



Knowledge, attitudes and practices regarding health regarding ethics among Nursing Students

Corresponding Author: Iqra Sadique

1) Iqra sadique, *BSN Student*
Lahore School of Nursing
The University of Lahore, Pakistan
(Iqrasadique1999@gmail.com)

2) *Supervisor (Muhammad Afzal)*
Lahore School of Nursing
The University of Lahore, Pakistan
([Email](#))

3) *CO-Supervisor*
Muhammad Hussain

Abstract

Objective: To evaluate the knowledge, attitudes, and practices regarding healthcare ethics among nursing students of Lahore School of Nursing, The University of Lahore.

Methods: 154 respondents comprising of BSN and Post-RN students were recruited from Lahore School of Nursing, The University of Lahore on behalf of this descriptive cross sectional study. A self- directed questionnaire was used to gather data. Data was analyzed by using SPSS-21.

Results: More than half of the students faced ethical concerns on a regular basis. In just (22.1%) of the cases, these legal concerns were rarely discussed with the professional boss. Occasionally, 41.6 percent and 39 percent of respondents witnessed unethical behavior by doctors towards nursing students and patients. A great amount of participants (62.3 percent) had no information of the Medical and Dental Council of Pakistan's code of ethics. Only a few people were aware of the Helsinki declaration. With regard to their perspectives on conformity to the needs of patients, paternalistic behavior of doctors, care of infants without parent agreement, euthanasia, anonymity and management of non-compliant patients, there was a disparity between BSN students and post-RN.

Conclusion: BSN Students representing various levels of education in Pakistan routinely face ethical dilemmas, but their present ethics education and preparation is inadequate to support them deal with these proficiently.

Key Words: Health care ethics; Nursing students; Knowledge; Attitude; Practice

Objective:

Will student nurses have experience of the ethics of health care?

What is the mindset of undergraduate nursing students towards health-care ethics?

Do they follow ethics in health care?

Methodology: A descriptive cross sectional study design was used for this study. A sample of 154 nursing students was selected from Lahore School of Nursing; The University of Lahore through convenient Sampling. Data was collected by a self-administered questionnaire. The data was analysed by SPSS version 21 and presented in the form of charts, tables, frequencies and percentages

Conclusion: BSN Students representing various levels of education in Pakistan routinely face ethical dilemmas, but their present ethics education and preparation is inadequate to support them deal with these proficiently.

I- INTRODUCTION

Ethics, known in human life, has been referred to as comprehension of morals and ethical orders. Many ethical problems related to healthcare have increased with spectacular developments in medical sciences, which must be treated with utmost caution and integrity in compliance with different codes of medical ethics. Despite all codes and regulations, however, there has been increasing municipal concern about the standard conduct of healthcare experts, and allegations of unethical behavior are not unusual among medical students and doctors with patients and colleagues. The problem is further exacerbated by the lack of accountability in clinical and testing activities and the limited efficacy of regulatory bodies (Imran, Haider et al. 2014).

Nursing is a caring career that has a direct and relevant effect on the lives, wellbeing and well-being of patients, families and communities. The nursing career is governed

by ethics and legal standards, as they are instruments for proficient correction that offer the nurse a wide understanding of whatever is required of her as she travels into society from the school's protective atmosphere. In concepts such as rights and justice, ethics and law are closely connected, have both ethical and legal meaning, both instruments of legislation and prescriptions for how people can behave in relation to each other. In nursing, moral principles and law are important as nursing is dealing with providing of facilities that influence social existence and wellbeing, and particular conditions of practice that nurse experiences position a problem that can have a detrimental effect on the client and everyone concerned if not well treated. Therefore, guidelines must be established to direct the nurse to conduct herself correctly, to create appropriate resolutions and to carry out measures that are suitable and secure for the user and thus to protect her from being trial. To ensure the quality and scope of nursing practice are upheld to achieve healthy practice, nursing practice is regulated. In the provision of treatment, the approach requires the use of clinical judgment to help patients to improve, preserve or receive health, deal with health issues and achieve the best possible quality of life. (Aliyu, Adeleke et al. 2015).

There is a code of beliefs for each occupation that describes the moral accountabilities of functioning as a participant of that work. Codes of beliefs from different jobs can concentrate on definite matters to practice in that area, but all factors share the value of fairness and not taking action that would hurt others. Laws of ethics for the nurturing job aim to concentrate on ethical conduct and ensure patient-driven decision-making as much as possible (Mohamed, Mohamed et al. 2019).

