

## Professional Ethics Practiced by Nurses working In Hemodialysis Unit At Zagazig Hospitals

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### Abstract:

Nursing ethics is very important for care of client in hemodialysis unit. **Aim of study** was to evaluate the professional ethics practiced by nurses working in hemodialysis unit at Zagazig Hospitals. **Subjects and Methods: Research design:** A descriptive cross sectional design was used in this study. **Setting:** The study was conducted at three hemodialysis units (Al-Ahrar Hospital, Zagazig University Hospital and Alqnyat Hospital) at Zagazig Hospitals. **Subjects:** 90 nurses both male and female. **Tools of data collection:** Two tools were used for data collection, namely a structured interview questionnaire and an observational checklist. **Results:** The results revealed that the 60% of nurses had low knowledge regarding professional ethics, and about 97.8% had faire practice of professional ethics. Also, there was statistically significant relation between nurses' knowledge and age, gender and monthly income. Also, there was statistically significant relation between nurses' knowledge and practice regarding professional ethics. **Conclusion:** Nurses practice of professional ethics is better than their knowledge, but still inadequate, especially regarding justice, patient rights, documentation and confidentiality. **Recommendations:** pre and in-service training and continuous education will lead to enhance nurses' knowledge and practices about professional nursing ethics. An illustrated booklet including knowledge about professional nursing ethics in nursing care of hemodialysis patients should be available in all hemodialysis units.

**Keywords:** Professional ethics, Nursing ethics, knowledge, Practices, hemodialysis

### Introduction:

Ethics is essential to all nursing jobs. Moral behavior and responsibility with nurses and return has significant role in improving the patient's health. Therefore, it could be argued that the nursing profession is based on ethics<sup>(1)</sup>. Additionally that nursing is the use of clinical judgment in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death<sup>(2)</sup>.

One day care allows the treatment of large numbers of patients at less cost to the clients and community than in-patient. One Day care admissions may have advantages from the clients' perspective such as prevention of hospitalization, decrease in waiting times and a more rapid recovery. Patients prefer to recover at home because it disturbs their lives minimally. It is generally appreciated by clients that

they can sleep at home and come to the clinic only a few hours before the procedure takes place. Besides, different studies showed good clinical outcomes when clinical care was replaced by day care for totally different specialties like geriatrics, oncology, and the treatment of venous thrombosis or laparoscopic cholecystectomy and hemodialysis. Also day care may lead to fewer hospital-related infections<sup>(3)</sup>.

Hemodialysis is one treatment modality and it is a relatively safe procedure for patients with renal failure. ESRD patients require three times a week, for three to four hours per session. Patient need dialysis if kidneys no longer remove enough wastes and fluid from their blood to keep them healthy<sup>(4)</sup>.

Professional nursing ethics is a familiar concept in nursing and provides an ethical code for nursing practice. However, little is known about how professional ethics has been defined

and studied in nursing science So ethics is very important to the nursing because moral nurses practice ethics in daily basis work and they need assistance in ethical decision making as they practice in both tradition and expanded nursing roles <sup>(5)</sup>.

### Significance of the study

Despite the obvious importance of professional ethics, it has not been studied much in nursing science. Greater knowledge of professional ethics is needed to understand and support nurses' moral decision-making and to respond to the challenges of current changes in health care and society. Nephrology nursing is specialized area of nursing practice focusing on needs of patient with kidney disease and their families. This specialized care requires the Nephrology nursing to promote, competent, safe, ethical care, and demonstrate current specialty knowledge and practice <sup>(6)</sup>.

### Aim of the study:

The aim of the current study was to:

Evaluate the professional ethics practiced by nurses working in hemodialysis unit at Zagazig Hospitals.

### Research question

1-what is the nurse's knowledge working in hemodialysis unit in zagazig hospitals regarding professional nursing ethics?

2-what is the nurses practice working in hemodialysis unit in Zagazig Hospital regarding professional nursing ethics?

### Subjects and Methods:

#### Research design:

A descriptive cross sectional design was used to conduct this study.

