

Knowledge And Practice of Healthcare Ethics Among Healthcare Professionals: An Awareness Creation Apparatus

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Abstract

Background: Because healthcare professionals are well versed in patients' fundamental rights and obligations, people are growing more worried about their ethical behavior. The accusations regarding unethical behavior and the rise in legal action against healthcare providers frequently reflect this. Threats and intimidation directed at healthcare workers have also increased recently.

Objectives: The purpose of the study was to assess the knowledge and practice of healthcare ethics among healthcare professionals in Winneba Municipal Hospital and Trauma and Specialist Hospital in Effutu Municipality in the Central Region of Ghana.

Methods: The study used a descriptive cross-sectional design and a qualitative research approach. The research design used offered a deeper understanding of the experiences, phenomena, and settings under study while addressing the "what," "how," and "why" of the research questions. The interpretive approach was chosen as the research's epistemological stance because it emphasised how unique humans are from the material world and how research methodologies should reflect this distinction.

Results: This study identified ethical issues bordering on areas of communication, decision-making, confidentiality, and professional duty as key themes for ethical reflection. It explored the experiences of healthcare professions in different fields of practice within the clinical context. The study also identified strategies for improving knowledge and adherence to ethical codes regarding the profession, which are education, routine orientation, workshops and retraining programmes.

Conclusion: Despite the commendable efforts of health professionals in adhering to healthcare ethics, policy-makers in the healthcare arena of Ghana such as the Ministry of Health, Ghana Health Service and the Association of Health Administration and Support Services should gear health policy towards enhancing staff-patient relationship.

Keywords: Healthcare professionals, patients' fundamental rights and obligations, unethical behaviour, ethical reflection, Ethical codes and Communication.

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Background

Analyzing the practice of clinical medicine and its related activities has been in existence since the days of Hippocrates. Commitment globally to these clinical and related practices became more visible in the Declaration of Geneva, which was adopted in 1948 by the World Medical Association and subsequently amended in 1968, 1983 and 1994. This international declaration ushered in a new perspective in the delivering of healthcare and consequently affected health system frameworks [1]. The World Health Organisation (WHO) health system framework, which is characterised by four overall system outcomes or goals that are necessary for every proper functioning health system, is not an exception [2]. Among one of these outcomes is “responsiveness”. Responsive health systems is said to anticipate and adapt to existing and future health needs, harness opportunities to promote access to effective interventions and improve quality of health services and consequently contributing to better health outcomes [3]. Even so, this health system goal is usually neglected in most health systems especially in Low-and-Middle-Income countries [3]. Responsiveness of a health system is met when institutions and institutional interactions are built to be aware of and respond effectively to individuals' universally reasonable expectations, as well as ensuring patients' rights to adequate and timely care [4]. *Respect for patients right has elements of dignity, autonomy and confidentiality aspects of the interaction of the patient or individuals* with the health system that often has an important healthcare ethical dimension [5]. In other words, the respect for individuals or patient right is experienced during patients interaction with providers at the point of receiving care [5]. According to [6], the basic obligations expected of providers in contributing to the well-being of their patients are to respect their rights. It has been identified specifically in the nursing profession that the act of giving attention to clients is of paramount importance [7]. This places a very huge responsibility on the providers including nurses in ensuring that this legitimate requirement and expectations of the patients are met as well as ensuring and conforming to other medical and healthcare protocols [7]. This will therefore require professionals firstly to be conversant with the existing healthcare ethics and laws in order to act with high degree of professionalism in the course of discharging their duties as far as responsiveness of a health system is concerned. The central focus of this inquiry was therefore to explore whether these providers were conversant and adhered to current existing ethical codes and laws regarding their professionalism. The study was specifically conducted to achieve the following objectives:

1. Assess the knowledge of healthcare professionals about ethical principles and codes;
2. Examine the adherence to the practice of health care ethics and
3. Provide recommendations for improving upon adherence to ethics.