Health care environments have become more complex in recent years and the part of nurses has quickly increased as nurses faced situations every day in which thought-provoking decision must be taken centered on the judgment of true and incorrect. Ethics drives the nursing profession as it is a medium for ethical discipline and offers the nurse a wide sense of what is required as her transitions from the school's safe atmosphere into society (Aliyu, Adeleke et al. 2015).

For nursing, nursing principles are important because nursing is dealing with delivering care that affect human life and wellbeing, and some of the circumstances in work that nurse experiences raise a problem that may have a detrimental effect on the person and those concerned if not properly treated. It is also significant for nurses to have a elementary knowledge of the ethical principles that influence their work and can be used to overcome problems (Hafez, Mohamed et al. 2016).

In any field that deals with human beings, ethical concerns are important because they uphold beliefs, interests and relationships. Nurses must have ethical and legitimate patient service that displays compassion for others (Marlow, Redding et al. 1988).

Nurses must show professional practice and regulation through their own code of ethics in order to fulfill the requirements to be considered a profession. Study into nursing ethics offers the ability to discover and explain the spiritual essence of education and experience of nursing. Ethical standards provide the framework for nursing practice and the basis for nurses' decisions on the importance of outcomes and common moral principles when making professional choices. Nurses need an understanding of how rules, ethics and nursing interfaces are used in order to make appropriate decisions (Timilsina and Bhagwati 2017)

The ANA Code of Ethics (2015) announced 9 provisions to be divided into three general areas, while the Code of Ethics of the International Council of Nurses was grouped into four different areas. Such areas detail the roles of all nurses. The areas are planned to improve wellness, avoid sickness, restore health and minimize suffering. Since nurses are in close communication with patients, ethical standards must be followed in the profession. Professional ethics enable nurses to confirm values that will not only give nurses the confidence of their patients, but also create significant psychological improvements in nurses, including happiness, higher morale and a sense of competence (Momennasab et al., 2016).

Women's Health, Obstetrics & Neonatal Nurses Association (AWHONN) (2017) added that nurses have a specialist responsibility to deliver independent treatment to ensure that the person is safe in dangerous circumstances and does not stop taking care before more support is offered, regardless of the nurse's own beliefs. The Code of Ethics for Nursing (2006) of the International Council of Nurses (ICN) was established in 1953 and has been revised many times to date, while the Code of Ethics for Nurses of the American Nurses Association is an ethical guideline for American nurses and offers an ethical foundation for retaining patient trust. These codes act as a vital blueprint for professional practices in the nursing profession, emphasizing duty, transparency and advocacy to patients, their families and the society. The 2012 edition of the Code considers that nurses are responsible for fostering well-being, restoring fitness, preventing illness and alleviating poverty. The Codes provide a forum for contemplation to educators, nurse executives, directors, representatives and related officials and researchers on the basis of an ethical principle aimed at establishing a consistent professional obligation and standards. The Code emphasizes on human rights, morality, humanity, respect for patients, confidence, listening, being heard, sincerity, empathy, humility, equity, fairness, justice and bravery. The ICN Nursing Code is currently under review and the focus of the review is on the role of nurses in meeting the Sustainable Development Goals (SDGs) adopted by all United Nation Member States in 2015 and on increasing the role of genomics in health care. It is also

required that nurses should concentrate on respect for privacy, confidentiality, self-respect self-control, self-efficacy, spiritual bravery, moral honesty and modern ways of communication in a world of increasing confusion and incessant change (Funmilola and Aina 2020).

Reid & Stephanie (2018) added that the expert duty of nurses applies to the legal and moral duties of the nursing profession. These principles apply to health safety, honesty, morality, cooperation with alternative medical practitioners and also the obligation to cause social change. Nurses should study these laws during their school time, whether they are obtaining a registered nurse (RN) or a nursing professional (NP), and moral breaches could lead to a lack of license by the State Nursing Board.

Nurses now must have a good view of the legal limits under which it must act to shield itself from prosecution, to protect the right of the customer and even to improve their capacity to lobby, effectively affecting the nurse liable for nurturing services, and if the she does not fulfill her role with quality of care, then it leads the nurse at risk of lawful act. Therefore it's necessary to have a worthy information of legitimate aspects of health care for giving worthy attention. In order to offer professional nursing, it is also important to have a clear understanding of the ethical aspects of health care. (Ashalata and Practice 2017).