#### Study setting:

The study was conducted at three settings. These were namely the dialysis units at Zagazig University Hospital, Al-Kinayat Hospital, and Al-Ahrar Hospital in Zagazig city .Hemodialysis unit at Al-

Ahrar Hospital is located in the upper third floor with two rooms (a large negative room and a medium-sized positive room HCV), a water station, a doctor's room, a nursing room, a workers' room, and a waiting room.

Hemodialysis unit at Zagazig University Hospital is located in the second floor of a five-floor building. It consists of five rooms, an emergency room, a negative room and a three positive dialysis room; two Hepatitis C Virus (HCV) and one Hepatitis B Virus (HBV). In addition there is a water station, a doctor's room, a nursing room, and a waiting room in front of the unit.

Hemodialysis unit at Alqnyat Hospital consists of two rooms, one positive HCV and the other negative, with a water station, a doctor room, a nursing room, and waiting room.

### Study subjects:

A Purposive sample composed of 90 nurses both male and female worked in hemodialysis unit. All nurses were fulfilling the following criteria . Nursing from all educational level, years of experience not less than one year, and accept participate in the study.

### Tools of data collection:

**Two tools were used for data collection:**

**Tool I:** A structured interview questionnaire developed by the researcher and consisted of the following parts.

- **Part A:** Socio-demographic data of the studied nurses such as age, sex, education level, income, marital status and years of experience in nursing profession etc.).
- **Part B:** This involved 10 components related to nurse's knowledge about professional nursing ethics: Professionalism (5 Questions), autonomy (5 Questions) justice (2 Questions), patient rights (7 Questions), veracity (3 Questions), fidelity (15 Questions), beneficence

(3 Questions), documentation and self evaluation (2 Question) and confidentiality (3 Questions).

#### **Scoring system:**

A complete correct answer was scored 2, an incomplete correct answer was scored 1, and incorrect answer or don't know was scored zero for open questions. While closed questions the correct answer scored 1, and incorrect answer or don't know was scored zero. For each area of knowledge, the scores of the items were summed up and the total of knowledge was (63) points. A nurse scored 75% or more was considered having high level of knowledge, while having 50% - <75% was considered moderate level of knowledge, and less than 50% was considered having low level of knowledge based on statistical analysis.

#### **Tool II:**

An observation checklist intended to evaluate practices regarding professional ethics in hemodialysis units, consisted of: Autonomy (8 Questions), justice (5 Questions), patient rights (8 Questions), veracity (3 Questions), fidelity (7 Questions), beneficence (4 Questions), documentation (3 Questions), self evaluation (3 Questions), and confidentiality (5 Questions) .

#### **Scoring system:**

Each practice item performed was given "done" score 2, "sometimes" score 1 and "not done" score zero. Total score of practices was (92) points. A nurse's practice scored  $\geq 75\%$  was considered satisfactory, while 50% - <75% was considered fair, and < 50% was considered unsatisfactory based on statistical analysis.

#### **Content of Validity &reliability:**

The validity of data collection tools was tested by three experts from the administrative nursing and medical surgical department, Community Health Nursing, Faculty of Nursing, Zagazig University and experts from Faculty of Medicine (hemodialysis units) to assess

clarity, relevance, application, comprehension, and understanding of the tools, all recommended modifications on the tools were done. Reliability of the proposed tools was done by Cronbach's Alpha test, it was 0.755 for tool (I) and 0.890 for tool (II)

#### **Field work**

Upon securing all official permissions, the process of data collection was started from beginning of May 2016 to the end of August 2016. The hemodialysis sessions were performed along the three shifts: morning (6.00 a.m.–11.00 a.m.), afternoon (12.00 p.m–4.00 p.m.), and night (5.00 p.m- 11.00 p.m.). The researcher met with the nurses individually, explained to them the study aim and procedures, and invited them to participate. Those who gave their oral consents were interviewed using the two data collection tools. The time needed to fill in the forms ranged between 25 and 30 minutes for each participant. The time consumed for observation checklist to evaluate the professional ethics ranged from 25- 35 minutes. The researcher performed the fieldwork three days weekly (Saturdays, Mondays & Wednesdays) for one week, and alternate three days for the following week. This was done along the three work shifts (morning, afternoon, & night)

#### **. Pilot study**

Before performing the main study, a pilot study was carried out on nine nurses of the study sample. The purpose of pilot study was to test the questions for any ambiguity, practicability, applicability, and feasibility of the tools and then the necessary modifications were done. It also helped the researcher to determine the time needed for filling in the forms. Those who shared in the pilot were excluded from the main study sample.