Methods

The research will adopt a qualitative research methodology with a descriptive cross-sectional study. This research design employed addresses the “what” “how” and “why” of the research questions and enables deeper understanding of experiences, phenomena and context under study [8]. The study population for this study embodied the healthcare professionals of Winneba Municipal Hospital and Trauma Specialist Regional Hospital. *The study was conducted in Effutu municipality in the Central region of Ghana.* The Winneba Municipal Hospital and Trauma Specialist Regional Hospital are both situated in the Southern and Northern part of Winneba in Effutu Municipality respectively. The study included healthcare professionals with not less than three years working experience in the facilities, healthcare professional who were casual or permanent staff of the health facilities, healthcare professionals who were present and willingly consented to participate in the study at the time of data collection. Efforts were made to ensure that not less than thirty participants, which seemed to be the recommended number of sample size by qualitative research scholars [9], were deployed for the study. The main data collection instrument for this qualitative study is a structured interview guide. Notebook and Tape Recorder were also used as complementary devices to aid data collection for the study. Data for the study were collected during and after the healthcare professional official time of duty. Data analysis for this study commenced with transcribing, translating, reviewing and coding of the interview excerpts. This enabled conceptualisation and categorisation of key themes emanating from the data. Triangulation was used as a strategy to test validity through the convergence of information from the different sources and addressed contradictions that zoomed up from the data collected.

Results

Knowledge of healthcare professionals about ethical principles and codes

Findings show that most of the healthcare professionals interviewed were cognisant of the general ethical principles and codes. Responses have been classified under subthemes.

Most participants recognised the four main ethical principles (which were the four main ethical principles your participants mentioned?) Immediately the interviewer mentioned them. They were also able to tell the difference among them. Most participants only gave simple sentences to differentiate among them. Most of them implied autonomy as respect for patients, justice as being fair in delivering healthcare, beneficence as doing right to patient and non-maleficence as doing no harm.

However, some of them defined the principles in more extensive sentences. These are some of the opinions, which were given by participants.

Autonomy is the right of a patient or client to make informed decisions about their own medical care (Participant1).

Autonomy in the health sector grants nurses the freedom to work in a home healthcare environment and to manage any minor incidents that may be caused based on their experience and with the understanding that can reach out for further medical support when needed as well (Participant 2)

Autonomy involves respecting the rights of a patient” (Participant 15)

In defining Justice as a principle of ethics, one respondent expressed,

“This ethics principle implies that patients have the right to fair and impartial treatment and patient interest should be first before all. (Participant 4)

Another interviewee differentiated among the four principles in the following way;

Autonomy means power given to patients to inform their own decisions. Beneficence means providing positive benefits to patients. Non-maleficence implies avoiding inefficiency on the part of the provider and justice means equality to patients without any favoritism. (Participant 6)

Participants also demonstrated their knowledge about how they could apply the four principles by providing opinions to some questions.

Only a few respondents agreed that a provider could deny a patient concerning his or her treatment. Most of the participants did not agree to this. A few of the participants also agreed that information of a patient could be shared by a provider to third parties who were not involved in the provision of healthcare. In this case, most of them said it was not okay to share patient information with third parties who were not involved in the delivery process. Meanwhile, many participants agreed that claims they had made earlier could be rebutted depending on certain situations. One of the participants who said patient information could be shared with third parties added that:

Patient information can be shared with consent from patient. This is very important” (Participant 11)

The majority however, said that the claims they had earlier made could not be rebutted.

The following are some underlining reasons for their decision. This was contained in the underneath justification:

“This is because of the fact that confidentiality is of importance in nursing” (Participant 7)

“No, there can be no ground for patient information to be shared unless the patient discloses it by him or herself” (Participant 13).

Participants also shared their opinions on how to deal with some scenario cases that required the application of knowledge about healthcare ethics. The first case bordered on informed consent. In the first case, an assumption was made of a mentally sound adult who was critically ill in the participants’ facility. The ill patient did not want anyone to perform a surgical operation, which had been confirmed to be the only way to save him. Doctors intended to force the patient to undergo the operation. Participants were asked if the decision by the doctors was the right thing to do. The following are some of the responses that were given.

Well, I think it is the right thing to do since it is going to save the patient however, health professionals have to explain and convince the patient. (Participants 7)

Another participant said,

No, because the patient has his or her own right, you have to explain the procedure vividly to the patient and if he or she insists then it is not your fault. (Participant 8)

One other participant expressed that:

“Under no possible circumstance can a patient be forced or tied up, as a matter of fact; a patient needs to sign a consent form before an operation or procedure. It is also our job to reassure patients and prove worthy of his or her care to him. (Participant 4).

