



## **ASSESSMENT OF NURSES' KNOWLEDGE OF ETHICAL PRINCIPLES AND THEIR APPLICATION TO PRACTICE IN A SELECTED FEDERAL NEURO-PSYCHIATRIC HOSPITAL IN NIGERIA**

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**ABSTRACT:** *This is a descriptive design survey on assessment of nurses' knowledge of ethical principles and their application to practice in the Neuro-psychiatric Hospital, Aro, Abeokuta, Ogun State, Nigeria. The purpose of the study was to determine the nurses' knowledge of ethical principles and how the principles are applied to the care of people with mental illness. The study also identified some perceived factors that do hinder the application of ethical principles to practice. The findings revealed that the nurses have high knowledge of ethical principles. On application to practice, it was revealed that the respondents do embrace ethical principles in the care of their patients except in the area of admitting and restraining of patient against their will. Poor communication among nurses, Institutional policies, poor security patient's abscondence and aggressiveness, amongst others were identified as perceived factors that can hinder application of ethical principles to practice.*

**KEYWORDS:** Ethics, Ethical Principles, Nurses' Knowledge, Application, Nigeria

### **INTRODUCTION**

Ethics is an essential element of professional practices especially humanitarian health care professions such as Nursing. It strongly influences patients' health improvement. Nursing as a profession, respects human values, rights and dignity. Moreover, the fundamental principles of caring include ethics, clinical judgment, and care. It guides the professionals as well as protects the right and bills of patients in different professional jurisdiction. Fundamental to nursing also are the elements of ethics, art, and the knowledge of nursing. Lemonidou et al, (2012) saw ethical commitment to care as an integral part of nursing practice in a nurse-patient relationship.

Human society has some form of myth to explain the origin of morality. At first ethics evolved from the Code of Hammurabi. The book of Hebrew in the Bible which gave an account of the Ten Commandments given to Moses on Mount Sinai by God, then the dialogue Protagoras by Plato (Rogers & Mac, 2011) and later the history of ethics begins with ancient Greek philosophers (Sophist, Socrates, Aristotle, Epicurus and Stoics). This was followed by the English positivists in Europe, the Christian ethics (though not a scientific term), Hobbes, the father of modern ethics and the twenty ninth century ethics which was more with evolutional concepts but still divided between Utilitarians and Kantians (Rogers & Mac, 2011).

Ethics has many definitions, according to different needs and body of profession. Ethics In nursing according to Ajao, (2017) is viewed as a body of knowledge concerned with issues of



moral behaviour and a systematic inquiry into principles of right and wrong conduct, virtue and vice, as well as good and evil, as they relate to conduct and as a set of principles that guides conduct. Furthermore, ethics according to Kjervik and Brous, (2010), provided the expression of values in support of nurses' empowerment, such as autonomy in practice, beneficence and care-based moral in doing what is best and just for patient. Professional ethics therefore, refers to the use of logical and consistent communication, knowledge, clinical skills, emotions and values in nursing practice (Dehghan, Mosalanejad & Dehghan-Nayeri, 2015). Ethics and ethical practices are in no doubt integrated into all aspects of nursing care.

Ethics and its principles are inseparable and this is why the place of ethical principle in nursing practice cannot be over emphasized. While ethics is the structure of standard of right and wrong, principles are rules that put values into practice. Therefore, ethical principles include those rules that guide our morals, integrity, values character and conduct which serve as a guide to our daily living and help us to judge whether our behaviour can be justified (Joshua, 2019).

Ethical principles vary as viewed by different writers. Saint Mary's college, (2019) identified three major principles (autonomy, beneficence and justice) based on research on human while Medical protection, (2015) identified four pillars of ethical principles; which are autonomy, beneficence, justice and veracity. Others added by Quora, (2019) are fidelity, truthfulness, confidentiality, non- maleficence, social justice, procedural justice and honesty.

Aina (2017) therefore declared that the ethical principles that nurses must adhere to should include the principles of justice, beneficence, non -maleficence, accountability, fidelity, autonomy, and veracity among others. In influencing patient care from an ethical perspective, a nurse needs an understanding of ethical principles and models. Knowledge of ethical principles, such as autonomy and beneficence, arms the nurse with power to be a major player in the decision-making processes regarding patient care. A nurse who understands ethical principles can meaningfully use this understanding to influence the health care team to apply these principles in their actions and behaviors (Sokoya, 2009).

Caring for people living with mental illness according to Roberts, (2017) is ethically complex. The ethical complexity is due to the ways in which psychiatric disorders affect a person's experiences. Mental illness can shape one's development, personality, capacities for love, self-knowledge, self-reflection, and societal contribution (Roberts, 2017). It influences beliefs, feelings, perceptions, behaviors, and motivations across time. It also interferes with one's ability to speak, to arrange one's thoughts or to know one's preferences. It may interfere with one's desire to eat, one's ability to find the energy to get up out of bed and one's will to make it through a day (Roberts, 2017).

Therefore, Aydin and Ersoy, (2017) explained that It is important that psychiatric nurses comprehend different types of ethical issues so that they can resolve ethical problems that they encounter due to moral unpreparedness. Aydin and Ersoy (2017) also emphasized the need for Psychiatric/mental health nurses to understand the ethical principles and determine the key ethical challenges that arise in psychiatric treatment and care so that they may be able to eliminate some possible ethical dilemmas proactively and give appropriate treatment and care ethically.



Mental health nurses deal with patients that pose a threat either to themselves or to others and are adjudged to have committed crimes. In the state of actual or feigned mental illness, medications served (anti-psychotic agents) to the patients may alter their brain chemistry despite the fact that many of the patients are sometimes incapable of understanding the nature, benefits and risks associated with such mediations. Electro- Convulsive Therapy (ECT), use of restraints and seclusion in order to protect the patients and others on the wards despite the need for treatment in the least restrictive environment are sometimes administered to patients even when they refuse or are unable to consent to such treatment (Murphy, Cowan, Street & Sederer, 2017). Also, the mental health nurses are sometimes asked to take part in forensic evaluation of clients that may require them to give evidence, write reports and testify in court (Salihu, 2013). One is then keen to know how much of ethical principle pertaining to psychiatry and mental health practice nurses know and apply or why they do not apply the principles.

Sokoya, (2009) stated that patients who are the beneficiaries of health care are becoming increasingly aware of their legal rights, vis-à-vis nurses' roles and responsibilities with higher expectations. There is therefore a need for nurses to be ethical and rational without compromising professional standards in rendering their services. It is believed that an awareness of the ethical and legal implications of healthcare will help the individual nurse identify her own moral positions and biases. This knowledge would contribute to, and facilitate effective decision-making when faced with ethical and legal dilemmas and thereby avoiding litigations that can arise from faulty decisions, malpractice and negligence (Kumar & Mehta,2016)

Therefore, this study is therefore embarked upon by the researcher to assess nurses' knowledge of ethical principles, their application to psychiatry/mental health care and likely to investigate factors that hinders the application of ethical principles to nursing care of people living with mental illness in the Neuropsychiatric Hospital, Aro, Abeokuta. It is believed that findings from this study when forwarded to the management of the hospital will influence the management decision to put in place necessary action to prevent litigation in the course of nursing care of people with mental illness which can lead to withdrawal of staff license, blacklisting the name of the hospital, financial implication and reduction in internally generated revenue.

### **Statement of Problems**

Nurses have four fundamental responsibilities which are to promote health, to prevent illness, to restore health & to alleviate suffering. Inherent in nursing is respect for human rights, including the right to life, to dignity and to be treated with respect. Nowadays, health care settings are changing rapidly; nurses are facing ethical challenges in health care due to the current patient and relative awareness of patient bill of right that put nurses at the risk of ethical litigation.

Nurses are also to participate in establishing, maintaining, and improving health care environment and condition of employment conducive to the provision of quality health care (Thompson, 2018). Sokhanvar (2017) reported that nursing awareness and application of ethical principles in patient's care and clinical decisions were not given much priority as the nurses were not interested in applying ethical principle in Iran. Also, Tefagh (2014) observed that Chinese nurses were more nervous, sad and dissatisfied during and after the work



compared to nurses from Switzerland. However, both groups experienced ethical problems of poor communication with patients due to heavy workload.

In the Nigerian context a lot of ethical issues in patient care are raised in relation to application of ethical principles (Salihu, 2013). An observation that stirred the researcher's interest towards this study was the seemingly lack of the application of ethical principles in the care of people with mental illness observed among nurses in the course of clinical experience. It was observed that psychiatric nurses demonstrated varying behaviour towards the patients while rendering care to patients, such as assault on the patients', battery and false imprisonment, malpractice, negligence and acts of injustice. This study therefore intends to assess the nurses' knowledge of ethical principles and their application to nursing practice in Neuro-psychiatric Hospital Aro, Abeokuta, Ogun State.

### **Objective of the Study**

The general objective of this study was to assess the knowledge of ethical principles as applicable to nursing practice by nurses working in the Neuropsychiatric Hospital, Aro, Abeokuta, Ogun State.

The specific objectives of the study were to:

- 1.) Assess level of knowledge on ethical principles among nurses in Neuropsychiatric hospital, Aro, Abeokuta
- 2.) Determine the application of ethical principles to care of people with mental illness by Psychiatric nurses working in the Neuropsychiatric Hospital Aro, Abeokuta.
- 3.) Identify the perceived factors hindering Psychiatric nurses' application of ethical principles to the nursing care of people with mental illness in Neuropsychiatric Hospital, Aro, Abeokuta

### **Research Questions**

The study provided answers to the following research questions:

- 1.) What is the level of nurses' knowledge of ethical principles in Neuropsychiatric Hospital, Aro, Abeokuta?
- 2.) Do nurses apply the ethical principles to the care of people with mental illness in the Neuropsychiatric Hospital, Aro, Abeokuta?
- 3.) What are the perceived factors hindering Psychiatric nurses' application of ethical principles to the nursing care of people with mental illness in Neuropsychiatric Hospital, Aro, Abeokuta?

### **Hypotheses**

H<sub>01</sub> There is no significant relationship between the level of knowledge of ethical principles and their application to nursing practice by nurses in the Neuropsychiatric Hospital.



Ho2 There is no significant relationship between hindering factors and the application of ethical principles to practice by nurses in the Neuropsychiatric Hospital.

### **Significance of the Study**

The findings of this study will show the level of psychiatric nurses' knowledge of ethical principles and their application to nursing practice. It may also serve as a medium to draw attention of the professional body (Association of Psychiatric Nurses of Nigeria) and relevant agencies to have a picture of ethical situation in the management of people with mental illness.

More importantly, the findings from the study may be presented to the Head of Nursing Department in health institutions in order to see to the establishment of Ethical committee if there is none at present to ensure proper monitoring of nurses as they comply with the standards of care in the hospital and as declared by the international codes of ethics for nurses. Nurse leaders may also allow their members to participate in establishing, maintaining, and improving health care environment to be conducive for the provision of quality health care and consistent with the ethics of professional practice.

It is believed that findings from this study when forwarded to the management of the hospital will have influence on the management's plan and decision in putting up necessary action(s) to prevent litigation against the hospital or the nurse in the course of nursing care of people with mental illness which may be as a result of malpractice and negligence. This may further prevent loss of internally generated revenue to payment of penalty. It will prevent the hospital's name from being blacklisted and also increase patronage to the hospital thereby increasing internally generated revenue.

