Pera et al., 2018).

2.2.3 The principle of non-maleficence

Non- maleficence means do no harm. According to Butts and Rich (2020), non –maleficence is the norm that one ought not inflict evil or harm. It is required of healthcare provider not to intentionally and maliciously cause harm or injury to patients under his or her care. Non–maleficence is a rigorous principle that overrides other ethical principles (Pera et al., 2018), as it implies that nurses are obliged not to infringe on the sacredness of human life and not to take human life. This principle urges nurses not to cause pain, kill, incapacitate, offend and dispossess good life for their patients (Varkey, 2020). This principle could be transgressed due to various factors such as lack of skills, incompetence, lack or poor communication on the side of the nurse. However, nurses have to carry out their duties as clearly stipulated in their scope of practices by the nursing regulatory body, the Nursing Council of Namibia, under the Nursing Profession Act no. 8 of 2004. The Namibian Nursing Act, Act no.8 of 2004, (GRN, 1999) laid down acts and omissions that every nurse must observe.

The ethical duty of non-maleficence applies to omissions and commissions in which nurses fail to fulfil their duty of care. These involve the correct identification of patients, correct diagnosing and treatment, prevention of injuries, infection and spread of infection, monitoring and evaluation of patients under care and keeping clear and accurate records of all actions performed for the patient. As mentioned in complaints raised in Onandjokwe Intermediate Hospital, the issues of poor communication of plan of care to patients among health care

professionals, and failure to carry out planned treatment caused harm to the patient not only physically but also emotionally to the patient.

2.2.4 The principle of justice

Justice in health care ethics is about fairness and treating people equally and without prejudice. Justice also refers to equitable distribution of benefits and burdens, including assuring fairness in biomedical research (Butts & Rich, 2020). According to Moodley (2017), justice encompasses obligation for legal justice, rights-based justice and distributive justice, the applications of which are discussed in the next sections.

2.2.4.1 Legal justice

Nurses are expected and required to have good knowledge and respect of the laws that regulate the practice of nursing care, such as the Nursing Act's provisions, its rules and regulations (Pera et al., 2018). A nurse ensures that her or his patient receives safe nursing care.

2.2.4.2 Rights-based justice

Pera et al., (2018) described right as an entitlement to something that is considered valuable; and a claim to a right requires no justification. As a result, patients have rights to health care, right to be attended on time and the right to receive high quality care.

Searle et al. (2014) indicated that nurses must be law–abiding citizens with good knowledge of the law of the land and practice within the parameters of the ethical codes of the profession.

In this instance, nurses at Onandjokwe Intermediate Hospital should be well conversant with the law of the land, which is the Namibian Constitution, especially Chapter 3, that describes the human rights of Namibian people and, they also should know various provisions stipulated in the Namibian Patient Charter, the National Health Act No.2 of 2015 and other health related Acts to be able to render legal and ethical care.

The nurse is responsible to protect human rights of each individual patient under his or her care when it comes to issues of research (Pera et al., 2018). She/he must have the knowledge of and apply the provisions illustrated in the Nuremberg Code of Ethics and the Helsinki Declaration. The nurse has a prescribed duty to advocate for patient's rights and defend his/her concerns in a multi-professional decision-making guided by the public standard of care delivery and on the principle of equal treatment of citizens, and ensure the safety of the patient's person, name and property (Juujarvi et al., 2019; Searle et al., 2014).

2.2.4.3 Distributive and social justice

Distributive justice is defined as a fair allocation of resources, while social justice is about the fair distribution of the benefits and burdens among the members of the society (Butts & Rich 2020; Shahriari et al., 2013). Thompson et al., (2006) stated that people must neither be exploited nor must they be discriminated against or abused based on their race, age, sex, gender or religion. Beauchamp and Childress (2013) reaffirmed that nurses have to distribute an equal, fair, and just care among the various groups of patients under their care. Nurses are expected to respect the patients' rights for care and utilise the limited resources in a fair manner.

However, literature revealed that justice principle is often compromised in various aspects of care. Solum et al. (2012), in their study conducted in Malawi revealed the violation of justice principle by nurses, such as that people related to nurses and the educated ones receive care first even though they came later than other patients, it therefore pointed out that patients were treated based on their social status. Their study also revealed that nurses had difficulty adhering to the application of justice among their patients leading to physical and psychological mistreatment of those patients.

The justice principle may also have been violated in the instance mentioned in the annual report of Onandjokwe Intermediate Hospital (2017-2019) in which patients were not attended to and

sent back home, instead of providing them with alternatives that enable them to get health services. However, if both legal and ethical principles are overlooked, negative patients' health outcomes might occur, and it leads to legal and ethical consequences which are disciplinary actions and penalties imposed against the nurse and the employers.

2.3 FACTORS THAT HINDER APPLICATION OF ETHICAL PRINCIPLES BY NURSES

Nurses play an important role in health care because they spend more time with the patients and their families (Huang, Yang, Zhang & Khoshnood, 2015). Nursing as a physically demanding, and intellectually challenging profession requires nurses to develop and embrace ethical sensitivity which enables them to make appropriate decisions when faced with ethical dilemmas in caring situations. Literature revealed various factors that hinder applications of ethical principles, among others, to include lack of knowledge related to ethics, poor communication, organisational structures, individuals' attitudes and responsibility and lack of work experience.

Lack of ethical knowledge: According to Iglesias and Vallejo (2014), ethical knowledge or awareness is important for nurses to determine what is right or wrong and help promote the respect and application of ethical principles in patient care by nurses. Dehghani et al. (2015), in their study conducted among nurses in Jahrom hospitals, Iran concurred that nurses have to be knowledgeable about issues involving the caring aspects such as the rights of the patient, the professional rights of the nurse as well as ethical codes of conducts and the disciplinary actions for misconducts. Iglesia and Vallejo (2014), in their study carried out among nurses in hospitals and primary healthcare in Principado de Asturias, Spain, which focused on knowledge, positions and attitudes of nurses in relation to health care ethics and nursing legal regulations, reported that 50% of nurses had poor knowledge about legal regulations and that their knowledge was based on experience and university training. Furthermore, literature

revealed inadequate knowledge of ethics acquired during nursing education or training programme as a contributory factor to poor ethical applications and responsibility and lack of commitment among nurses (Iglesias & Vallejo 2014; Huang et al., 2015).

Communication: Open communication among nurses and other health team members is of utmost importance. Whilst communication is an effective tool in sharing information among nurses and patients, confidentiality must be maintained to ensure a trusted therapeutic relationship between nurses and patients (Dehghani et al., 2015; Funmilola & Aina, 2020). These researchers further affirmed that nurses must abide to the rules of truth telling and act truthfully, and be committed to apply patient's bills of rights when dealing with patients. Unethical behaviour expressed were discussing patients' problems openly, unauthorised access to patients' notes, and unlawful and unethical disclosure of such information which hinder ethical nursing care.

Another factor that hinders ethical application by nurses could be **issues related to individual attitudes and responsibility**. According to Fumilola and Aina (2020), and Pera et al., (2018) attitudes based on stereotyping and prejudices could lead to discriminatory treatment of patients by nurses, and this has a negative impact in relation to the principle of non- maleficence and principle of beneficence respectively. In addition to individual factors, personal motivation, resistance to change, feelings of autonomy, attitude towards innovation and empowerment hinder ethical application by nurses (Vaismoradi et al., 2020). Fumilola and Aina (2020), concluded that it is important for nurses to develop self–awareness which enables them to be objective during assessment of their patients and maintain an open, direct and non-judgemental communication with their patients.

Organizational hierarchy and climate: These elements play a major role in enhancing application of ethical principles by nurses and are further noted to have contributed to the limitation of nurses' ability to act ethically due to limited power in decision making process

(Huang et al., 2015). Dehghani et al. (2015), in their study conducted in Iran, concluded that hospital facilities and equipment affect application of ethical principles in nursing care. These are related to substandard equipment, lack of equipment and instruments needed for proper diagnosing and treatment. Equally, violations of ethical principle of justice were reported in Namibia as characterized by shortage of staff and equipment and turning away sick people (Onandjokwe Intermediate Hospital Customer Care Annual Report, 2017-2019). The report further identified issues of inappropriate nurse–patient ratio, shortage of allocated nurses and heavy work load as other organizational factors which hinder applications of ethical principles by nurses. Lack of efficient organisation, control and supervision negatively impact on nurses' adherence to ethical application. Violence in the work place caused by health workers, patients or visitors create a hostile environment which leads to injuries and emotional problems, and this prevents nurses to carry out the due ethical duties (Funmilola & Aina, 2020).

2.4 FACTORS THAT PROMOTE APPLICATION OF ETHICAL PRINCIPLES BY NURSES

It is every hospital's main aim to provide quality health services to the patients. Quality health care is achieved through the positive attitudes and decisions of nurses towards patients (Cerit & Ozveren, 2019). Some factors that promote application of ethical principles by nurses included nurses' responsibility and accountability, organizational factors, communication, support system and continuous education and development.

Nurses' responsibility and accountability: Nurses need to develop a sense of responsibility which helps influence their professional behaviours, and should be committed to the profession as well as acquiring the accountability of their decisions and outcomes (Dehghani et al., 2015). Cerit and Ozveren (2019), identified **organizational factors** that enhance sense of accountability by nurses and, these include creation of ethically conducive environment that

increase ethical and critical thinking, the environment displaying mutual respect, support and trust and where questions, discussion and expression of views are encouraged.

Communication plays a major role in promoting ethical application by nurses. Open communication channels in hospitals allows nurses to share their experiences with colleagues, and exchange views.

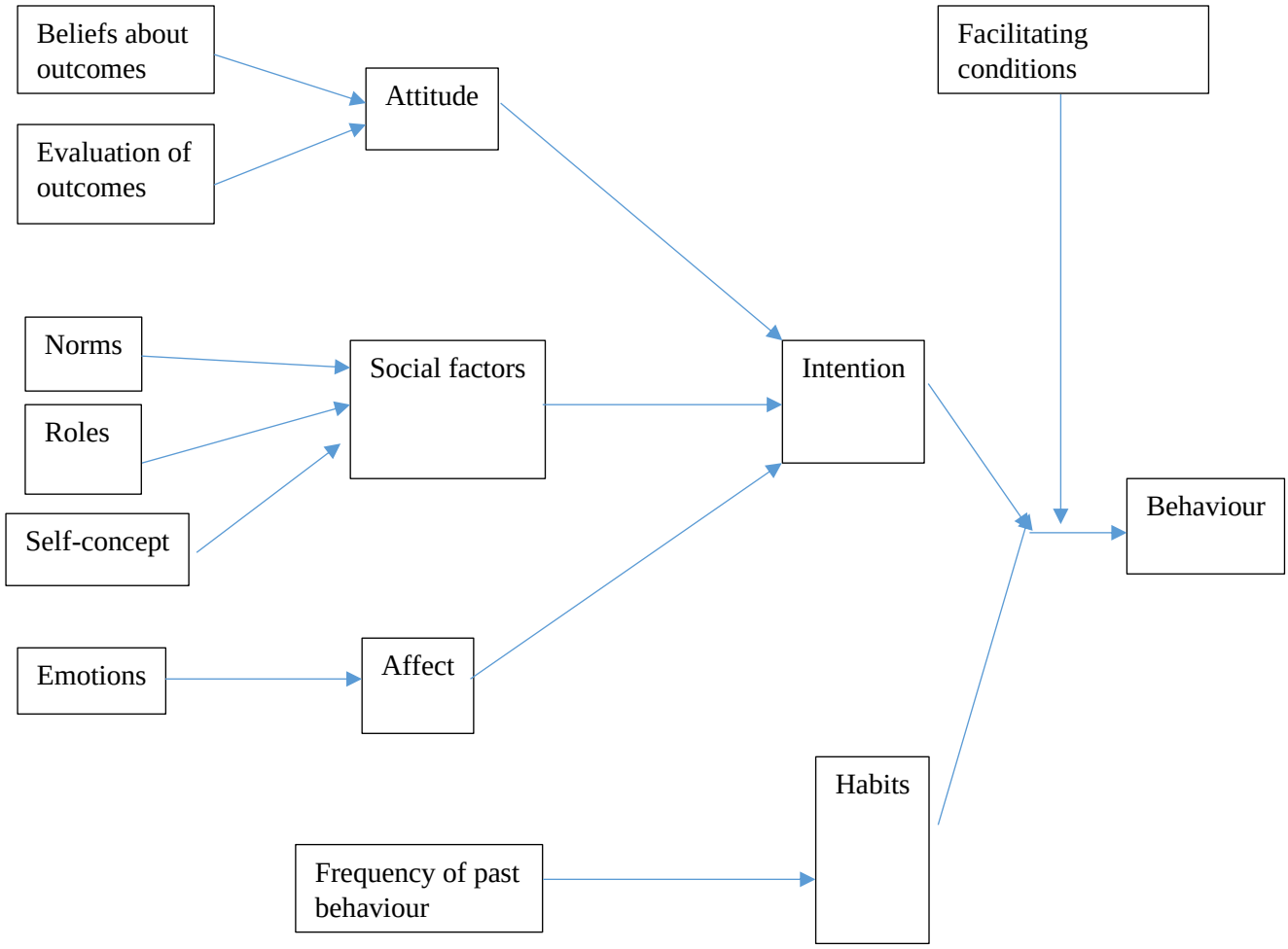
Support system: Nurses need an effective support system that encourages embracement and application of ethical rules in nursing care (Tadesse, 2019). The support system should facilitate nurse supervisors in various units to assist and motivate their followers to adhere and maintain ethical nursing care. Furthermore, support system enables provision of feedback both positive or negative based on their professional behaviours, and this is regarded as a motivation towards good ethical care.

Another factor that facilitates application of ethical principles is **continuous professional education and development.** Dehghani et al. (2015), emphasized on the importance of nurses to keep abreast with the current trends in health care and reflect more on the application of scientific principles that guide nursing actions and moral decisions. In summary, application of ethical principles by nurses requires mitigations of factors which hinder and promotion of factors which enhance applications of ethical principles.

2.5 THEORETICAL AND CONCEPTUAL MODEL FOR THE STUDY

The study is grounded on the Triandis' Theory of Interpersonal Behaviour which was first proposed in 1977 by Travis Triandis to explain the link between attitude, intention and behaviour and taking into consideration the role of emotions and habits in human behaviour and the facilitating conditions (Darnton, 2008).The relationship between these factors is illustrated in Figure 1.

Figure 1: Triandis' Theory of Interpersonal Behaviour (source: Andrew Darnton, GSR Review, 2008)



Three key factors impact on behaviour and these include habits, intentions and facilitating conditions (Vickers, Tozer, Acton, Morrison & Boyd, 2016). The behaviour intention together with habits then lead to behaviour but the intention and habits are moderated by the facilitating conditions which then result in the observed behaviour (Darnton, 2008).

In the context of the present study, behaviour relates to the practice of the nurses regarding the application of ethical principles of respect of a person or autonomy, non-maleficence, beneficence and justice in the management of patients. Beliefs relate the internal held view of the nurse and the evaluation thereof of the outcome or application of the ethics related to

autonomy, non-maleficence, beneficence and justice. Together, these conditions influence the attitude of the nurses.

Norms, roles and self-concept constitute the social factors. Norms are the standards and guide on how we should behave in the society or as a professional group (Pera et al.,2018). Individual holds norms that are particular functional to the group that an individual belongs, (Robinson 2010). The Nursing Standards and the Nursing Act No. 8 of 2004 as well as the Bill of Rights enshrined in Chapter 3 of the Namibian Constitution and the Patient Charter are the Norms in the context of this study. The nurse needs to have awareness or knowledge of the provisions of this Act, the Constitutional provisions on rights and the provisions of the Patient Charter especially as they relate to the ethics of nursing care.

Role refers to the role of the nurse in patient care while self-concept refers to how the nurse views herself/himself in regard to the patient and the society. These constitute the social factors that condition the nurse in the approach to the practice (behaviour) of ethics of autonomy, non-maleficence, beneficence and justice in patient care.

Emotions are critical component in patient care and affects how the nurse applies ethical principles in delivering services to the patient and clients and in relating to the patient's relatives. Affect refers to prevailing emotions. Emotions such as happiness, sadness, anger, grief, stress, depression, feeling of being overwhelmed and fear may impact on the nurse's application of ethical principles in care (Vickers et al.,2016). Factors at the workplace and in the social environment that the nurse operates determine the prevailing emotions of the nurse and impact on their application to ethical principles in nursing care.

Habits are learned behaviours that are performed automatically in response to the stable situation (Kupfer et al.,2019).

Habits arise from frequency of past behaviour and seriously impact on the behaviour or practice of ethical principles of autonomy, non-maleficence, beneficence and justice. Some people have developed habits of shouting at patients/clients or do not care while others have habits of caring with compassion.

Facilitating conditions represent objective factors which make the behaviour easier or harder to do (McDonald, 2014).

Facilitating conditions in the context of this study can be discussed in terms of the availability and quality of supervision, availability of support and mentoring, availability or shortage of needed human resources, training, refresher training and availability of career development opportunities as well as availability of needed medicines and clinical supplies. All these have direct and indirect impact on the nurses' application (behaviour) of the ethical principles of respect of a person or autonomy, non-maleficence, beneficence and justice in patient care. Any interventions or changes in these factors will have a bearing on the behaviour or application of these ethical principles in care of the patients by the nurses.