The second case bordered on truth telling and veracity in health delivery. In the second case, a scenario was made of a healthcare provider unintentionally causing irreversible injury to a patient while providing treatment. A question was asked as to whether the client should be told of the harm when declared ready and fit for discharge. The following are some of the opinions made by participants to this case. Some respondents said they disagreed to telling the patient about the injury.

No, if he is deemed healthy and fit for discharge. (Participant 4).

No, because I can be sued when the patient finds out. (Participant 10).

Meanwhile, most participant agreed to inform the patient about the injury. They held the following opinions:

Yes, the nurse is obliged to tell the truth because of the principle of veracity. (Participant 5).

Yes, the patient has to be informed and the superior in the unit has to plead on behalf of the nurse. (Participant 7).

Yes, it is not easy but you have to tell patient about it to know the way forward to avoid being blamed. (Participant 8).

Meanwhile, some participants did not take a specific side. Relating it to the personal beliefs of the case nurse in question, one of them expressed:

Yes and No. Yes, because it takes a very dedicated Christian or Muslim to inform a patient about the harm that he or she has caused to the patient. Yes ideally, that is how it should be done. No because of the fear of losing, the job and going to prison when sued. This will make it difficult for the provider to tell the patient of the injury (Participant 3).

Most participants expressed cognizance of the code of the ethics related to their profession. Major ethical codes identified by participants were principle of veracity, patient confidentiality, and fidelity, no demand of unauthorised fees, integrity and accountability. One participant expressed:

You do not have to share personal information of the patient to a third party. For example, you do not have to discuss HIV patient's information such as his or her location and identity to anyone otherwise; he or she can take you on. (Participant 3)

Adherence to the practice of health care ethics

This theme analysed the level of adherence of the healthcare professionals to ethical codes and principles as related to their profession.

There was a good level of inclination towards adherence to healthcare ethics. Responses of participants indicates that the adherence level of health professionals to ethical codes was very high. Most participants affirmed that they always felt the need to seek patient consent in their routine collection of sensitive information from them. A greater proportion of them also claimed that they had never shared patient information with people. Most participants expressed that they had been considering patient views and opinions during care delivery but some admitted that it was not always the case. One of the participants said this:

Yes, I have been considering patient views and opinions as long as it will benefit the patient. (Participant 5).

One also said: *Yes, I have been doing that but it is not always the case. (Participant8).*

Majority of the participants claimed that they did that all the time.

“Yes, it has always been the case to consider patient opinion worthwhile. (Participant 7)

No just colleague on duty, I only discuss with sometimes. (Participant 10).

Furthermore, there were some actions, which were taken by participants in some circumstances of ethics demonstration. The views of participants in the following attest to this.

In asking whether participants had noticed a colleague make a medical or clinical mistake in delivering care before, the following were some of the responses given by participants.

Yes, I corrected her and taught her what to do. (Participant 8).

I prompted the colleague, yes. (Participant 5).

In asking how participants had been reacting to the behaviour of very rude clients. The following were some of the responses received. Some participants said they were usually calm with their clients while others asserted that they were rather firm to the patient.

I stay calm and try to calm the client without being angry. (Participant 8).

Tell them to calm down. (Participant 6).

Be firm to patient. (Participant 3).

Recommendations for improving upon adherence to ethics

The study revealed that most participants encouraged education and in-service training as a way to improve upon the knowledge of health professionals about ethical codes. In ensuring compliance, some participants encouraged education, while others encouraged laying out strict measures to ensure compliance.

Participants recommended workshops and orientation as a way of improving upon the knowledge of health professionals on ethical codes of conduct. These were some of the responses given by participants:

Through workshop. (Participant 7).

Periodic training on the code of ethics of the health service. (Participant 1).

Routine orientation. (Participant 6).

In service training. (Participant 11).

Conferences, seminars, workshop and orientation. (Participant 10).

A similar recommendation was made for the improvement of adherence practices towards ethical codes and principles. The following constitute the more profound suggestions.

Through workshop and education. (Participant 7).

Customer care training. (Participant 1).

Punishment. (Participant 6).

There should be disciplinary measures to ensure. (Participant 11).

Education geared towards shaping the attitude of health professional. (Participant 10).