### **Justification of the Study**

Studies by Adetomiwa, (2018) on knowledge and attitude of psychiatric nurses towards legal aspects of psychiatric nursing, Obagun, (2019) on the awareness of legal responsibilities of nurses in psychiatric nursing practice, both in the Neuropsychiatric hospital, Aro, Abeokuta, Ogun State, Oyetunde & Ofi, (2013) and Maj & Brid (2015) on Nurses knowledge of legal aspects of nursing practice in Ibadan Nigeria and Assessment of the Knowledge Regarding Legal Aspects in Psychiatric Nursing among Nurses in a Selected Tertiary Care Centre respectively showed that nurses have knowledge of legal principles related to patient care and majority had positive attitude towards the law. However, all the studies only looked at the knowledge of law and were silent on knowledge of ethics nor ethical principles in practice. This study therefore intends to examine the nurses' knowledge of ethical principles and their application to nursing practice in the Neuropsychiatric Hospital, Aro, Abeokuta, Ogun State. This study will also give information to the hospital management and head of nursing about the knowledge of psychiatric nurse on ethical principles and the application to practice. It will also give clues to the factors that influence application of ethical principles to care of the mentally ill and what can be done to correct the negative factors. Finally, awareness of professional ethics and its contributing factors could help nurses provide better services for patients. At the same time, such understanding would be valuable for educational administrators for effective planning and management.



## Scope of the Study

The research covered all registered psychiatric/ mental health nurses working at the Neuropsychiatric hospital Aro and the Lantoro Annexe, Abeokuta, Ogun state. The study will include nurses working in clinical areas of the hospital such as Child and Adolescent, psycho-geriatrics, Drug Addiction Treatment Education and Research (DATER) Unit, assessment, rehabilitation unit corporate ward and the out- patient clinics who are involved in the nursing care. Also, nurse educators who train the post basic psychiatric nursing students at the School of Psychiatric nursing, Neuropsychiatric Hospital, Aro, Abeokuta will be included.

## Operational Definition of Terms

**Ethics:** is the moral standard that judges the conduct of the nurse whether right or wrong when caring for the patient

**Ethical principles:** these are the guidelines that assist the nurse to perform her duty in a professionally acceptable way when caring for people with mental illness. They include; justice, beneficence, non- maleficence, fidelity, autonomy, and veracity.

**Ethical issues:** problems or situations that arise where the nurse finds himself/herself in a state of confusion, dilemma or tension and need to make a moral decision while caring for a person with mental illness.

**Assessment of nurses' knowledge:** is the evaluation of psychiatric nurses' understanding of ethical principles.

**Nurses' knowledge:** level of the understanding of the nurse about ethical principle

**Application:** how psychiatric nurses uphold ethical principles in the care of people with mental illness.

**Psychiatric/Mental Health Nurse:** a registered nurse who has undergone training in psychiatric nursing and is licensed by Nursing and Midwifery Council of Nigeria to care for people with mental illness having acquired required training and certification.

**Factor:** situations or circumstances that influence the application of ethical principle to the care of people with mental illness

## LITERATURE REVIEW

### Conceptual Review

**Nursing:** Several definitions of nursing have been cited by Adejumo, (2018). These definitions include Nightingale (1946) definition as “the act of using the environment on the patient to assist him in his recovery, Virginia Henderson’s definition(1961) which referred to nursing as “assisting the individual that is sick or well in the performance of those activities contributing to health, its recovery or peaceful death that he would perform unaided if he had the necessary strength, will or knowledge and to do this in such a way as to help him gain independence as rapidly as possible” According to the International Council of Nurses (ICN), nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings.



Aina, (2017) collaborated the definition of nursing by describing nursing as an art and a science and that the art of nursing is in its caring stance while its science is embedded in its scientific principles exemplified by the nursing process. He sees nursing as having made tremendous progress since the days of Florence Nightingale. Its knowledge base has expanded and the practice is now based on the integration and application of knowledge from the natural, behavioural, physical and humanistic sciences in addition to inclusion of spiritual knowledge.

**The Psychiatric / Mental Health Nurse:** Mohr, (2009) is of the opinion that all registered nurses who have completed a nursing programme and passed their state's licensing certificate examination are likely to work with clients who have psychiatric diagnosis but, nurses who specialize in psychiatric/mental health are designated as either psychiatric-mental health registered nurse or psychiatric-mental health advanced practical registered nurses depending on the nurse's education and certification. Aina, (2017) in his own contribution described the Psychiatric – mental health nurse as someone who is trained and licensed to diagnose and treat human responses to actual or potential mental health problems, while Salihu, (2013) stated that mental health nurses work with psychiatric patients in any psychiatric treatment settings.

**Psychiatric / Mental Health Nursing:** The term psychiatric-mental health nursing, according Mohr (2009) refers to two aspects of nursing that interact and overlaps. Psychiatric nursing focuses on the care and rehabilitation of people with identifiable mental illnesses or disorders while mental health nursing focuses on the well and at-risk populations to prevent illness or provide immediate treatment for those with early signs of a disorder. In addition, Aina, (2017) described Psychiatric- mental health nursing as a global phenomenon and a specialty of nursing that focuses on the identification of mental health issues, prevention of mental health problems, and the care and treatment of persons with psychiatric/ mental health disorders. He concluded that Psychiatric – mental health nursing therefore is about the only specialty of nursing where the nurse is autonomous and independent of any encumbrance in his/her practice. Barker, (2009) in his own contribution highlighted some standardized processes of nursing practice in a psychiatric hospital to include admission to a psychiatric unit, assessing risk of suicide and self-harm, engagement and observation of people at risk, record-keeping, discharge planning, the nurse's pre and post care in administration of electroconvulsive therapy, mental health promotion and prevention and formulation of mental health nursing diagnosis.

**Mental Disorder:** According to Townsend, (2012) mental illness is the maladaptive responses to stressors from the internal and external environment, evidenced by thoughts, feelings and behaviors that are incongruent with local beliefs and cultural norms that interfere with the individual's social, occupational or physical functioning. It can also be said to be a medical condition that disrupts a person's thinking, feeling, mood, ability to relate with others in daily functioning that often results in diminished capacity to cope with demands of one's daily life. Mohr, (2009) in addition, viewed mental illness as a clinically significant behavioural or psychological syndrome marked by distress, disability, or the risk of suffering, disability, or loss of freedom. It can also be said to be a medical condition that disrupt a person's thinking, feeling, mood, ability or a medical condition that disrupt a person's thinking, feeling, mood and ability to relate with other daily functioning (Mayo clinic, 2012)



In psychiatry, symptoms are described and useful to distinguish between form and content. This is because psychiatric patient's response to questions may not give a clear direction in establishing his actual problem (Cowen, Harrison & Burns, 2012).

**Concept of Ethics:** The word ethics originated from Aristotle in 400 B.C. and came from the Greek word "ethos" which originally meant a location or a place where people lived together. Later it came to mean a way of thinking or behaving. It is also related to the word etiquette which means a code of moral behaviour that is practiced for the good of others (Adelowo, 2016)

Ethics according to Townsend, (2015) is defined as the science that deals with the rightness and wrongness of actions and bioethics is used when applicable to the principles or concepts within the scope of medicine, nursing and allied health.

Ajao, (2017) described ethics as the body of knowledge concerned with issues of moral behaviour in nurses' obligations to self and others. He further viewed ethics as a systematic inquiry into principles of right and wrong conduct, of virtue and vice, of good and evil as they relate to conduct and as a set of principles that guides conduct. The code of ethics, whether national or international according to Ajao, (2017) is designed to promote professional standard, to convey the extent of the professional commitment to the society setting out in clear terms, the primary goals, values and obligations of the nursing profession.

**Types of Ethics:** Ajao, (2017) also identified four different types of ethics to which includes Bioethics (covering life science, issues of conduct of research, genetics enchantment, and environmental ethics), Clinical ethics (ethical problems arising within the context of caring for actual clients), Nursing ethics (ethical issues that arise in the practice of nursing and the analysis used by nurses to make ethical judgment) and Feminist ethics (ethical issues anchored on gender equality in decisions affecting women's health).

**Ethics and Ethical Principles:** Nursing world, (2018) defined Ethics, simply as a principle that describes what is expected in terms of right and correct and wrong or incorrect in terms of behavior. For example, nurses are held to ethical principles contained within the American Nurses Association Code of Ethics. Ethics and ethical practice are integrated into all aspects of nursing care.

The two major classifications of ethical principles and ethical thought are also identified as utilitarianism and deontology. Deontology is the ethical school of thought that requires that both the means and the end goal must be moral and ethical; and the utilitarian school of ethical thought states that the end goal justifies the means even when the means are not moral.

Nursing world also highlighted the ethical principles that nurses must adhere to as the principles of justice, beneficence, non-maleficence, accountability, fidelity, autonomy, and veracity. These were explained as follows. Justice is fairness. Nurses must be fair when they distribute care, for example, among the patients in the group of patients that they are taking care of. Care must be fairly, justly, and equitably distributed among a group of patients. Beneficence is doing good and the right thing for the patient. Non-maleficence is doing no harm, as stated in the historical Hippocratic Oath. Harm can be intentional or unintentional. Accountability is accepting responsibility for one's own actions. Nurses are accountable for their nursing care and other actions. They must accept all of the professional and personal





consequences that can occur as the result of their actions. Fidelity is keeping one's promises. The nurse must be faithful and true to their professional promises and responsibilities by providing high quality, safe care in a competent manner. Autonomy and patient self-determination are upheld when the nurse accepts the client as a unique person who has the innate right to have their own opinions, perspectives, values and beliefs. Nurses encourage patients to make their own decision without any judgments or coercion from the nurse. The patient has the right to reject or accept all treatments. Veracity is being completely truthful with patients; nurses must not withhold the whole truth from clients even when it may lead to patient distress (George, 2017)

**Ethical Theories:** Ethics is a branch of philosophy that deals with values of human conduct related to the rightness or wrongness of actions and to the goodness and badness of the motives and ends of such actions while ethical theories are sets of principles used to decide what is morally right or wrong (Townsend, 2011)

Ethical theories are systems of thought that attempt to explain how one ought to live and why (Townsend, 2011). The theories according to Guido, (2009) form the basis of many ethical conflicts in nursing practice and are into two main categories. Deontology (an action is right or wrong independent of its consequences) and Utilitarianism (the rightness or wrongness of an action depends on the consequences of action)

**Code of Ethics for Nurses:** The code of ethics, whether national or international according to Ajao, (2017) is designed to promote professional standard, to convey the extent of the professional commitment to the society setting out in clear terms, the primary goals, values and obligations of the nursing profession while Mohr, (2009) explained that same code of ethics directs nurses to safeguard clients and the public when incompetent, unethical, or illegal practices may affect healthcare and safety. Mohr highlighted the interpretive and explicit codes to as follows:

The nurses, in all professional relationships practice with compassion and respect for inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems, The nurse's primary commitment is to the patient, whether an individual, family, group, or community. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient, the nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with nurse's obligation to provide optimum patient care, the nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competency, and to continue personal and professional growth. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with values of profession through individual and collective action, the nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs and the profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and shaping social policies [American Nurses Association, 2011].