2.6 SUMMARY

This chapter has presented the literature review on the subject of the research, described the principle of respect for a person and its four obligations which are confidentiality, privacy, informed consent and its obligations, who should give consent was also described, as well as the roles and responsibility of nurses in consent obtainment. The principle of beneficence and non-maleficence principle were discussed. The ethical principle of justice and its obligations has also been highlighted. Factors that hinder and promote application of ethical principles by nurses were also outlined. The nurses play an important role in ensuring that the care rendered to patients is both legal and ethical, and this is achieved only if the nurses observe the laws, rules and regulations as well as the obligations as set up. The theoretical framework upon which

this study was based is also illustrated. The next chapter presents the methodology the researcher followed in carrying out the research.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous chapter was on the literature review and had provided theoretical overview on nursing ethical principles, and outlined the factors that hinder as well as promote the application of these ethical principles by nurses. The aim of this chapter is to describe the methodological approach the researcher adopted in conducting this research study. Hakansson (2013) described research methodology as a systematic process of data collection and data analysis which helps in obtaining and establishing valid and reliable results. According to Brink et al., (2018) and Singh (2006), research methodology is the systematic procedures the researcher followed, extended from the initial identification of the problem to its final conclusions, with the research work carried out in a scientific and valid manner. This chapter therefore covers the research design, study population and sampling, the questionnaire for the data collection, pilot testing of the questionnaire, data collection and handling, data analysis and ethical consideration in research as well as validity and reliability.

3.2 RESEARCH DESIGN

Research design is an overall plan for acquiring new knowledge or confirming existing knowledge through the systematic approach that best answers the research question and ensure the rigor and validity of the results (Rebar & Gersch,2014; Brink et al., 2018). Lelissa (2018), further defines research design as the procedures for collecting, analysing, interpreting and reporting data in research studies. In this study, the researcher employed quantitative, descriptive, analytical, cross-sectional design.

3.2.1 Quantitative research design

Kothari and Garg (2019), described quantitative research as an approach that involves the generation of data in quantitative form which can be subjected to rigorous quantitative analysis in a formal and rigid fashion with the aim of confirming, validating, describing and establishment of relationship as well as to develop generalisations that contribute to the theory (Kothari & Garg, 2019; Shiweda, 2019). This study is quantitative because research phenomena were described through the collected numerical data that were analysed using statistical analyses that yield statistical data (Lelissa, 2018). In this study, a structured questionnaire was used to collect quantifiable data in terms of the knowledge and application of nursing ethical principles which was subjected to formal statistical analysis.

3.2.2 Cross- sectional design

Cross-sectional designs involve the collection of data at one point in time in which the phenomena under study are captured during one period of data collection, and the design is appropriate for describing the status of phenomena or for describing relationships among phenomena at a fixed point in time (Polit & Beck, 2017). Brink et al., (2018), indicated that cross sectional studies examine data at one point in time, that means that the data are collected on one occasion only with different respondents, rather than on the same respondents at several points in time. The researcher collected the data from the research respondents which are Registered nurses and Enrolled nurses at Onandjokwe Intermediate Hospital over a month from 10 November 2021 to 12 December 2021.

3.2.3 Descriptive research design

De Vos et al. (2017) described descriptive research design as a design in which a picture of the specific details of a situation, social setting or relationship is presented. The purpose of descriptive studies is to observe, describe, and document aspects of a situation (Polit & Beck,

2017). According to Brink et al. (2018), in descriptive studies, phenomena are described and the relationship between variables is examined without an attempt to determine the cause-effect relationship among those variables. In this study, the researcher used the descriptive design to determine the knowledge and application of nursing ethical principles by nurses when rendering nursing care to their patients.

3.2.4 Analytical study

Analytical research is a specific type of research that involves critical thinking skills and the evaluation of facts and information relative to the research being conducted and is focusing on understanding the cause-effect relationship between two or more variables (Mohanlal Sukhadia University, no date).

According to Mishra and Alok (2017), in analytical research, the researcher uses the facts or data that are already available and analyses them to make a hypothesis after evaluation of these data. The study was designed to be analytical as the researcher tried to determine the relationship between the knowledge and application of nursing ethical principles and the socio-demographic characteristics of the nurses.

3.3 RESEARCH SETTING

The study was conducted among the nurses working in various nursing departments of the Onandjokwe Intermediate Hospital, in Oshikoto Region, Namibia.

Oshikoto region has an estimated surface area of 12 000 square kilometres, and two district hospitals which are Omuthiya and Tsumeb. Onandjokwe Intermediate Hospital lies within the latitude S17054’42’’ and longitude E016002’29’’ at an altitude of 1122m above the sea level.

The Hospital is situated in Oniipa Constituency within Onandjokwe Health District under Oshikoto Administrative Region in Northern Namibia. It is one of the four intermediate hospitals in the country and one of the oldest hospitals in Northern Namibia.

Onandjokwe hospital has a catchment population of 86,000 based on household and population census of 2011 (Hospital Annual Report 2020/2021). The hospital has an official bed capacity of 520, and it serves as a referral point for 5 district hospitals, namely Omuthiya and Tsumeb District Hospitals in Oshikoto Region, as well as Eenhana, Engela and Okongo District Hospitals in Ohangwena Region.

3.4 STUDY POPULATION

A study population is an abstract idea of a large group of many cases, or the entire group of persons that meet the criteria the researcher is interested in studying from which a researcher draws a sample, and on which the results from a sample are generalised (Brink et al., 2018; Polit and Beck, 2017; Neumann, 2014). The target population is the aggregates of cases about which generalizations would be made (Polit & Beck, 2017). The total targeted population for this study was 257 nurses at Onandjokwe Intermediate Hospital, comprised of 107 registered nurses (R/Ns) and 150 enrolled nurses (E/Ns).

3. 5 SAMPLE SIZE

For this study, the minimum sample size was calculated (registered nurses and enrolled nurses) using Slovin's formula as follows:

Sample size n= N/ 1+N $x\ e^2$

where,

e = margin of error

N= Total population

Sample size for Registered Nurses	Sample size for Enrolled Nurses
Sample size n = 107 N= Total population N = 107 e =margin of error (5%) n =N/ 1+N $x\ e^2$ n = 107/1+ 107 x 0.05 n = 84.41 n=84 (Registered Nurses)	Sample size n = 150 N= Total population N = 150 e =margin of error (5%) n = N/1+ N $x\ e^2$ n = 150/ 1+150 x 0.05 n = 109.09 n=109 (Enrolled Nurses)
Total sample size: n=84+n=109 = 193	

The minimum sample size for this study was 193 nurses. From this sample, the proportion of registered nurses was 84 (44%), the proportion of enrolled nurses was 109 (56 %). However, because of the small study target population of 257 nurses and to compensate for refusals and those who opt out of the study, an all-population sample size (257) was taken for the study. Eventually, 215 nurses participated in the study giving a response rate of 83.7%.

3.6 SAMPLING AND ENROLMENT IN THE STUDY

Sampling is the process a researcher applies to select a portion of the population to represent the entire population and obtain information regarding the phenomenon under study (Brink et al., 2018; Polit & Beck 2017). A convenient, total population sampling method was applied to obtain the study sample. This was a one stage selection process in which all the available prospective respondents were included in the sample to participate in the study. Neumann (2014), stated that in convenience sampling technique, the researcher selects any element of the sample that is available. In this study, an all-population sample was drawn from the sampling frame list obtained from the nursing service manager of Onandjokwe Intermediate Hospital. The total target population was included in the study.

Inclusion criteria

The characteristics the subjects possess to be part of the target population is known as inclusion criteria (Gray et al., 2016). In this study, all registered nurses and enrolled nurses providing care at the Onandjokwe Intermediate Hospital, who were on duty during the study, and those who gave informed consent to participate were included in the study.

Exclusion criteria

Exclusion criteria are characteristics the subjects do not possess to be included in the study sample (Polit & Beck, 2017). All registered nurses and enrolled nurses working at the Onandjokwe Intermediate Hospital who decided not to participate, those who were on official leaves and not available in the hospital during the time of data collection for the study, and those who were on sick leave during the study were excluded from the study.

3.7 DATA COLLECTION INSTRUMENT

Gray et al., (2016), described data collection for a quantitative study as a process of obtaining numerical data to address the research objectives, questions, or hypothesis in which the study variables are measured through a variety of techniques such as observation, interview questionnaire and others. Research instrument is a tool that is applied to collect the information from the research participants (Brink et al., 2018). Therefore, in this study a structured self-administered questionnaire was used to collect the data from the respondents. Questionnaires are regarded to be less costly and require less time and effort to administer. Equally, a questionnaire offers the possibility of anonymity and greater perceived privacy in obtaining information from respondents (Polit & Beck, 2017). The researcher developed the questionnaire, based on the literature on the nurses' knowledge and applications of ethical principles. The questionnaire was in English; no translation was needed since the target

respondents who are professional nurses were deemed competent in English Language. The questionnaire had three (3) sections. Section A was on the demographic data such as age, gender, educational level, working experience of the respondents. Section B covered the assessment of the knowledge of nursing ethical principles by nurses which are: principle of respect for a person or autonomy, principle of non-maleficence, principle of beneficence and principle of justice. Section C was on the applications of these nursing ethical principles in the delivery of nursing care to patients by the nurses.

3.8 PILOT STUDY

A pilot study is_conducted with the purpose of demonstrating the potential importance of selected factors to a research problem, to demonstrate the reliability or validity of the selected measures in a unique situation or sample, and to demonstrate the ability of the researcher to implement a study (Lowe, 2019; Rebar& Gersch, 2014). Due to the small target population at Onandjokwe Hospital, the pilot study was carried out at the Intermediate Hospital, Oshakati, among nurses, both registered nurses and enrolled nurses who are believed to bear similar characteristics to the study population. The approval to carry out the pilot study was obtained from the management of Oshakati Hospital, and subsequent permissions were obtained from the supervisors of the various nursing departments such as maternity ward, ophthalmology, surgery and gynaecology wards. After explanation of the purpose and objectives of the study, informed consent was obtained from the prospective respondents who decided to participate. The questionnaire was pilot tested among 18 nurses, of which 13 were registered nurses, and 5 were enrolled nurses working in various nursing departments as a representative of 10% of the target study population which is 257 of nurses at the Onandjokwe Intermediate Hospital. The findings from the pilot study provided information for any necessary improvements on the questionnaire and were not included in the findings of the main study. Thereafter, the

completed questionnaires were reviewed by the researcher for possible changes to be made for the final questionnaire. The changes employed were as follow:

Section A: Question 5: The question required the respondent to indicate the working experience as a nurse, and there were three columns that made it difficult to tick or put the answer. Therefore, the columns were reduced to one column for the main final questionnaire.

Section A: Question 6: The question required the respondents to select the stage of receiving training on nursing ethics. The researcher noted that the term pre- employment was not well understood by some of the respondents, hence the term was changed to basic nursing training programme.

Section B: Subsection 1:6 stated that sharing information about the condition of the patients with relatives is acceptable to avoid discrimination - most of the respondents recommended to add 'their' before relatives to read "their relatives".

Section B: Subsection 2: 2 The researcher was guided by some respondents that wording 'carried' out be changed to read 'carrying' out any nursing care procedures risks and benefits inherent in such procedures should be considered, and be communicated to the patient.

Section B: Subsection 4: 6 Some of the respondents revealed that they did not understand the word 'liable', which prompt the researcher to define the words for the respondents and, then necessitated to replace it with the word 'accountable' in the questionnaire for the main study.

The questionnaire had a Likert- type response options of strongly agree, agree, disagree; strongly disagree and unsure. Strongly agree indicated either good knowledge or lack of knowledge; Agree indicated either average knowledge or poor knowledge based on the statement regarding the ethical principle.

3.9 PROCEDURE FOR DATA COLLECTION

The permissions to conduct the study were obtained from all the relevant authorities, that included: Ethical Clearance from Health Research and Ethical Committees (HREC) of the University of Namibia (UNAM), permission from the Ministry of Health and Social services , and from Onandjokwe Intermediate Hospital's Research and Ethics Committee (OREC). Once the permissions from the relevant authorities were secured, the researcher approached the Onandjokwe Intermediate Hospital Nurse Manager and Unit Managers to arrange for data collection for the study. The prospective respondents were presented with detailed information of the purpose and objectives of the study. Those who agreed to participate were presented with an informed consent to sign before they participated in the study. A preparatory room in each of the units was used for signing of an informed consent, to ensure privacy and confidentiality. Then, a self-administered questionnaire was handed to each respondent, and respondents completed the questionnaire in privacy, under the supervision of the researcher where possible. The questionnaire was self-administered to provide convenience and privacy for the study respondents. Each respondent returned the completed questionnaire to the researcher immediately after completion, to ensure confidentiality of the data.

3.10 DATA HANDLING

The researcher kept all the questionnaires locked up for safety and confidentiality and to avoid access by unauthorised persons while waiting for data entry in the computer and subsequent data analysis. A personal computer password was used to protect data stored in the computer.

3.11 DATA ANALYSIS

Quantitative data analysis is stated as the techniques by which researchers convert data to a numerical form and subject it to statistical analysis (De Vos et al., 2017). Furthermore, analysis

enables data to be reduced to intelligible and interpretable form to draw conclusions on the study problem. The researcher entered the data in Microsoft Excel version 2016 and subsequently imported the data into Epi Info version 7 for analysis. The output from the initial analysis provided the descriptive statistics on the knowledge and application of ethical principles by nurses. Bivariate analysis was subsequently performed to examine the relationship of knowledge of the ethical principles and the application of ethics against the respondents' socio-demographic information. The significance of the relationship was determined using Chi-square test, in which a p-value of less than 0. 05 ($p<0.05$) indicated statistical significance, while a p-value of more than 0.05 ($p > 0.05$) was considered as no significant association between the variables. Where the value of the variable in any of the cells was less than 5, Fisher exact test was used in the same fashion to determine the significance of the relationship instead of Chi-square test which becomes invalid in such circumstances. The findings from the analysis are presented in tables and graphs with narratives in Chapter 4 that follows.

3. 12 VALIDITY AND RELIABILITY

3.12.1 Validity

Validity in data collection seeks to ascertain if the instrument accurately measures what it supposed to measure in a given context, that allow the researcher to draw meaningful and useful inferences on the findings (Creswell, 2018; Brink et al., 2018).

The researcher developed the questionnaire in consideration of the two forms of validity that are content validity and face validity. **Content validity** refers to the degree to which the items in the instrument are comprehensive and appropriately measure the content they are intended to measure (Creswell, 2018; Rebar & Gersch, 2014). Therefore, the questionnaire was constructed based on the literature review about the four ethical principles to ensure that all relevant variables for the study objectives are included (Brink et al., 2018). Another form of

validity in data collection instrument is **face validity,** which is described as a degree in which the instrument appears to measure what is supposed to measure (Brink et al., 2018). Face validity was ensured through developing a clear, readable and understandable questionnaire based on all four nursing ethical principles.

3.12.2 Reliability

Supino and Borer (2012), described reliability as to how consistent or reproducible are the scores that an instrument produces. It concerns with the property of the measurement rather than of the instrument itself because the same instrument administered in different settings and to different subjects under different conditions may yield the same reliable estimates. Rebar and Gersch (2014) stated that a measure can be relied on consistently to give the same results if the aspect being measured has not changed. Lelissa (2018), adds that an accurate representation of the total population under study is referred to be reliable if the results of a study can be reproduced under a similar methodology.

In this study, reliability was ensured through pilot testing of the questionnaire, which was carried out at the Intermediate Hospital, Oshakati among registered and enrolled nurses, who were homogenous to the respondents of the main study and, the necessary adjustments to the questionnaire were employed to ensure better understanding and its consistency. The findings of the pilot study were not part of the findings of main study. The researcher also made herself available during the data collection to clarify any issues for the study respondents where needed, thus further ensuring reliability of the study.

3. 13 RESEARCH ETHICS

In this study the researcher was guided by the following fundamental ethical principles that ensure that human rights of the research respondents were protected (Brink et al., 2018). Those principles were principle of respect for persons or autonomy, principle of non-maleficence, principle of beneficence and principle of justice.

Principle of respect for person or autonomy

The research respondents were treated as autonomous agents, that their rights to self–determination was ensured. The researcher explained the nature of the study to the prospective respondents, and they were informed that their participation in the study is voluntary, and they have the right to withdraw from the study at any time if they so wish without any penalty or coercion. Informed consent was obtained from each individual respondent prior to the completion of the questionnaire. Confidentiality was ensured through data anonymity and secured storing of research instruments. Anonymity was maintained as respondents were informed not to write their names on the questionnaire, and were identified by the codes. As such, no data was linked to a specific respondent. The completed questionnaires were stored in a safe place, in a lockable cupboard with the keys only accessible to the researcher, and not shared with unauthorised persons, and moreover, the data are not linked to a specific respondent during the reporting of the findings.

Principles of non-maleficence

Polit and Beck (2017), indicated that researchers have an obligation to avoid, prevent or minimize harm for the study respondents. This entails avoiding unnecessary risks of harm or discomfort and ensure that their participation is essential to achieve scientific and societal aims. Harm and discomfort could be physical, emotional, social, economic or legal, and as a result a

researcher needs to adhere to this principle to secure the well-being of the participants (Brink et al., 2018). The questions were carefully structured to avoid intrusions into the respondents' privacy. The data were collected at the usual work place of the respondents at their free time thus avoiding social and economic harm to the respondents.

Principle of beneficence

According to Polit and Beck (2017), study respondents should not be exposed to situations for which they have not been prepared, and should be assured that their participation, or information they provided, were not used against them in any way. In this study, respondents were informed that they may not have direct individual benefits from the research, but the outcome of the study may be beneficial to the health care system at Onandjokwe Hospital and the country. The recommendations that emanate from the study will be provided to the Ministry of Health and Social Services and the management of Onandjokwe Intermediate Hospital and any recommendation adopted to improve the services (benefits) would be to the benefit of all who access services in public health facilities.