The commitment to ethical ethics of health care staff is fundamental to the consistency of well-being services, such as it affects the method healthcare suppliers communicate with service consumers. However just 45.6 percent practitioners had well-known ethical practices, that is almost the same studies directed amongst Egyptians, which is 48 percent and higher than other related studies directed in Ambo City and Addis Ababa City, which exhibited 24 per cent and 30.4 per cent adherence to proficient beliefs correspondingly. (Neme, Workineh et al. 2019).

The difference may be attributed to the limited sample size and the introduction of the CRC policy by the Federal Ministry of Health. Another national survey on compassionate maternity care in public hospitals found that 36 percent of health providers have conducted at least one form of mistreatment of women (Sheferaw, Bazant et al. 2017).

For example, while knowledgeable permission is a critical factor of modern health care ethics and a resource of training patients' right of autonomy, only 41.4% practitioners always seek informed consent before any treatment is provided. This is exactly the same for a 34% analysis in Addis Ababa (18). Breaches in the confidentiality of patients or the right to confidentiality and end-of-life decision-making are common moral concerns mentioned in another article (Neme, Workineh et al. 2019).

A survey in Ghana found that 74% of the study contributors had strong understanding of health care ethics, which is comparatively higher than the outcome of the research. The disparity may be due to the socio-economic and cultural disparities between health practitioners. However the outcome of another analysis in Ambo City showed a strong information level of 31 per cent, which is less than the result of this report. This discrepancy may be the effect of CRC training offered around the republic on moral training and understanding for wellbeing experts. Another research conducted in Addis Ababa among physicians found that 75% of the study participants had strong knowledge of expert morals, which is complex than this study. The distinction may be that the research was restricted to doctors and done in the capital city, where knowledge about ethical morals is readily available(Neme, Workineh et al. 2019).

Purpose of the study: The present study intended to explore nursing student's knowledge, attitude and practices regarding health care ethics.

Significance of the study

There are several reports on the rights of nurses that have been conducted worldwide. In Egypt, several surveys have been done on the rights of patients, but only one study has been done on the rights of nurses. From the experiences of the researchers during practical preparation for nursing students, they found that some nurses performed their duties without taking account of their patient obligations; this may be because they were not aware of their rights and responsibilities, which in turn influence the responsiveness of patient care and satisfaction with the care rendered. This analysis would then be carried out to shed light on this phenomenon.

II- METHODS

Study Design:

A descriptive cross-sectional study design was used for this research.

Study Site:

The study was Lahore School of Nursing.

Study Setting:

Study was conducted in University of Lahore, The Lahore School of nursing.

Target Population:

The target population was all BSN students and Post-RN students of University of Lahore, The Lahore School of Nursing. The total size of nursing students was 250.

Sample Size:

N=250 (BSN students and Post-RN students)
The sample size of this study was 154 that is calculated by Slovin's formula (Ellen, 2018; Solvin's 1960).

$$n = \frac{N}{1 + N(e)^2}$$

$$n = \frac{250}{1 + 250(0.05)^2}$$

$$n = \frac{250}{1 + 250(0.0025)}$$

$$n = 153.8 = 154$$

The total sample size was 154.

Sampling Technique:

Convenient sampling technique was used in this study.

Duration of Study:

Study will be done from September, 2020 to December, 2020.

Inclusion Criteria:

The subjects who were included in the study:

All students of Nursing (BSN, Post-RN), the Lahore school of nursing, University of Lahore.

All female and male nursing students

All nursing students who were keen to take part in the study.

Exclusion Criteria:

Exclusion criteria of the study involve the students who will be absent at the day of data collection.

All nursing students who were not willing to participate in the study.

Instrument:

Knowledge, Attitude and Practices of the participants will be checked by a structured Questionnaire (39 question)

Data Collection plan:

After taking informed consent, the data was collected.

Data was collected according to the variables of the questionnaire.

Proposal was submitted in (1 month), data processing took (2 month) and thesis compilation took (1 month)

Data Collection procedure:

This study will use a self-contained structured questionnaire to collect data.

Data Analysis:

Data analysis was done on SPSS (version 21).

Ethical Consideration

The rules and regulations developed by the Lahore School of Nursing Ethics Committee will be enforced when research is being done and the interests of research participants will be upheld.