The International Council of Nurses' (ICN) Code of Ethics for Nursing (2006), was developed in 1953 and has been updated a number of times till date while the American Nurses Association's code of ethics for nurses [2011] is the ethical framework for the American professional nurses and provides the ethical basis to keep patient confidences. These codes serve as a critical model for ethical standards in the nursing profession, stressing responsibility, accountability, and advocacy for the patients, their families and community. The 2012 edition of the code considers the responsibility of the nurse to promote health, restore health, prevent illness and to alleviate suffering. The codes offer a platform for reflection for educators, nurse leaders, directors, leaders as well as relevant authorities and researchers base on an ethical principle aim aimed at demonstrating coherent professional duty and expectations. The emphasis of the code is on human right, integrity, dignity, patient's respect, being trusted, listened to, being heard, honesty, kindness, generosity, equality, fairness, justice and courage. The ICN code for nursing is currently under review and the emphasis of the review is the nurse's role in achieving the sustainable development goals (SDGs) adopted by all united nation member state in 2015, and the increase role of genomic in health care. It is therefore expected that nurses should focus on respect of privacy, of persons, confidentiality, self-respect, self-control, self-efficacy, moral courage, moral integrity and new means of communication to practice safety in a world of increasing uncertainties and incessant transformation (Alexander, 2019).

### **Ethical Principles and Ethical Issues**

- 1.) **Malpractice:** The term malpractice and negligence are often used interchangeably. Negligence has been defined as the failure to do something which a reasonable person guided by those ordinary consideration or which an ordinary human would go on doing or which a prudent and reasonable person would not do (Salihu, 2013). Professional malpractice according to Legal Service Commission, (2013) is called negligence. Malpractice is defined as a failure or rendering professional services to exercise that degree of skill and learning commonly applied under all circumstances in the community by the average prudent respectable member of the profession with the result of those services on those entitled to rely upon them (Salihu, 2013).
- 2.) **Informed Consent:** Informed consent is the process by which information is shared about treatment options, risks, and alternatives (Schouten, 2011). Nurses often are involved in this process, and it may involve written information and the patient being asked to sign a form. The patient must have the capacity to understand the proposed treatment, have adequate information to make a decision, and have the option to make a choice (Wysoker, 2009).

Informed consent means that a patient or the patient's legal representative agrees to the treatment proposed by the healthcare providers in a process that enables him/her to understand the proposed treatment or procedure, including how the treatment or procedure will be administered, the prognosis if the treatment or procedure is given, adverse effects, risks, possible consequences of refusing the treatment or procedure and other alternatives (Rossoff, 2015).

Substituted consent on the other hand is the authorization that another person gives on behalf of a patient who needs a procedure or treatment but cannot provide that consent themselves (Rossoff, 2015).



- 3.) **Commitment Process:** George, (2017) declared that when patients with psychiatric disorders are hospitalized, the type of admission will dictate certain aspects of the treatment plan. Civil commitment can be of 3 types:

Voluntary admissions, emergency admissions and involuntary commitments (indefinite duration)

Each state has specific laws pertaining to each type of admission status that will dictate certain procedures for admission, discharge, and commitment for treatment (Harris, 2009).

**Voluntary Admissions:** Patients who present at psychiatric facilities and request hospitalization are considered voluntary admissions. Likewise, patients being evaluated as to whether they are a danger to themselves or others or are so seriously mentally ill that they cannot adequately meet their own needs in the community but are willing to submit to treatment and are competent to do so have voluntary admission status. However voluntary clients who are seeking a discharge from the hospital but who are assessed to be an immediate danger to themselves or others may be placed on an emergency commitment status pending (Harris, 2009).

**Emergency Admissions:** Patients have emergency admission status when they act in a way that indicates that they are mentally ill and, due to the illness, are likely to harm themselves or others. State laws define the exact procedure for the initial evaluation, the possible length of detainment, and attendant treatment available (Salihu, 2013).

**Involuntary Admissions:** A person, who refuses psychiatric hospitalization or treatment, poses a danger to self or others, is mentally ill and for who less drastic treatment means are unsuitable may be subjected to involuntary admission status for an indefinite period by court orders (Harris, 2009).

- 4.) **Confidentiality:** Nurses have both a professional and ethical duty to use knowledge gained about patients only for the enhancement of their care and not for other purposes (Kumar, 2013). Most nursing practice require nurses to maintain the confidentiality of patient information. Confidentiality is especially important in the care of people with psychiatric disorders. Any breach of confidentiality of data about patients, their diagnoses, symptoms, behaviors, and the outcomes of treatment could possibly impact a patient's employment, personal relationships, and insurance benefits (Kozier & Erb,2012).

Psychiatric nurses are responsible for maintaining the confidentiality of information shared by patients with the treatment team and within the medical record. The American Nurses Association Code of Ethics for Nurses (ANA, 2013) and many state nursing practice acts, in addition to most mental health facilities, have statements regarding confidentiality. Because of the nature of psychiatric care, patients must be able to trust that what is shared is used for treatment purposes only and is not released to parties who have no need to know and no legal right to know. Nurses must safeguard confidentiality by discussing patient care matters in private areas and protecting the medical record by not leaving documents within the view of others outside the treatment team and by properly discarding documents with patient information such as report sheets, and closing computer screens displaying patient



information when not in use. In groups and in family situations, nurses also must be mindful of what information is shared without the patient's consent and instead encourage self-disclosure by the patient when indicated. When patients wish to have information shared with other people or organizations, such as an insurance agency or other health care provider, proper consent for release of such information should be obtained (Townsend, 2015).

- 5.) **Supervision of Nurses:** One of the key responsibilities of psychiatric nurses is to maintain safety within the patient setting (Murphy, 2017). The safety of patients with mental illness also must be maintained in settings such as the emergency department. Claims of inadequate staffing do not justify failure to follow procedure (Fiesta, 2009). In addition, nurses must assess potentially dangerous situations and vulnerable patients (for example, a patient who is disoriented and agitating peers) and make reasonable plans to control the risk. Patient supervision, removal of unsafe objects, documentation, communication among staff members, and treatment planning (Dewit, 2019). Institutions are responsible for ensuring that employees have adequate competence, skills, and training to maintain safety (Lemmer, 2013). Institutions have been found liable for failing to supervise patients properly in situations that have resulted in self-inflicted injury to the patient (Fiesta, 2009). Nursing staff also may be charged with failure to provide adequate supervision in cases where patients are assaulted by other patients or even staff members.
- 6.) **Documentation:** Documentation is the primary method by which the record of treatment, progress and response, of patient care is communicated. It is an important nursing responsibility that must be thoughtful and complete and based on solid assessment with evidence to support the observations and interpretations (Mohr, 2015). In any complex case in which liability may be involved, the nurse should document as though describing the situation to a colleague or thinking aloud for the record, thoroughly describing the nurse's assessment and thought process for decision making (Wettstern, 2010).
- 7.) **False imprisonment:** False imprisonment as stated by Ashalata, (2017) is the unjustifiable admission of a patient without legal warrant to confine the patient. False imprisonment is accompanied by forceful restraint or threat or restraint is battery. The nurse can suggest to the client to remain in the hospital but not dictates against the client's will.
- 8.) **Assault / Battery:** Ashalata, (2017) described assault as an attempt of threat to touch another person unjustifiable. Assault precedes battering. It is the act that causes the patient to believe that a battering is about to occur. He declared that a nurse who threatens a client with injection after the client refuses to take medication orally has assaulted the patient.

Battery according to Ashalata, (2017) is the willful touching of a person, person's clothes or what he is carrying and touching to the extent of causing harm. The touching must be wrong in some ways for example, touching without permission that is embarrassing or beating.



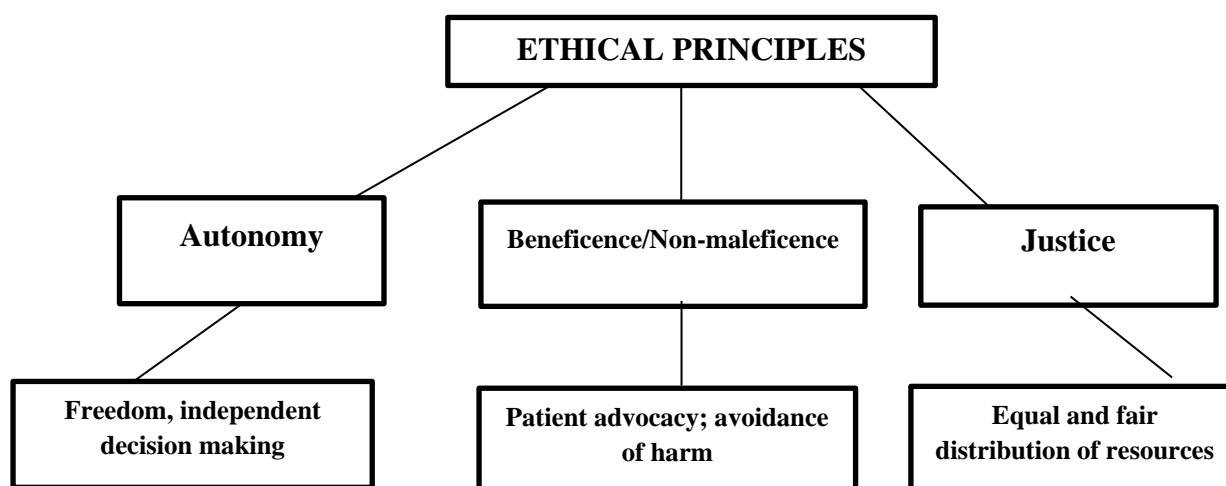
- 9.) **Research:** The Belmont Report on Ethical Principles and Guidelines for the Protection of Human Subjects for Research, a Report by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research of 1979 is one of the leading works concerning ethics and health care research. It allows for the protection of participants in clinical trials and research studies. It is a statement of basic ethical principles and guidelines that should assist in resolving the ethical problems that surround the conduct of research with human subjects. (The Belmont Report Institutional Review Board, 2017)

The three fundamental ethical principles for using any human subjects for research are respect for persons, beneficence and justice

Respect for persons involves recognition of the personal dignity and autonomy of individuals, and special protection of those persons with diminished autonomy. The moral principle of respect for persons such as informed consent contains three elements which are information, comprehension, and voluntariness. Subjects must therefore be given sufficient information on which to decide whether or not to participate, including the research procedure(s), their purposes, risks and anticipated benefits, alternative procedures. In cases of special classes of subjects such as the minors, persons with impaired mental capacities, the terminally ill, and the comatose respect for persons requires that the permission of third persons also be given in order to further protect them from harm (The Belmont Report Institutional Review Board, 2017)

Beneficence entails an obligation to protect persons from harm by maximizing anticipated benefits and minimizing possible risks of harm. The appropriateness of involving vulnerable populations must be demonstrated and the proposed informed consent process must thoroughly and completely disclose relevant risks and benefits (The Belmont Report Institutional Review Board, 2017)

Justice deals with ensuring reasonable, non-exploitative, and well-considered procedures being administered fairly, the fair distribution of costs and benefits to potential research participants and equal treatment without preferential consideration (Wikimedia Foundation, 2019). Some classes of potential subjects such as the institutionalized mentally infirm or prisoners may be involved as research subjects, but should not be selected simply because they are readily available in settings where research is to be conducted, or because they are “easy to manipulate as a result of their illness or socioeconomic condition. Care should be taken to avoid overburdening institutionalized persons who are already burdened in many ways by their infirmities and environments benefits (The Belmont Report Institutional Review Board, 2017).



**Fig. 2.1 Framework of Belmont report on ethical principles in human research**

(The Belmont Report Institutional Review Board, 2017).

**Factors Hindering Application of Ethical Principles in the Care of People with Mental Illness:** According to Porter and Moller, (2016), ethics are moral standards that characterize health care professional's conduct as either right or wrong. Ethical principles in the care of people with mental illness have been identified to be influenced by certain aspect of nursing practice.