Principle of justice

Justice is described as an ethical principle that aims to ensure that the benefits and burdens of a research are shared equitably and that no individual is being exploited based on their circumstances (King, 2018). In this study, respondents were selected based on the requirements of the study and not on the vulnerability of prospective respondents. Convenience sampling technique was applied, and the whole target population was given an equal chance to participate in the study. Those who refused to participate in the study were treated in a non-prejudicial manner and their decisions were honoured.

3.14 SUMMARY

In this chapter the research methodology was discussed. This included the explanation of the research design which was cross- sectional of which descriptive and analytical methods, and quantitative approach were employed to carry out the study. The researcher elaborated on sample and sampling methods adopted to obtain the study population, with the inclusion and exclusion criteria indicated. The research setting was briefly outlined. This chapter has also discussed the data collection instruments and data collection procedures, the method employed for data analysis and ethical issues that were considered in the research process.

CHAPTER 4

FINDINGS AND PRESENTATION OF RESULTS

4.1 INTRODUCTION

This chapter presents the findings from the research as generated by the data analysis. The intended sample for data collection was all-population sample size which was 257 nurses working at Onandjokwe Intermediate Hospital. However, of these, 37 prospective respondents comprising 32 Enrolled nurses (E/Ns), and 7 Registered nurses (R/Ns) could not take part in the study. Some declined, others were either on official leave or they were sick during the data collection period. The actual data was collected from 220 respondents. From these, 5 questionnaires were excluded from analysis, of which 3 were incomplete and for 2 questionnaires, no rank category of the respondents was indicated. Therefore, the response rate was 85,6%. Out of the 215 respondents whose data were deemed complete to be included in the analysis, 102 were registered nurses and 113 were enrolled nurses. Morton, Bandara, Robinson and Carr (2012), defined response rate as the quotient of the participants (who were interviewed out of the total number of the eligible participants or the study sample). Therefore, the response rate for this study was calculated as follow: $\frac{220x_{100}}{257} = 85.6\%$.

The findings were therefore based on a sufficient response rate of 85.6 %. Moreover, Morton et al., (2012) indicates that a response rate of 50% and above is sufficient for the data analysis.

4.2 THE FINDINGS

4.2.1 Section A: Demographic Information

4.2.1.1 Gender of the respondents

Table 4.1 Gender of the respondents

GENDER	Frequency	Percent
Male	22	10,2%
Female	193	89,8%
Total	215	100%

Majority of the respondents were females, who were 193(89, 8%), whereas males were only 22 (10, 2%).

4. 2.2.2 Age group of the respondents

Table 4.2 Age group of the respondents

GROUP	Frequency	Percent
20-30 yrs	74	34,4%
31-40yrs	85	39,5%
41-50 yrs	18	8,4%
51-60 yrs	37	17,2%
60yrs and above	1	0,5%
Total	215	100%

As shown in the above table 4.2, respondents who were above 50 years constituted 17.2% (less than 20%) of the study respondents, while those aged 40 years and below constituted approximately 74% of the respondents.

4.2.2.3 Rank of the respondents

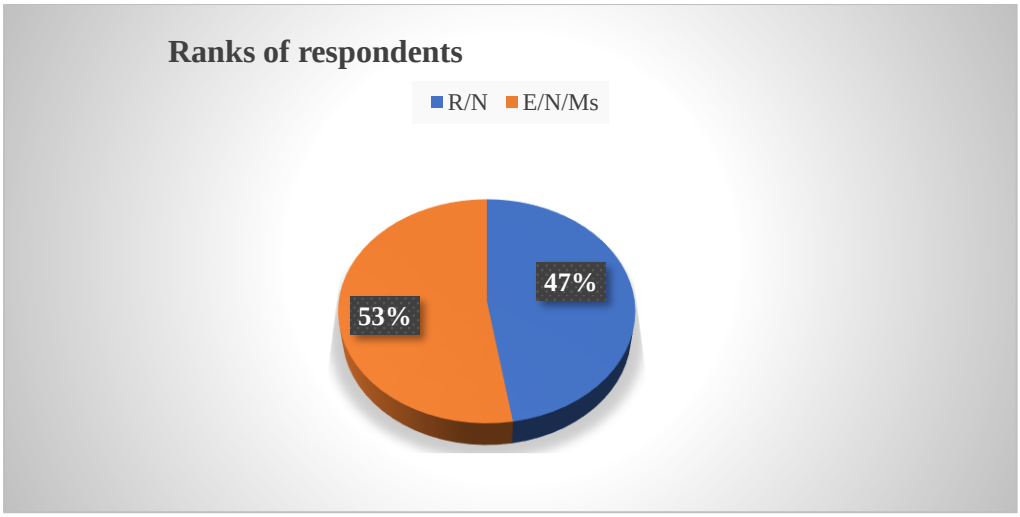


Figure 4.1 Rank of the respondents

The registered nurses were 102 (47,4%) while enrolled nurses were 113 (52,6%).

4.2.2.4 Length of time worked at Intermediate Hospital, Onandjokwe

Table 4.3 Length of time worked at IHO

How long have you been working at IHO	Frequency	Percent
Less than 2 years	60	27,9%
2-5 years	60	27,9%
5-10 years	40	18,6%
10 years and more	55	25,6%
Total	215	100%

Table 4.3 above indicates that among the 215 respondents, those who have worked for less than 2 years, and those who worked for 2-5 years were equally distributed at 60 (27, 9%) respectively. The respondents who worked for 10years and more were 55 (25,6%). The findings indicated that 40 (18, 6%) of the respondents have been working at IHO for 5-10 years.

4.2.2.5 Working experience of the respondent as a nurse

Table 4.4 Working experience of the respondent as a nurse

Working experience as Nurse	Frequency	Percent
0-2 yrs.	43	20,0%
2-5 yrs.	61	28,4%
5-10 yrs.	47	21,9%
10 yrs., and more	64	29,8%
Total	215	100%

As shown in Table 4.4, the highest proportion of the respondents (29,8%, n = 64) have worked for 10 years and more as nurses, and 61 of the respondents (28,4%) had a working experience of 2-5 years. The respondents with a working experience of 5-10 were 47 (21,9%), and those with less than 2years were 43 (20, 0%).

4.2.2.6 Stage when respondents were trained on nursing ethics

Table 4.5 Stage when respondents trained on nursing ethics

Stage trained on nursing ethics	Frequency	Percent
Basic nursing training programme	191	88,8%
Induction/Orientation	9	4,2%
In-service/Workshop	10	4,7%
No response	5	2,3%
Total	215	100%

Table 4.5 above indicates that majority of the respondents 191 (88,8%) were trained on nursing ethics during their basic nursing training programme only. Those who received training through in-service/ workshop were 10 (4,7%) and 5 (2.3%) of the respondents did not indicate if they had been trained on ethics.

4.3 OBJECTIVE 1.1: KNOWLEDGE OF NURSING ETHICAL PRINCIPLES

This section presents the findings on nurses' knowledge of ethical principles of respect for a person or autonomy, non-maleficence, beneficence and justices, which were rated using Likert-type response options of strongly agree, agree, disagree; strongly disagree and unsure. Strongly agree indicated either good knowledge or lack of knowledge depending on the variable assessed; Agree indicated either average knowledge or poor knowledge based on the direction of the statement regarding the ethical principle.

4.3.1 Knowledge of ethical principle of respect for a person or autonomy

Table 4.6 Knowledge of the ethical principle of respect for person or autonomy.

Keys: Strongly Agree = Good knowledge; Agree =Average knowledge; Disagree = Poor knowledge; Strongly Disagree = Lack of knowledge

Variables	Strongly agree	Agree	Unsure	Disagree	Strongly Disagree	No response	Total
a) Respect for person means treating patients as a persons with rights regardless of their health status	181(84,2%)	28(13,0%)	(0,0%)	1(0,5%)	5(2,3%)		215(100%)
b) It is less important to involve patients in treatment decisions	23(10,7%)	30(13,9%)	10(4,7%)	62(28,8%)	88(40,9%)		215(100%)
c) Autonomous rights are only issues for patients, and nurses are only assisting patients to achieve them and avoid legal implications	36(16,7)	56(26,1%)	45(20,9%)	49(22,,8%)	22(10,3%)	7(3.3%)	215(100%)
d) Children should not be treated without consent of parents/guardians	73(33,9%)	56(26,1%)	5(2,3%)	34(15,8%)	46(21,4%)	1(0,5%)	215(100%)
e) The nurse ensures that patient receives all information required to make informed decision	151(70,2%)	52(24,2%)	3(1,4%)	4(1,9%)	4(1,9%)	1(0,5%)	215(100%)

regarding his/her illness and the possible treatment							
f) Sharing information about patient's condition with relatives is acceptable to avoid discrimination	32(14.9%)	45(20.9%)	18(8.4%)	59(27.4%)	54(25.1%)	7(3.3%)	215(100%)

The majority of the respondents 181 (84.2%) had good knowledge that respect for person in any health situation means treat patient as person with rights regardless of their health status, because they strongly agreed whereas 28 (13.0%) had average knowledge as they agreed, and only 6 of the respondents (2.8%) lacked the knowledge as they either disagreed or strongly disagreed that respect for person in any health situation means treat patient as person with rights regardless of their health status.

Similarly, table 4.6 shows, that 88 (40.9%) of the respondents had good knowledge, 28.8% had average knowledge that it is important to involve patients in their treatment decisions. Only 23 (10.7%) had lack of knowledge and 13.9% had poor knowledge that it is important to involve patients in their treatment decisions, while 10 (4.7%) were unsure.

Of the respondents, 16.7% lacked the knowledge, 26.1% had poor knowledge, only 10.2% had good knowledge, while 22.8% had average knowledge that autonomous rights for autonomy does not concern patients only, but it is also nurses' accountability to obtain informed consent from a patient. However, 20.9% were unsure.

On providing treatment to children without the consent of parents/guardians, only 33.9% of the respondents had good knowledge, 15.8% had poor knowledge, 21.4% lacked the knowledge, and 2.3 % were unsure that children without consent of parents/guardians should not be treated.

Majority (70.2% of the respondents had good knowledge, 24.2% had average knowledge, 1.9% had poor knowledge, and 1.9% lacked the knowledge that a nurse ensures that a patient receives all information required for informed consent while 0.5% were unsure.

On sharing information on patient's condition with relatives, the data in Table 4. 6 above indicates that 27.4% of the respondents had average knowledge, 25.1% had good knowledge; however, 20.9% had poor knowledge, 14.9% lacked the knowledge and 8.4% were unsure if sharing patient's information with relatives is acceptable.

4.3.2 Knowledge of the ethical principle of non-maleficence by nurses

Table 4.7 Knowledge on ethical principle of non-maleficence
Keys: Strongly Agree= Good knowledge; Agree=Average knowledge; Disagree=Poor knowledge; Strongly Disagree = Lack of knowledge

Variables	Strongly agree	Agree	Unsure	Disagree	Strongly disagree	No response	Total
a) Non-maleficence requires nurses to avoid harm and avoid causing harm to the patient	121(56.3%)	56(26.1%)	23(10.7%)	4(1.9%)	6(2.8%)	5(2.3%0	215(100%)
b) Before carrying out any nursing procedure, risks and benefit inherent in such procedure should be considered and be communicated to the patient	141(65,6%)	63(29,3%	7(3,3%)	0(0%)	3(1,4%)	1(0,5%)	215(100%)
c)Harm that is non-intentional is regarded to be less valued because patient is receiving the needed care	28(13,0%)	66(30,7%)	36(16,7%)	56(26,1%)	28(13,0%)	1(0,5%)	215(100%)
d)The ethical duty of non-maleficence applies to omissions and commissions in	29(13,5%)	73(33,9%)	57(26,5%)	26(12,1%)	26(12,1%)	4(1,9%)	215(100%)

which nurses fail to fulfil their duty of care							
e) A patient who wishes to die should be assisted to do so	5(2,3%)	5(2,3%)	14(6,5%)	37(17,2%)	148(68,8%)	6(2,8%)	215(100%)
f) It is required that a nurse do not intentionally and maliciously cause harm or injury to patients under his or her care	119(55,4%)	68(31,6%)	6(2,8%)	11(5,1%)	10(4,7%)	1(0,5%)	215(100%)

Table 4.7 shows that most of the respondents (n = 121, 56.3%) had good knowledge, while 56 respondents (26.1%) had average knowledge, 1.9% had poor knowledge and 2.8% lacked the knowledge, while 10.7% were neutral that non-maleficence requires nurses to avoid harm to the patients. Equally, as shown in table 4.7, the majority of the respondents (n =141, 65.6%) had good knowledge, 29.3% had average knowledge, 1.4% lacked the knowledge and 3.3% were unsure that before carrying out nursing procedure, risks and benefits should be considered.

Furthermore, table 4.7 above also indicates that 66 (30.7%) of the respondents had poor knowledge and 56 of the respondents (26.0%) had average knowledge, only 28 (13.0%) respective either had good knowledge or lacked the knowledge that harm that is non-intentional is not less valued even if the patient is receiving care.

With regards to omissions and commissions in line with nursing duty, 47.4% of the respondents had equally good and average knowledge, 12,1% had equally poor knowledge and lack of the knowledge respectively, while 26.1% were unsure.

With regard to assisting a patient who wishes to die, the majority (68.8%) of the respondents had good knowledge, 4.7% had either average knowledge or lacked the knowledge respectively, while 6.5% were unsure that patients who wish to die may not be assisted.

On intentional or malicious harm by a nurse to a patient, the majority of the respondents (n= 119, 55.4%) had good knowledge, 68 (31.6%) had average knowledge, 5.1% had poor knowledge, 4.7% lacked the knowledge and 2. 8% were unsure that a nurse should not harm patients intentionally or maliciously.

4.3. 3 Knowledge of the ethical principle of beneficence by nurses

Table 4.8 Knowledge of ethical principle of beneficence by nurses

Keys: Strongly Agree= Good knowledge; Agree=Average knowledge; Disagree=Poor knowledge; Strongly Disagree = Lack of knowledge

Variables	Strongly agree	Agree	Unsure	Disagree	Strongly disagree	No response	Total
a) The primary concern of the nurse in health care is the well-being of the patient	147(68,4%)	61(28,4%)	3(1,4%)	2(0,9%)	1(0,5%)	1(0,5%)	215(100%)
b) Beneficial caring entails risk-benefit analysis of the care plans for specific patient	36(16,7%)	86(40,0%)	59(27,4%)	18(8,4%)	10(4,7%)	6(2,8%)	215(100%)
c) By doing good, it means prevent and remove harm	95(44,2%)	102(47,4%)	10(4,7%)	4(1,9%)	2(0,9%)	2(0,9%)	215(100%)
d) Scope of practice must not be followed when a specific nursing procedure must be carried out because all nurses in the unit have good experience on those procedures	15(6,9%)	22(10,2%)	4(1,9%)	73(33,9%)	99(46,1%)	2(0,9%)	215(100%)
e) Having clinical competence and skills enable a nurse to deliver acceptable standard and beneficial care	128(59,5%)	68(31,6%)	8(3,7%)	4(1,9%)	6(2,8%)	1(0,5%)	215(100%)
f) The nurse administers pain medications on time to avoid both physical and psychological effects of pain on the patient	125(58,1%)	68(31,6%)	2(0,9%)	8(3,7%)	10(4,7%)	2(0,9%)	215(100%)

The data in the Table 4.8 shows that 147 (68.4%) of the respondents had good knowledge, 28.4% had average knowledge, 0.9% had poor knowledge, 0.5% lacked the knowledge and 1.4% were unsure that the primary concern of the nurse is the welfare of the patient.

About beneficially caring, only 16.7% of the respondents had good knowledge, 40% had average knowledge, 8.8% had poor knowledge, 4.7% lacked the knowledge and 27.4% were unsure that beneficial caring entails risk-benefit analysis of the care plan for the specific patient.

About doing good means to prevent and remove harm, 44.2% had good knowledge, 47.4% had average knowledge, only 1.9% had poor knowledge and 0.9% lacked the knowledge that doing good means to prevent and remove harm.

Regarding scope of practice, only 46.1% of the respondents had good knowledge, 33.9% had average knowledge, 10.2% had poor knowledge and 6.9% lacked the knowledge while 1.9% were unsure that the scope of practice must not be followed when a specific nursing procedure must be carried out.

On clinical competence and skills needed to provide acceptable and beneficial nursing care, the majority of respondents (n=128, 59.5%) had good knowledge, 31.6% had average knowledge, 1.9% had poor knowledge and 2.8% lacked the knowledge while 3.7% were unsure that having clinical competence and skills enables a nurse to deliver acceptable standard and beneficial care.

With regards to administration of medication by nurses on time, 58.1% of the respondents had good knowledge, 31.6% had average knowledge, 3.8% had poor knowledge, 4.7% lacked the knowledge and 0.9% were unsure that timely administration of medication minimizes both physical and emotional effects of pain on the patient.