#### **Administrative and ethical consideration:**

An official permission was obtained through a letter issued from the Faculty of Nursing, Zagazig University

explaining to the directors of the three selected hospitals (Al-Ahrar, Alqayyat, and Zagazig University). Also informed consent for participation was taken verbally from each nurses after full explanation of the aim of the study. the study was obtained after informing them about their right to refuse or withdraw at any time. The confidentiality of any obtained information was insured and the data were used only for research purpose. The study procedures could not lead to any actual or potential harmful effects on participants.

### **Statistical analysis:**

After data were collected it was revised, coded and fed to statistical software IBM SPSS version 20. The given graphs were constructed using Microsoft excel software. All statistical analysis was done using two tailed tests and alpha error of 0.05. P value less than or equal to 0.05 was considered to be statistically significant.

### **The following statistical tests were used:**

. **Descriptive statistics:** included the mean with standard deviation for the numeric data and percentage to describe the frequency of each category for categorical data.

### **B. Analysis of categorical data**

Mont Carlo exact test and Fishers exact test: they are alternatives for the Pearson's chi square test to test for association between knowledge/practice levels and sample characteristics if there were many small expected values.

**C. Correlation analysis:** correlation is used to test the nature and strength of relation between knowledge and practice domains. The spearman correlation coefficient (rho) is expressed as the Pearson coefficient. The sign of the coefficient indicates the nature of relation (positive / negative) while the value indicates the strength of relation as follow: Weak correlation for rho less than or equal to 0.25 and strong correlation for values between 0.75-0.99.

## **Result**

**Table (1):** The study sample involved 90 nurse and more than one third of studied samples (37.8%) were from El-harar, followed by the same number Alqayyat and Zagazig university hospital 31.1%. As well, the mean ages of the studied nurses were  $30.1 \pm 5.4$  years. Additionally the three quarters of studied sample (75.6%) were female. Furthermore less than half of studied sample ports bachelor of nursing (41.1%). 80.0% and the mean years of experience in nursing were  $9.8 \pm 6.0$  years, and mean years of experience in kidney dialysis were  $7.1 \pm 5.0$  years

**Table (2):** Shows that nearly all of the studied sample 97.8% had low knowledge about professionalism. Additionally 35.6% of studied sample had high knowledge about autonomy. While their knowledge about patient rights and fidelity were moderate 64.4%, 68.9 respectively. As well, more than half of studied sample have 58.9% had moderate level of knowledge about confidentiality. while self evaluation, double effect and documentation no one of nursing answer question of these out line.

**Table (3):** nurses practice regarding autonomy, veracity, fidelity, documentation, self evaluation were fair 76.7%, 80.0%, 88.9%, 63.3%, 71.1% respectively.

**Figure 1:** portray that of 60.0% had low level and 40.0% of them had moderate level of knowledge.

### **Discussion:**

Results of the present study revealed that slightly more than two fifths of the studied nurses had bachelor in nursing, which may be the new trend of the Ministry of Health to place highly qualified nurses in critical settings in hospitals especially hemodialysis, also the majority of the studied nurses were married and almost three quarter were female this might be due that nursing faculties were initially limited to the females and most of Egyptian women were married, in early age especially

nurses have a stable income. This finding is in agreement with Aghdam et al. <sup>(7)</sup> who conducted a study to assess knowledge and performance about nursing ethic codes from nurses' and patients' perspective in Tabriz teaching hospitals in Iran and found that the highest percentage of nurses' was female 78% and married 70 %.