1) Informed consent of all parties will be acknowledged.2) All details and data processing shall be kept secret.

3) Participants will remain anonymous during the entire study.4) Participants will be told that there are no drawbacks or hazards involved with the research process.

5) They will also be told that they will be able to withdraw at any point during the research period.

6) The data will be placed under the key and locked while holding the keys in hand. It will be Kept under a password on a laptop.

RESULTS

PROFILE OF THE RESPONDENTS

Respondents were taken from Lahore School of Nursing; The University of Lahore.

Table 1. Demographic frequency

Age	18-21 (48.1%)	22-25 (44.2%)	Above 25 (7.8%)
Gender	Male (31.2%)	Female (68.8%)	
Degree	BSN (74%)	Post-RN (26%)	

Table:1 shows that 48.1% (n=74) participants belong to 18-21 age group, 44.2% (n=68) belong to 22-25 age group and 7.8% (n=12) participant's age were more than 25 years. In my research study both male and female was included. As table and figure no: 2 shows that 31.2% (n=48) participants belong to male gender. And 68.8% (n=106) participants were female. 74% (n=114) participants were from BSN and 26% (n=40) were from Post RN.

Table 2: Respondents exposure of unethical conduct in last 6 months of clinical work and opinions regarding importance of ethics teaching.

Statements	Very frequently	frequently	Occasionally	Never
How often have you witnessed a medical team member acting unethically?	33.8%	14.3%	40.3%	11.7%
Have you heard a consultant speak rudely to a medical student / junior doctor?	11.7%	19.5%	41.6%	27.3%
Have you heard a consultant speak rudely to a patient?	9.1%	11.7%	39%	40.3%
How often have you been placed in a clinical situation in which you had felt pressure to act unethically?	11.7%	19.5%	19.5%	49.4%
Do ethical problems you encounter are discussed with clinical teacher/ supervisor?	45.5%	20.8%	22.1%	11.7%
Do you think, knowledge of ethics is important to your	68.8%	19.5%	11.7%	0%

work?				
Were you taught ethics in medical college?	62.3%	26%	11.7%	0%
Do you feel the need for ethics to be taught in medical college at undergraduate level?	49.4%	39% %	5.2%	6.5%

Table No: 2 indicate that 33.8% (n=52) participants witnessed a medical team member acting unethically quite regularly, 14.3% (n=22) participants witnessed a medical team member acting unethically frequently, 40.3% (n=62) participants witnessed a medical team member acting unethically rarely, and 11.7% (n=18) participants never witnessed a medical team member acting unethically. There were 11.7% (n=18) participants have heard a consultant speak rudely to medical students or juniors very often, 19.5% (n=30) participants have heard a consultant speak rudely to medical students or juniors regularly, 41.6% (n=64) participants have heard a consultant speak rudely to medical students or juniors sometimes and 27.3% (n=64) participants have heard a consultant speak rudely to medical students or juniors occasionally, 9.1% (n=14) participants have heard a consultant speak roughly to the patient quite often, 11.5% (n=18) participants have heard a consultant speak roughly to the patient regularly, 39% (n=60) participants have heard a consultant speak roughly to the patient rarely and 40.3% (n=62) participants have never heard a consultant speak roughly, 11.7% (n=18) participants were very frequently put in a clinical situation where they felt pressure to act unethically, 19.5% (n=30) participants were often placed in a clinical situation where they felt pressure to act unethically, 19.5% (n=30) participants were placed in a clinical situation where they felt pressure to act unethically, 45.5 percent (n=70) participants very regularly discussed ethical issues with clinical teacher or supervisor,

20.8 percent (n=32), participants frequently discussed ethical issues with clinical teacher or supervisor 22.8 percent (n=34) participants rarely discussed ethical issues with clinical teacher or supervisor and 11.7 percent (n=34) participants discussed very rarely with clinical teacher or supervisor, 68.8% (n=106) participants think very frequently that knowledge of ethics is important in work, 19.5% (n=30) participants think frequently that knowledge of ethics is important in work and 11.7% (n=18) participants think occasionally that knowledge of ethics is important in work that 62.3% (n=96) participants said very frequently that they were taught ethics in medical college, 26% (n=40) participants said frequently, they were taught ethics in medical college and 11.7% (n=18) participants said occasionally that they were taught ethics in medical college. that 49.4% (n=76) participants responded very frequently thought the need for ethics to be taught in medical college at undergraduate level, 39% (n=60) participants responded frequently thought the need for ethics to be taught in medical college at undergraduate level, 5.2% (n=8) participants responded occasionally thought the need for ethics to be taught in medical college at undergraduate level and 6.5% (n=10) participants have never thought the need for ethics to be taught in medical college at undergraduate level.