4.3.4 Knowledge of the ethical principle of justice by nurses

Table 4.9 Knowledge on ethical principle of justice

Keys: Strongly Agree= Good knowledge; Agree=Average knowledge; Disagree=Poor knowledge; Strongly Disagree = Lack of knowledge

Variables	Strongly agree	Agree	Unsure	Disagree	Strongly disagree	No response	Total

a) Law and ethical principles influence the nurse's daily working conditions	83(38,6%)	97(45,1%)	17(7,9%)	11(5,1%)	6(2,8%)	1(0,5%)	215(100%)
b) It is morally right to treat patients based on the seriousness of their illnesses	72(33,5%)	104(48, 4%)	4(1,9%)	21(9,8%)	12(5,6%)	2(0,9%)	215(100%)
c) Justice as an ethical principle means fair treatment of patients and allocation of resource to enhance optimum care	86(40,0%)	93(43,3%)	26(12,1%)	5(2,3%)	5(2,3%)	0(0%)	215(100%)
d) Patient charter of Namibia provides nurses with information that guide them daily in dealing with patients	107(49,8%)	65(30,2%)	14(6,5%)	20(9,3%)	8(3,7%)	1(0,5%)	215(100%)
e) It is better for patient to wait because a nurse delegated for their care is not in a good mood and might not treat them well	12(5,6%)	4(1,9%)	10(4,7%)	46(21,4%)	143(66,5%)	0(0%)	215(100%)
f) A nurse may be held responsible for the damage to the hospitalised patient's properties	31(14,4%)	56(26,1%)	27(12,6%)	57(26,5%)	43(20,0%)	1(0,5%)	215(100%)

As shown in table 4.9 above, only 38.6% of the respondents had good knowledge, 45.1% had average knowledge, 5.1% had poor knowledge, 2.8% lacked the knowledge and 7.9% were unsure that the law and ethical principles influence daily work of a nurse.

About moral correctness to treat a patient according to seriousness of the diseases, out of 215 respondents, only a mere 72 (33.5%) had good knowledge, 48.4% had average knowledge, 9.8% had poor knowledge, 5.6% lacked the knowledge, while 1.9% were unsure that it is morally correct to treat patients based on the seriousness of their illness.

Table 4.9 also indicates that only 40% of the respondents had good knowledge, 43.3% had average knowledge, 2.3% had poor and lacked the knowledge respectively, while 12.1% were unsure that justice means fair treatment of patients and allocation of resources to enhance optimum care.

On whether the Namibian Patient Charter provides information that guides nurses in their daily work, the data in table 4.9 above shows that 107 (49.7 %) of the respondents had good knowledge, 30.2% had average knowledge, 9.3% had poor knowledge and 0.5% lacked the knowledge, while 6.5% were unsure that patient charter provides information that guide nurses in their daily work.

On if the patient has to wait because a nurse delegated for their care is not in a good mood and might not treat them well, majority of the respondents (n= 143, 66.5%) had good knowledge, 21.4% had average knowledge, 1.9% had poor knowledge and 5.6% lacked the knowledge, while 4.7% were unsure.

As shown in the above table 4.9, only 14.4% of the respondents had good knowledge, 26.1% had average knowledge, 26.5% had poor knowledge, 20% lacked the knowledge and 12.6% were uncertain that a nurse may be held responsible for the damage to the hospitalised patient's properties.

4.4 OBJECTIVE 1. 2: APPLICATION OF NURSING ETHICAL PRINCIPLES BY NURSES

This section presents the findings from the data analysis of the variables regarding the application of the nursing ethical principles of respect for a person/autonomy, non-maleficence, beneficence and justice.

4.4.1 Application of ethical principle of respect for a person or autonomy

Table 4.10 Application of ethical principle of respect for a person or autonomy

Keys: Strongly Agree= Good Application; Agree=Moderate Application; Disagree=Poor Application; Strongly Disagree = Lack of application

Variables	Strongly agree	Agree	Unsure	Disagree	Strongly disagree	No response	Total

a) Nurse ensures that patient received all information required to make informed decision regarding his/her illness and possible treatment	123(57,2%)	81(37,7%)	2(0,9%)	6(2,8%)	2(0.9 %	1(0,5%)	215(100%)
b) Nurses respect patient's autonomy only to avoid legal implications	77(35,8%)	115(52,5%)	14(6,5%)	5(2,3%)	3(1,4%)	1(0,5%)	215(100%)
c) As a nurse , I do my best to treat patients regardless of their wishes	68(31,6%)	76(35,4%)	13(6,1%)	40(18,6%)	16(7,4%)	2(0,9%)	215(100%)
d) A patient who refuses treatment while admitted in the hospital should be discharged home immediately to minimise the cost	7(3,3%)	15(6,9%)	19(8,8%)	75(34,9%)	98(45,6%)	1(0,5%)	215(100%)
e) Nurses need to obtain consents for surgical treatment only	18(8,4%)	19(8,8%)	19(8,8%)	101(46,9%)	57(26,5%)	1(0,5%)	215(100%)
f) All nurses in the hospital have the right of access to each patient's hospital file	21(9,8%)	37(17,2%)	27(12,6%)	67(31,2%)	63(29,3%)	0(0%)	215(100%)

As indicated in table 4.10, 123 (57.2%) of the respondents, had good application, 37% had moderate application, 2.8% had poor application, and 0.9% had lack of application, while 0.9% were unsure that patient should receive all the information required to make informed decision regarding illness and treatment.

On respecting patient's autonomy only to avoid legal implication, very few (1.4%) of the respondents had good application, and few (2.3%) had moderate application, 52.5% had poor application, 35.8% lacked the correct application as they indicated that they apply respect for patient' autonomy to avoid legal implications.

On treating the patients regardless of their wishes, only 7,4% of the respondents had good application, 18.6% had moderate application, 35.4% had poor application, 31.6% lacked the application and 6.1% were unsure that patients may not be treated against their wishes.

The majority of the respondents 45.6%) had good application, 34.9% had moderate application, 6.9% had poor application, 3.3% lacked the application and 8.8% were unsure that a patient who refuses treatment should not be discharged home immediately only to minimise cost.

About surgery as the only procedure for which nurses should obtain an informed consent from the patient, only 26.5% of the respondents had good application, majority (46.9%) had moderate application, 8.8% had poor application, 8.4% lacked the application and 8.8% were unsure that surgical procedures are not the only treatment which require an informed consent from the patient.

Equally, only 29.3% of the respondents had good application, 31.2% had moderate application, 17.2% had poor application, 9.7% lacked the application and 12.6% were unsure that all nurses in the hospital have no right of access to files of each hospitalised patient.

4.4.2 Application of ethical principle of non-maleficence

Table 4.11 Application of ethical principle of non-maleficence

Keys: Strongly Agree= Good Application; Agree=Moderate Application; Disagree=Poor Application; Strongly Disagree = Lack of application

Variables	Strongly agree	Agree	Unsure	Disagree	Strongly disagreed	No response	Total
a) Before carrying out any nursing care procedure, risks and benefits inherent in such procedures should be considered	89(41,4%)	101(46,9%)	17(7,9%)	4(1,9%)	3(1,4%)	1(0,5%)	215(100%)
b) Applying nursing process when executing nursing duties guard against omissions and commissions	40(18,6%)	94(43,7%)	63(29,3%)	11(5,1%)	3(1,4%)	4(1,9%)	215(100%)
c) Delegation of nursing tasks should always consider the scope of practice of nurses	123(57,2%)	75(34,8%)	5(2,3%)	9(4,2%)	2(0,9%)	1(0,5%)	215(100%)
d) It is always important to identify the patient before a nurse carry out any nursing procedure	174(80,9%)	38(17,7%)	3(1,4%)	0(0%)	0(0%)	0(0%)	215(100%)
e) A nurse has to carry out a complete assessment of the patient after operation to prioritise and determine the required nursing care	129(60,0%)	77(35,8%)	3(1,4%)	5(2,3%)	1(0,5%)	0(0%)	215(100%)

f) Treating very sick patients in cot beds is important in avoiding falls, which can result in malicious harm to the patients	152(70,7%)	55(25,6%)	3(1,4%)	2(0,9%)	3(1,4%)	0(0%	215(100%)

On consideration of risks and benefits before carrying out nursing procedures, the findings indicated that only 101 (41.4%) of the respondents had good application, 46.9% had moderate application, 1.9% had poor application, 1.40% lacked the application and 7.9% were unsure that they consider the risks and benefits before they carry out any nursing procedure.

Findings about respondents' use of nursing process to prevent omissions and commissions indicated 18.6% of the respondents had good application and 1.4% portrayed lack of application, 5.1%, poor applications, 43.7%, moderate application, while 29.3% were unsure on the application of the nursing process.

About consideration of scope of practice for delegation, 57.2% of the respondents had good application, 34.8% had moderate application, 4.2% had poor application, 0.9% did not apply and 2.3% were unsure that delegation of nursing tasks should always consider the scope of practice of nurses.

The findings indicated that the majority (98.6%) of the respondents indicated that they identify the patient before carrying out a nursing procedure. Only 3 (1.4%) of the respondents were unsure.

Majority of the respondents (60%) had good application, 35. 8% had average application, 2.3% had poor application, 0.5% did not apply a complete assessment of a patient after operation to prioritise and determine required nursing care and 1.4% were unsure about the variable.

About applications of safety measures, the majority (70.7%) had good application, 25.6% had average application, 0.9% had poor application, 1.4% did not apply that very sick patients are

treated in cot beds to avoid falls which can cause malicious harm to the patient, while another 1.4% of the respondents were unsure about the application of the principle.

4.4.3 Application of ethical principle of beneficence

Table 4.12: Application of ethical principle of beneficence

Keys: Strongly Agree= Good Application; Agree=Moderate Application; Disagree=Poor Application; Strongly Disagree = Lack of application

Variables	Strongly agree	Agree	Unsure	Disagree	Strongly disagreed	No response	Total
a) Having clinical competence and skills enable nurses to deliver acceptable standard and beneficial care to patients	123(57,2%)	79(36,7%)	8(3,7%)	4(1,9%)	1(0,5%)	0(0%)	215(100%)
b) Individualised care plan is utmost important in caring for patients in order to achieve the need of each patient	90(41,9%)	94(43,7%)	20(9,3%)	5(2,3%)	4(1,9%)	2(0,9%)	215(100%)
c) It is morally right to report Nurse B to the unit supervisor because he always scolds and shouts to the patients	46(21,4%)	94(43,7%)	42(19,5%)	23(10,7%)	9(4,2%)	1(0,5%)	215(100%)
d) Parents' wishes can sometimes be	39(18,1%)	89(41,4%)	47(21,9%)	25(11,6%)	13(6,1%)	2(0,9%	215(100%)

disregarded if they disagree with the lifesaving treatment plans for their children							
e) Every nurse should be aware of his/her abilities and limitations to ensure acceptable and appropriate care is rendered to patients	87(40,5%)	112(52,1%)	8(3,7%)	2(0,9%)	4(1,9%)	2(0,9%)	215(100%)
f) A nurse has to advocate for the mental retarded patient under his/her care to ensure safety	115(53,5%)	79(36,7%)	7(3,3%)	1(0,5%)	4(1,9%)	9(4,2%)	215(100%)

Table 4.12 illustrates that 57.2% of the respondents had good application, 36.7% had moderate application, 1.9% had poor application, 0.5% did not apply while 3.7% were unsure that competence and skills enable a nurse to deliver acceptable standard and beneficial care to patients.

About applying individualized care to achieve caring needs of each patient, 41.9% had good application, 43.7% had moderate application, 2.3% had poor application, 1.9% did not apply, and 9.3% of the respondents were unsure that applying individualised care enables a nurse to achieve the caring need of each patient.

With regard to reporting a nurse who scolds and shouts at patients, only 21.4% had good application, 43.7% applied it moderately, 10.7% applied it poorly, 4.2% never applied it and

19.5% of the respondents were unsure that reporting a nurse who scolds patients is morally right.

Furthermore, the findings indicated that only 40.5% of the respondents had good application; and 52.1% had moderate application, 0.9% had poor applications or never applied nurses' abilities and limitations when rendering care to ensure acceptable and appropriate care of patients.

With regard to the nurse's advocacy role, 53.5% had good practice, 36.7% had moderate practice, 0.5% had poor practice and 4.2% never practiced advocacy, while 3.5% of the respondents were unsure of nurse's role as patients' advocate.

On the statement that parent's wishes can sometimes be disregarded if they disagree with the life-saving treatment of their children, findings indicated that only 6.1% had good application and 21.6% had moderate application as they indicated strongly disagree and agree respectively, and 18.1% had poor application, 41.4% had moderate application, while 21.9% of the respondents were unsure.

4.4.4 Application of nursing ethical principle of justice

Table 4.13 Application of nursing ethical principle of justice

Keys: Strongly Agree= Good Application; Agree=Moderate Application; Disagree=Poor Application; Strongly Disagree = Lack of application

Variables	Strongly agree	Agree	Unsure	Disagree	Strongly disagree	No response	Total
a) Non-discriminatory treatment of patients in nursing units serves as a prerequisite of justice	74(34,4%)	74(34,4%)	47(21,9%)	8(3,7%)	7(3,3%)	5(2,3%)	215(100%)

b) Seeing patients on time is one of the patient's rights that should be respected	89(41,4%)	105(48,8%)	6(2,8%)	12(5,6%)	2(0,9%)	1(0,5%)	215(100%)
c) It is better for the patients to wait because a nurse delegated for their care is not in the good mood and might not treat them well	9(4,2%)	13(6,1%)	14(6,5%)	50(23,3%)	129(60,0%)	0	215(100%)
d)The nurse prioritises the caring needs of her/his patients in the unit to ensure balance care delivery	83(38,6%)	110(51,2%)	14(6,5%)	7(3,3%)	0	1(0,5%)	215(100%)
e) Despite the scarcity of nursing resources, I always provide nursing care in a responsible and appropriate manner	93(43,3%)	100(46,5%)	14(6,5%)	6(2,8%)	1(0,5%)	1(0,5%)	215(100%)
f) Nurses ensure that rights of his/her patients involved in research are always protected	92(42,9%)	102(47,7%)	15(7,0%)	3(1,4%)	2(0,9%)	0	215(100%)

A mere 34.4% of the respondents had good application, another 34.4% had moderate application, 3.2% had poor application, 3.3% never applied, while 21.9% were unsure about non-discriminatory treatment of patients as a prerequisite for justice.

The findings in the table further revealed that 41.4% of the respondents had good application, 48.8% had moderate application, 0.9% had poor application and 0.5% never applied timely attendance to patients in line with the justice principle, while 2.8% were unsure.

With regard to patients to wait for treatment, the majority (60%) had good application, a total of 29.3% had moderate application, 4.2% never applied it and 6.5% of the respondents were unsure that patients should not wait for treatment because the nurse is not in the mood to provide such care.

Furthermore, only 38.6% of the respondents had good application about prioritizing of patients' care need in the ward; the majority (51.2%) had moderate application, 3.3% had poor application, while 6.5% were unsure on prioritization of patients' needs for care.

The findings also indicated that 43.3% had good application, 46.5% had moderate application, 2.8% had poor application, 0.5% never applied provision of nursing care in a responsible and appropriate manner despite the scarcity of nursing resources, as a principle of justice, while 6.5% of the respondents were unsure.

With regard to right to protection for patients involved in research, only 42.9% had good application of the practice, 47.7% had moderate application, 1.40% had poor application and 0.9% never applied the principle of protection of patients under research, while 7.0% of the respondents were unsure about the principle.

4.5: OBJECTIVE 2.1: ANALYSIS OF THE RELATIONSHIP BETWEEN KNOWLEDGE AND THE SOCIO-DEMOGRAPHIC VARIABLES

The relationship between the socio-demographic variables of gender, age, rank of the respondent, years of service at Onandjokwe Hospital, years of work experience as a nurse and period when the respondent was trained on nursing ethics and the knowledge pertaining to ethical principles were analysed. For each of the socio-demographic variables, the responses were re-categorised into strongly agree/agree as one group and unsure/disagree/strongly disagree as another group.

4.5.1 Association between socio-demographic variables and knowledge of the ethical principle of respect for a person or autonomy

The relationship was tested using a Chi-square test and when the data in each cell was inadequate for a Chi-square test, Fisher exact test was used. The findings are shown in the Table 4.14 below: A significant relationship of variable is established when the result indicated a p-value of less than 0.05 (p-value).

Table 4.14 Association between socio-demographic variables and the knowledge of ethical principle of respect for a person.

Item	**Variable**	**Number of respondents**			**Chi-squared / Fishers exact**
In any health situation respect for person means treat patients as persons with rights regardless of	**Gender**	**Strongly agree/Agree**	**Unsure/Strongly Disagree/Disagree**	**Total**	Fisher exact test p = 1.00
	Male	22	0	22	
	Female	187	6	193	
	Total	209	6	215	
	Age 20-40 yrs	156	3	159	Fisher exact test p = 0.18
	41 yrs., and above	53	3	56	

their health status	Total	209	6	215	
	Rank/position				Fisher exact test p = 1.00
	RN/RM	99	3	102	
	EN/M/EN	110	3	113	
	Total	209	6	215	
	Years of service at Intermediate Hospital, Onandjokwe	**Strongly agree/Agree**	**Unsure/Strongly Disagree/Disagree**	**Total**	
	Less than 5 years	117	3	120	Fisher exact test p = 1.00
	5 years and above	92	3	95	
	Total	209	6	215	
	Working experience as a nurse				
	Less than 5 years	103	1	104	Fisher exact test p = 0.21
	5 years and above	106	5	111	
	Total	209	6	215	
	Stage when trained on nursing ethics	**Strongly agree/Agree**	**Unsure/Strongly Disagree/Disagree**	**Total**	
	During basic nursing training programme	185	6	191	Fisher exact test p = 1.00
	Induction/orientation/in-service training	19	0	19	
	Total	204	6	210	

From the data in the above table 4.14 and the Fisher test p values (>0.05) for all the socio-demographic variables, it can be concluded that there was no significant association between any of the socio-demographic variables and knowledge of the respondents on the principle of respect for a person or autonomy as an ethical principle.