Dehghani, Mosalanejad and Dehghan-Nayeri, (2015) described Professional ethics as the use of logical and consistent communication, knowledge, clinical skills, emotions and values in nursing practice and went on to identify the following factors as affecting patient care in their study conducted in Iran :identifying individual character and responsibility, communication challenges, organizational preconditions, support systems, educational and cultural development.

**Communication factors:** The Nurses' Pledges says "I will keep in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling" Here we can say confidentiality is central to trust between patients and the nurses. The patient's bill of right by ANA and ICN coupled with the Nurses' code of conduct also emphasized the issue of confidentiality in the practice of nursing profession. This ethical duty of non-disclosure according to Salihu, (2013) are held to a much higher level in mental health situations than in general medical records.

Salihu emphasized that in the therapeutic relationship between nurse and the patient; It is the ethical duty of confidentiality that requires the Psychiatric Nurse to hold in confidence all information given them by the client and client's relative the information is limited to person's directly involved in clients' care only.

Salihu, (2013) further explained some factors that may hinder confidentiality to include communication problems such as care situations where patients' information can be released



or circumstances that overweighs the patient's privacy interested or information needed without delay.

These include situations where client, family members or others around him are in danger for example where mentally disturbed client open up that he wants to kill one or two people, threats or intent of suicide, homicide. Salihu (2013) went further that the principles of veracity which provide that nurses must always be truthful in speech and action may not be easy in some situation such as telling patient his illness cannot be cure for, we only care may be the plain truth but is unethical.

Other unethical behaviour includes discussing patient's problem where they can be heard, leaving clients' records on paper or screen, trolley or tables when they can be assessed by patient or have access to it or casual disclosure of information to family members and visitors.

**Attitude:** The attitude of the health care provider determines how the mentally – ill individuals can be treated (Houlihan, 2013). These attitudes according to Aina, (2017) are based largely on stereotypes which lead to prejudice. Prejudice in return brings about discrimination and when we discriminate, we then separate ourselves from those we believe are different from us which in many cases are the people living with mental illness. Attitude as a factor affecting behaviour in patient care therefore can lead to positive or negative outcome in terms of non-maleficence or negligence. Aina, (2017) further identified the importance of self – awareness issues so that the nurses' personal beliefs, attitudes or feelings do not interfere with the objective assessment of patients. He suggested that openness, direct and non - judge-mental communication between the nurse and the patient are essential behaviours to help in the care of the patient.

**Knowledge of the Psychiatric Nurse:** Porter and Moller, (2016) emphasized the need for the Psychiatric – Mental health nurses to be knowledgeable of the patient's he/she care for in term of characteristics, the right of the patients, the nurses right, code of conduct and disciplinary action for misconduct.

Aina (2017) also emphasized the need for Nurses to know that there are civil and criminal liabilities that they can face in the course of caring for their patient.

The process of becoming a professional nurse as viewed by Sokoya, (2009) involves change and growth at various stages throughout a career. The rapid advance of knowledge in health maintenance, health promotion and disease prevention as well as increased public awareness and demand for quality care, makes it mandatory for nursing and professional nurses to move with the times. Furthermore, for nursing to be more recognized as a profession, nurses need to be more conversant with the current trends in healthcare and reflect more on the scientific principles guiding all nursing actions and moral decisions (Oyetunde & Ofi, 2013)

Amnhealthcare, (2016) was of the opinion that ethical principles and its legal implications to nursing should be taught and be kept up to date throughout every nurse's career since nursing job is something many young people aspire to but without the legal and ethical knowledge behind them, many hospitals may not employ them now that legal issues are becoming more and more problematic. Hendrick, (2011) expect a nurse In the healthcare industry today to be aware of the ethical principles and legal aspects associated with caring and helping people



because the more negligence cases there are the more fearing legal issues and the inevitable law suit.

**Problems with Standards and Scope of Nursing Practice:** Ajao, (2017) describing the standard of nursing practice said that nursing care is both directed and measured by the Nursing Practice Act (NPA) and rules; and that the standards and scope of nursing practice within the NPA are aligned with the nursing process. He went further and declared that standards include decision making and critical thinking in the execution of independent nursing strategies, provision of care as ordered or prescribed by authorized health care providers, evaluation of interventions, development of teaching plans, delegation of nursing intervention and advocacy for the patient.

Ajao identified some problems associated with the standard of practice to include; unlicensed personnel without the education and legal authority to demonstrate competency to perform the delegated task, unprofessional, incompetent and illegal nurse practice, Nurses and Institutional/Public Policy, shortage of staff, whistle-blowing, healthcare rationing and Nurses' personal moral convictions.

**Workplace Violence:** Another major challenge nurses face is violent behavior while on the job, be it from patients or colleague. Violent behaviors caused by health workers, patients, or visitors can create a hostile environment and lead to nurses experiencing injuries and emotional trauma. This on the other hand may prevent the nurse from carrying out her duty as ethically due. Nurses Association and union is therefore pushing a workplace violence bill that would enhance plans around workplace safety and allow nurses to carry out their duty as ethically demanded of them (Kelly, 2015).

### **Empirical Studies**

In a qualitative study conducted by Dehghani, Mosalanejad and Dehghan-Nayeri, (2015) on factors affecting professional ethics in nursing practice in Iran; using conventional content analysis approach, Thirty, nurses with at least 5 years of experience participated in the study and were selected using purposive sampling. Data were collected through semi-structured interviews and analyzed using thematic analysis and results after encoding and classifying the data showed five major factors identified which are individual character and responsibility, communication challenges, organizational preconditions, support systems, educational and cultural development.

It was concluded that awareness of professional ethics, ethical principles and its contributing factors could help nurses and healthcare professionals provide better services for patients. At the same time, such understanding would be valuable for educational administrators for effective planning and management.

Whilst there have been several studies exploring retention in health workers, little is known about health workers engaged in the provision of mental health services and the factors that affect their recruitment and retention. In two different studies by Agyapong,(2013) and (2015) on factors that affect care of people with mental illness in Ghana, the following factors were included in their findings: stigma, risk, lack of support, respect and recognition from healthcare managers, lack of opportunities for professional development and poor conditions of service including low salaries, lack of opportunities for career progression





within mental health, lack of risk allowance and transportation as well as poor inter-professional relationships.

A descriptive study conducted in Samsun Turkey to determine the ethical problems from the perspectives of nurses who work in psychiatry clinics, who spend more time with their patients than other healthcare professionals, and who act as advocates for patients' rights in 2010, at a national psychiatric nursing congress among 109 nurses revealed that; the ethical problems most frequently observed by the nurses concerned respect for patients' autonomy. However, other ethical problems were encountered in the areas of privacy, beneficence, non-maleficence, and justice. Based on study results, serious ethical problems were observed in psychiatric treatment and care, but these problems were not identified as being ethical problems or even taken into consideration sufficiently by nurses. Therefore, beginning ethical discussion with nurses who work in psychiatry clinics about ethical problems in psychiatry, establishing ethical codes and guidelines for practice, and sharing these codes and guidelines with psychiatric team members will help to prevent ethical dilemmas. (Aydin & Ersoy, 2017).

A study was conducted to determine the knowledge level of nurses on ethical responsibilities in the field of psychiatric nursing in a selected psychiatric center of Jaipur, Rajasthan to find the association between the knowledge score and the selected variables and to prepare a booklet about ethical responsibility in nursing. A total of 30 nurses were selected using convenient sampling technique and questioned using demographic sheet and Structured Knowledge Questionnaire. The score thus obtained was categorized into three levels: High (46-60), Moderate (31-45) and Low (0-30). The findings of the study revealed that majority (90%) of the nurses possess moderate level of knowledge. There was no significant association found between the knowledge level and age, sex, marital status, designation of nurses, total clinical experience and in-service education while professional qualification and their psychiatric experience was significantly associated with the knowledge level of the nurses (Evans, 2010).

Zakaria, Sleem and Seada, (2016) who conducted a study about "Effectiveness of ethical issues teaching program on knowledge, ethical behavior and ethical stress among nurses" and found that overall level of Nurses' knowledge improved with the program immediately and after three months of program.

Given the expanding role of the psychiatric mental health nurses in any psychiatry hospital and the nursing care of people with mental illness, research is needed to determine the ethical knowledge needs and teaching strategies to better prepare nurses for the challenges of psychiatric practice. This is supported by Kumar (2013) in the findings from various studies he did that there is a need for continued and intensified efforts to ensure that staff nurses, who are involved in providing quality health care services, must acquire knowledge necessary about the legal and ethical implication and the effects of misuse of law and negligence of nursing practice.

Hariharan and Adhikari (2016) in their study on 'Knowledge, attitudes and practice of healthcare ethics among doctors and nurses in Barbados', found that only 20% of senior nursing staff knew little on the ethics which was pertinent to their work. Another study done in India and U.S.A., also indicated huge deficits in nurses' knowledge, both on legal as well



as ethical responsibilities. Majority (90%) of the nurses possessed only a moderate level of knowledge.

A quasi experimental study design with one group pre/post was used with 30 nurses recruited conveniently from Psychiatric Hospital Jeddah, Saudi Arabia. Nurses were questioned using 5 short answer questions, 11 multiple choice questions and the Structured Knowledge Questionnaire developed by Kumar and Mehta, (2016). Result showed that from the total of 30 nurses that were recruited, their age ranged between 25-54 years old; the majority (59.4%) were married, while 78.1% neither have psychiatric nursing experiences nor did they study ethics during their undergraduate years

### **Theoretical Framework**

According to Mohr, (2009) Psychiatric-mental health nursing uses the study of human behaviour as its science and purposeful use of self as its art. It views people holistically, considering their strengths, needs, and problems. Nursing care is provided by caring and knowledgeable professional. Knowledge is the facts, information, and skills acquired through experience or education. Knowledge with respect to Bloom's taxonomy, in the cognitive domain of learning concerned with knowledge and understanding. Within the domain, knowledge embodies all information that a person possesses or acquire in related to a particular field of study and also provides more than just a simple foundation for the acquisition of new information.

Nursing as a unique entity has to improve and adapt to the various ethics guiding nursing practice in order to offer standard care. It is therefore important that mental health nurses have adequate knowledge of ethical principles and skills in caring for their patients. Sokoya, (2009) stated that patients who are the beneficiaries of health care were becoming increasingly aware of their legal rights, vis-à-vis nurses' roles and responsibilities with higher expectations. There is therefore a need for nurses to be ethical and rational without compromising professional standards in rendering their services. It is believed that an awareness of the ethical principles and implications to healthcare will help the individual nurse identify her own moral positions and biases. This knowledge would contribute to, and facilitate effective decision-making when faced with ethical dilemmas and thereby avoiding litigations that can arise from faulty decisions, malpractice and negligence (Mohr, 2009).

The theory that is therefore applicable to this study is the Bloom's theory otherwise known as Bloom's Taxonomy of Educational Objectives.