Discussion of Results

The purpose of this research was to describe the knowledge and practice of healthcare ethics among healthcare professionals in two health facilities in the Winneba Municipality of the Central Region of Ghana. This study identified ethical issues bordering on areas of communication, decision-making, confidentiality, and professional duty as key themes for ethical reflection. It explored the experiences of healthcare professions in different fields of practice within the clinical context. Generally, a good level of ethical knowledge was observed amongst the health workers of these two facilities. First, it was observed that the healthcare professionals of these two facilities recognised ethical problems in the course of running their care practice. This could probably be because of the seminars and workshops they attend during the period of practice as has been reported in studies of [10, 11]. Further, ethics is emphasized across all levels of nursing education globally and in Ghana [16]. The various case studies introduced in the interview opened the way for this to be assessed amongst the healthcare workers.

It was observed that the four main ethical principles were well-known among healthcare workers of the two hospitals as participants from the two facilities demonstrated the ability to differentiate between them. Autonomy was differentiated from the others

as the ability to make decision on one's own ability. To many of the participants, non-maleficence meant the ability to avoid harm in the delivery of health care while beneficence meant gearing healthcare practice towards doing well. Fairness in the delivery of health service was associated with principle of Justice.

Healthcare professionals in the two facilities were also found to value the concept of confidentiality. This was observed from the two case studies regarding the sharing of patient treatment information. A similar study in the Cape Coast Metropolis revealed that healthcare professionals placed value on confidentiality matters [11]. This finding indicates also a good attitude of healthcare professionals towards ethical practice in the delivery of care. Responses given for the two other case studies on forcing a patient to undergo surgery and truth telling of medical mistake indicates that participants were applying their various knowledge into practice, which may be influencing their attitude. Healthcare delivery in the Winneba Municipality may be improved upon through positive attitude from these health professionals because it is likely to improve upon patients' recovery and enhance health outcomes [12].

Participant also demonstrated understanding of their professional code of ethics. According to [10], every professional group has established a code of ethics and standards normally drawn from the international standards hence, the expectation to demonstrate such code of conduct in their respective domains of activity. This is because an ethical code could serve several functions such as supporting professional identity and providing directions for these health workers [13]. Findings from the study indicated that participants were familiar with their respective professional codes of ethics. A similar inference was drawn from the study conducted by [11]. This analogy also agrees with similar studies in Australia and Turkey [14, 15].

In the study, it was found that the most commonly adhered ethical code was respect for patient and patient's consent even though there were shortfalls regard for the code from some participants. Most participants claimed to have been considering patient views and opinions during their daily encounter with them. Others attested that they had been doing that more often. This finding shows a significant regard for patients consent issues among health workers in the two facilities. From the findings, it looked more as if the concept of healthcare ethics is comprehensive and valued in the two facilities. The results from this study somehow relates to findings from the study conducted by [11] Findings have also indicated a strong commitment of health professionals towards responsiveness to their clients.

Again, findings indicated good level of patience as an attitude among healthcare workers towards their clients. Responses obtained on attitude of health workers towards rude patients and clients showed patient attitude of health workers towards clients. Responses showed that health workers in these two facilities were ready to tolerate and educate their clients no matter what. This seemed not to be the case in many healthcare settings in the country as many studies show significant variations in attitudes of healthcare workers towards their clients [11].

With respect to recommendations to improve upon compliance to ethical codes among professionals, most participants recommended education and orientation programmes. Others advocated for the importance of conferences, seminars and workshops as vital means to shaping the attitude of healthcare professionals. The most common means recommended was education of healthcare practitioners on ethical codes and practices. In fact, many other studies in the area have placed much regard on educational programs as a way of improving upon compliance. Accordingly, ethics training in communication skills and ethical judgment will significantly improve upon health professionals' ethical competence in managing such clinical situations.

Conclusion

Insights have been gained, through this study, into how healthcare professionals respond to ethical issues regarding patient information, patient privacy and patients' rights in general. This study complements efforts aimed at enhancing healthcare professional-patient communication. The study also identified strategies for improving upon knowledge and adherence to ethical codes regarding the profession, which are education, routine orientation, workshops and retraining programmes. Despite the commendable efforts of health professionals in adhering to healthcare ethics, policy-makers in the healthcare arena of Ghana such as the Ministry of Health, Ghana Health Service and the Association of Health Administration and Support Services should gear health policy towards enhancing staff-patient relationship. This is important to improve upon client cooperativeness and provide a foundation for improving upon staff responsiveness and ensuring patient satisfaction. Notwithstanding, health professionals should know that there are strategies they can adopt to address a variety of ethical challenges regarding information within the clinical context.

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