4.5.2 Association between sociodemographic variables and Knowledge of ethical principle of non-maleficence

For each of the socio-demographic variables the responses were re-categorised into strongly agree/agree as one group and unsure/disagree/strongly disagree as another group. The relationship was tested using a Chi-square test and where data in each cell was inadequate for a Chi-square test, Fisher exact test was used. A significant relationship of variable is established when the result indicated a p-value of less than 0.05(p-value).

The findings are shown in the Table 4.15 below:

Table 4.15 Association between socio- demographic variables and the knowledge of ethical principle of non-maleficence

Item	**Variable**	**Number of respondents**			**Chi-squared / Fishers exact**
Non-maleficence requires the nurses to avoid harm and avoid causing harm to the patient	**Gender**	**Strongly agree/Agree**	**Unsure/Strongly Disagree/Disagree**	**Total**	Fisher exact test p = 0.76
	Male	18	4	22	
	Female	159	29	188	
	Total	177	33	210	
	Age 20-40 yrs.	135	21	156	X^2 = 2.31, p = 0.13
	41 yrs., and above	42	12	54	
	Total	177	33	210	
	Rank/position RN/RM	90	9	99	**X^2 = 6.174, p = 0.01**
	EN/M/EN	87	24	111	
	Total	177	33	210	

	Years of service at Intermediate Hospital, Onandjokwe				
	Less than 5 years	106	12	118	**X^2 = 6.22, p = 0.01**
	5 years and above	71	21	92	
	Total	177	33	210	
	Working experience as a nurse				
	Less than 5 years	92	10	102	**X^2 = 5.21, p = 0.02**
	5 years and above	85	23	108	
	Total	177	33	210	
	Stage when trained on nursing ethics				
	During basic nursing training programme	157	29	186	Fisher exact test p = 0.74
	Induction/orientation/in-service training	17	2	19	
	Total	174	31	205	

The findings in the table above indicated that there was significant association between the rank of the respondents and knowledge of the ethical principle of non-maleficence, with a X^2 of 6.174, p= 0.01, comparing registered nurses/midwives with enrolled nurses/midwives. Registered nurses were more knowledgeable than enrolled nurses. There was also significant association between knowledge of the ethical principle of non-maleficence and years of working at Onandjokwe hospital when those who have worked less than five years were compared with those who worked five years and more in the hospital (X^2 = 6.22, p = 0.01). Similarly, there was significant association between knowledge of ethical principle of non-maleficence and working experience as a nurse when those who have less than five years' experience as a nurse were compared with those who have more than five years nursing practice

experience (X^2 = 5.21, p = 0.02). Nurses who worked and had work experience of five years and more were more knowledgeable. There was no significant association between the other socio-demographic variables and knowledge of non-maleficence as an ethical principle.

4.5.3 Association between socio-demographic variables and knowledge of the ethical principle of beneficence by nurses

The relationship was tested using a Chi-square test and where data in each cell was inadequate for a Chi-square test, Fisher exact test was used. A significant relationship of variable is established when the result indicated a p-value of less than 0.05(p-value). The findings are shown in the Table 4.16 below:

Table 4.16 Association between socio-demographic variables and knowledge of ethical principle of beneficence

Item	**Variable**	**Number of respondents**			**Chi-squared / Fishers exact**
Beneficial caring for patients entails risk-benefit analysis of the care plans for the specific patient	**Gender** Male	**Strongly agree/Agree**	**Unsure/Strongly Disagree/Disagree**	**Total**	X^2 = 2.075, p = 0.15
		16	6	22	
	Female	106	81	187	
	Total	122	87	209	
	Age 20-40 yrs.	88	66	154	X^2 = 0.36, p = 0.55
	41 yrs., and above	34	21	55	
	Total	122	87	209	
	Rank/position RN/RM	68	33	101	**X^2 = 6.42, p = 0.01**
	EN/M/EN	54	54	108	
	Total	122	87	209	

	Years of service at Intermediate Hospital, Onandjokwe				
	Less than 5 years	73	43	116	X^2 = 2.22, p = 0.14
	5 years and above	49	44	93	
	Total	122	87	209	
	Working experience as a nurse				
	Less than 5 years	61	38	99	X^2 = 0.81, p = 0.37
	5 years and above	61	49	110	
	Total	122	87	209	
	Stage when trained on nursing ethics				
	During basic nursing training programme	112	75	187	X^2 = 0.31, p = 0.58
	Induction/orientation/in-service training	9	8	17	
	Total	121	83	204	

From the table 4.16 above, there was significant association between the rank of the respondents and the knowledge of ethical principle of beneficence when registered nurses/midwives were compared with enrolled nurses/midwives (X^2 = 6.42, p = 0.01). Registered nurses were more knowledgeable than enrolled. No such significant association were found between other socio-demographic variables and the knowledge of the respondents on the ethical principle of beneficence.

4.5.4 Association between sociodemographic variables and knowledge of the ethical principle of justice

For each of the socio-demographic variables the responses were re-categorised into strongly agree/agree as one group and unsure/disagree/strongly disagree as another group. The relationship was tested using a Chi-square test and where data in each cell was inadequate for a Chi-square test, Fisher exact test was used. A significant relationship of variable is established when the result indicated a p-value of less than 0.05 (p-value). The findings are shown in the Table 4.17.

Table 4.17 Association between socio-demographic variables and knowledge of ethical principle of justice

Item	**Variable**	**Number of respondents**			**Chi- squared / Fishers exact**
Justice as an ethical principle means fair treatment of patients as well as allocation of resources in a manner to enhance optimum care	**Gender**	**Strongly agree/Agree**	**Unsure/Strongly Disagree/Disagree**	**Total**	**Fisher exact test p= 0.03**
	Male	22	0	22	
	Female	157	36	193	
	Total	179	36	215	
	Age 20-40 yrs.	134	25	159	X^2 = 0.454, p = 0.5
	41 yrs., and above	45	11	56	
	Total	179	36	215	
	Rank/position RN/RM	86	16	102	X^2 = 0.16, p = 0.69
	EN/M/EN	93	20	113	
	Total	179	36	215	

	Years of service at Intermediate Hospital, Onandjokwe				
	Less than 5 years	101	19	120	$X^2 = 0.16$, p = 0.69
	5 years and above	78	17	95	
	Total	179	36	215	
	Working experience as a nurse				
	Less than 5 years	87	17	104	$X^2 = 0.023$, p = 0.88
	5 years and above	92	19	111	
	Total	179	36	215	
	Stage when trained on nursing ethics				
	During basic nursing training programme	161	30	191	Fisher exact test p = 0.52
	Induction/orientation/in-service training	15	4	19	
	Total	176	34	210	

Table4.17 shows that there is a relationship between gender and knowledge of principle of justice (P=0.003). Male nurses were knowledgeable than females. There was no other significant association between any of the socio-demographic variables and knowledge of justice as an ethical principle.

4.6 OBJECTIVE 2.2: ANALYSIS OF THE RELATIONSHIP BETWEEN SOCIO-DEMOGRAPHIC VARIABLES AND APPLICATION OF ETHICAL PRINCIPLES BY NURSES

4.6.1 Association between sociodemographic variables and the application of the ethical principle of respect for a person or autonomy

The relationship between the socio-demographic variables of gender, age, rank of the respondent, years of service at Onandjokwe Hospital, years of work experience as a nurse and period when the respondent was trained on nursing ethics and the practice pertaining to ethical principle of respect for a person or autonomy was analysed. For each of the socio-demographic variables the responses were re-categorised into strongly agree/agree as one group and unsure/disagree/strongly disagree as another group. The relationship was tested using a Chi-square test and where data in each cell was inadequate for a Chi-square test, Fisher exact test was used. A significant relationship of variable is established when the result indicated a p-value of less than 0.05(p-value). The findings are shown in the Table 4.18 below:

Table 4.18 Association between socio-demographic variables and application of ethical principle of respect for a person or autonomy

Item	**Variable**	**Number of respondents**			**Chi-squared / Fishers exact**
The nurse ensures that the patient receives all information required to make an informed decision regarding his/her illness and the possible treatment	**Gender**	**Strongly agree/Agree**	**Unsure/Strongly Disagree/Disagree**	**Total**	Fisher exact test p = 0.57
	Male	22	0	22	
	Female	182	10	192	
	Total	204	10	214	
	Age				Fisher exact test p = 0.46
	20-40 yrs.	149	9	158	
	41 yrs. and above	55	1	56	
	Total	204	10	214	

	Rank/position RN/RM	94	7	101	Fisher exact test p = 0.196
	EN/M/EN	110	3	113	
	Total	204	10	214	
	Years of service at Intermediate Hospital, Onandjokwe				
	Less than 5 years	111	8	119	Fisher exact test p = 0.19
	5 years and above	93	2	95	
	Total	204	10	214	
	Working experience as a nurse				
	Less than 5 years	97	6	103	Fisher exact test p = 0.53
	5 years and above	107	4	111	
	Total	204	10	214	
	Stage when trained on nursing ethics				
	During basic nursing training programme	182	9	191	Fisher exact test p = 1.00
	Induction/orientation/in-service training	18	0	18	
	Total	200	9	209	

Table 4.18 indicates that there was no significant association at the 5% level of significance between any of the socio-demographic variables and the application of the ethical principle of respect for a person or autonomy by the respondents.

4.6.2 Association between sociodemographic variables and the application of the ethical principle of non-maleficence by the nurses

For each of the socio-demographic variables the responses were re-categorised into strongly agree/agree as one group and unsure/disagree/strongly disagree as another group. The relationship was tested using a Chi-square test and where data in each cell was inadequate for a Chi-square test, Fisher exact test was used. A significant relationship of variable is established when the result indicated a p-value of less than 0.05(p-value). The findings are shown in the Table 4.19 below:

Table 4.19 Association between socio-demographic variables and the application of ethical principle of non-maleficence

Item	**Variable**	**Number of respondents**			**Chi-squared / Fishers exact**
Before carrying out any nursing care procedures, risk and benefits inherent in such procedures should be considered	**Gender**	**Strongly agree/Agree**	**Unsure/Strongly Disagree/Disagree**	**Total**	Fisher exact test p = 0.14
	Male	22	0	22	
	Female	168	24	192	
	Total	190	24	214	
	Age				X^2 = 1.79, p = 0.18
	20-40 yrs	143	15	158	
	41 yrs and above	47	9	56	
	Total	190	24	214	
	Rank/position				X^2 = 1.11, p = 0.29
	RN/RM	93	9	102	
	EN/M/EN	97	15	112	
	Total	190	24	214	

	Years of service at Intermediate Hospital, Onandjokwe				
	Less than 5 years	107	13	120	X^2 = 0.04, p = 0.84
	5 years and above	83	11	94	
	Total	190	24	214	
	Working experience as a nurse				
	Less than 5 years	92	11	103	X^2 = 0.05, p = 0.81
	5 years and above	98	13	111	
	Total	190	24	214	
	Stage when trained on nursing ethics				
	During basic nursing training programme	171	19	190	Fisher exact test p = 1.00
	Induction/orientation/in-service training	17	2	19	
	Total				

Based on the data in the table4.19, there was no significant association, at the 5% level of significance, between the socio-demographic variables and the application of the ethical principle of non-maleficence by the respondents.

4.6.3 Association between sociodemographic variables and the application of the ethical principle of beneficence

For each of the socio-demographic variables the responses were re-categorised into strongly agree/agree as one group and unsure/disagree/strongly disagree as another group. The relationship was tested using a Chi-square test and where data in each cell was inadequate for a Chi-square test, Fisher exact test was used. A significant relationship of variable is established

when the result indicated a p-value of less than 0.05(p-value). The findings are shown in the Table 4.20 below:

Table 4.20 Association between socio-demographic variables and the application of ethical principle of beneficence

Item	**Variable**	**Number of respondents**			**Chi-squared / Fishers exact**
Individualized care plans are of utmost importance in caring for patients in order to achieve the need of each patient	**Gender**	**Strongly agree/Agree**	**Unsure/Strongly Disagree/Disagree**	**Total**	Fisher exact test p = 1.00
	Male	18	3	21	
	Female	166	26	192	
	Total	184	29	213	
	Age				X^2 = 0.054, p = 0.816
	20-40 yrs.	137	21	158	
	41 yrs. and above	47	8	55	
	Total	184	29	213	
	Rank/position				X^2 = 1.33, p = 0.25
	RN/RM	91	11	102	
	EN/M/EN	93	18	111	
	Total	184	29	213	
	Years of service at Intermediate Hospital, Onandjokwe				
	Less than 5 years	99	20	119	X^2 = 2.32, p = 0.13
	5 years and above	85	9	94	
	Total	184	29	94	

	Working experience as a nurse				
	Less than 5 years	85	17	102	X^2 = 1.54, p = 0.21
	5 years and above	99	12	111	
	Total	184	29	213	
	Stage when trained on nursing ethics				
	During basic nursing training programme	165	25	190	Fisher exact test p = 0.71
	Induction/orientation/in-service training	17	1	18	
	Total	182	26	208	

From the data in the table 4.2, there was no significant association at the 5% level of significance between the socio-demographic variable and the application of the ethical principle of beneficence by the respondents.

4.6.4 Association between the socio-demographic variables and the application of the ethical principle of justice by nurses

For each of the socio-demographic variables the responses were re-categorised into strongly agree/agree as one group and unsure/disagree/strongly disagree as another group. The relationship was tested using a Chi-square test and where data in each cell was inadequate for a Chi-square test, Fisher exact test was used. A significant relationship of variable is established when the result indicated a p-value of less than 0.05(p-value). The findings are shown in the Table 4.21.

Table 4.21 Association between socio-demographic variables and application of ethical principle of justice

Item	Variable	Number of respondents			Chi-squared / Fishers exact
Non-discriminatory treatment of patients in nursing units serves as a prerequisite of justice	**Gender**	**Strongly agree/Agree**	**Unsure/Strongly Disagree/Disagree**	**Total**	Fisher exact test p = 0.32
	Male	18	4	22	
	Female	130	58	188	
	Total	148	62	210	
	Age				
	20-40 yrs	113	43	156	X^2 = 1.11, p = 0.29
	41 yrs and above	35	19	54	
	Total	148	62	210	
	Rank/position				
	RN/RM	74	27	101	X^2 = 0.73, p = 0.39
	EN/M/EN	74	35	109	
	Total	148	62	210	
	Years of service at Intermediate Hospital, Onandjokwe				
	Less than 5 years	86	32	118	X^2 = 0.75, p = 0.39
	5 years and above	62	30	92	
	Total	148	62	210	
	Working experience as a nurse				
	Less than 5 years	74	24	101	

	5 years and above	71	38	109	X^2 = 3.09, p = 0.08
	Total	148	62	210	
	Stage when trained on nursing ethics				
	During basic nursing training programme	135	53	188	X^2 = 0.91, p = 0.34
	Induction/orientation/in-service training	11	7	18	
	Total	146	60	206	

From the data in table 4.21, there was no significant relationship, at the 5% level of significance, between any of the socio-demographic variables and the application of the ethical principle of justice by respondents in this study.

4.7 SUMMARY

This chapter has presented the findings from the analyses of data provided by the research respondents. There were 215 respondents who responded to the items on the self-administered questionnaire with a response rate of 85.6 %.

The analyses revealed that both the knowledge and application of all four ethical principles were low among the respondents. On average, only 42% of the respondents had good knowledge of the ethical principles of autonomy, while 45.4% had good knowledge of non-maleficence and 48.8% and 40.5% respectively had good knowledge of beneficence and justice related to nursing care for patients. The data also shows that the application of the ethical principles of autonomy was good among only 36.6% of the respondents. Similarly, the application of the ethical principles of non-maleficence was good among average of 54.8% of the respondents and application of the principle of beneficence was good among only 38.8% of the respondents while the application of the ethical principle of justice was only good among 43.5% of the respondents.

Further analyses showed there was significant association betweenn the rank of the respondents and the knowledge of the ethical principle of non-maleficence, with a X^2 of 6.174, p= 0.01, as registered nurses showed better knowledge of the principle when compared with enrolled nurses/midwives. There was also significant association between knowledge of the ethical principle of non-maleficence and years of working and years of experience as a nurse as those who have worked for five years and longer or have a work experience of five years and longer were more knowledgeable regarding the principle when compared with those who worked or have work experience of less than five years .X^2 = 6.22, p = 0.01). There was significant association between the rank of the respondents and the knowledge of ethical principle of beneficence as registered nurses/midwives were more knowledgeable on the ethical principle when compared with enrolled nurses/midwives (X^2 = 6.42, p = 0.01). There was no significant association between the knowledge of the respondents and the ethical principle of respect for a person or autonomy. However, there was a significant association between gender and knowledge of the ethical principle of justice (P=0.003). Male nurses were more knowledgeable than female nurses. There was no significant relationship between other sociodemographic variable and the knowledge of ethicall principle of justice.

The next chapter discusses the findings and compares them to the existing relevant literature.

CHAPTER 5

DISCUSSION OF THE FINDINGS

5.1 INTRODUCTION

The previous chapter outlined the findings of the study and in this chapter the key findings and significance of the findings are discussed and compared and contrasted to the findings of the relevant studies to draw conclusions.

5.2 DISCUSSION

The main objectives of this study were to assess and describe the knowledge and application by nurses of the ethical principles of respect for a person or autonomy, non-maleficence, beneficence and justice in providing care to patients and clients, and to determine the association between socio-demographic variables of the respondents and the knowledge and application of these principles. Respondents in the study consisted of 102 Registered Nurses and 113 Enrolled Nurses, 74% of them aged 20-40 years and about 52% had worked for more than 5 years as nurses. Majority of the respondents had basic training on nursing ethics during their pre-service training. The findings of the study for each of the ethical principles are discussed in the next sections.