The current study result revealed that, nurses' mean age was 30.1±5.4 years. This result is consistent with that of Momennasab et al. <sup>(8)</sup> in Shiraz, Iran who conducted a study about comparison of the viewpoints of patients, nurses, and nurse managers regarding the extent to which clinical ethical codes are observed, and reported that the mean age of their study nurses was 30.05±4.91 years.

Concerning of research question regarding nurse's knowledge working in hemodialysis unit at Zagazig Hospitals regarding professional nursing ethics, The current study result found that, more than one third of nurses had low level of knowledge about patient rights. This result may be due to that they did not attend any training courses about patients' rights, since their graduate. This finding goes in the same line with that of Nejad et al. <sup>(9)</sup> in Iran, whose study aimed to evaluate nurses awareness of patients rights in a teaching hospital and they found that 41.6% of the studied nurses had inadequate level of knowledge about patients' rights. However these results are in disagreement with those of Abdho et al. <sup>(10)</sup> who assessed nurses' perception about the patient's rights at Mansoura General Hospital and they found that the majority of the nurses perceived the patients' rights was 80%. This finding might attributed to the difference of locations as well as due to nurses were attending courses about patients' rights and the hospital interests on patients' rights.

Concerning nurses' knowledge about veracity, the current study finding revealed that less than half of the nurses

had low knowledge level about veracity and more than half reported moderate level. This finding is to some extent that of Hafez et al. <sup>(11)</sup> who in recent study found that nurses' knowledge was satisfactory among 39.6% of their study participants regarding veracity.

As regards nurses' knowledge about justice, the current study finding showed that less than three fifths of nurses had low level knowledge. This result might be due to that nurses did not try to attend training about justice. This finding disagreement with Hassan et al. <sup>(12)</sup> who assessed nurses' knowledge and practices regarding professional ethics practiced in primary health care centers in Port Said city and found that most of nurses had correct knowledge about justice (98.8%), and this might be due to the difference between the two settings as Port Said nurses attended training courses about professional ethics.

As regards total nurses' knowledge level about general professional ethics the current study results found that three fifth of the studied nurses had low level of knowledge about ethics. This finding is consistent with that of Iglesias and Vallejo <sup>(13)</sup> in Madrid, who conducted a study to determine nurses' attitudes in relation to health care ethics and legal regulations for nursing and they found that nurses had poor knowledge about international ethical codes and ethics. This finding from researcher point of view might be due to lack of ethics training programs about professional nursing ethics in hospitals. Also, this result is supported by the finding of present study, which revealed that few nurses attended training course about professional ethics, because this area was neglected.

The study results indicates that more than three quarters of studied nurses had fair level of practical behavior about respect of human autonomy, this may be due to unprepared environment to respect human dignity, and increase in flow

rate of patients who attended to hemodialysis units undervalued, a doling to lack in insufficient material in front of their efforts. This finding is consistent with that of Hassan et al. <sup>(12)</sup> who found in their research applied in Port Said City about respect of human dignity that, 66.3% of nurses had adequate practical behavior about respect of human dignity.

As regards nurses practice about patients' rights' the current study results found that more than two thirds of nurses had fair practices about patients' right, although their knowledge regarding to patient rights was poor. This may be due to heavy workload, insufficient time allocated to patients, and nearly majority of nurses did not attend any training courses about patients' rights. This finding is consistent with that of Alghanim <sup>(14)</sup> who carried out a survey to assess knowledge and practices of the patients' bill of rights in central Saudi Arabia, and found that the studied nurses had moderate level of awareness and practices toward patients' rights. Also, this result goes in line with that of Ghonemy et al. <sup>(15)</sup> who reported that 75.0 % of nurses in the Alexandria main University Hospital and Matrouh General Hospital had moderate practices in patients' rights. In addition, the study conducted by Akbari and Taheri <sup>(16)</sup> in Iran, revealed that the majority of nurses had adequate practices of patients' rights. This finding might be due to the difference of location.