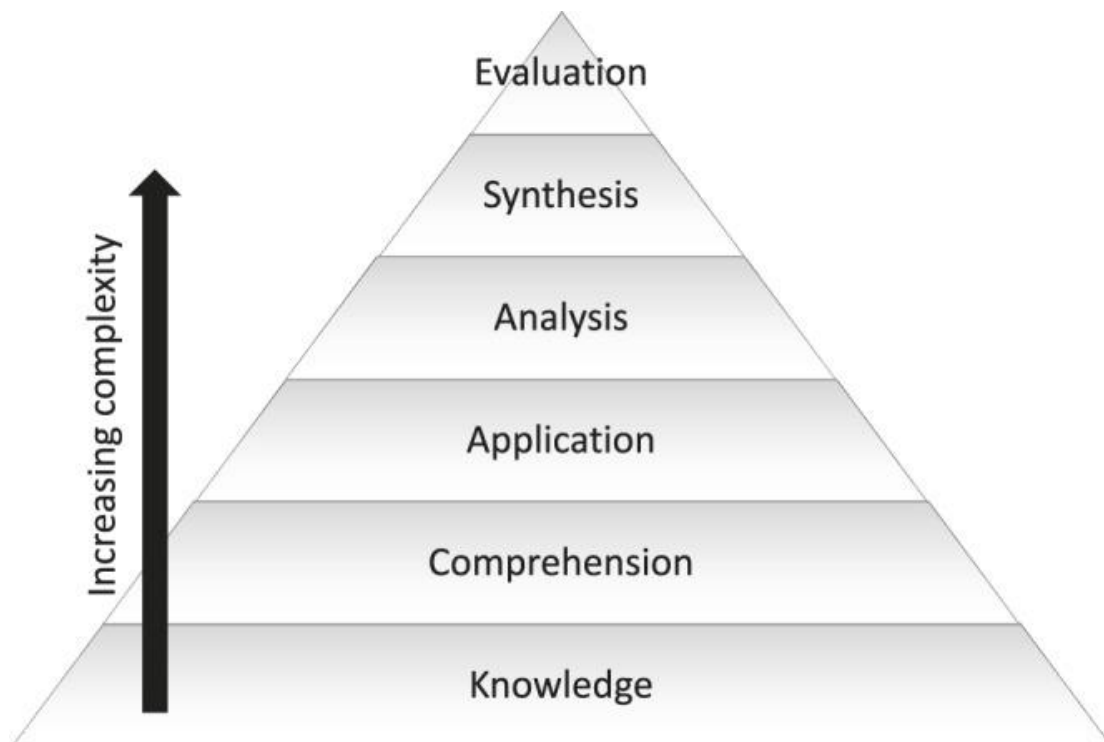
**Bloom's Taxonomy of Educational Objectives:** According to Seyyed & Adeli (2016) Bloom's taxonomy is a skeleton that was constructed to categorize the goals of any curriculum in terms of explicit and implicit cognitive skills and abilities. This taxonomy is regarded as one of the crucial models that contribute to the curriculum development in the 21st century.

Benjamin Bloom with collaborators Max Englehart, Edward Furst, Walter Hill, and David Krathwohl in 1956 published a framework for categorizing educational goals: The Taxonomy of Educational Objectives. This is otherwise known as Bloom's Taxonomy been named after the leader of the team.

Historically, the publication of Taxonomy of Educational Objectives followed a series of conferences from 1949 to 1953, which were designed to improve communication between educators on the design of curricula and examinations. The first volume of the taxonomy, Handbook I (on Cognitive) was published in 1956, and in 1964 the second volume Handbook II (on Affective) was published.

**The Cognitive Domain (Knowledge-Based):** *Knowledge* is the foundational cognitive skill and refers to the retention of specific, discrete pieces of information like facts and definitions or methodology, such as the sequence of events in a step-by-step process (Adams, 2017)

In the original version of the taxonomy, the cognitive domain is broken into six levels (Knowledge, Comprehension, Application, Analysis, Synthesis and Evaluation) of objectives.



**Figure 2.2: Bloom's Taxonomy first framework. (Seyyed & Adeli, 2016).**

The framework consisted of six major categories: Knowledge, Comprehension, Application, Analysis, Synthesis, and Evaluation. The categories after Knowledge were presented as “skills and abilities,” with the understanding that knowledge was the necessary precondition for putting these skills and abilities into practice (Seyyed & Adeli, 2016).

While each category contained subcategories, all lying along a continuum from simple to complex and concrete to abstract, the taxonomy is popularly remembered according to the six main categories.



Lorin Aderson, a former student of Bloom and David Krathwohl along with other team of cognitive psychologists, curriculum theorists and instructional researchers, and testing and assessment specialists like Airasin, Cruikshank, Mayer, Pintrich, Wittrock at the University of Chicago revisited the cognitive domain and change the names in the six categories from noun to verb in year 2001 (The glossary of education reform, 2015). This revision of Bloom's Taxonomy with the titled A Taxonomy for Teaching, Learning and Assessment draws attention away from Bloom's original title and points to a more dynamic conception of classification.

Vanderbilt University, (2018) published the revised taxonomy which underscore the dynamism, using verbs and gerunds to label their categories and subcategories (rather than the nouns of the original taxonomy). These action words describe the cognitive processes by which thinkers encounter and work with knowledge. They include Remember (Recognizing or Recalling), Understand (Interpreting, Exemplifying or Explaining), Apply (Executing or Implementing), Analyze (Differentiating, Organizing or Attributing), Evaluate (Checking or Critiquing) and Create (Generating, Planning or Producing).

**The Affective Domain (Emotion-Based):** The affective domain describes the way people react emotionally and their ability to feel other living things' pain or joy. Affective objectives typically target the awareness and growth in attitudes, emotion, and feelings.

There are five levels in the affective domain moving through the lowest-order processes to the highest. Receiving, Responding, Valuing, Organizing and Characterizing (Ishabatu, 2018)

**The Psychomotor Domain (Action- Based):** Skills in the psychomotor domain describe the ability to physically manipulate a tool or instrument like a hand or a hammer. Psychomotor objectives usually focus on change and/or development in behavior and/or skills. Psychomotor taxonomies developed by Simpson in 1972 are at the following levels: Perception (The ability to use sensory cues to guide motor activity), Set, (Readiness to act: It includes mental, physical, and emotional sets. These three sets are dispositions that predetermine a person's response to different situations), Readiness to act (It includes mental, physical, and emotional sets. These three sets are dispositions that predetermine a person's response to different abilities and limitations), Guided response (The early stages of learning a complex skill that includes imitation and trial and error: Adequacy of performance is achieved by practicing), Mechanism (The intermediate stage in learning a complex skill: Learned responses have become habitual and the movements can be performed with some confidence and proficiency), Complex overt response (The skillful performance of motor acts that involve complex movement patterns: Proficiency is indicated by a quick, accurate, and highly coordinated performance, requiring a minimum of energy) and Adaptation (Skills are well developed and the individual can modify movement patterns to fit special requirements).

Today's health educators wish to develop learners' skills at the higher levels of Bloom's taxonomy that require demonstration of deeper cognitive processing such as critical thinking and evaluative judgments, but studies have shown that learning objectives in many training programs and curricula focus overwhelmingly on the lower levels of the taxonomy, knowledge and comprehension. This shortcoming must be considered by educators if health professionals are to achieve increasing levels of skill and function (Blanco, 2014).



Bloom's taxonomy is a set of three hierarchical models used to classify educational learning objectives into levels of complexity and specificity. The three lists cover the learning objectivity in cognitive affective and sensory / psychomotor domains. Is very much applicable to any study on knowledge in that the knowledge of the nurse about the needed skill, procedural knowledge such as information about ethics and its principles will prepare psychiatric and mental health nurse ahead of her clinical practice. Psychiatric/Mental Health Nursing is a branch of nursing that is concerned with the prevention, treatment and rehabilitation of those with mental disorders and their sequelae while a Psychiatric / Mental Health Nurse is an individual who has passed through adequate training in psychiatric nursing and is licensed by Nursing and Midwifery Council of Nigeria to care for the mentally ill. Mental health nurses deal with patients that pose a threat either to themselves or to others and are adjudged to have committed crimes. The Curriculum of General Nursing and Psychiatric/ Mental health nursing training have over the years included ethical and legal issues in nursing and psychiatric nursing respectively as a major course to be covered in the curriculum of training. After completion of training a Psychiatric /mental health nurse is issued a certificate of registration as a Psychiatric nurse and a license of practice (Salihu, 2013)

It is therefore expected that the Psychiatric nurses have adequate knowledge and understanding of ethics and ethical principles and how it is applicable to nursing practice. Knowledge of and how to apply information such as nurses' practice act, standard of practice, patient right, nurses' right, standard of care and ethical principles are needful in practice.

**Application of Bloom's Taxonomy to the Study:** Bloom's taxonomy is a theoretical framework for learning and identifies three domains of learning that would help researchers and educator understand the fundamental ways in which people acquire and develop new knowledge, skills and understanding One of the essential goals for continuing education in nursing is to enhance nurses' ability to improve patient care outcomes. Nurses needs to transfer learned knowledge to actual practice. Educators can facilitate knowledge transfer by developing such instructional designs that incorporate subject content and cognitive processes.

Ethical principles are the moral standards that are applied to the professional's care of the patients. The knowledge of which helps the nurse to demonstrate professional conduct in the care of patient

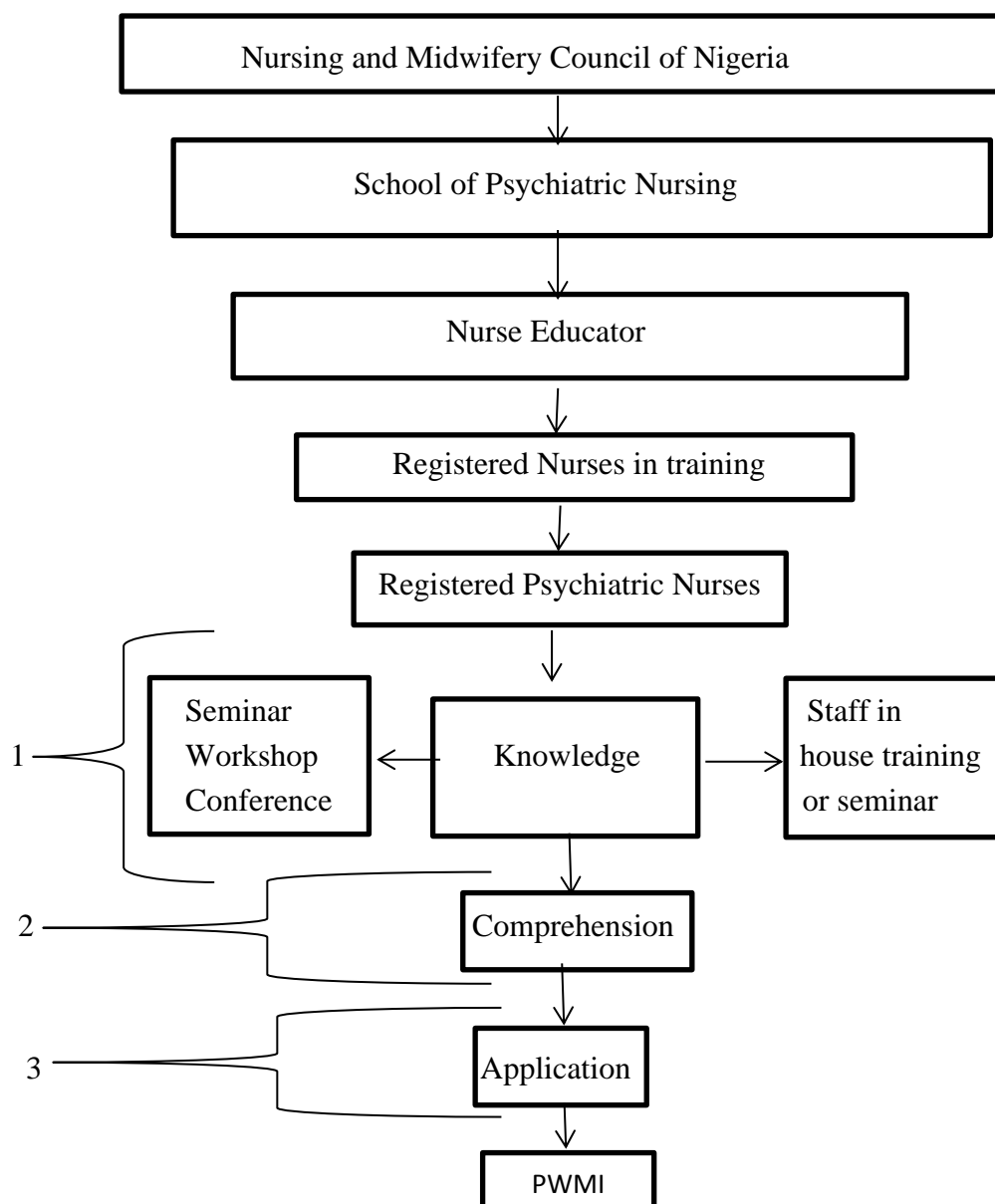
In relation to the study, the nurse acquires knowledge of ethics, ethical principles and application to practice from either the school of training (as part of the courses in the curriculum from the nursing and midwifery council of Nigeria to be taught by educators), from seminars, workshops and conferences or from in house clinical lectures by the in service training or staff development unit of the hospital of practice. This takes care of the first level (knowledge of the nurse) of the bloom's framework.