5.2.1 Principle of respect for a person or autonomy

5.2.1.1 Knowledge of ethical principle of respect for a person or autonomy by nurses

Autonomy, as defined by Moodley (2017), encompasses respect for persons, informed consent, effective communication, truth telling, privacy and confidentiality of information. The knowledge of the respondents and their application of the principle of autonomy were assessed using different items related to these aspects of autonomy.

Majority of respondents, (84.2%), had good knowledge in treating a patient as a person with rights regardless of the clients' health status. The present study revealed that only 40.9% of respondents have good knowledge, whereas 28.8% had average knowledge with regard to involving patients in treatment decisions. However, 10.7%, lacked the knowledge and 13.9% had poor knowledge on involving patients regarding their treatment decisions.

Regarding the rights for autonomy as the issue for patients, only 10.2% of the respondents had good knowledge that those rights do not concern patients only, but it is also about nurses' accountability to obtain informed consent from a patient. Majority of the respondents lacked the correct knowledge that the right for autonomy, as enshrined in the professional code of conduct and supported by health care policies also apply to the nurses regarding obtainment of informed consent from the patient (Greany, 2017).

In this study only 33.9% of the respondents had good knowledge that parent's consent should be obtained when treating children comparing to the findings of a study conducted among doctors and nurses on the knowledge, attitude and practice of healthcare ethics by Adhikari et al, (2016) in Nepal, which indicates that the majority (86.0%) of the nurses had good knowledge children should never be treated without the informed consent of their parents.

On ensuring that a patient receives all the information needed to make informed decisions, 70.2% of the respondents had good knowledge. Unlike the findings of the study by Munyati (2015), about the factors contributing to non-adherence to medical ethics at Ndola Central Hospital, Zambia, which indicates that only 50% of the respondents provide information to patients due to work overload and critical shortage of health personnel, the findings of the

current study indicated that majority of the respondents provide information to the patient for the latter to make informed decisions.

Regarding sharing information on patient' condition with relatives, the study revealed that 27.4% of the respondents had average knowledge, and 25.1% had good knowledge that information on patient's condition should not be shared with relatives without patients' permission. In comparison with the findings of a study in Ethiopia by Tegegne (2022), about knowledge and attitudes of health professionals such as nurses and doctors towards patient confidentiality and associated factors, a much higher proportion of study respondents of 59.8% depicted good knowledge about confidentiality of patients' medical information. However, the current study revealed that 20.9% of the respondents had poor knowledge and 14.9% of the respondents lacked the knowledge of keeping patient information confidential. Improper disclosure of patient confidential information could threaten the patients' safety, trust and therefore, it lowers the quality of care as patients might withhold important information concerning their illnesses.

This study found no significant association between any of the socio-demographic variables and the knowledge of the respondents regarding the principle of respect for a person or autonomy as an ethical principle. In contrary, Thirunavukarasu and Vermurugan (2018), in their study conducted among nurses in India regarding knowledge about law and ethics revealed a significant association between age and the knowledge of principle of ethical principle of respect for a person or autonomy. The study respondents of younger age group (21-30 years) demonstrated high level of knowledge about respect for a person or autonomy. In the same study there was also a statistical significance between the knowledge of law and ethics and the educational qualification and designation of the respondents.

5.2.1.2 Application of ethical principle of respect for a person or autonomy by nurses

The application of ethical principle of respect for a person by nurses was assessed by using the items such as ensuring that a patient receives all information to make informed decisions, on whether nurses respect patient's autonomy only to avoid legal implications, treating patients regardless of their wishes, discharging patients who refused treatment to minimise cost, informed consent to be obtained only for surgical treatment, and if all nurses in the hospital have the right of access to each patient's hospital file.

The majority (57.2%) of the respondents portrayed good application in spite of the findings that only 40.9% of the respondents have good knowledge of the ethical principle of respect for a person or autonomy. The findings of the current study concur with the study by Munyati (2015) among nurses, doctors and laboratory technicians, in Ndola Hospital, Zambia, which also revealed only 50% of the respondents provided information to the patients for informed decisions due to critical shortage of personnel and increased work overload. However, the current study did not explore factors that influence the provision of information for informed decisions to patients by nurses.

On the aspect of respecting patient's autonomy to only avoid legal implications, only 1.4% of the respondents showed good application. Majority of the respondents either poorly apply or never apply this concept. An erroneous perception by the respondents that application of autonomy is only to avoid legal implication, corresponds with respondents' poor knowledge as indicated by a mere 10.3% of the respondents who had good knowledge that autonomous rights does not concern patients only but also nurses. This implies lack of understanding of the ethical codes of conducts by nurses, and therefore, their inability to apply ethical codes appropriately.

Respecting patient's autonomy is a necessary ethical principle that preserves the patients' rights as human beings and whose independent decisions should be respected and not necessarily to avoid legal implications.

Regarding treating patients irrespective of their wishes, only 7.4% of the respondents had good application by considering the wishes of the patients, which is much lower compared to the findings of the study by Adhikari (2016) in Nepal, which revealed that 80.2% of nurses adhered to patients' wishes; and of Danjuma et. al, (2015) who in their study in Nigeria reported that 51% of the respondents indicated adherence to patients' wishes regarding treatment.

This study also assessed the application of ethical principle of autonomy by the respondents with respect to discharging a patient who refuses treatment, the findings indicated that 45.6% of the respondents had good application and 34.9% had moderate application as they do not discharge patient on such basis. They would rather provide the patient with alternatives. One such alternative could be continuing to educate the patient on the benefit of the treatment that he/she refused or finding alternative treatment, if available. Discharging patients when they refuse treatment infringes on their fundamental human rights for treatment and violates the ethical principle of autonomy, because such patients' decision is based on lack of correct information.

The study finding revealed that only 26.5% of the respondents had good application, while 49.9% had moderate application of obtaining consent not only for surgical procedures but for any treatment intervention. This could be compared to the findings of Danjuma et. al, (2015), and Hariharan et al. (2006), which indicate that 83% and 88.1% of their respective study respondents practice obtainment of informed consent not only for surgical procedures but for all medical intervention for which an informed consent is indicative.

Regarding the right of accessibility to patient's hospital files by all nurses, the present study findings revealed poor application of this criteria, because only 29.3% of the respondents apply these criteria correctly, while 31.2% applied it moderately. Furthermore, the findings of the current study concur with the study by Tegegne (2020), which found 44% of the respondents have low or inadequate knowledge and application of confidentiality of patients' information. A lack of maintenance of confidentiality of patients' information could be attributed to lack of knowledge by nurses on the ethical and legal implications of divulgence of patients' confidential information.

In conclusion, the study revealed poor knowledge of ethical principle of respect for a person or autonomy by nurses with regard to all variables assessed, *except for the variable regarding the provision of all information needed for the patient to make informed decision which scored 70.2%.* The average knowledge of ethical principle of respect for person by the respondents in the current study is 42.0%

Correspondingly, the findings indicate poor application of ethical principle of respect for person by the respondents regarding all variables that were assessed. The average application of ethical principle of respect for a person is 27.9%. The study findings on knowledge and application of ethical principle of respect for person or autonomy by nurses is poor, and this imply that patients are at risks of poorer quality of care.

There was no significant association between the any of the socio-demographic variables and the application of the ethical principle of respect for a person or autonomy by the respondents.

5.2.2 Principle of Non-maleficence

5.2.2.1 Knowledge of ethical principle of Non-Maleficence by nurses

Nurses' knowledge about non-maleficence was assessed based on the following variables: non–maleficence requires nurses to avoid harm and avoid causing harm to patients; consideration of risks and benefits of any nursing procedures; non-intentional harm is less valued; non-maleficence applies to omissions and commissions; a patient who wishes to die should be assisted to do so, and that a nurse does not intentionally and maliciously cause harm or injuries to patients.

More than half of the respondents (56.3%) demonstrated good knowledge about avoiding harm and avoiding causing harm to the patients under their care. The finding is however lower compared to the findings of a similar study by Timilsina and Bhangwati (2017) that reported a high knowledge score for non-maleficence (78.8%) among the respondents because nurses perceive that they should not harm patients, which is appropriate in their context. In the same vein, majority of the respondents demonstrated good knowledge on the importance of communicating any nursing procedures as well as consideration of the risks and benefits of such procedures. On the contrary, 30.7% of the respondents portrayed poor knowledge followed by 26.1% who were unsure that non-intentional harm to the patient is valued despite the care the patient is receiving. This could place the patient at risk, incidence which might not be reported accordingly. Furthermore, only 13.5% of the respondents had good knowledge and 33.9% of respondents with average knowledge that act of omission and commission constitute harm to the patient. The low proportion of respondents with good knowledge on this aspect is a cause for concern to both the patients and the nurses as patients could suffer harm unintentionally and the nurse could face legal and ethical consequences in the course of duty without being aware of the danger.

The majority of the respondents (68.8%) demonstrated good knowledge that a suicidal patient should not be assisted to do so. This is similar with the findings of a study in Nigeria by Danjuma et al. (2015) in which 74% of the respondents disagreed with assisting patients who wish to die. However, the present study revealed 2.3% of respondents admitted that a patient who wishes to die could be assisted to accomplish that. This could be attributed to lack of knowledge that euthanasia or mercy killing is not allowed under Namibian laws. Moreover, 55.3% of the respondents indicated good knowledge that they are obliged not to cause harm to patient either intentional or maliciously.

The study indicated a significant association between the rank of the respondents and knowledge of the ethical principle of non-maleficence, with a X^2 of 6.174, p= 0.01, as registered nurses/midwives appeared more knowledgeable than enrolled nurses/midwives on this principle. It further indicated a significant association between knowledge of the ethical principle of non-maleficence and years of working at Onandjokwe hospital indicating those who have worked less than five years were less knowledgeable compared with those who worked five years and more in the hospital ($X^2 = 6.22$, p = 0.01) who were more knowledgeable. The findings could be related to the fact that the training for the registered nurses/midwives is of longer duration and their curriculum is of more depth than that of the enrolled nurses/midwives. Similarly, longer duration of employment is associated with more experience and acquisition of knowledge.

5.2.2.2 Application of the ethical principle of non-maleficence by nurses

The application of the ethical principle of non-maleficence by nurses was also assessed based on the items such as: consideration of risks and benefits inherent in any nursing procedure before it is carried out, applying the nursing process to guard against omissions and commissions, consideration of scope of practice when delegating nursing tasks, the importance

of identifying a patient before a nurse carries out any nursing procedure, complete assessment of a patient to prioritise the required care, and importance of treating very sick patients in cot beds to avoid falls.

Good application of non-maleficence was highlighted in which 41.4% of the respondents do consider the risks and benefits of each nursing procedures, and 46.9% moderately applied this concept.

In line with applying nursing process in rendering nursing care only 18.6% of the respondents have good application while 43.7% moderately apply nursing process. Furthermore, a remarkable 29.3% of the respondents were unsure on the importance of applying nursing process in executing the nursing duties. Non-application of nursing process in executing nursing duties may result in poor quality nursing care to the patients and poor outcomes for the patients and high cost to the health care system.

However, 80.9% of the respondents admitted that it is good to always identify a patient before carrying out any nursing procedure, and this is done to ensure that the right patient receives the right treatment. A good percentage of the respondents (60%) carry out full assessment for post-operative patient to determine and prioritise the caring needs of the patient.

The findings also revealed that 70.7% of the respondents have good application of the use of cot beds when nursing very sick patients which is very important to avoid harm as a result of falls.

In conclusion, the study revealed average to good knowledge of ethical principle of non-maleficence by the respondents with regards to the variable of *avoiding harm to patient intentionally or maliciously and with regard to not assisting patients to die.* However, the knowledge regarding other variables of non-maleficence was poor. Overall, the average knowledge of ethical principle of non-maleficence among the respondents was low at 45.4%.

Correspondingly, the study findings indicated good application of non-maleficence by respondents with regard to the variable *of identifying and assessing the patient before and the use of cot beds when nursing very sick patients*. However, the application of other variables of non-maleficence were also poor. Therefore, the score on application of non-maleficence by the respondents averaged at 54.8%. The poor knowledge and moderate application of ethical principle of non-maleficence among nurses compromise safe, effective and quality patient care and it leads to patients' dissatisfaction and suffering and malpractice by the nurses.

The study indicated a significant association between the ranks of the respondents and the knowledge of the ethical principle of non-maleficence. The registered nurses/midwives appeared more knowledgeable than enrolled nurses/midwives on this principle. There is also a significant association between the knowledge of the ethical principle of non-maleficence and years of working at Onandjokwe hospital. Respondents who have worked less than five years were less knowledgeable compared with those who worked five years and more in the hospital.

5.2.3. Principle of Beneficence

5.2.3.1 Knowledge of ethical principle of Beneficence by nurses

Knowledge of the ethical principle of beneficence was assessed with items that included views on the primary concern of the nurse regarding the well-being of the patient, risk benefit analysis as important in beneficial caring of the patient, doing good to prevent and remove harm to the patient, that the scope of practice should not be followed for carrying out specific nursing procedure , the importance of having clinical competence and skills to deliver care to the patients as well as the responsibility of the nurse to administer pain medication on time.

The study revealed that 68.4% of the respondents displayed good knowledge that the well-being of the patient is the primary responsibility of a nurse in any health care situation. However, 40% of the respondents portrayed average knowledge that nursing care plans should

consider the risks and benefits of such care and that it is in the best interest of the patient. Similarly, beneficial care urges nurses to do good for clients. On this aspect, the respondents scored low with 44.2% of the respondents displaying good knowledge and 47.4% average knowledge in this sphere of care.

Furthermore, on the variable whether the scope of practice must be followed when carrying out specific nursing procedures the respondents scored low. Only 46.1% of the respondents displayed good knowledge about this variable. Moreover, the respondents displayed average knowledge (59.5%) about being clinically competent and skilled to ensure the provision of acceptable standard and beneficial care for the patient. The Namibia Nursing Regulatory Body, Nursing Council of Namibia controls the training and education of nurses to ensure that nurses are well educated and competent to meet the needs of the patient and the public at large.

In this study the respondents displayed an average knowledge (58.1%) about timely administration of pain medication to alleviate both physical and psychological pain This is similar to the findings in Uganda in a study by Umuhoza (2017), where only 41% of the respondents had sufficient knowledge in assessing and managing post-operative pain. Low level of the knowledge by nurses about alleviation of pain raises concern, because nurses have important role to play in advocacy, administration of analgesics and evaluation of the outcomes regarding the management of patients' pain.

The study pointed out a significant association between the rank of the respondents and the knowledge of ethical principle of beneficence when registered nurses/midwives were compared with enrolled nurses/midwives ($X^2 = 6.42$, $p = 0.01$) and indicated that registered nurses/midwives are more knowledgeable than enrolled nurses/midwives on the ethical principle of beneficence. The differences of the knowledge between the categories of nurses is

owing to the fact that the duration of training and depth of curriculum for registered nurses expose them to more ethical issues than that of enrolled nurses/midwives.

5.2.3.2 Application of the ethical principle of beneficence by nurses

The application of nursing ethical principle of beneficence was assessed using the variables of : clinical competence and skills that enable a nurse to deliver acceptable standard and beneficial care; applying individualised nursing care for each patient; the moral right of reporting a nurse who always scolds and shouts at patients; awareness of abilities and limitations by every nurse; advocating for mentally retarded patients and disregarding parents' wishes sometimes when disagreeing with lifesaving treatment for their children.

The present study revealed that 57.2% of the respondents showed good application that clinical competence and skills ensure that provision of acceptable and standard care to patients. However, the respondents displayed low application (41.9%) on the variable about individualised care plan to achieve unique needs of the patient.

Similarly, the finding reflected that only 43.7% of the respondents displayed moderate application of the variable about reporting unethical behaviour of a nurse to their supervisors. Thus, the findings of the current study indicated that the respondents are inclined to condone unethical practice by the colleagues towards patients. Similarly, Hariharan (2006) in the study conducted in Barbados reports that nurses and doctors often observe unethical practice among colleagues, which nevertheless might not have been brought to the attention of the supervisors for corrective actions.

Unlike a Nigerian study by Danjuma et. al, (2015) which reports that 66% of respondents preferred to report a misbehaviour of a colleague to the unit manager, the findings of the current study indicated poor application of the ethical principle, which in return signifies poor standard of nursing care at the study setting.

Parents have an important role in the treatment of their children and the nurses have the ethical and legal obligations to respect the parents' wishes regarding children's treatment. However, Diekema (2004), declared that parental decision making that are clearly not in a child best interest can and should be challenged. Correspondingly, the findings of the current study indicated that an overall 60% of the respondents confirmed that they may disregard parents' wishes if parents disagree with lifesaving treatment for the child concerned.

This concurs with the advocacy role of a nurse to act in the best interest of the child. Therefore, the nurse should engage in a respectful discussion with the parents to facilitate the child's treatment, else in the context of the current study setting (in Namibia) the nurse should apply the provisions of Childcare and Protection Act (Act No.3 of 2015) for the best interest of the child (GRN, 2015).

Regarding the advocacy role to ensure safe care of a mentally retarded patient, 58.5% of the respondents revealed good application indicating they do play advocacy role to ensure safe care of the mentally retarded patient. This is similar to the findings in Nigeria in a study conducted in a Neuro-psychiatric Hospital, by Fumilola et al. (2020), which revealed that (84.4%) of respondents agreed that strong advocacy is important to ensure the well-being, safety, privacy and confidentiality of these patients.