Table 3: Opinions and Practice of medical ethics

Statements	opinions			Practice		
	Agree	Disagree	Not sure	Agree	Disagree	Not sure
Patient's wishes must always be adhered to	81.8%	10.4%	7.8%	80.5%	13%	6.5%
Patient should always be informed of wrong doing	79.2%	10.4%	10.4%	79.2%	10.4%	10.4%
Confidentiality –not important	79.2%	10.4%	10.4%	18.2%	64.9%	16.9%
Doctor should do best irrespective of patient's opinion	35.1%	36.4%	28.6%	31.2%	40.3%	28.6%
Consent only for operations – not for tests and medications	57.1%	40.3%	2.6%	55.8%	37.7%	6.5%
Close relatives should always be told about patient condition	96.1%	2.6%	1.3%	90.9%	3.9%	5.2%
Children should never be treated without consent of parent	77.9%	5.2%	16.9%	68.8%	9.1%	22.1%
Doctors & nurses should refuse to treat a violent patient	24.7%	68.8%	6.5%	18.2%	75.3%	6.5%
If a patient wishes to die, he or she should be assisted in doing so	9.1%	72.7%	18.2%	5.2%	76.6%	18.2%
If patient refuse treatment due to beliefs, they should be instructed to find another doctor	37.7%	39%	23.4%	37.7%	39%	23.4%
In an emergency unit, you are obliged to give information to the local police	81.8%	13%	5.2%	66.2%	22.1%	11.7%

In a road traffic accident, doctors are legally bound to help the victims on the roadside.	66.2%	6.5%	27.3%	59.7%	11.7%	28.6%
Spouse needs to give simultaneous consent for sterilization or termination of pregnancy.	58.4%	36.4%	5.2%	58.4%	39%	2.6%
It is necessary to inform a spouse of the other's venereal diseases, hepatitis or HIV status.	62.3%	28.6%	9.1%	49.4%	40.3%	10.4%

Table No: 3 indicate that 81.8% (n=126) participants believe that patient wishes must be met, 10.4% (n=20) participants deny that patient wishes must be met and 7.8% (n=12) participants were not convinced that patient wishes must be met. It reveals that 79.2% (n=122) of participants agree that patients should be notified of wrong doing, 10.4% (n=16) of participants deny that patients should be notified of wrong doing and 10.4% (n=16) of participants were not aware that patients should be notified of wrong doing. It show that 79.2% (n=122) participant agree that confidentiality not important, 10.4% (n=16) participant disagree that confidentiality not important and 10.4% (n=16) Participant were not sure that confidentiality not important, it also indicate that 35.1% (n=54) participants believe that doctors should do best regardless of the opinion of the patient, 36.4% (n=56) participants deny that doctors should do best regardless of the opinion of the patient, and 28.6% (n=44) participants were not aware that doctors should do best regardless of the opinion of the patient.

It reveal that 57.1 percent (n=88) participants agree that consent should only be taken for drugs not for tests and medications, 40.3 percent (n=62) participants deny that consent should only be taken for drugs not for tests and medications, and 2.6 percent (n=4) participants were not positive that consent should only be taken for drugs not for tests. It indicate that 96.1% (n=148) participants believe that patient condition should always be told to close relatives, 2.6% (n=4) participants deny that close relatives should always be told about patient condition, and 1.3% (n=2) participants were not aware that patient condition should always be told to close relatives. It also indicates that 77.9% (n=120) of participants agree that children should never be treated without parental consent, 5.2% (n=8) of participants disagree that children should never be treated without parental consent, and 16.9% (n=26) of participants did not agree that children should never be treated without parental consent.