At the second level which is the nurses' understanding or comprehension of the concept of ethics, ethical principles and the application, when and where to apply them are well understood. The principles include autonomy, respect, justice, beneficence, non-maleficence, veracity and confidentiality.



The third level is the application stage of Bloom's taxonomy. Here the understanding gained from the knowledge by the nurse is brought into practice by applying the ethical principles to the care of people with mental illness in the area of admission, treatment, procedures, communication, relationship and discharge. Autonomy is considered during admission, beneficence and non-maleficence is considered in treatment procedure, confidentiality is considered during communication with patient, justice, respect and veracity in relationship and accountability is considered during discharge.

These shows that knowledge gained by the nurse, is well understood and well applied in the care of people with mental illness. Lack of knowledge, attitude of the nurse, patient's condition and poor nurses' communication conduct are part of the factors that may affect the application of ethical principles to the care of people with mental illness.



**Figure 2.4: Conceptual Framework – Application of Blooms Taxonomy**



## **METHODOLOGY**

### **Research Design**

The study adopted a quantitative and descriptive survey design. It was meant to elicit information on Psychiatric nurses' knowledge of ethical principles and describe their application to practice at the Neuro-psychiatric, Hospital, Aro, Abeokuta.

### **Setting for the Study**

The setting for this study was the Neuropsychiatric Hospital, Aro and its Lantoro Annexe, both in Abeokuta, Ogun state. The institution is one of the federal tertiary health institutions in Nigeria for the care of people with mental illness.

The Neuropsychiatric Hospital, Aro, Abeokuta started at its annex in Lantoro in 1944 as an administrative Prison / Asylum established by the colonial government for the mentally ill soldiers repatriated home from Burma after World War II. It was initially under the supervision of Mr. Leonard Oliver and was later supervised by Dr. Cameron.

The modern Psychiatric Hospital, Aro was later established in 1954 under the pioneering leadership of Late Prof. Thomas Adeoye Lambo, Former Deputy Director General of World Health Organization. Professor Lambo by his hard work and excellence in Academics, vision and astuteness, put Aro and Nigeria on the international map through his "ARO VILLAGE" initiative.

The Aro Hospital is situated along Lagos-Abeokuta express road, it was formally under a joint management board with Yaba and Uselu Psychiatric Hospitals (by virtue of Decree 92 or 1979) which affiliated it to The University College Hospital (U.C.H), Ibadan while the Federal Ministry of Health serves as the supervising ministry, currently it has its own management board.

The hospital caters mostly for acutely ill psychiatric patients and those who have alcohol and substance abuse problems. It has four wards (2 male and 2 female wards) in Aro and nine wards in Lantoro for admitting male and female with acute and chronic cases, 2-rehabilitation ward, 2-drug ward (phase I and II) and a NHIS accredited general hospital. Other units are Assessment Unit, Out-Patient Clinic, Occupational Therapy Department, Psychogeriatric Unit, Child and Adolescent Psychiatric Unit and some other department with special functions.

Neuropsychiatric Hospital Aro, Abeokuta was rated first in Nigeria and sixth in Africa specialist hospital for psychiatric/mental health care by the International Webometric Ranking of World Hospitals from 2013 to date (Ogundipe, 2015).

It has a total bed capacity of about 537 and renders services to patients from all over Nigeria and some neighboring West African Countries.

The hospital provides in-patient and out-patient in addition to specialized services in the areas of drug abuse treatment, psychiatric rehabilitation, forensic services, emergency psychiatric services and community mental health services to the patients and families. It offers psychiatric training for medical students as well as posts basic training for nurses and provides a clinical environment for the training of psychiatric social workers, clinical



psychologist, occupation therapist and post graduate nurses. The total number of nursing staff is 325 out of which 305 are registered psychiatric nurses (both male and female) in Aro and Lantoro Annex.

The hospital is involved in research and collaborates with other institutions in the area of community mental health, substance abuse, forensic psychiatry and epidemiology. In recognition of its excellent clinical services, training and research, the hospital was designated as a World Health Organization collaborating centre for research and training in Mental Health and Neuro-Science in 1979.

The hospital is statutorily headed by a Provost and Medical Director and the Directors of Clinical Services, Research and Training and Administration (Federal Neuropsychiatric Hospital, Aro, 2018)

### **Population**

The population for the study consisted of all the 305 Registered Psychiatric Nurses in the Hospital (Aro and Lantoro), between ages 20 and 60, both gender and with different socio-cultural backgrounds participated in the study.

**Inclusion Criteria:** Respondents in the study included registered psychiatric nurses working in clinical areas of the hospital such as the in-patient wards, child and adolescent, psycho-geriatrics, Drug Addiction Treatment, Education and Research unit, assessment, private and out-patient clinics who participate in the nursing care of people with mental illness and nurse educators who train the post basic psychiatric nursing students at the School of Psychiatric Nursing.

**Exclusion Criteria:** This study excluded registered nurses (Registered nurse/ midwives/ perioperative) working at the Staff/National Health Insurance Scheme clinic of the hospital who do not participate in the care of people living with mental illness. Registered psychiatric nurses who were on annual, sick, maternity and study leave at the time of the field work were also excluded.

### **Sample Size Determination**

The study was a total enumeration research hence there was no need for sample size determination.

### **Instrumentation**

A structured questionnaire was constructed to elicit responses from the respondents. This structured questionnaire served as primary data instrument and was made up of four sections containing thirty- three items.

**Section A:** Five items on socio-demographic characteristics asking information on age, gender, academic / professional qualification, designation, and years in service.

**Section B:** Eight items on knowledge of ethical principles in the care of people with mental illness





**Section C:** Nine items on application of ethical principles to the care of people with mental illness

**Section D:** Eleven items on perceived factors hindering application of ethical principles to the care of people with mental illness.

### **Validity of the Instrument**

The instrument for data collection (Self Structured Questionnaire) was presented to the project supervisor and other experts in the field of research and ethics that ensured the face, content and construct validity before it was used for the study

### **Reliability of the Instrument**

A pilot testing was conducted on 20 subjects (Psychiatric nurses) at Community Psychiatric Centre, Oke - Ilewo Abeokuta, Ogun State to ascertain the reliability of the questionnaire. The internal consistency of the instrument was determined using Cronbach's alpha to analyze the data and the reliability score greater than 0.07 was accepted. The final approval of its usage was given by the Babcock University Health Research and Ethical Committee (BUHREC), Neuro-psychiatric Hospital, Aro Health Research Ethics Committee (HREC) and the University research methodologist.

### **Data Collection Procedure**

Validated copies of the questionnaires were administered by the researcher and her trained research field assistants to volunteered respondents directly by hand and were collected same day upon completion. This exercise was carried out for a period of five days in order to involve those who were not on duty at the time of first administration.

### **Data Analysis Method**

305 questionnaires were prepared for administration, 256 were administered to volunteered respondents out of which 208 were retrieved and 200 were completely filled and fit for data analysis. Data elicited was analysed using the Statistical Package for the Social Sciences (SPSS) version 23.0 software and findings were presented with diagrammatic representation and tables.

### **Ethical Consideration**

A letter of introduction for permission to collect data was obtained from the School of Nursing, Babcock University and attached to the ethical approval letter from the Ethical Committee of the Neuropsychiatric Hospital. These were presented to the Head of Nursing Department of Neuropsychiatric Hospital, Aro, Abeokuta for permission to conduct the study among Psychiatric Nurses in the Hospital. The respondents were encouraged to fill the consent form and this was obtained before the administration of the questionnaire. They were assured of full confidentiality and their names were not written in the questionnaire. The information obtained was used for educational purposes only. No respondent was coerced in to participating in the study, was ensured and no harm was inflicted on anyone in the course of the study.



## DATA ANALYSIS AND DISCUSSION OF FINDING

The results of data analysis are presented in this chapter. 305 questionnaires were prepared for administration to the 305 registered psychiatric nurses, 256 were administered to the available and volunteered respondents, 208 were retrieved while the analysis was based on the results of 200 valid responses. The data collected were analysed using frequency distribution tables, charts, graphs and percentages. Application used for the analysis is known as Statistical Package for Social Sciences (SPSS) Version 23.0

Data presentation and discussion are done based on study objectives, research questions and the research hypotheses.

### Preliminary Analysis

#### SECTION A: Socio-demographic characteristics of the respondents

**TABLE 1**

Variables	Frequency	Percentages %
<b>Age Range (years)</b>		
< 30 yrs	71	35.5
31-40yrs	66	33.0
41-50yrs	53	26.5
51yrs -60yrs	10	5.0
Total	200	100
<b>Gender</b>		
Male	49	29.5
Female	151	70.5
Total	200	100
<b>Professional Qualification</b>		
RN/RPN	95	47.5
RN/RM/RPN	18	9.0
RN/BNSc/RPN	55	27.5
RPN/BNSc/MSc	32	16.0
Total	200	100
<b>Designation</b>		
DDNS/DDNE/ADNS/ADNE	16	8.0
CNO/CNE/ACNO/ACNE	58	26.0
PNO/PNE/SNO/SNE	46	23.0
NOI/NE/NOII	80	40.0
Total	200	100.
<b>Year of Experience</b>		
< 1	23	11.5
1 – 10	94	47.0
11 – 20	59	29.5
21 – 30	19	9.5
31 >	5	2.5
Total	200	100.0



Table 4.1 described the socio-demographical data of the respondents in terms of the age variation; the highest age range (35.5%) fall within the age range of less than 30years of age while the least percentage (5%) were 51years and above which are the elderly among the practicing nurses. 70.5% of the respondents were females while remaining 29.5% were males. All of the respondents were registered nurses with psychiatric nursing as area of specialization with both B.Sc. Nursing (27.5%) and few Masters' in Nursing (16%). The years of working experience of the nurses has reflection on their designation.

### Answering of Research Questions

#### Research question 1: What is the level of nurses' knowledge of ethical principles in Neuropsychiatric hospital, Aro, Abeokuta?