In conclusion, except for the variables about *nurses s' primary concerns for patients' welfare*, *the need for clinical competence and timely administration of pain medications* for which the respondents displayed average to good knowledge, as well as good application for the variables about *clinical competence and advocacy role,* study findings revealed poor knowledge and poor application of ethical principle of beneficence by the study respondents, as indicated by an average of 48.8% of the knowledge and 38.8% of correct application of ethical principle of beneficence. These study results imply that nurses do not use their best

abilities to improve the quality of patients' lives through the provision of beneficial quality health care and remove and prevent harmful conditions from their patients.

The study demonstrated a significant association between the rank of the respondents and the knowledge of ethical principle of beneficence. The registered nurses/midwives are more knowledgeable than enrolled nurses/midwives on the ethical principle of beneficence. However, the findings did not reveal significant association between the socio-demographic variables and the application of the ethical principle of beneficence by the respondents.

5.2.4 Principle of Justice

5.2.4.1 Knowledge of ethical principle of Justice by nurses

The researcher assessed the knowledge of the respondents on the ethical principle of justice with the focus on whether the Namibian Patient Charter provides nurses with the information that guides them during their daily work, whether it is better for a patient to wait because a nurse delegated for their care is not in a good mood and if a nurse may be held responsible for the damage to the hospitalised patient's properties. Other parameters used to assess the respondents' knowledge of the ethical principle of justice are: whether law and ethical principles' influence the nurse's daily working conditions, the moral right to treat patients based on the seriousness of their illness, and applying justice as referring to fair treatment of patients and allocation of resources to enhance optimum care.

Regarding the meaning of justice principle, the findings revealed only 40% and 43.3% of the respondents had good and average knowledge respectively. However, this is in contrary to a report by Hafez (2016), that nurses are well informed that access to care resources should be fairly provided based on the patient's needs. Similarly, Fumilola et al. (2020), in their study conducted in Ogun state, Nigeria also, found that 97% of respondents knew what justice was

and 97.5% of nurses indicated that they care for their patient fairly and equitably. Additionally, the findings of the current study reported that only close to half of respondents 49.7% had good knowledge while 30.2% are averagely knowledgeable that the Namibian Patient Charter provides information that guide them during care delivery. A lack of knowledge about the Charter and its support to nurses' provision of care among respondents of the current study raises concern, because it indicates that nurses at the study site are either ill informed, or ignorant of the legal provision that should guide their practice.

Furthermore, the present study found poor knowledge about many variables regarding ethical principle of justice. The respondents displayed poor knowledge about the influence of law and ethical principle on the nurses' daily working condition (38.6%) This revelation is in agreement with the studies of Hafez (2016), and Dangyangs (2016), in which 90% and 89.9% respectively of the respondents were knowledgeable about the importance of law and ethics in nurses' work. The nurse has responsibility to prioritise care among patients under his/her care.

The second variable under this ethical principle is about nurses' moral rights to treat patients based on the seriousness of the disease. The findings revealed that only 33.49% of respondents had good knowledge while 48.4% had average knowledge that patient should be treated based on the seriousness of the illness. The findings of the current study indicated poor knowledge in comparison to the findings of similar studies by Hafez (2016), and Timilsina (2017), which report average knowledge (51.8%) regarding prioritising nursing care based on the seriousness of the disease among their study.

Another variable which was assessed is with regard to nurses' attitudes towards patients. Respecting human dignity serves as foundational ethical principle in patient care and a hallmark of excellence in the caring practice of nurses. The present study revealed that 66.5% of the respondents had good knowledge that personal attitudes should not interfere with care

provision. This is in agreement with findings by Fumilola et al. (2020), in which 97% of nurses respect and uphold the patients' rights to care.

However, the current study showed that only 14.4% of the respondents had good knowledge of being responsible for damages to patient's property under their care while 26.5% and 20% respectively had poor and no knowledge respectively that a nurse has a duty of care to ensure that safety of the patient's properties is guaranteed. This knowledge is far low compared to what was reported by Kumar et al. (2011), in the study conducted in psychiatric centre, Jaipur-Rajastan about knowledge of staff nurses regarding legal and ethical responsibilities in the field of psychiatry. In this regard the study reports that 70% of the respondents were knowledgeable that loss or damage to patient's properties implies negligence from the nurses.

The study revealed a significant association between gender and the knowledge of principle of justice ($p = 0.003$) in which male nurses had better knowledge regarding the ethical principle of justice compared to the female counterparts.

5.2.4.2 Application of the ethical principle of justice by nurses

In the section below, the application of nursing ethical principle of justice was assessed focusing on non-discriminatory treatment of patients as a requirement of justice ; treating patients on time as a patient's right; if patients have to wait because the nurse is not in the good mood and might not treat them well; prioritising the caring needs of patients to ensure balanced care delivery; provision of care to patients despite the scarcity of resources and ensuring the protection of rights of patients involved in research.

It is required both legally and ethically for a nurse to provide equal care to patients regardless of their social status. The study findings equally showed 34.4% of the respondents with good and moderate application of this variable in care. However, 21.9% of the respondents were not

sure about applying this principle. This could be that nurses were not well conversant with the provisions in the Patient Charter of rights, and the rules and regulations that govern the nursing profession.

The second variable regarding application of justice was about the patients' right to be attended to on time. In this regard the findings of the current study revealed that less than half of the respondents 41.4% had good application and 48.4% had moderate application on attending to patients on time. Attending to patients on time is critically important to prevent deterioration in patients' conditions. Prioritising caring needs of patients is important to provide care where it is imminently due. Similar to poor application of timely attendance to patients, the findings indicated poor prioritising of patients' care needs by the respondents. Only 38.6% of the respondents indicated prioritising caring needs of patients in their wards. Kieft et al. (2014), in their qualitative study on how nurses and their work environment affect patient experience of quality of care pointed out that nursing care should be well organised and coordinated, which requires nurses to assess what choices to make and determine what is urgent and important.

Regarding the provision of nursing care in a responsible and appropriate manner despite the scarcity of resources, 43.3% had good application while 46.5% displayed moderate application. Kieft et al. (2014), indicated that nurses were challenged in performing their duties, because scarce resources had negatively affected their performance of nursing care.

The last variable that was assessed under the ethical principle of justice is about the nurses' responsibility to protect the patients' rights in research. The rights of the patient as a research subject have to be protected at all times. In this regard the findings of the current study revealed only 42.9% had good application of protecting patients' rights in research while 47.7% had moderate application. This revelation indicates poor application of advocacy for patients' rights and safety as it is previously reflected under the findings about application of ethical principle of beneficence by the respondents of the current study.

In conclusion, the study revealed poor knowledge of the respondents about ethical principle of justice, because the responses on all variables scored below 50%, except for the variable about *nurses' personal attitudes which should not influence patients' care* for which the respondents scored 56.5%. The average knowledge of ethical principle of justice among the respondents is poor (40.5%). Likewise, the findings on the application of ethical principle of justice indicated poor application, except for the variable about *nurses' personal attitudes which should not influence patients' care* for which the respondents scored 60%. Nevertheless, the findings indicated (on average 43.4%) poor application of the principle by the respondents which may expose patients to unfavourable health outcomes, poor nurse-patient relationship and difficulty in achieving work efficiency. Therefore, it may not be convincing for the respondents to practice good attitudes given their poor knowledge about all other variables of the ethical principle of justice. The study did not find any significant relationship between any of the socio-demographic variables and the application of the ethical principle of justice by respondents.

5.3 SUMMARY

This chapter discussed the findings of the study on the knowledge and application of nursing ethical principles by nurses in rendering nursing care to patients. The findings revealed poor knowledge of and poor application of ethics in practices by nurse respondents at the study site. The significance of the findings and relevance of some of the findings to those of other researchers on the topic were highlighted. The relationship or association between the knowledge and application of the principles of respect for a person or autonomy, non-maleficence, beneficence and the principle of justice with socio-demographic variables was highlighted. The next chapter presents the conclusion, limitations and recommendations that arise from this study.

CHAPTER 6

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

The previous chapter provided the detailed discussion of the research findings which were derived from the study. This chapter is focusing on the conclusions that were drawn from the main objectives of the study. The purpose of the study was to assess the knowledge and applications of ethical principles of nursing by nurses in rendering the care to patients at Onandjokwe Intermediate Hospital. The objectives of the study were two and are as follow:

- Determine the knowledge and applications of ethical principles by nurses.
- Determine the relationship between the knowledge and application of ethical principles and nurses' socio-demographic characteristics of the nurses.

6.2 CONCLUSIONS

6.2.1 Objective 1: Determine the knowledge and applications of ethical principles by nurses

The conclusion arrived at are with regards to the respondents' knowledge and application of ethical principle of: respect for person or autonomy, non-maleficence, beneficence and justice as summarised below**.**

- **Respect for person or autonomy:** With regard to the ethical principle of respect for person or autonomy, the respondents displayed poor knowledge, except for the variable about *identifying patient before any procedure.* The respondents also displayed poor application of all variables for respect for a person or autonomy.

- **Non-maleficence:** With regard to non-maleficence, the respondents displayed average to good knowledge about the variables *on avoiding intentional harm and not assisting patients to die*, whereas for all other variables for non-maleficence, the respondents' knowledge was also poor. Similarly, respondents also displayed poor practice/applications of non-maleficence except for the variable of *identifying patient before procedure.*

- **Beneficence:** With regard to beneficence, respondents also displayed poor knowledge except for the variables on nurses*' primary concern for patients' welfare*, *need for clinical competence* and *timely administration of medication.*

  Likewise, the application of beneficence was also poor except for the variable on *clinical competence* and *advocacy role.*

- **Justice:** With regard to justice, the respondents also displayed poor knowledge, except for the variable about personal attitude which should not influence patients' care. Application of justice was poor across all the variables assessed.

6.2.2 Objective 2: Determine the relationship between the knowledge and application of ethical principles and socio-demographic characteristics of the nurses.

The conclusions arrived at are with regards to the association between the respondents' demographic characteristics and their knowledge and application of ethical principles of: respect for person or autonomy, non-maleficence, beneficence and justice as summarised below:

- **Respect for person or autonomy**: With regard to the ethical principle of respect for person or autonomy there was no significant association between any of the socio-demographic variables and the application of the ethical principle of respect for a person or autonomy by the respondents.
- **Non-maleficence:** The findings showed significant associations between the ranks, working experience of the respondents and the knowledge of the ethical principle of non-maleficence. The registered nurses/midwives were more knowledgeable than enrolled nurses/midwives on this principle. Equally, the respondents who had worked less than five years were less knowledgeable compared to those who worked five years and more.
- **Beneficence:** The study demonstrated a significant association between the ranks of the respondents and the knowledge of ethical principle of beneficence ($X^2 = 6.42$, $p = 0.01$). The registered nurses/midwives were more knowledgeable than enrolled nurses/midwives on the ethical principle of beneficence.
- **Justice:** Finally, the study showed a significant association between the respondents' gender and the knowledge of justice ($p = 0.003$). Male respondents had good knowledge regarding the ethical principle of justice than female respondents.

In conclusion, the findings of the current study revealed poor knowledge and application of ethical principle of respect for person or autonomy, non-maleficence, beneficence and justice by nurses at the study site (Onandjokwe Intermediate Hospital).

6.3 LIMITATIONS OF THE STUDY

- The time to conduct the study was a challenge considering the workload and nature of duties of the researcher as a practising registered nurse and ward supervisor.
- The study was conducted only at the Onandjokwe Intermediate Hospital among nurses who provide nursing care in various nursing units. Other health facilities in Oshikoto or other regions were not involved in this research study. The research findings may therefore not be generalised to other health facilities.
- Convenience sampling was used for the study and this makes it difficult to generalise the findings as the researcher used the available population only.
- The study assessed the knowledge and application of ethical principles but did not explore the respondents' reasons for their status of knowledge and application of ethical principles that the study identified.

6.4 RECOMMENDATIONS

The study recommendations are made based on the findings as discussed in the previous chapters. The findings of the current study revealed poor knowledge and application of ethical principle of respect for person or autonomy, non-maleficence, beneficence and justice by the respondents (nurses) at Onandjokwe Intermediate Hospital. The following recommendations of the different perspectives were made:

6.4.1 Recommendations on Policy

The Ministry of Health and Social Services, and the Onandjokwe Hospital Management should jointly contribute towards improved ethical and legal nursing care through:

The provision of the policies, protocols and various legal documents that influence the nursing activities and ensure their understanding by nurses.

A system of peer monitoring on the application of nursing ethics in the care of patients by nurses should be established.

The Ministry of Health and Social Services should institute an annual award for ethical care and leadership to motivate the application of nursing ethics in the duty of care by the nurses.

6.4.2 Recommendations on Nursing Practice

The recommendations on practice are of the perspective of education and training, management and supervision and for research.

- **Education and training**

The Health Professional Council of Namibia should emphasize that all institutions providing nursing training in the country include training on ethics and copies of ethical guidelines should be availed to all nurses.

Assessment on recertification for institutions should include update on curriculum to include emerging ethical issues and all nurses applying for renewal of practice license should have undergone refresher training on topical and emerging ethical issues.

- **Management and Supervision**

  The Hospital management to have a well organised platform where all healthcare workers can reflect on their ethical and legal roles and responsibilities in patient care.

  The Hospital management to conduct regular in-service training of the nurses on nursing ethics and emphasize the issue of confidentiality of patients' information, justice as an ethical principle and nurses' familiarity with the contents of the Patient Charter of Namibia.

The hospital management should strengthen supervisory support and mentorship visits to the nursing units by the Hospital Nurse Manager, and other Senior Nurses to motivate nurses towards improvements in the implementation of these ethical principles.

Nursing unit managers to provide the nurses with opportunity and motivate them to put into practice the nursing process and code of ethics that help improve the care of the patients.

6.4.3 Further research

Further research of the following perspectives is recommended:

Exploration of the factors that influence the knowledge and application of ethical principles among nurses.

The knowledge and attitude of nurses regarding confidentiality of patients' information.

The impact of non-adherence to nursing process on patient care by nurses.

The perception and attitudes of nurses towards obtaining informed consent in nursing care.

The attitude and practice on obligations of nurses in reporting of errors observed in the caring environment.

6.5 SUMMARY

The chapter has presented the conclusions of the study according to the study's objectives. The objectives of the study have been met through the analyses of the data. The status of the knowledge and application of ethical principles by nurses at the study site were described. Conclusions from the study were outlined and explained. The limitations to the study were described. The recommendations of different perspective were also outlined. Further areas of

research to strengthen the knowledge and application of ethics among nurses in rendering of nursing care to patients have been highlighted.

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ANNEX 1: Ethical Clearance Certificate from HREC

UNAM

ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: SON/617/2021 Date: 17 August, 2021

This Ethical Clearance Certificate is issued by the University of Namibia Research Ethics Committee (UREC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the Faculty/Centre/Campus Research & Publications Committee sitting with the Postgraduate Studies Committee.

Title of Project: Knowledge And Applications Of Nursing Ethical Principles By Nurses At Onandjokwe Intermediate Hospital, Oshikoto Region

Student: OTTILIE NDAFIMANA NIIKONDO

Student Number: 9416153

Supervisor(s *Dr K. Amukali*

SCHOOL OF NURSING

Take note of the following:

1. Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the DEC. An application to make amendments may be necessary.
2. Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the DEC
3. The Principal Researcher must report issues of ethical compliance to the DEC(through the Chairperson of the Faculty/Centre/Campus Research & Publications Committee) at the end of the Project or as may be requested by HREC-H
4. The HREC-H retains the right to:

i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,

ii) Request for an ethical compliance report at any point during the course of the research.

HREC-H wishes you the best in your research.

Prof. C Wilders(Chairperson)

Pamela Claassen (Secretary)

ANNEX 2: Approval Letter from MoHSS

REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE EXECUTIVE DIRECTOR

Ministerial Building
Harvey Street
Private Bag 13198, Windhoek

Tel: No: 061 -203 2507
Fax No: 061-222 558
Andreas.Shipanga@mhss.gov.na

Ref: 17/3/3/ONN
Enquiries: Mr. A. Shipanga

Ms. Ottilie N. Nilkondo
PO Box 1867
Ondangwa
Namibia

Date: 22 October 2021

Dear Ms. Nilkondo

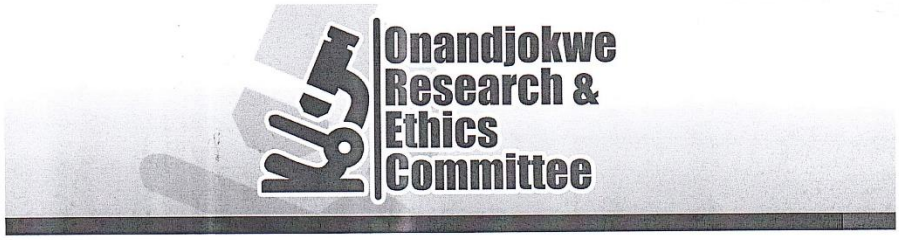
Re: Knowledge and applications of nursing ethical principles by nurses at Onandjokwe Intermediate Hospital, Oshikoto Region.

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
   - 3.1 The data to be collected must only be used for academic purpose;
   - 3.2 No other data should be collected other than the data stated in the proposal;
   - 3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;
   - 3.4 A quarterly report to be submitted to the Ministry's Research Unit;
   - 3.5 Preliminary findings to be submitted upon completion of the study;
   - 3.6 Final report to be submitted upon completion of the study;
   - 3.7 Separate permission should be sought from the Ministry for the publication of the findings.
4. All the cost implications that will result from this study will be the responsibility of the applicant and not of the MoHSS.