It indicates that 24.7% (n=38) of participants accept that doctors and nurses should refuse to treat a violent patient, 68.8% (n=106) of participants deny that doctors and nurses should refuse to treat a violent patient, and 6.5% (n=10) of participants did not know that doctors and nurses should refuse to treat a violent patient. It reveals that 9.1 percent (n=14) of participants believe that he or she should be helped in doing so if a patient desires to die, 72.7% (n=112) of participants denied that he or she should be helped in doing so if a patient desires to die, and 18.2% (n=28) of participants were not convinced that if a patient wants to die, he or she should be assisted in doing so. It indicates that 37.7% (n=58) participants accept that if patients reject care

because of beliefs, they should be recommended to find another doctor, 39% (n=60) participants deny that if patients refuse treatment because of beliefs, they should be advised to find another doctor, and 23.4% (n=36) participants were not sure if patients refuse treatment because of beliefs.

It indicate that 81.8 percent (n=126) participants agree that you are needed to provide information to the local police in an emergency unit, 13 percent (n=20) participants deny that you are required to provide information to the local police in an emergency unit, and 5.2 percent (n=8) participants were not aware that you are required to provide information to the local police in an emergency unit. It indicate that 66.2 percent (n=102) of participants believe that doctors are legally obligated to assist victims on the roadside in a road traffic accident, 6.5 percent (n=10) of participants deny that doctors are legally bound to assist victims on the roadside in a road traffic accident, and 27.3 percent (n=42) of participants were not convinced that doctors aren't bound to assist victims in a road traffic accident.

It also indicate that 58.4% (n=90) participant agree that spouse must give simultaneous consent for sterilization or termination of pregnancy, 36.4% (n=56) participant deny that spouse must give simultaneous consent for sterilization or termination of pregnancy, and 5.2% (n=8) participant was not aware that spouse must give simultaneous consent for sterilization or termination of pregnancy. It indicate that 62.3% (n=96) of participants agree that a spouse must be aware of venereal diseases, hepatitis or HIV of the other, 28.6% (n=44) of participants deny that a spouse must be informed of venereal diseases, hepatitis or HIV of the other and 9.1% (n=14) of participants were not sure that a spouse must be informed of the venereal diseases of the other.

Discussion

This research was conducted to determine the knowledge, attitude and practices of health care ethics among nursing students. Our survey findings explicitly show that the nursing student in our study reveals that they face ethical dilemmas on a daily basis. What is alarming is the fact that modern ethical teaching and preparation is inadequate to help us cope with these problems competently. A small study showed that both understanding and practice of health care ethics is very low among surgical trainees (Shiraz, Shamim et al. 2005). Our research showed that nursing students tend to have more ethical challenges. That may be because they have more regular interaction with patients or because they are having difficulties due to limited experience. Another more troubling reason is that nursing students might not be debating professional questions with seniors. Unfortunately, when 34 respondents said they

regularly addressed these concerns with their clinical boss, this seems to be true. It may be that juniors view watching senior staff working separately on ethical problems as an opportunity to obtain hands on learning experience without sufficient expertise or may feel hesitant to address these dilemmas because of the heavy bureaucratic system that still remains in most medical teaching institutions in Pakistan. (Ahmer, Yousafzai et al. 2008).

From the findings, it also seems that vulnerability to ethical wrongdoing and ethical dilemmas emerges very early in nursing students in Pakistan, as almost half of the respondents had encountered or were put in a position where they felt under pressure to behave unethically at least sometimes or even more regularly. These results indicate that medical students and residents from other countries have obtained identical studies. 61 percent of medical students reported observing unethical actions by physicians in a Philadelphia survey (Feudtner, Christakis et al. 1994).. Almost all pediatric residents reported witnessing other team members behaving unethically in another study (Baldwin Jr, Daugherty et al. 1998). There is also evidence that exposures to immoral activities appear to rise with each passing year of medical school with 35 percent and 90 percent of first year & fourth year students witnessing ethical misconduct respectively (Satterwhite III, Satterwhite et al. 1998). It is also alarming to note that the sensitivity to recognize ethical concerns seems to decline as the advancement of trainees towards their education (Price, Price et al. 1998). Rude behavior against both nursing students and patients also seems to be a universal trait, with more than three-quarters of our respondents reacting favorably to a related pattern recorded in other surveys (Satterwhite III, Satterwhite et al. 1998). Students who have encountered unethical behavior are found to be more likely to have behaved poorly either to fit in with the team or to be fearful of bad assessment (Feudtner, Christakis et al. 1994). Most of the participant's s in our study responded very frequently to their supervisor (45.5 percent), (20.8 percent) responded frequently to their supervisors, (22.1 percent) responded occasionally to the supervisor and only (11.7 percent) never responded to supervisor. One wonders if this represents a discomfort among nursing students in discussing problems with seniors. Further and remedial action taken to ensure sufficient monitoring to deal with ethical problems of clinical practice need to be discussed. Ethical knowledge and practice responses from nursing students indicate that although they were aware of common terminologies, most of them had uncertainties about how to deal with common ethical issues. This is in accordance with other regional findings that the awareness and behavior of health providers needs to be dramatically changed (Deolia, Prasad et al. 2014). Differences in views and misperceptions that possibly indicate different levels of training and experience among respondents have been observed. Responses to often reminding close relatives of the status of