**Table 4.2.1: Knowledge of ethical principles**

S/N	Statements	Yes (%)	No (%)
1	Ethical principles are based on the human principles of right or wrong	174 (87%)	26 (13%)
2	Ethics are moral principles that control or influence a person's behavior	192 (96%)	8 (4.0%)
3	Autonomy allow patients to make their own decision to reject or accept	180 (90%)	20 (10%)
4	Beneficence is doing good and right thing for your patient	186 (93%)	14 (7%)
5	Non-maleficence is doing no harm to your patient	184 (92%)	16 (8%)
6	Justice means being fair when caring for your patient	194 (97%)	6 (3.0%)
7	Veracity is the act of telling patient the truth	196 (98%)	14 (2%)
8	Fidelity is the act of being faithful to your professional practice	190 (95%)	10 (5.0%)

The above table (4.2.1) revealed that the nurses have high knowledge of ethical principles in terms of human principle, moral principles, autonomy, beneficence, non-maleficence, justice, veracity and fidelity. High level of knowledge is ranged between 46-60percent score. Hence since the respondent ranged from 87 to 98 percent, they can be rated as having high knowledge of ethical principles.

#### Research Question 2: How do nurses apply the ethical principles to care of people with mental illness at the Neuropsychiatric Hospital, Aro, Abeokuta?

**Table 4.2.2: Application of ethical principles to care of people with mental illness**

S/N	Statements	Yes	No
1	Patients are never admitted against their will	58 (29%)	142 (71.0%)
2	Patients are not restraint against will at all	49 (24.5%)	151 (75.5%)
3	Patients are always discharged at will	86 (43%)	114 (55%)
4	Patients are always attended to any time they call the nurse	184 (92%)	16 (8.0%)
5	Patient wellbeing is enhanced and maximally upheld always	189(94.5%)	11 (5.5%)



6	Patients are always told the truth in relation to their care always	183 (91.5%)	17 (8.5%)
7	I always respect and uphold in high esteem, patient's right while caring for them	194 (97%)	6 (3.0%)
8	Patient information are always handled in topmost confidentiality	193 (96.5%)	7 (3.5%)
9	Patients are cared for fairly and equitably	195 (97.5%)	5 (2.5%)

The analysis in table 4.2.2 above revealed how respondents apply ethical principles to care of the mentally ill. From the above table, it was evidenced from items 1 to 3 that, respectively indicated that the respondents agreed that patients are admitted against their will (71%), patients are restraint against their will (75.5%) and 55% of the respondents agreed that patients are not always discharged at will. From the table furthermore, it was cleared that patients are always attended to (92%), patients wellbeing were upheld (94%), patients are always told the truth in relation to their care (91.5%), patients right is held in high esteem (97%), patients information held in topmost confidentiality (96.5%) and patients are cared for fairly and equally (97.5%).

**Research Question 3: What are the perceived factors inhibiting Psychiatric nurses' application of ethical principles to the nursing care of people with mental illness in Neuropsychiatric hospital, Aro, Abeokuta?**

**Table 4.2.3 Factors influencing application of ethical principles**

S/N	Statements	Yes	No
1	The act of non-maleficence in patient care is not upheld due to the practice of mechanical restraint of patient as a result of patient's aggressiveness	122(65.2%)	65 (34.8%)
2	Malpractice and injustice in patient care can occur due to stress overload	122(65.2%)	65 (34.8%)
3	False imprisonment and prevention of patient autonomy can occur due to high rate of patient influx	97(51.9%)	90 (48.1)
4	Poor or lack of supervision and monitoring of nurses' activities can lead to non - accountability, malpractice and negligence in the care of patient	139 (74.3%)	48 (25.7%)
5	Poor or lack of knowledge of ethical principles in nursing practice can lead to infidelity, battery of patient and negligence	166 (88.8%)	21 (11.2%)
6	Patient's attempt or act of abscondence can lead to tort in form of battery, assault, false imprisonment or negligence in the care of the patient	141 (75.4%)	48 (24.6%)
7	The attitude of the nurse towards the people with mental illness can lead to or prevent act of beneficence and non-maleficence in patient care	119 (63.9%)	67 (36.1%)
8	Lack of strong advocacy support for nurses can make them liable in patient's care and put them in a state of dilemma	157 (84.4%)	29 (15.6%)



9	Institutional policies, protocols and procedures can influence application of ethical principles in patient care	155(82.9%)	32(17.1%)
10	Poor security situation in the hospital where nurses are solely held responsible for patient's abscondence encourages intentional tort and maleficence towards patient	148(79.1)	39(20.9%)
11	Lack of confidentiality can be due to poor communication principle among nurses	162(86.6%)	25(13.4%)

In reference to table 4.2.3, factors influencing application of ethical principles as identified by the respondents. 65.2% of the respondents agreed that the act of non-maleficence in patient care is not upheld due to the practice of mechanical restraint of patient as a result of patient's aggressiveness. Another 65.2% of the respondents also agreed that malpractice and injustice in patient care can occur due to stress and work overload. Only 51.9% agreed that false imprisonment and prevention of patient autonomy can occur due to high rate of patient influx while 48.1% did not agree to this assertion. 74.3% of the respondents agreed that poor or lack of supervision and monitoring of nurses' activities can lead to non - accountability, malpractice and negligence in their care of patients. 88.8% of the respondents agreed that poor or lack of knowledge of ethical principles in nursing practice can lead to infidelity, battery of patient and negligence while 75.4% agreed that patient's attempt or act of absconding from the ward can lead to tort in form of battery, assault, false imprisonment or negligence in the care of the patient. 63.9% of the respondents consented that the attitude of the nurse towards the people with mental illness can lead to or prevent act of beneficence and non-maleficence in patient care. 84.4% of the respondents agreed that lack of strong advocacy support for nurses can make them liable in patient's care and put them in a state of dilemma. 82.9% of the respondents agreed that institutional policies, protocols and procedures can influence application of ethical principles in patient care while 79.1% said poor security situation in the hospital where nurses are solely held responsible for patient's abscondment encourages intentional tort and maleficence towards patient. 86.6% of the respondents said that lack of confidentiality can be due to poor communication principle among nurses

### Hypotheses Testing

**H<sub>0</sub>1: There is no significant relationship between the hindering factors and the application of ethical principles to practice by nurses in Neuropsychiatric hospital.**

**Table 4.3.1: Level of knowledge of ethical principles and their application to nursing practice**

#### Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	41.621 <sup>a</sup>	4	.000
Likelihood Ratio	37.286	4	.000
Linear-by-Linear Association	14.415	1	.000
N of Valid Cases	1587		

*a. 2 cells (22.2%) have expected count less than 5. The minimum expected count is .32.*



Analysis of the result in table 4.3.1 above showed chi square analysis for the hypothesis 1 test, the result show that the P value gotten (0.000) is lesser than the critical P values selected (0.005). This implies that the hypothesis is hereby rejected, hence, there is a statistically significant relationship between the level of knowledge of ethical principles and their application to nursing practice.

**H<sub>02</sub> : There is no significant relationship between factors hindering the application of ethical principles to practice by nurses in the Neuropsychiatric Hospital, Aro, Abeokuta, Ogun state.**

**Table 4.3.2: Influencing factors and the application of ethical principles to practice**

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	70.566 <sup>a</sup>	4	.000
Likelihood Ratio	35.946	4	.000
Linear-by-Linear Association	9.565	1	.002
N of Valid Cases	1494		

*a. 2 cells (22.2%) have expected count less than 5. The minimum expected count is .67.*

In table 4.3.2 showed chi square analysis for hypothesis 2 test, the result show that the P value gotten (0.000) is lesser than the critical P values selected (0.005). This implies that the hypothesis is hereby rejected. Therefore, there is a significant relationship between factors influencing the application of ethical principles to practice.

### Discussion of Findings

The total population for this study was 305 registered psychiatric nurses after data administration and collection; 208 Instruments for data collection were retrieved and out of the 208 retrieved, 200 were considered fit for data analysis.

The major findings from the study were discussed with respect to the specific objectives and research questions set for the study. The discussion was done under the objectives for clarity and better understanding of the variables in the study.

**Socio-demographic characteristics of the respondents.:** From the two hundred respondent who cut across ages less than 30 to over 51 years, 59 (29.5%) of them were male while 141 (70.5%) were female this is in line with several studies that had been done and reflected in its demographic characteristic analysis result more female than male in nursing profession.

The professional/academic qualification of the respondent also showed that majority of the respondents are Registered Nurse/Registered Psychiatric Nurse (95) (47.5%) among the nurses, minority are RN/RM/RPN 18(9.0%) and those with evidence of first degree 55 (27.5%) and second degree 32 (16.0%) amongst the respondents.

The years of experience of respondent is such that the majority 94 (47.0%) of the nurses have between 1 – 10 years working experience 59 (29.5%) have between 11 – 20 years working experience, 23 (11.5%) have less than a year working experience, 19 (9.5%) have between 21



– 30 years working experience while as little as 5 (2.5%) have 31 years and above working experience.

**The level of nurses' knowledge of ethical principles in Neuropsychiatric hospital, Aro, Abeokuta:** Findings from this study showed that the respondents have high level of understanding in the knowledge of ethical principles. This can be established from the result of the analysis where the calculated mean value is 93.5% in agreement with the description of the various ethical principles.

This finding can be supported by a study by Evans, (2010) on knowledge level of nurses about ethical responsibilities in the field of psychiatric nursing in a selected psychiatric center of Jaipur, Rajasthan, findings revealed that majority (90%) of the nurses possess moderate level of knowledge.

**The application of ethical principles to care of people with mental illness by Psychiatric nurses working in the Neuropsychiatric Hospital Aro, Abeokuta:** The application of ethical principles to the care of people with mental illness in the Neuropsychiatric hospital, Aro, Abeokuta can be explained base on the analysis of the responses from respondents in agreement to the under listed statement.

People with mental illness are admitted against their will (69.5%), they are restraint against their will (74.5%) and are not discharged at their will (55%). These responses are in agreement with the admission and treatment of people with mental illness generally. This can be supported by Aydin and Ersoy, (2017) who declared that in mental health care, obtaining informed consent from the patient; compulsory treatment and hospitalization; using seclusion and restraint are often done against patient will by Psychiatric/mental health nurses (PMHN).

On the application of other ethical principle to care of people with mental illness, a mean value of 95% showed evidence that the respondents do adhere positively and embrace ethical principles in the care of their patients, in that atients are always attended to any times they call for the nurse (92%). their wellbeing is enhanced and maximally upheld always 94.5%). Patients are always told the truth in relation to their care always (91.5%), their rights are always respected and upheld in high esteem while caring for them (97%), Patient information are always handled in topmost confidentiality (96.5%) and they are cared for fairly and equitably (97.5%).

In a descriptive study conducted in Samsun Turkey by Aydin and Ersoy, (2017) among 109 nurses on ethical principles and problems affecting nurses who work in psychiatric clinics, it was revealed that the nurses spend more time with their patients than other healthcare professionals, and act as advocates for patients' rights. It further revealed that; the ethical problems most frequently observed by the nurses were respect for patients' autonomy. However, other ethical problems were encountered in the areas of privacy, beneficence, non-maleficence, and justice. These problems in psychiatric treatment and care were not identified as being ethical problems or even taken into consideration sufficiently by nurses but rather as part of daily experience.

**Perceived factors inhibiting Psychiatric nurses' application of ethical principles to the nursing care of people with mental illness in Neuropsychiatric hospital, Aro, Abeokuta:** According to the respondents, factors influencing psychiatric nurses' application of ethical principles to the nursing care of people with mental illness in a rating order are as follows



Poor knowledge of ethical principles in nursing practice (88.8%), poor communication principle among Nurses (86.6%), Lack of strong advocacy support for nurses (84.4%), Institutional policies, protocols and procedures (82.9%), Poor security situation in the hospital where nurses are solely held responsible for patient's abscondence (79.1%), Patient's attempt or act of abscondence (75.4%), Poor supervision and monitoring of Nurses' activities (74.3%), Stress overload (65.2%), Patient's aggressiveness (65.2%), The attitude of the nurse towards the people with mental illness (63.9%) and high rate of patient influx (51.9%).