Regarding nurses' practice of fidelity the current study result revealed that the majority of studied nurses had fair practices about fidelity. This result is congruent with that of Ibrahim <sup>(17)</sup> in a study conducted at Alexandria City to assess professional ethics practiced by nurses working in maternal and child health centers and found that the majority of studied nurses had adequate practices of fidelity. However this finding is in disagreement with Hassan et al. <sup>(12)</sup>, who found that 50% of the studied nurses had inadequate practices

of fidelity. This may be due to that some nurses who shared health information of patients with other health care workers weren't aware of duties and obligations of their profession.

Concerning nurses' practice about documentation the current study result revealed that one third of studied nurses had poor level of practices about documentation. This may be due to that those nurses concentrated on giving medical care to the patient, and forgot to document. This finding was consistent with that of Okaisu et al. <sup>(18)</sup> in Uganda who conducted a study to assess nurses' documentation at Hospital of Uganda in order to enhance the quality of nursing practices and found that the quality of the documentation of nurses' was poor. This result is incongruent with that of Hafez et al. <sup>(11)</sup> in Mansoura who assessed nurses' knowledge and practices regarding professional ethics in outpatient clinics at Mansoura University Hospitals and found that the majority of nurses were committed to documentation.

Although less than two thirds of the studied nurses had fair practices about documentation this might be due to that nurses sometimes registered nursing care as soon as they do the procedures. This finding is consistent with that of Nakate et al. <sup>(19)</sup> in Uganda, who assessed knowledge and attitudes of selected Ugandan nurses towards documentation of patient care and found that 67% of nurses had acceptable documentation.

Regarding nurses' practices of confidentiality, the current study revealed that nearly two thirds of the studied nurses had good practices of confidentiality. This finding is in agreement with that of Hassan et al. <sup>(12)</sup>, who mentioned that 47.6% of studied nurses had inadequate practice of confidentiality and privacy. In a similar study, Adeleke et al. <sup>(20)</sup> pointed that, the responsibility of the healthcare professionals involves both patient confidentiality and good communication

with members of the healthcare team. It is important that patient confidentiality be respected and discretion exercised as to what information should be disclosed. In contrary, the study result of Nejad et al. <sup>(9)</sup> indicated that the highest level of performance (95.51%) was in area of right to preserve privacy and being ensured about confidentiality of all patient information. Although the concepts of confidentiality and privacy were highlighted, the law regarding confidentiality was very moderately taught. This may imply again that the wider aspect of confidentiality isn't seen as important as that related to the immediate human relationships as identified by Numminen et al. <sup>(21)</sup>

**Conclusion:**

In view of the current and research question results and answer of research question concluded that, nurses working at hemodialysis unit in Zagazig hospitals had low knowledge level about professional ethics particularly regarding patients' rights, veracity, autonomy, beneficence and justice. Although their practices of professional ethics are better than their knowledge, but still inadequate, especially regarding justice,

confidentiality, patients' rights, and documentation. Nurses knowledge is influenced by their age, gender and monthly income, while their practices aren't influenced by their personal characteristics. Finally, there was a statistically significant correlation between nurses' knowledge and their practices of professional ethics.

**Recommendations:**

- 1-Applying and in-service training programs to all nurses working in hemodialysis units about nursing ethics.
- 2- Developing a booklet containing principles of nursing ethics to be available for nurses working in hemodialysis units.
- 3- Further study in other hospital units about nurses' ethics should be conduct

**Table (1):** Distribution of the studied nurses according to their sociodemographic characteristics (n=90)

Demographic Data	No	%
<b>Hospital</b>		
- Al-Aharar Hospital	34	37.8
- Alqnyat Hospital	28	31.1
- Zagazig University Hospital	28	31.1
<b>Age (in years)</b>		
20-	48	53.3
30-	35	38.9
40-45	7	7.8
<b>Mean ± SD</b>	30.1 ± 5.4	
<b>Marital status</b>		
- Single	14	15.6
- Married	72	80.0
- Divorced	4	4.4
<b>Gender</b>		
-Male	22	24.4
-Female	68	75.6
<b>Monthly income</b>		
- sufficient	44	48.9
- sufficient and saving	4	4.4
- insufficient	42	46.7
<b>Educational level</b>		
-Secondary nursing	32	35.6
-Technical nursing	21	23.3
-Bachelor of nursing	37	41.1
<b>Years of experience in nursing</b>		
<5	20	22.2
5-10	37	41.1
> 10	33	36.7
<b>Mean ± SD</b>	9.8 ± 6.0	
<b>Years of experience in hemodialysis unit</b>		
<5	38	42.2
5-10	33	36.7
> 10	19	21.1
<b>Mean ± SD</b>	7.1 ± 5.0	