Yours sincerely,

BEN NANGOMBE
EXECUTIVE DIRECTOR

ANNEX 3: Approval Letter from OREC



ONANDJOKWE RESEARCH AND ETHICS COMMITTEE (OREC)

APPROVAL NOTICE

Ethics Reference #: OREC/1144/21

Name of applicant: Ottilie Ndafimana Niikondo

Date: 02/11/2021

Re : Knowledge and application of Nursing Ethical Principles By Nurses At Onandjokwe Intermediate Hospital ,Oshikoto Region.

Dear Ottilie

The **New Application** received on 01 November **2021**, was reviewed by some members of Onandjokwe research and **Ethics Committee via** Expedited review procedures on **02-11-2021** and was approved.

Please note the following information about your approved research protocol:

1. The data to be collected must only be used for operational purposes

2. Preliminary findings to be submitted upon completion of the study

3. Final report to be submitted upon completion of study.

4. Separate permission should be sought from the ministry of Health and social services for the publication of the findings.

Yours sincerely

DR .A.Munyika
Chair Person OREC

DR.F.STRATO
Secretary OREC

MINISTRY OF HEALTH AND SOCIAL SERVICES
INTERMEDIATE HOSPITAL ONANDJOKWE (ADMIN)
2021 -11- 0 2
PRIVATE BAG 2016, ONDANGWA
OSHIKOTO REGION
REPUBLIC OF NAMIBIA

Annex 4: UREC Protocol Synopsis Form

RESEARCH ETHICS COMMITTEE

(MUST BE TYPED)

PROTOCOL SYNOPSIS (Not longer than 2 pages)

Name: Ottilie Ndafimana Niikondo

Staff/Student Number:9416153

Title: Knowledge and Application of Ethical Principles of Nursing by nurses at Onandjokwe Intermediate Hospital, Oshikoto Region

1. Introduction, Motivation and Literature (1 Paragraph)

Ethics in nursing practice forms the element of moral obligations whereby the knowledge and skills obtained by nurses through training are used in the ethical and legal manner to ensure the public safety and well-being. The increasing complaints evolving around poor nursing care delivery, bad attitudes and behaviours among nurses towards patients in Onandjokwe Hospital and other health facilities country wide could be a sign of lack of knowledge and application of ethical principles of nursing. Studies done in other countries had shown that nurses possess knowledge in professional ethics, there are areas that need more improvement. The study done in Namibia revealed some factors which could hinder the appropriate practices of ethics such as shortage of staff, work overload and cultural orientation for both nurses and patients.

2. Research questions (1 Paragraph) NA

- What is the knowledge of nurses regarding the nursing ethical principles in rendering care to patients in Onandjokwe Intermediate Hospital?
- How do nurses apply the nursing ethical principles when rendering the care to patients at Onandjokwe Intermediate Hospital?
- What is the association between knowledge and application of nursing ethical principles by nurses and their socio-demographic characteristics?

3.Study Objectives/ Aims (4 lines)

The objectives of the study are to:

- Determine the knowledge of nurses regarding ethical principles of nursing and their applications.
- Determine the relationship between the knowledge and application of ethical principles and qualification of nurses.

4. Research Methodology (clear, concise and to the point 5 lines)

The study employed the quantitative descriptive analytical approach to describe the knowledge and application of ethical principles by nurses of Onandjokwe Hospital. The probability sampling technique, simple random sampling was used to draw research subjects from the population. The data collection will consist of self-administered questionnaires, and thereafter data is analyzed using computer, SPSS, version 24.

5.Ethical Considerations (State clearly and how this fit the research context 4 lines)

Research ethical principles applied in order to ensure that the study is ethical and research respondents are protected. The researcher obtained permissions from these Ethical and

Research Committees such as University of Namibia Research, Ministry of Health and Social Services, Onandjokwe Intermediate Hospital and from each individual respondent.

ANNEX 5: PARTICIPANTS' INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT: KNOWLEDGE AND APPLICATIONS OF NURSING ETHICAL PRNCIPLES BY NURSES AT ONANDJOKWE INTERMEDIATE HOSPITAL, OSHIKOTO REGION

REFERENCE NUMBER: 9416153

PRINCIPAL INVESTIGATOR: OTTILIE NDAFIMANA NIIKONDO

ADDRESS: P.O.BOX 1867, ONDANGWA

CONTACT NUMBER: +264 812428994

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the investigator any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Research Ethics Committee at The University of Namibia and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and Namibian National Research Ethics Guidelines.

1. The purpose of the study

The purpose of the study is to assess the knowledge and applications of ethical principles of nursing by nurses in rendering the care to patients at Onandjokwe Intermediate Hospital.

a) The study will be conducted in the Onandjokwe Intermediate Hospital's nursing departments. All nurses in the department are expected to participate in the study.

a) The objectives of the study are:

1.4.1 Determine the knowledge of nurses regarding ethical principles of nursing and their applications.

1.4.2 Determine the relationship between the knowledge and application of ethical principles and qualification of nurses.

b) Procedures followed.

The study has been approved by the relevant authorities such as University of Namibia, MoHSS and Onandjokwe Hospital Research Committees respectively.

The study will be carried out under the supervision of Dr. K. Amakali, School of Nursing, University of Namibia. Your participation will provide information on how you apply ethics while caring for the patients in nursing units. Participation in this study will take approximately 20-40 minutes. A questionnaire will be handed to you in which you are expected to write the answers. You need not to write your name on the questionnaire.

c) Explain any randomization process that may occur.
NA

d) Explain the use of any medication, if applicable.
NA

2. Reasons for participating in the study

a) You are invited to participate in this study to give information on how you provide ethical based care to your patients and to indicate if there are some issues that prevent you to fully practicing according to the provided guidelines.

3. Responsibilities of the respondent.

a) You are requested to provide your honest answers on the questionnaire for the research to reflect the truthfulness. The researcher will provide more information to you, should there may be questions or concerns regarding the research and you are free to contact Mrs. Ottilie Ndafimana Niikondo at 0812428994 or E-mail: ottilieniikondo@gmail.com or niikondoottilie@gmail.com

b) Participation in the study will take approximately 20-40 minutes to provide answers.

4. Benefit from taking part in this research

a) Participating in this study has no personal benefits. The findings will help nurses to recognise where they deviate and improve on their ethical practice, and to help the employer and the professional authority body to intervene and improve the situation that ensure safe and quality care for the patients.

5. Risks involved in your taking part in this research

a) There are no risks involved in participating in this study and sharing your information with the researcher.

6.

a) Your participation in this study is absolutely voluntary; you are not being forced or coerced to take part. You have the right to withdraw at any time if you feel that you can no longer continue without any penalty or prejudice.

6.

a) *The information collected from you will be anonymous; treated as confidential and protected against unauthorized persons. If it is used in a publication or thesis, the identity of the participant will remain anonymous. The investigator, supervisor of the study, Statistician and printing fraternity will have access to the collected information.*

7.

a) *As far as the researcher concern, it is unlikely to have any form of injury to be sustained while participating in this study.*

8. Will you be paid to take part in this study and are there any costs involved?

You will not be paid to take part in this study

a) You will *You should inform your family practitioner or usual doctor that you are taking part in a research study. (Include if applicable) N/a*

b) *You should also inform your medical insurance company that you are participating in a research study. (Include if applicable) N/a*

c) *You can contact Dr. K. Amakalim at the School of Nursing, University of Namibia at Telephone 0812808248 if you have any further queries or encounter any problems.*

d) *You can contact the Centre for Research and Publications* **at +264 061 2063061; pclaassen@unam.na** *if you have any concerns or complaints that have not been adequately addressed by the investigator.*

e) *You will receive a copy of this information and consent form for your own records. N /A*

not be paid for taking part in the study.

10 Is there anything else that you should know or do?

Should you have anything you want to ask and know, do not hesitate to call me on the telephone provided above.

11. Declaration by participant

By signing below, I ……..……. agree to take part in a research study entitled *(insert title of study)*. *KNOWLEDGE AND APPLICATIONS OF NURSING ETHICAL PRNCIPLES BY NURSES AT ONANDJOKWE INTERMEDIATE HOSPITAL, OSHIKOTO REGION*

I declare that:

a) I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.

b) I have had a chance to ask questions and all my questions have been adequately answered.

c) I understand that taking part in this study is **voluntary** and I have not been pressurized to take part.

d) I may choose to leave the study at any time and will not be penalized or prejudiced in any way.

e) I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) .....….....…….. on (*date*) ……...……... 2021

…… ……

Signature of participant Signature of witness

12. Declaration by investigator

I *(name)* declare that:

- I explained the information in this document to ……..
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter. (*If a interpreter is used then the interpreter must sign the declaration below.*

Signed at (*place*) .....….....…….. on (*date*) ……...…….. 2021.

…… ……

Signature of investigator Signature of witness

13. Declaration by interpreter

I *(name)*declare that:

a) I assisted the investigator (*name*) ……. to explain the information in this document to (*name of participant*) ……..…….. using the language medium of (Oshiwambo, Oshiherero, Afrikaans, etc.)

ANNEX 10: SAMPLE OF THE RESEARCH QUESTIONNAIRE

Name: Ottilie Ndafimana Niikondo

Student No. 9416153

Supervisor: Dr. K. Amakali

Research title: Knowledge and application of ethical principles of nursing by nurses at Onandjokwe Intermediate Hospital, Oshikoto Region, Namibia.

Cover letter

Research Questionnaire for nurses (registered and enrolled nurses) on Knowledge and application of ethical principles of nursing by nurses at Onandjokwe Intermediate Hospital, Oshikoto Region, **Namibia.**

Dear respondents

I Ottilie Ndafimana Niikondo am conducting research entitled: *Knowledge and application of ethical principles of nursing by nurses at Onandjokwe Intermediate Hospital, Oshikoto Region, Namibia.*

The purpose of this research is to assess the knowledge and application of ethical principles of nursing by nurses in rendering the care to patients at Onandjokwe Intermediate Hospital. The objectives of the study include determining the knowledge of nurses regarding ethical principles of nursing and their applications; and determining the relationship between the knowledge and application of ethical principles and qualification of nurses, and their demographic characteristics.

Participation in this research is voluntary and there is no victimisation for refusal to participate. You have the right to withdraw your participation at any time if so feel. The questionnaire does not require putting your name(s) and your identity remains anonymous and all the information received for this research is **solely for study purposes** and therefore will be treated with utmost confidentiality.

If you have any queries, kindly contact me on my email address: **niikondoottilie@gmail.com** or **+26465812428994.**

If you agree to participate in this research, please sign the consent as attached below:

Thank you for your kind cooperation and assistance.

Ottilie Ndafimana Niikondo (Researcher)

QUESTIONNAIRE

ASSESS MENT OF KNOWLEDGE AND APPLICATION OF NURSING ETHICAL PRINCIPLES BY NURSES AT ONANDJOKWE INTERMEDIATE HOSPITAL (OIH)

SECTION A: DEMOGRAPHIC INFORMATION

Please answer all questions below by putting an (x) or tick (√) in the appropriate box.

1.What is your gender?

Male	
Female	

2. What is your age?

20-30 Years	
31-40 Years	
41-50 Years	
51-60 Years	
>60 Years	

3.What is your job position in IHO?

Registered Nurse	
Registered Midwife	
Enrolled nurse/ Midwife	
Enrolled nurse_____	

4.How long have you been working for IHO?

Less than 2 years	
2-5 years	
5-10 years	
10 years or more	

5. State your working experience as a nurse

0-2 years	
2-5 years	
5-10 years	
10 years or more	

6.At what stage did you receive training on nursing ethics?

Pre-employment	
Induction/Orientation	
In-service/Workshop	

Scale for answering Section B and C

Strongly Agree	SA
Agree	A
Unsure	U
Disagree	D
Strongly Disagree	SD

SECTION B: KNOWLEDGE OF NURSING ETHICAL PRINCIPLE

1. Knowledge of the ethical principle of respect for a person or autonomy

Please answer all the questions by putting an (x) or (√) in the box that best describes your answer.

	Statement	SA	A	U	D	SD
1	In any health situation, respect for person means treat patients as persons with rights regardless of their health status.					
2	It is less important for the patient to be involved in their treatment decision making because it creates fear in accepting the planned treatment.					

3	Autonomous rights are only an issue for patients, and nurses are only to assist patients to achieve them and avoid legal implications.					
4	Children should not be treatment without the consent of their parents or guardians as the nurse will be held responsible for any consequences.					
5	The nurse ensures that patient receive all information required to make an informed decision regarding his illness and the possible treatment.					
6	Sharing information about the condition of patients with relatives is acceptable to avoid discrimination.					

2. Knowledge of ethical principle of non-maleficence by nurses

Please answer all the questions by putting an (x) or (√) in the box that best describes your answer.

	Statement	**SA**	**A**	**U**	**D**	**SD**
1	Non-maleficence requires the nurses to avoid harm and avoid causing harm to the patient.					
2	Before carried out any nursing care procedures, risks and benefits inherent in such procedures should be considered, and be communicated to the patient.					
3	Harm that is not intentional is regarded to be less valued because patient is receiving the needed care.					
4	The ethical duty of non- maleficence applies to omissions and commissions in which nurses fail to fulfil their duty of care.					
5	A patient who wishes to die should be assisted to do so.					
6	It is required that a nurse do not to intentionally and maliciously cause harm or injury to patients under his or her care					

3. Knowledge of the ethical principle of beneficence by nurses

Please answer all the questions by putting an (x) or (√) in the box that best describes your answer.

	Statement	SA	A	U	D	SD
1	The primary concern of the nurse in the health care is the well-being of the patient.					
2	Beneficial caring for patients entails risk- benefit analysis of the care plans for the specific patient.					
3	By doing good it means prevent and remove harm					
4	Scope of practice must not be followed when a specific nursing procedure must be carried out because all nurses in the unit have good experience on those procedures.					
5	Having clinical competence and skills enable a nurse to deliver an acceptable standard and beneficial care to patients.					
6	The nurse administers prescribed pain medications on time to avoid both physical and psychological effects of pain on the patients.					

4.Knowledge of the ethical principle of justice by nurses

Please answer all the questions by putting an (x) or (√) in the box that best describes your answer

	Statement	SA	A	U	D	SD
1	Law and ethical principles influence the nurse's daily working conditions.					
2	It is morally right to treat patients based on the seriousness of their illnesses.					
3	Justice as an ethical principle means fair treatment of patients as well as allocations of resources in a manner that enhance optimum care.					
4	Patient Charter of Namibia provides nurses with information that guide them throughout their daily work in dealing with patients.					
5	It is better for the patients to wait because a nurse delegated for their care is not in the good mood and might not treat them well.					
6	A nurse may be held liable for the damage to the hospitalised patient's properties.					

SECTION C: APPLICATION OF NURSING ETHICAL PRINCIPLES

1. Application of the ethical principle of respect for a person or autonomy by nurses

	Statement	SA	A	U	D	SD
1	The nurse ensures that patient receive all information required to make an informed decision regarding his illness and the possible treatment.					
2	Nurses respect patient's autonomy to avoid legal implications.					
3	As a nurse, I do my best to treat the patient regardless of their wishes.					
4	A patient who refuses treatment while admitted in the hospital should be discharged home immediately to minimise the cost involved.					
5	Nurses need to obtain consent for surgical treatment only.					
6	All nurses in the hospital have the right of access to each patient' hospital file.					

2. Application of the ethical principle of respect for a person or autonomy by nurses

Please answer all the questions by putting an (x) or (√) in the box that best describes your answer.

3. Application of the ethical principle of non-maleficence by nurses

Please answer all the questions by putting an (x) or (√) in the box that best describes your answer.

	Statement	SA	A	U	D	SD
1	Before carrying out any nursing care procedures, risks and benefits inherent in such procedures should be considered.					
2	Applying the nursing process when executing nursing duties guard against omissions and commissions in line of caring for patients.					

3	Delegation of nursing tasks should always consider the scope of practice of nurses.					
4	It is very important to identify the patient before a nurse carry out any nursing procedure.					
5	A nurse has to carry out a complete assessment of the patient after operation in order to prioritise and determine the required nursing care. before					
6	Treating very sick patients in cot beds considered to be important in avoiding falls, which can result in malicious harm to patients.					

4. Application of the ethical principle of beneficence by nurses

Please answer all the questions by putting an (x) or (√) in the box that best describes your answer.

	Statement	**SA**	**A**	**U**	**D**	**SD**
1	Having clinical competence and skills enable a nurse to deliver an acceptable standard and beneficial care to patients.					
2	Individualised care plans is utmost important in caring for patients in order to achieve the need of each patient.					
3	It is morally right to report Nurse B to the unit supervisor because he always scolds and shouting to patients without apparent reasons.					
4	Parent's wishes can sometimes be disregarded if they disagree with the lifesaving treatment plans for their children.					
5	Every nurse should be aware of his/ her abilities and limitations to ensure that acceptable and appropriate care is rendered to the patient.					
6	A nurse has to advocate for the mental retarded patient under h/ her care to ensure patient safety.					

5. Application of the ethical principle of justice by nurses

Please answer all the questions by putting an (x) or (√) in the box that best describes your answer.

	Statement	**SA**	**A**	**U**	**D**	**SD**
1	Non-discriminatory treatment of patients in nursing units serves as a prerequisite of justice.					

2	Attending to patients on time is one of the patients' rights that should be respected					
3	It is better for the patients to wait because a nurse delegated for their care is not in the good mood and might not treat them well.					
4	The nurse prioritises the caring needs of her patients in the unit to ensure balanced care delivery.					
5	Despite the scarcity of nursing resources, I always provide nursing care to patients in a responsible and appropriate manner.					
6	Nurses ensures that rights of his/her patients involved in research are always protected					

Thank you for your valuable time and cooperation.