Some of these factors were supported by Aina, (2017), Kelly, (2015) and in line with a qualitative study conducted by Dehghani, Mosalanejad and Dehghan-Nayeri, (2015) on factors affecting application of professional ethics in nursing practice in Iran. They found that five major factors identified as individual character and responsibility, communication challenges, organizational preconditions, support systems, educational and cultural development were those factors that affect application of professional ethics to the care of the mentally ill in that country.

**Research hypothesis on knowledge of ethical principles and their application to nursing practice:** Findings revealed that there was a significant relationship between respondents' knowledge of ethical principles and their application to nursing practice.

**Research hypothesis on Influencing factors and the application of ethical principles to practice:** Analysis of the result from hypothesis testing revealed that the calculated P-Value is less than 0.05 level of significant, this implied a significant relationship between influencing factors and the application of ethical principles to practice.

## SUMMARY, CONCLUSION AND RECOMMENDATIONS

The study was carried out among 305 registered psychiatric nurses in the Neuropsychiatric Hospital Aro, Abeokuta. In all 208 instruments were retrieved out of which 200 were considered fit for analysis. Findings were presented with the use of tables, charts and graph.

### Findings from the study

From the two hundred respondents, 29.5% were male and 70.5 % female. All the respondents were registered psychiatric nurses with one or two other qualification(s) such as midwifery 9.0%, first degree 27.5% and second degree 16% majority of the respondents have between 1-10years working experience 47 %, 11.5% have below a year working experience and 2.5 % with more than 31 years working experience.

On knowledge of ethical principles, the findings showed evidence of high knowledge of respondents with all response percentage being more than 60% in agreement with the statements on meaning to the various types of ethical principles. On application of ethical principles to the care of people with mental illness, the respondents agreed that

People with mental illness are admitted against their will (29%), they are restraint against their will (24%) and are not discharged at their will (55%). These responses are in agreement with the admission and treatment of people with mental illness generally. Moreover, in the





Neuropsychiatric Hospital Aro, Abeokuta, Patients are always attended to any times they call for the nurse (92%). their wellbeing is enhanced and maximally upheld always 94.5%). Patients are always told the truth in relation to their care (91.5%), their rights are always respected and upheld in high esteem while caring for them (97%), Patient information are always handled in topmost confidentiality (96.5%). And they are cared for fairly and equitably (97.5%). These responses are evidence that the nurses in this health institution do adhere and embrace ethical principles in the care of their patients. This finding could have added to the attribute of the hospital for been considered as the best hospital in hospitality in Nigeria in year 2020.

According to the respondents, perceived factors hindering psychiatric nurses' application of ethical principles to the nursing care of people with mental illness in a rating order are as follows

Poor knowledge of ethical principles in nursing practice (88.8%), poor communication principle among Nurses (86.6%), Lack of strong advocacy support for nurses (84.4%), Institutional policies, protocols and procedures (82.9%), Poor security situation in the hospital where nurses are solely held responsible for patient's abscondence (79.1%), Patient's attempt or act of abscondence (75.4%), Poor supervision and monitoring of Nurses' activities (74.3%), Stress overload (65.2%), Patient's aggressiveness (65.2%), The attitude of the nurse towards the people with mental illness (63.9%) and high rate of patient influx (51.9%).

Finally, hypotheses tested showed a significant relationship between respondents' knowledge of ethical principles and their application to nursing practice and a significant relationship between influencing factors and the application of ethical principles to practice.

## **Summary**

The study is a descriptive survey titled assessment of nurses' knowledge of ethical principles and their application to practice in a federal Neuro-psychiatric hospital in Nigeria. The purpose of the study was to determine the nurses' knowledge of ethical principles and how the principles are applied to the care of people with mental illness in the Neuro-Psychiatric Hospital, Aro, Abeokuta, Ogun State, Nigeria. The study also identified the factors that do influence the application of ethical principles to the care of people with mental illness as perceived by the nurses.

The research is a quantitative study using descriptive design. Self-structured questionnaire was the instrument for data collection aimed at eliciting data from all available and consented Registered Psychiatric nurses on knowledge of ethical principles and the application to practice at the Neuro-psychiatric, Hospital, Aro, Abeokuta.

Elicited responses were on; respondent's social-demographic data, knowledge of ethical principles, their application to practice and perceived factors that influence the application of ethical principles to the care of the mentally ill.

Bloom's Taxonomy theory on learning objectives was applied to the study. It emphasized and applied the first three levels of Bloom's Taxonomy framework which are knowledge, comprehension and application. It is related to the study in that when nurses gain knowledge



of ethical principle from any source of information they will with understanding apply the principles to the care of their patients

The findings from the study showed that the respondents are knowledgeable about ethical principles and that they positively apply the knowledge to practice in their care of people with mental illness. They were also able to identify some of the factors that influence the application of ethical principles in the care of people with mental illness. The stated hypotheses were tested and showed a significant relationship between respondents' knowledge of ethical principles and their application to nursing practice and a significant relationship between influencing factors and the application of ethical principles to practice.

Finally, the findings were presented in tables, charts and graphic. They were analysed discussed, summarised and necessary recommendations made. and union leaders.

### **Conclusion**

Ethics is about the values that should be respected by all healthcare workers while interacting with individuals, families and communities. Ethics may sometimes be considered a scary term by some healthcare professionals because it is a word that may bring to mind an accusation of wrongdoing or mistakes, but this is not the case. It provides a set of standards for behavior that helps us decide how we ought to act in a range of situations. Ethical principles are values and characters that the nurse is ensured to follow as standard and they include; justice, beneficence, non- maleficence, fidelity, autonomy, and veracity.

The knowledge of ethical principles in the care of the patient is a necessity of all practicing nurses and remains one of the most important components for delivering quality healthcare for individuals, families and the community at large.

It has been observed that the application of ethical principles in a psychiatric setting is a tasking experience for psychiatric nurses as some of the principles need to be critically considered in the area of confidentiality, inform consent, admission non maleficence, veracity and other attributes in relation to patient care.

Conclusively, adequate knowledge of ethical principles helps in the application to practice in every sphere of nursing practice including mental health and psychiatric nursing. In order to further enhance the application of ethical principles to practice and in the care of people with mental illness therefore, all stake holders such as the government, management of health care facilities, nurses and association leaders must put in place necessary support for nurses in their care of patient in order to achieve a laudable attribute and prevent legal dilemma and law suit that may implicate the nurses and the health care facilities.

### **Recommendation**

Findings from the study revealed that the nurses have adequate knowledge of ethical

Principles and do apply them to practice. In view of this, nurses and stake holders have a role to play in upholding this laudable attribute. It is in the light of this that the under listed have been recommended:



- i) Adequate well-trained security staff and crisis intervention team to assist the nurses during crisis situation should be made available in hospitals
- ii) All nurses' leaders are to ensure that there is an ethics committee in the nursing department of their respective institution and ensure adequate supervision of nursing practice. Also, the nurse leader should ensure that good condition of service, therapeutic environment for practice, staff welfare package and security facilities are in place for effective and efficient nursing practice and to encourage the nurses as they daily carry out their professional calling.
- iii) Adequate well-trained security staff and crisis intervention team to assist the nurses during crisis situation should be made available in hospitals
- v) Supervisory nurses, audit and ethic committee of nursing departments in health institutions should identify and appreciate outstanding nurses in practice and put in place discipline measures for those that are found herring.
- v) The nurse clinician leaders should understand the peculiarity of their field of practice or specialty and ensure that necessary, security, hazard prevention, instrument and conducive environment for nursing care of patient are made available for the nurses. Also, the duty roaster for nurses especially in a psychiatric hospital should be made in a way that it will ensure adequate number of nurses are on duty on the respective shift and also that experienced psychiatric nurses are always on duty to work with new nurses. Moreover staff [especially nurses] advocacy group should be put in place to support and assist nurses in cases of ethical dilemma, ethical problems or a case of law suit. In-service training and retraining of nurses should be an ongoing exercise in the clinical area and this should include topics on nursing ethics.
- vi) All association and union leaders should make programs, such as seminars, workshops, conferences and lectures base on ethics and ethical principles in nursing care of the mentally ill a continuous activities in order to refresh the memory of the older nurses who do not have adequate knowledge of current trends in the application of ethics to practice and to teach the younger nurses on how to apply theory to real life situation in practice. They should also stand and negotiate with the government on the welfare package of their members in the area of hazard allowance, insurance and security in the clinical area. Each unit leaders should negotiate base on the peculiarity of their institution and specialty of practice. They should also ensure good interpersonal relationship with their institutional head so that necessary need of their members can be met respectively.
- vii) Finally, the bill on mental health care that is current under review by the legislators should be hasten up by the union so that a new bill on mental health care can be made available to replace "The Lunacy Act" (Nigeria)1958, Cap No. 112, which was derived from the British Asylum law as a result of the colonial relationship between the two countries and the Mental Health Bill which was to repeal all other previous mental health legislations in Nigeria in line with World Health Organization's recommendations which unfortunately after public hearing has not been made into law since 2009.



### **Implication of the Study to Nursing**

**Nurse Clinician:** the study stands as a check list for individual nurse to assess her Knowledge of ethical principles and how well she applies them to practice.

**Nursing Research:** this study will serve as a basis to build on when conducting a study on ethics or ethico-legal issues in mental health care.

**Nurse Administrators:** studies like this will help to appraise nursing care activities encourage nurse leaders to put up a monitoring/supervising committee to oversee the activities of nurses as they perform their duty in the respective wards/units and ensure all hindrances to the application of ethical principles to the care of people with mental illness are dealt with while good work are appreciated and best practice encouraged.

It will also help the nurse leader to influence the institutional policy and procedure on how she can uphold the application of ethical principle to practice especially in the care of people with mental illness.

**Nursing Education:** academic institutions of nursing will ensure that curriculum of training of the Nursing and Midwifery Council of Nigeria on ethics is judiciously covered during training and the application of theory to practice during clinical experience is ensured in all schools of nursing and nursing specialties.

A certificate course can also be organized by the Nursing and midwifery council of Nigeria, Nursing professional bodies, Union and association leaders on upholding ethical principles in practice at unit, state, region, national and international level.

The nursing council as a body responsible for the training, registering and licensing of nurses in Nigeria must ensure that the study of ethics as a course and all its characteristics such as definition, types, principles, theories, issues, problem and implication to practice are included in the curriculum of training for all specialties of nursing training

### **Suggestions for further Research**

Findings emanated from the study brought about the under listed suggestions for further studies

- i Another study can be done to compare the knowledge of ethics to law in same facility in order to know if the nurses know the differences between the two concepts
- ii Further study can be done to know the legal implication of ethico-legal issues in the care of people with mental illness in a psychiatric hospital
- iii Same study can also be carried out in another neuropsychiatric hospital to compare variation in nurses' knowledge.

### **Limitation to the Study**

This study made use of a total of 305 respondents, but was able to retrieve 208 instruments after the field work. This limited number is one of the major limitations to this study and was due to the exclusive factors such as nurses on either study/annual/sick or maternity leave.



Attitude of the nurses, time factor and busy schedule of duty also prevented some nurses from participating in the study.

Time scheduled for the completion of the study also prevented the researcher from including other Neuro-psychiatric hospital in the south west region from participating in the study.

Majorly is the effect of the covid-19 virus pandemic which lead to little delay in the completion of this work.

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