patients; euthanasia, etc. reflect geographic and social variations in ethical practice. Lack of information regarding fundamental concepts of medical ethics was demonstrated by the fact that many respondents thought that permission is required only for procedures not for tests and medicine (Shelp, Russell et al. 1981). It is safe to assume, though, that it is still not a high priority and leaves many places unaddressed. Nundy and Gulhati stressed that only a handful have been qualified in good clinical practice, despite having a large number of health professionals in India (Silverman, Dagenais et al. 2013).

Our study findings indicate that undergraduate and post-graduate curricula are insufficient and counterproductive in terms of ethics instruction. Traditionally, in most medical institutions in Pakistan, students undergo either no or limited didactic instruction in formal ethics despite the fact that medical practice plays a very important role in people-life decision-making. (Silverman, Dagenais et al. 2013). The optimistic opinion of the teaching of ethics by house officers is seen to be related to confidence in coping with ethical conflicts (Sulmasy, Geller et al. 1990). Ethics instruction in the beginning of medical colleges with continuing CME programs during preparation to develop ethical awareness and experience is required on an urgent basis (Khizar and Iqbal 2009).

Another major research result was the lack of understanding by more than half of the respondents in our study of the Nursing Code of Ethics. Furthermore the fact that most nursing students have no understanding of the declaration of Helsinki suggests very low knowledge of study ethics. In our research, ethics committees often seemed to be invisible, this unawareness is comparable to one recorded in other nations (Hern Jr 1990). It is important that all workers in organizations with a structure for resolving ethical dilemmas through clinical work be involved and well informed to the ethics committee. By using traditional quality management methods (O'Hern 1990), access to ethics programs can also be increased. The result of this research must be viewed in the light of its limits. We focused on self-report and study sites were only two teaching institutes, but the correlation of our observations with previous work in the country and abroad shows that our results are generalizable. Cross sectional architecture ensures that we cannot focus on shifts in awareness and mindset as trainees' progress through their preparation. Despite these drawbacks, the research has a great deal of power, including a strong response rate and the presence of a large number of respondents, contributing to stronger generalization of findings.

Conclusion

With rapid developments in education in the area of health care ethics, nursing students are increasingly expected to show ethical integrity. In Pakistan, there is an immediate need to create innovative and educational initiatives in this area. The instruction of ethics and professionalism at all stages should be an integral part of the medical curriculum.

Our research results can be used as a guide to the creation of the programmer. Multidisciplinary approaches to role models and scientifically substantive conversations about ethics are much needed (Szauter and TURNER 2001). This initiative will help train socially intelligent nurses of the next generation who are also ethically competent.

Recommendations

The following points are suggested on the basis of the aforementioned research:

1. Orientation plans should be applied to professional standards, code of ethical rules and factors that have a satisfactory effect on the growth of awareness and practice skills for nurses beginning their career, impacting legal and ethical concerns in patient care.
2. Practical ethical education especially in a multidisciplinary environment, may help bridge the divide in clinical practices between nurses and physicians.
3. Building understanding of the code of ethics in health fields, ethical values and expectations of nursing practice.
4. In order to ensure its implementation by adopting clear appraisal sheets on professional ethics, the nursing syndicate should play an important role in routine reviewing and assessing the success of nurses on ethical actions.
5. Further studies should be done on clinical nursing ethics and the interests of patients.

Limitations

Limitations include:

- There was a brief amount of time between 4 and 6 months to carry out this study.
- Less sample size in 154 because of which it is difficult to generalize findings.
- Convenient methods of sampling that may have a justification have been used.
- Participants were made aware of the duration of the questionnaire and, following willingly written informed consent, were included without pressure.

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