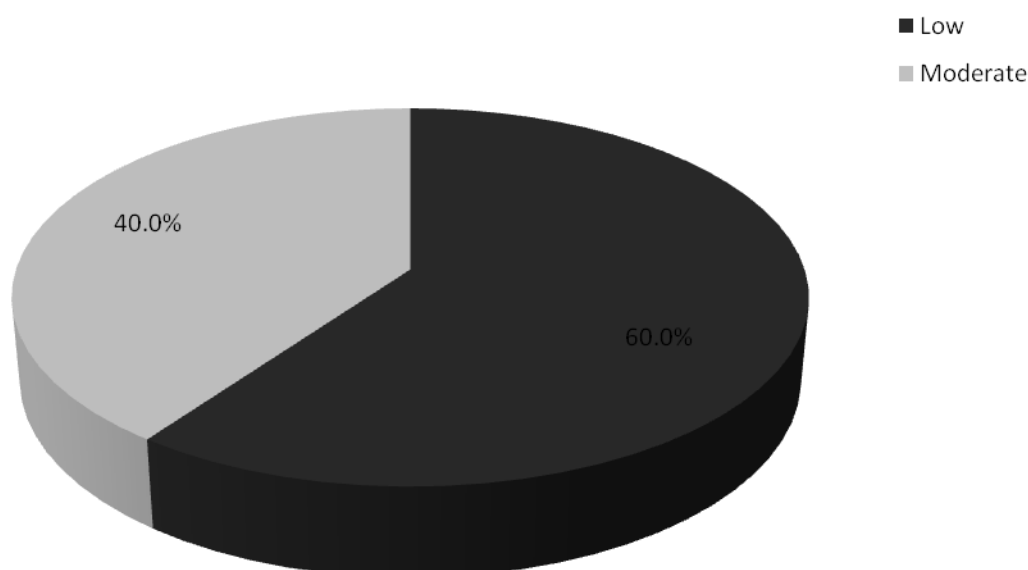


**Table (2):** Distribution of the studied nurses according to their level of knowledge about nursing ethics (n =90)

Knowledge Domains	Low		Moderate		High	
	No	%	No	%	No	%
Professionalism	88	97.8	2	2.2	0	0.0
Autonomy	18	20.0	40	44.4	32	35.6
Justice	52	57.8	23	25.6	24	26.7
patient rights	32	35.6	58	64.4	0	0.0
Veracity	42	46.7	47	52.2	1	1.1
Fidelity	21	23.3	62	68.9	7	7.8
Beneficence	42	52.2	43	47.8	0	0.0
Confidentiality	13	14.4	53	58.9	24	26.7

**Table (3):** Distribution of the studied nurses according to their level of practices about professional ethics (n =90)

Practice Domains	Unsatisfactory		Fair		Satisfactory	
	No	%	No	%	No	%
Autonomy	17	18.9	69	76.7	4	4.4
Justice	1	1.1	55	61.1	34	37.8
Patient rights	1	1.1	64	71.1	25	27.8
Veracity	13	14.4	72	80.0	5	5.6
Fidelity	4	4.4	80	88.9	6	6.7
Beneficence	4	4.4	58	64.4	28	31.1
Documentation	30	33.3	57	63.3	3	3.3
Self evaluation	3	3.3	64	71.1	23	25.6
Confidentiality	2	2.2	30	33.3	58	64.4



**Figure (1):** Total level of nurse's knowledge about professional nursing ethics.

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